

2024

# Список препаратов, покрываемых программой Medicaid (фармацевтический справочник)

- Families and Children (Prepaid Medical Assistance Program (Программа медицинской помощи с предоплатной системой расчетов, PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (MSC Plus)
- UCare Connect (SNBC)

**Округа, входящие в программу Families and Children:** Aitkin, Anoka, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Cook, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pennington, Pine, Ramsey, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Winona и Wright

**Округа, входящие в программу MinnesotaCare:** Aitkin, Anoka, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Cook, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pennington, Pine, Ramsey, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Winona и Wright

**Округа, входящие в программу MSC+:** Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore,

Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright и Yellow Medicine

**Округа, входящие в программу UCare Connect:** Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright и Yellow Medicine

Информация, включенная в этот список покрываемых страховкой препаратов, была верной по состоянию на 01.04.2024. Чтобы получить актуальную информацию, перейдите на сайт [ucare.org](https://ucare.org). Если у вас есть вопросы, позвоните в Службу поддержки клиентов UCare по номеру телефона, указанному на этой странице. Вы можете запросить печатную копию списка покрытых лекарств Medicaid в любое время.

**UCare Customer Service:** Families and Children (PMAP), MinnesotaCare и MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). TTY: 612-676-6810 или 1-800-688-2534 (звонок бесплатный). Часы работы: с 08:00 до 17:00, с понедельника по пятницу. Эти звонки бесплатны. Подробную информацию см. на сайте [ucare.org](https://ucare.org). UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

Дата принятия DHS 15.12.2023.



**ОЗНАКОМЬТЕСЬ: В ДОКУМЕНТЕ СОДЕРЖИТСЯ ИНФОРМАЦИЯ О ЛЕКАРСТВАХ, КОТОРЫЕ МЫ ПОКРЫВАЕМ В РАМКАХ ЭТИХ ПЛАНОВ. Участники должны пользоваться сетевыми аптеками UCare для получения льгот на отпускаемые по рецепту лекарства.**

Список может быть изменен и не является всеобъемлющим. Данный документ регулируется конкретными положениями и правилами штата, в том числе положениями, касающимися замены непатентованных препаратов, списков контролируемых веществ, предпочтения брендов и обязательных непатентованных препаратов, когда это применимо.

Примечание для существующих участников. В список покрываемых препаратов прошлого года были внесены изменения, и он может изменяться в течение года. Пожалуйста, ознакомьтесь с этим документом, чтобы убедиться, что в список по-прежнему включены те лекарства, которые вы принимаете. Обращайтесь в Службу поддержки клиентов UCare с вопросами: для участников программ Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). ТТУ: 612-676-6810 или 1-800-688-2534 (звонок бесплатный). Часы работы: с 08:00 до 17:00, с понедельника по пятницу. Эти звонки бесплатны.

Обновления к данному перечню также доступны на сайте [ucare.org](http://ucare.org).

Если у вас есть Medicare, необходимо получить большинство ваших рецептурных лекарств по программе Medicare Prescription Drug Program (Medicare Part D). Чтобы получать льготы Medicare для рецептурных препаратов, вы должны быть участником плана рецептурных препаратов Medicare.



## Уведомление о гражданских правах

**Дискриминация является нарушением закона.** UCare не допускает дискриминацию по любому из указанных ниже оснований:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- вероисповедание
- религия
- сексуальная ориентация
- статус получателя социальной помощи
- возраст
- инвалидность (включая физические или психические патологии)
- пол (включая гендерные стереотипы и гендерную идентичность)
- семейное положение
- политические убеждения
- медицинское состояние
- состояние здоровья
- получение медицинского обслуживания
- ранее поданные страховые требования
- история болезни
- генетическая информация

Вы имеете право подать жалобу на дискриминацию, если считаете, что в UCare допустили в отношении вас подобное отношение. Вы можете подать жалобу и обратиться за помощью в подаче жалобы лично, по почте, по телефону, по факсу или по электронной почте:

UCare

Attn: Appeals and Grievances (Отдел рассмотрения жалоб и апелляций)

PO Box 52

Minneapolis, MN 55440-0052

Бесплатный номер: 1-800-203-7225

Телетайп (TTY): 1-800-688-2534

Факс: 612-884-2021

Эл. почта: [cag@ucare.org](mailto:cag@ucare.org)

**Вспомогательные средства и услуги.** UCare предоставляет вспомогательные средства и услуги, такие как квалифицированные переводчики или информация в доступных форматах, бесплатно и своевременно чтобы обеспечить равные возможности для участия в наших программах здравоохранения. **Обращайтесь в UCare по телефону 612-676-3200** (голосовые сообщения) или 1-800-203-7225 (голосовые сообщения), 612-676-6810 (TTY) или 1-800-688-2534 (TTY).

**Услуги языковой помощи.** UCare предоставляет переведенные документы и устный перевод на иностранные языки бесплатно и своевременно, когда услуги языковой помощи необходимы для обеспечения доступа к нашей информации и услугам для лиц, плохо владеющих английским языком. **Обращайтесь в UCare по телефону 612-676-3200** (голосовые сообщения) или 1-800-203-7225 (голосовые сообщения), 612-676-6810 (TTY) или 1-800-688-2534 (TTY).

### Жалобы о нарушении гражданских прав

Вы имеете право подать жалобу на дискриминацию, если считаете, что UCare допустил в отношении вас подобное отношение. Вы также можете связаться с любым из следующих ведомств напрямую, чтобы подать жалобу в связи с дискриминацией.

### Управление по гражданским правам Министерства здравоохранения и социальных служб США (OCR)

Вы имеете право подать жалобу в OCR, которое является федеральным агентством, если вы считаете, что подверглись дискриминации по какой-либо из перечисленных причин:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- возраст
- инвалидность
- пол
- религия (в некоторых случаях)

Свяжитесь с OCR напрямую, чтобы подать жалобу:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240  
 Чикаго, IL 60601  
 Центр обслуживания клиентов: бесплатный номер 800-368-1019  
 TDD: бесплатный номер 800-537-7697  
 Электронная почта: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

#### **Департамент по правам человека штата Миннесота (MDHR)**

В штате Миннесота вы имеете право подать жалобу в MDHR, если подверглись дискриминации по какой-либо из следующих причин:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- религия
- вероисповедание
- пол
- сексуальная ориентация
- семейное положение
- статус получателя социальной помощи
- инвалидность

Обращайтесь непосредственно в **MDHR** для подачи жалобы:

Minnesota Department of Human Rights  
 540 Fairview Avenue North, Suite 201  
 St. Paul, MN 55104  
 651-539-1100 (голосовые сообщения)  
 800-657-3704 (звонок бесплатный)  
 711 или 800-627-3529 (служба коммутируемых сообщений Миннесоты)  
 651-296-9042 (факс)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (электронная почта)

#### **Департамент социального обеспечения штата Миннесота (DHS)**

Вы имеете право подать жалобу в DHS, если полагаете, что подверглись дискриминации в рамках наших программ медицинского обслуживания по какой-либо из перечисленных причин:

- расовая принадлежность
- цвет кожи
- национальное происхождение
- религия (в некоторых случаях)
- возраст
- инвалидность (включая физические или психические патологии)
- пол (включая гендерные стереотипы и гендерную идентичность)

Жалобы следует подавать в письменной форме в течение 180 дней с даты выявления предполагаемой дискриминации. В жалобе необходимо указать ваше имя и адрес, а также изложить суть дискриминации, которая является основанием для жалобы. Мы рассмотрим ее и уведомим вас в письменной форме о том, имеем ли мы полномочия на проведение расследования данной ситуации. Если имеем, то мы расследуем жалобу.

DHS уведомит вас в письменной форме о результатах расследования. В случае несогласия с решением вы имеете право его обжаловать. Чтобы подать апелляцию, необходимо отправить в DHS письменный запрос о пересмотре результатов расследования. В лаконичной форме следует изложить причины, по которым вы не согласны с решением. Включите дополнительную информацию, которую вы считаете важной.

При использовании данного механизма подачи жалобы сотрудники указанного в ней агентства не смогут подвергнуть вас преследованиям. Это означает, что вы не подвергнетесь какому-либо наказанию за подачу жалобы. Подача жалобы таким образом не мешает вам пользоваться прочими юридическими или административными средствами защиты.

Обратитесь непосредственно в **DHS** для подачи жалобы на дискриминацию:

Civil Rights Coordinator (Координатор по вопросам гражданских прав)

Minnesota Department of Human Services (Департамент социального обеспечения штата Миннесота)

Equal Opportunity and Access Division (Отдел равных возможностей и доступа)

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (голосовые сообщения) или воспользуйтесь предпочитаемой службой коммутируемых сообщений

Американские индейцы могут продолжать или начать пользоваться племенными клиниками и клиниками Организации медицинского обслуживания индейцев (Indian Health Services, IHS). Мы не будем требовать предварительного одобрения или выставлять вам какие-либо условия для получения услуг в этих клиниках. Для пожилых людей в возрасте 65 лет и старше это включает в себя услуги в рамках альтернативных программ помощи пожилым гражданам (Elderly Waiver, EW), предоставляемые в рамках племени. Если врач или другой поставщик медицинских услуг в племенной клинике или клинике IHS направит вас к поставщику в нашей сети, мы не будем требовать от вас предварительного посещения вашего основного поставщика медицинских услуг.

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## **ВАЖНАЯ ИНФОРМАЦИЯ**

### **Что такое список покрываемых препаратов?**

В список покрываемых препаратов входят отпускаемые по рецепту лекарства, на которые распространяется покрытие UCare. Препараты в списке отбираются UCare при участии врачей и фармацевтов. UCare, как правило, покрывает лекарства, перечисленные в списке покрываемых препаратов, при условии что препарат назначается по медицинским показаниям, рецепт получен в сети аптек UCare и соблюдены прочие требования, связанные с препаратом. Большинство препаратов и некоторые сопутствующие средства доступны в объеме до 30-дневного запаса. Некоторые препараты, которые вы принимаете на регулярной основе при хроническом или вялотекущем заболевании, доступны в объеме до 90-дневного запаса и помечены в этом списке покрытых препаратов как 90-дневные.

### **Вносятся ли изменения в список покрываемых препаратов?**

В список покрываемых препаратов UCare могут вноситься изменения в течение календарного года. Если изменения повлияют на покрытие препарата, который вы принимаете, UCare приложит разумные усилия, чтобы связаться с вами и с вашим UCare также проинформирует вас об альтернативных препаратах, которые включены в покрытие.

Примеры некоторых возможных изменений:

- Препарат, который вы принимаете, больше не является предпочтительным (см. статью «Что такое список предпочтительных препаратов?» в следующем разделе).
- Препарат исключается из списка покрываемых препаратов по соображениям безопасности.
- Изменение требований к предварительному разрешению. (См. раздел «Существуют ли какие-либо ограничения в отношении моего покрытия?»)

### **Как лекарства перечислены в списке покрываемых страховкой препаратов?**

Есть два способа найти рецептурные препараты в справочнике. Можно искать по заболеванию, относящемуся к вашему препарату, или по алфавиту.

#### **Поиск по заболеванию**

Препараты, перечисленные по заболеванию, начинаются на странице 1. Препараты в справочнике объединены в категории в зависимости от типа заболеваний, для лечения которых их применяют. Если вы знаете, для чего применяется ваш препарат, найдите категорию в списке, который начинается на странице 1. Затем посмотрите под названием категории для вашего препарата.

#### **Поиск по алфавиту**

Если вы не уверены, под какой категорией смотреть, вы можете найти свой препарат в Указателе. В Указателе все препараты, которые включены в справочник, представлены в алфавитном порядке. В Указателе перечислены патентованные и непатентованные препараты. Найдите свой препарат в Указателе. Рядом с вашим препаратом указан номер страницы, на которой содержится указанная в справочнике информация о покрытии.



## **Что такое список предпочтительных препаратов?**

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В Миннесоте все планы здравоохранения должны использовать Список предпочтительных препаратов (PDL) Департамента здравоохранения штата Миннесота (DHS). DHS разрабатывает PDL при поддержке Комитета по составлению справочников препаратов, чтобы лица, назначающие препараты и участники, могли получить сведения о препаратах или категориях препаратов, которые являются более бюджетными. Как правило, у «предпочтительных» препаратов цена не такая высокая, а у «непредпочтительных» — не такая низкая. Предпочтительные препараты доступны для участников с меньшим количеством ограничений. На получение непредпочтительных препаратов требуется предварительное разрешение. Чтобы получить непредпочтительный препарат, ваш врач или поставщик медицинских услуг должен получить предварительное разрешение. PDL включен в список покрываемых лекарств UCare. Полный список покрываемых лекарств UCare включает в себя другие препараты в дополнение к тем, которые включены в PDL. PDL доступен на веб-сайте DHS по адресу <http://minnesota.magellanmedicaid.com/pdl.asp>.

## **Что такое непатентованные препараты или биоаналоги?**

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Непатентованный препарат одобрен Управлением по санитарному надзору за качеством пищевых продуктов и медикаментов (FDA), и в его состав входят те же активные вещества, что и в состав фирменного препарата. Он обеспечивает тот же клинический эффект, что и фирменный препарат.

Биоаналог — это одобренный FDA биологический препарат (чаще всего инъекционный рецептурный препарат), который мало чем отличается от уже одобренного биологического препарата. С точки зрения безопасности и эффективности он не имеет клинически значимых различий. Биоаналоги не то же самое, что непатентованные препараты, но, как и непатентованные препараты, биоаналоги делают терапию более доступной.

Замена непатентованным препаратом или биоаналогом означает, что непатентованный препарат или биоаналог лекарственного препарата назначают вместо фирменного препарата или препарата, не являющегося биоаналогом.

UCare будет покрывать фирменный препарат и препарат, не являющийся биоаналогом, только в случае, если:

1. Ваш врач письменно информирует UCare о том, что фирменный препарат или препарат, не являющийся биоаналогом, необходим вам по медицинским показаниям, ИЛИ
2. UCare может выбрать вместо непатентованного препарата отпуск некоторых фирменных версий или вместо биоаналога предложить препарат, не являющийся биоаналогом, ИЛИ
3. закон штата Миннесота требует отпуск фирменного препарата или препарата, не являющегося биоаналогом препарата.

В списке покрываемых препаратов патентованные препараты написаны заглавными буквами (например, EPIPEN), а непатентованные препараты выделены курсивом и написаны строчными буквами (например, *таблетка сертралина*).

## **Что такое безрецептурные препараты (OTC)?**

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Препараты и средства, которые можно купить без рецепта, называются безрецептурными (OTC). Безрецептурные средства отпускают без рецепта, но если врач выпишет рецепт на безрецептурное средство, UCare может покрыть его. В списке покрываемых лекарств безрецептурные препараты и средства идут после указателя, отдельным списком безрецептурных препаратов (OTC).

## Что такое специальные препараты?

Специальные препараты используются людьми со сложными или хроническими заболеваниями. Эти препараты часто требуют специального обращения, дозирования или мониторинга со стороны специально обученного фармацевта.

Если вам назначен препарат, который находится в списке специальных препаратов UCare, ваш врач должен будет отправить рецепт в специализированную аптеку UCare.

**Название специализированной аптеки:** Fairview Specialty Pharmacy

**Телефон и ТТУ:** 612-672-5260 или 1-800-595-7140 (звонок бесплатный), звоните в Национальный ретрансляционный центр (National Relay Center) по номеру 711 и попросите соединить с номером 1-800-595-7140 (звонок бесплатный).

**Факс:** 1-866-347-4939

**Часы работы:** 24 часа в сутки, семь дней в неделю

Вам также нужно будет позвонить в специализированную аптеку по телефону 612-672-5260 или 1-800-595-7140 (звонок бесплатный), позвонить (ТТУ) в Национальный ретрансляционный центр по номеру 711 и попросить соединить с номером 1-800-595-7140 (звонок бесплатный), чтобы создать учетную запись. Вам нужно будет предъявить вашу идентификационную карточку участника UCare (ID) во время звонка в специализированную аптеку.

## Что делать, если препарат не входит в список покрываемых препаратов?

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Не все препараты покрываются. Если препарат, который вы хотите принимать, не входит в список покрываемых препаратов, можно обратиться в службу поддержки клиентов UCare Customer Service for Families and Children (PMAP), MinnesotaCare и MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). ТТУ: 612-676-6810 или 1-800-688-2534 (звонок бесплатный), чтобы узнать, покрывается ли препарат. Если нет, то он считается препаратом, не включенным в справочник.

Если нужен препарат, не входящий в список покрываемых препаратов:

- можно узнать у врача, есть ли другой покрываемый препарат, который вам подойдет.
- Вы и (или) ваш лечащий врач можете попросить UCare сделать «исключение» и покрыть препарат для вас или снять ограничения. Если ваш запрос на исключение будет одобрен, препарат будет покрыт на соответствующем уровне непатентованного препарата или фирменного препарата с доплатой.

Как правило, UCare одобряет запрос поставщика медицинских услуг на исключение из справочника только в том случае, если альтернативный препарат, который входит в список покрываемых препаратов UCare, будет не таким эффективным в лечении заболевания и (или) вызовет побочные медицинские эффекты.

Если ваш лечащий врач назначает препарат, которого нет в списке покрываемых лекарств, или препарат, требующий предварительного разрешения, ваш врач должен позвонить в Navitus Health Solutions или зайти на веб-сайт нашего поставщика, чтобы заполнить форму запроса. Участники также могут найти дополнительную информацию на сайте [ucare.org](http://ucare.org). Обращайтесь в Службу поддержки клиентов UCare по номеру, указанному на обложке, для получения помощи.

## **Существуют ли какие-либо ограничения в отношении моего покрытия?**

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Применительно к некоторым покрываемым препаратам действуют дополнительные требования или существуют ограничения на покрытие. К этим требованиям и ограничениям могут относиться следующие:

- **Предварительное разрешение:** UCare требует, чтобы вы или ваш врач или поставщик медицинских услуг получили предварительное одобрение на определенные препараты. То есть вам нужно будет получить одобрение от UCare, прежде чем вам отпустят ваш рецептурный препарат. Если вы не получите одобрения, UCare может не покрыть препарат.
- **Ограничения на количество.** Для некоторых препаратов UCare ограничивает количество препарата, которое покрывается.
- **Возрастные ограничения.** Некоторые препараты имеют возрастные ограничения. Предварительное разрешение может потребоваться в зависимости от вашего возраста и конкретного назначенного препарата.

Вы можете узнать, требует ли ваш препарат предварительного разрешения, имеются ли ограничения по его количеству или возрастные требования к нему, посмотрев в этом списке покрываемых препаратов. Исключение из ограничения на препарат может быть сделано, если ваш врач представит заявление или документацию, подтверждающую запрос. Перейдите к рецептурным препаратам в разделе 7 «Покрываемые услуги» из вашего *Справочника участника* для получения дополнительной информации. Вы также можете получить дополнительную информацию об ограничениях, применяемых к конкретным покрываемым препаратам, позвонив в Службу поддержки UCare Families and Children (PMAP), MinnesotaCare и MSC+ по номеру 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). ТТУ: 612-676-6810 или 1-800-688-2534 (этот звонок бесплатный) или посетите наш веб-сайт по адресу [ucare.org](http://ucare.org). Или перейдите к разделу «Можно ли запросить исключение из ограничений покрытия?»

- **Исключенные препараты.** Некоторые препараты исключены из списка покрываемых препаратов. Это означает, что они не покрываются планом. К исключенным препаратам относятся следующие.
  - Препараты, применяемые для лечения сексуальной или эректильной дисфункции
  - Препараты, применяемые для повышения фертильности
  - Препараты, применяемые в косметических целях, в том числе препараты для лечения выпадения волос
  - Препараты, исключенные из покрытия федеральным законодательством или законодательством штата
  - Экспериментальные препараты, исследуемые препараты или препараты, не одобренные или авторизованные FDA
  - Медицинский каннабис

## **Можно ли запросить исключение из ограничений покрытия?**

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Да. Вы или ваш поставщик медицинских услуг можете получить единую форму запросов штата Миннесота на предварительное одобрение Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) на рецептурные препараты и исключения из

фармацевтического справочника на сайте [ucare.org](http://ucare.org) или обратившись в службу поддержки клиентов UCare Customer Service for Families and Children (PMAP), MinnesotaCare и MSC+ по телефону 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). TTY: 612-676-6810 или 1-800-688-2534 (звонок бесплатный). Ваш поставщик медицинских услуг должен отправить эту форму по номеру факса или по адресу, указанному в документе. Чтобы обеспечить тщательный обзор и гарантировать, что вы или ваш лечащий врач получите ответ в течение 24 часов, необходимо предоставить всю информацию, запрашиваемую в форме, в том числе документацию о том, какие препараты применялись с неблагоприятным исходом, в том числе дозировки и причину неблагоприятного исхода (например, побочные эффекты).

## **Сколько будет стоить рецепт?**

С 1 января 2024 года за препараты, покрываемые программой Medical Assistance, доплата больше не взимается. Вы не участвуете в издержках за препараты, покрываемые в рамках программы Medical Assistance. С участников программы MinnesotaCare действительно взимается доплата. Вся информация о доплате за рецептурные препараты указана в разделе 6 «Совместное покрытие затрат» Справочника участника. Если у вас есть другие вопросы, обращайтесь в Службу поддержки клиентов UCare участников Families and Children (PMAP), MinnesotaCare, MSC+: 612-676-3200 или 1-800-203-7225 (звонок бесплатный). UCare Connect: 612-676-3395 или 1-877-903-0061 (звонок бесплатный). TTY: 612-676-6810 или 1-800-688-2534 (звонок бесплатный), или перейдите на веб-сайт [ucare.org](http://ucare.org).

## **Обозначения списка препаратов (фармацевтического справочника)**

<b>Объяснение статуса покрытия и требований</b>		
<b>P</b>	Предпочтительные препараты	Предпочтительные препараты
<b>NP</b>	Непредпочтительные препараты	На получение непредпочтительных препаратов требуется предварительное разрешение UCare
<b>SF</b>	Раздельная выдача	Запас препаратов для лечения онкологии ограничен 14 или 15 днями в рамках одной выдачи в аптеке в течение первых 90 дней терапии
<b>EDS</b>	Запас на большее количество дней	Препараты, запас которых может быть обеспечен на срок до 90 дней
<b>MFG</b>	Ограничения в отношении производителя	<ul style="list-style-type: none"> <li>• Предпочтение отдается производителю Mylan.</li> <li>• Производитель, не являющийся Mylan, не является предпочтительным</li> </ul>
<b>OTC</b>	Без рецепта	Покрываемые (безрецептурные) препараты

<b>PA</b>	Предварительное разрешение	Препараты, которые требуют одобрения UCare, прежде чем вы получите его по рецепту
<b>SP</b>	Специальный препарат	Препараты, которые необходимо получать по рецепту через специализированную аптеку Fairview
<b>QL</b>	Ограничение по количеству	Существуют ограничения на количество препарата, покрываемого в рамках одной выдачи
<b>LA</b>	Ограниченный доступ	Препараты, которые можно приобрести только в определенных аптеках
<b>PV</b>	Профилактика	Препараты для профилактического использования, оплачиваемые по цене 0 долл.США

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
ADDERALL XR (ADDERALL XR 25 MG CAP ER 24H, ADDERALL XR 30 MG CAP ER 24H)	1	<span>QL</span> 60 EA / fill <span>P</span>
ADDERALL XR (ADDERALL XR 5 MG CAP ER 24H, ADDERALL XR 10 MG CAP ER 24H, ADDERALL XR 15 MG CAP ER 24H)	1	<span>QL</span> 120 EA / fill <span>P</span>
ADDERALL XR 20 MG CAP ER 24H	1	<span>QL</span> 90 EA / fill <span>P</span>
ADZENYS ER	2	<span>QL</span> 1440 ml / fill <span>PA</span> <span>NP</span>
ADZENYS XR-ODT (ADZENYS XR-ODT 12.5 MG TAB ER DISP, ADZENYS XR-ODT 15.7 MG TAB ER DISP, ADZENYS XR-ODT 18.8 MG TAB ER DISP)	2	<span>QL</span> 30 EA / fill <span>PA</span> <span>NP</span>
ADZENYS XR-ODT (ADZENYS XR-ODT 3.1 MG TAB ER DISP, ADZENYS XR-ODT 6.3 MG TAB ER DISP, ADZENYS XR-ODT 9.4 MG TAB ER DISP)	2	<span>QL</span> 60 EA / fill <span>PA</span> <span>NP</span>
AMPHETAMINE ER	1	<span>QL</span> 1440 ml / fill <span>PA</span> <span>NP</span>
<i>amphetamine sulfate 10 mg tab</i>	1	<span>QL</span> 180 EA / fill <span>PA</span> <span>NP</span>
<i>amphetamine sulfate 5 mg tab</i>	1	<span>QL</span> 120 EA / fill <span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>60 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 5 mg cap er 24h, amphetamine-dextroamphet er 10 mg cap er 24h, amphetamine-dextroamphet er 15 mg cap er 24h)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>120 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>90 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab, amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>120 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>90 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>60 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>90 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>90 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>dextroamphetamine sulfate 30 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>60 EA / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div>
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <span>1800 ml / fill</span> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextroamphetamine sulfate er</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
DYANAVEL XR 2.5 MG/ML SUSP	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1440 ml / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EVEKEO 10 MG TAB	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EVEKEO 5 MG TAB	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EVEKEO ODT (EVEKEO ODT 5 MG TAB DISP, EVEKEO ODT 15 MG TAB DISP)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">120 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EVEKEO ODT 10 MG TAB DISP	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EVEKEO ODT 20 MG TAB DISP	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap</i> )	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab</i> )	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div>
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap</i> )	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lisdexamfetamine dimesylate</i> ( <i>lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab</i> )	1	QL 30 EA / fill
MYDAYIS	2	QL 30 EA / fill PA NP
<i>procentra</i>	1	QL 1800 ml / fill PA NP
VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP)	1	QL 60 EA / fill P
VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB)	2	QL 60 EA / fill PA NP
VYVANSE (VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP)	1	QL 30 EA / fill P
VYVANSE (VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB)	2	QL 30 EA / fill PA NP
XELSTRYM	2	QL 30 EA / fill PA NP
<i>zenzedi</i> ( <i>zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab</i> )	1	QL 90 EA / fill PA NP
<i>zenzedi 30 mg tab</i>	1	QL 60 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALECTICS</b>		
CAFFEINE-SODIUM BENZOATE	2	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>phentermine hcl</i>	1	QL 30 EA / fill
<b>ANTI-OBESITY AGENTS</b>		
ORLISTAT	1	QL 90 EA / fill PA NP
SAXENDA	2	QL 15 ML / 30 days PA P
WEGOVY (WEGOVY 0.25 MG/0.5ML SOLN A-INJ, WEGOVY 0.5 MG/0.5ML SOLN A-INJ, WEGOVY 1 MG/0.5ML SOLN A-INJ)	2	QL 2 ML / 365 days PA P
WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ)	2	QL 3 ML / 28 day(s) PA P
XENICAL	2	QL 90 EA / fill PA NP
ZEPBOUND	2	QL 2 ML / 28 day(s) PA
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	EDS P
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	EDS
<i>guanfacine hcl er</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTUNIV	2	PA NP
QELBREE	2	PA NP
STRATTERA	2	PA NP

### DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI	2	QL 30 EA / fill PA
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### STIMULANTS - MISC.

ADHANSIA XR (ADHANSIA XR 35 MG CAP ER 24H, ADHANSIA XR 45 MG CAP ER 24H, ADHANSIA XR 55 MG CAP ER 24H, ADHANSIA XR 70 MG CAP ER 24H, ADHANSIA XR 85 MG CAP ER 24H)	2	QL 30 EA / fill PA NP
ADHANSIA XR 25 MG CAP ER 24H	2	QL 60 EA / fill PA NP
APTENSIO XR	2	QL 60 EA / fill PA NP
<i>armodafinil</i>	1	QL 30 EA / fill
AZSTARYS 26.1-5.2 MG CAP	2	QL 30 EA / fill PA NP
AZSTARYS 39.2-7.8 MG CAP	2	QL 60 EA / fill PA NP
AZSTARYS 52.3-10.4 MG CAP	2	QL 90 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 36 MG TAB ER)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
CONCERTA 54 MG TAB ER	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
COTEMPLA XR-ODT	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
DAYTRANA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>dexmethylphenidate hcl</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 25 mg cap er 24h, dexmethylphenidate hcl er 30 mg cap er 24h, dexmethylphenidate hcl er 35 mg cap er 24h, dexmethylphenidate hcl er 40 mg cap er 24h)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
FOCALIN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
FOCALIN XR (FOCALIN XR 5 MG CAP ER 24H, FOCALIN XR 10 MG CAP ER 24H, FOCALIN XR 15 MG CAP ER 24H, FOCALIN XR 20 MG CAP ER 24H)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
JORNAY PM	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>	30 EA / fill
METHYLIN 10 MG/5ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>	900 ml / fill
METHYLIN 5 MG/5ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>	1800 ml / fill
<i>methylphenidate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>	30 EA / fill
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>	120 EA / fill
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>	90 EA / fill
<i>methylphenidate hcl 10 mg chew tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>	180 EA / fill
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>	900 ml / fill
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>	1800 ml / fill
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 10 mg cap er, methylphenidate hcl er (cd) 20 mg cap er, methylphenidate hcl er (cd) 30 mg cap er)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>	60 EA / fill
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 40 mg cap er, methylphenidate hcl er (cd) 50 mg cap er, methylphenidate hcl er (cd) 60 mg cap er)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #a67c52; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>	30 EA / fill

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 10 mg cap er 24h, methylphenidate hcl er (la) 20 mg cap er 24h, methylphenidate hcl er (la) 30 mg cap er 24h)</i>	1	<div data-bbox="1133 197 1192 233">QL</div> 60 EA / fill <div data-bbox="1133 247 1192 283">PA</div> <div data-bbox="1133 298 1192 333">NP</div>
<i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)</i>	1	<div data-bbox="1133 394 1192 430">QL</div> 30 EA / fill <div data-bbox="1133 445 1192 480">PA</div> <div data-bbox="1133 495 1192 531">NP</div>
<i>methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)</i>	1	<div data-bbox="1133 625 1192 661">QL</div> 60 EA / fill <div data-bbox="1133 676 1192 711">P</div>
<i>methylphenidate hcl er (methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i>	1	<div data-bbox="1133 823 1192 858">QL</div> 30 EA / fill <div data-bbox="1133 873 1192 909">P</div>
<i>methylphenidate hcl er (osm)</i> <i>(methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 36 mg tab er)</i>	1	<div data-bbox="1133 999 1192 1035">QL</div> 60 EA / fill <div data-bbox="1133 1050 1192 1085">P</div>
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	<div data-bbox="1133 1167 1192 1203">QL</div> 30 EA / fill <div data-bbox="1133 1218 1192 1253">P</div>
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER	1	<div data-bbox="1133 1268 1192 1304">QL</div> 1 EA / 1 day(s) <div data-bbox="1133 1318 1192 1354">PA</div> <div data-bbox="1133 1369 1192 1404">NP</div>
<i>methylphenidate hcl er (xr)</i>	1	<div data-bbox="1133 1436 1192 1472">QL</div> 60 EA / fill <div data-bbox="1133 1486 1192 1522">PA</div> <div data-bbox="1133 1537 1192 1572">NP</div>
<i>methylphenidate hcl er 10 mg tab er</i>	1	<div data-bbox="1133 1591 1192 1627">QL</div> 120 EA / fill <div data-bbox="1133 1642 1192 1677">P</div>
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	2	<div data-bbox="1133 1705 1192 1740">QL</div> 60 EA / fill <div data-bbox="1133 1755 1192 1791">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methyphenidate hcl er 20 mg tab er</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>modafinil</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div>
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 30 MG CHER)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
QUILLICHEW ER 40 MG CHER	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
QUILLIVANT XR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">360 ml / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
RITALIN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
RITALIN LA 40 MG CAP ER 24H	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 EA / fill</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
PALFORZIA	2	<div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - C'S</b>		
ACTIVATED CHARCOAL	2	<div style="display: flex; align-items: center;"> <div style="background-color: #9932cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
<i>cranberry supplement</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #9932cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #4b0082; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CRANBERRY SUPPLEMENT	2	OTC
<b>ALTERNATIVE MEDICINE - G'S</b>		
<i>cvs glucosamine</i>	1	OTC
<i>glucosamine hcl 1500 mg tab</i>	1	OTC
<i>glucosamine maximum strength</i>	1	OTC
<i>glucosamine sulfate</i>	2	OTC
<i>sm glucosamine hcl</i>	1	OTC
<b>ALTERNATIVE MEDICINE - M'S</b>		
MELATONIN	2	OTC
<i>melatonin</i>	1	OTC
<i>melatonin / pyridoxine</i>	1	OTC
<b>ALTERNATIVE MEDICINE COMBINATIONS</b>		
CVS GLUCOS-CHONDROIT TRIPLE ST	2	OTC
<i>glucosamine / chondroitin</i>	1	OTC
MELATONIN / PYRIDOXINE	2	OTC
<i>triple flex 750-400-375 mg tab</i>	1	OTC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1	
ARIKAYCE	2	PA LA
BETHKIS	1	QL 224 ml / fill SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	2	
GENTAMICIN SULFATE 10 MG/ML SOLUTION	2	
<i>gentamicin sulfate 40 mg/ml solution</i>	1	
KITABIS PAK	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 280 ml / fill
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 280 ml / fill
TOBI PODHALER	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 224 EA / fill
<i>tobramycin 300 mg/4ml nebu soln</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 224 ml / fill
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 280 ml / fill
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION)	2	
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**ANALGESICS - ANTI-INFLAMMATORY**

**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ABRILADA (1 PEN)	2	QL 2 EA / 28 day(s) PA SP NP
ABRILADA (2 PEN)	2	QL 2 EA / 28 day(s) PA SP NP
ABRILADA (2 SYRINGE)	2	QL 2 EA / 28 day(s) PA SP NP
ADALIMUMAB-ADAZ	2	QL 2 EA / 28 day(s) PA SP NP
ADALIMUMAB-ADB (2 PEN)	2	QL 2 EA / 28 day(s) PA SP NP
ADALIMUMAB-ADB (2 SYRINGE)	2	QL 2 EA / 28 day(s) PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADALIMUMAB-ADBM(PS/UV STARTER)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-FKJP	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.4ML SOLN A-INJ, AMJEVITA 40 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN PRSYR, AMJEVITA 80 MG/0.8ML SOLN A-INJ)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
AMJEVITA 40 MG/0.8ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 1.6 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
CYLTEZO	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
CYLTEZO-CD/UC/HS STARTER	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
CYLTEZO-PSORIASIS STARTER	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HADLIMA	2	QL 2 EA / 28 DAY(S) PA SP NP
HADLIMA PUSHTOUCH	2	QL 2 EA / 28 DAY(S) PA SP NP
HULIO	2	QL 2 EA / 28 day(s) PA SP NP
HULIO (2 SYRINGE)	2	QL 2 EA / 28 day(s) PA SP NP
HUMIRA (2 PEN) (HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT, HUMIRA (2 PEN) 80 MG/0.8ML PEN KIT)	2	QL 2 EA / 28 day(s) PA SP P
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	2	QL 2 UNITS / 28 DAYS PA SP P
HUMIRA (2 SYRINGE) (HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT, HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT, HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT)	2	QL 2 EA / 28 day(s) PA SP P
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	QL 2 UNITS / 28 DAYS PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA (HUMIRA 10 MG/0.1ML PEF SY KT, HUMIRA 20 MG/0.2ML PEF SY KT, HUMIRA 40 MG/0.4ML PEF SY KT)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA 20 MG/0.4ML PEF SY KT	2	<ul style="list-style-type: none"> <li>QL 2 UNITS / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA PEN	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	2	<ul style="list-style-type: none"> <li>QL 6 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA PEN-PEDIATRIC UC START	2	<ul style="list-style-type: none"> <li>QL 4 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-PSOR/UEVEIT STARTER	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA-PS/UV/ADOL HS STARTER	2	<ul style="list-style-type: none"> <li>QL 4 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HYRIMOZ (HYRIMOZ 10 MG/0.1 ML SOLN PRSYR, HYRIMOZ 20 MG/0.2ML SOLN PRSYR, HYRIMOZ 40 MG/0.4ML SOLN A-INJ, HYRIMOZ 40 MG/0.4ML SOLN PRSYR, HYRIMOZ 40 MG/0.8ML SOLN A-INJ, HYRIMOZ 40 MG/0.8ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HYRIMOZ 80 MG/0.8ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HYRIMOZ-CROHNS/UC STARTER	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HYRIMOZ-CROHNS/UC STARTER PACK	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 2 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYRIMOZ-PLAQUE PSORIASIS START	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
IDACIO	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
IDACIO FOR CROHNS DISEASE/UC	2	<ul style="list-style-type: none"> <li>QL 6 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
IDACIO FOR PLAQUE PSORIASIS	2	<ul style="list-style-type: none"> <li>QL 4 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li>QL 1 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li>QL 0.5 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SIMPONI ARIA	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
YUFLYMA (1 PEN)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 180 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YUFLYMA 2-PEN KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
YUFLYMA 2-SYRINGE KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
YUSIMRY	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
OLUMIANT	2	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
RINVOQ	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
XELJANZ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 300 ml / fill</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
XELJANZ XR	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	2	<ul style="list-style-type: none"> <li>QL 4 EA / 28 day(s)</li> <li>PA</li> <li>NP</li> </ul>
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET	2	<ul style="list-style-type: none"> <li>QL 18.76 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA (ACTEMRA 80 MG/4ML SOLUTION, ACTEMRA 200 MG/10ML SOLUTION, ACTEMRA 400 MG/20ML SOLUTION)	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1.8 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ACTEMRA ACTPEN	2	<ul style="list-style-type: none"> <li>QL 1.8 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
KEVZARA	2	<ul style="list-style-type: none"> <li>QL 2.28 ML / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ARTHROTEC	2	PA NP
<i>cataflam</i>	1	EDS
CELEBREX	2	PA NP
<i>celecoxib</i>	1	EDS P
CHILDRENS ADVIL	2	OTC
DAYPRO	2	PA NP
<i>diclofenac potassium 50 mg tab</i>	1	EDS
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr, diclofenac sodium 75 mg tab dr)</i>	1	EDS P
<i>diclofenac sodium er</i>	1	EDS P
<i>diclofenac-misoprostol</i>	1	PA EDS NP
DUEXIS	2	PA NP
<i>ec-naproxen</i>	1	P
<i>etodolac</i>	1	EDS
<i>etodolac er</i>	1	EDS
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP, FENOPROFEN CALCIUM 600 MG TAB)	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FENORTHO	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<i>flurbiprofen 100 mg tab</i>	1	<div data-bbox="1133 287 1195 323">EDS</div> <div data-bbox="1133 336 1195 371">P</div>
<i>ibuprofen (motrin)</i>	1	<div data-bbox="1133 401 1195 436">OTC</div> <div data-bbox="1133 449 1195 485">EDS</div> <div data-bbox="1133 497 1195 533">P</div>
<i>ibuprofen-famotidine</i>	1	<div data-bbox="1133 556 1195 592">PA</div> <div data-bbox="1133 604 1195 640">EDS</div> <div data-bbox="1133 653 1195 688">NP</div>
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	<div data-bbox="1133 711 1195 747">EDS</div> <div data-bbox="1133 760 1195 795">P</div>
KETOPROFEN (KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	<div data-bbox="1133 863 1195 898">P</div>
KETOPROFEN 25 MG CAP	1	<div data-bbox="1133 959 1195 995">P</div>
KETOPROFEN ER	2	<div data-bbox="1133 1022 1195 1058">PA</div> <div data-bbox="1133 1071 1195 1106">NP</div>
<i>ketorolac tromethamine 10 mg tab</i>	1	<div data-bbox="1133 1136 1195 1171">P</div>
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	1	<div data-bbox="1133 1199 1195 1234">PA</div> <div data-bbox="1133 1247 1195 1283">NP</div>
<i>kiprofen</i>	1	<div data-bbox="1133 1312 1195 1348">P</div>
MECLOFENAMATE SODIUM	2	<div data-bbox="1133 1375 1195 1411">PA</div> <div data-bbox="1133 1423 1195 1459">NP</div>
<i>mefenamic acid</i>	1	<div data-bbox="1133 1484 1195 1520">PA</div> <div data-bbox="1133 1533 1195 1568">NP</div>
<i>meloxicam (meloxicam 5 mg cap, meloxicam 10 mg cap)</i>	1	<div data-bbox="1133 1598 1195 1633">PA</div> <div data-bbox="1133 1646 1195 1682">NP</div>
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	<div data-bbox="1133 1711 1195 1747">EDS</div> <div data-bbox="1133 1759 1195 1795">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOBIC	2	PA NP
<i>nabumetone</i>	1	EDS P
NALFON 400 MG CAP	1	PA NP
NALFON 600 MG TAB	2	PA NP
NAPRELAN	2	PA NP
<i>naproxen (aleve)</i>	1	PA OTC EDS NP
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 500 mg tab)</i>	1	EDS P
<i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i>	1	P
<i>naproxen 125 mg/5ml suspension</i>	1	EDS
<i>naproxen dr</i>	1	P
NAPROXEN SODIUM	1	OTC EDS P
NAPROXEN SODIUM ER	2	PA NP
<i>naproxen-esomeprazole mg</i>	1	PA NP
<i>oxaprozin 600 mg tab</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>piroxicam</i>	1	EDS
<i>relafen</i>	1	EDS P
RELAFEN DS	2	PA NP
<i>sulindac</i>	1	EDS P
TOLMETIN SODIUM	2	
VIMOVO	2	PA NP
ZIPSOR	2	PA NP
ZORVOLEX	2	PA NP
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 55 EA / 180 days PA SP P
OTEZLA 30 MG TAB	2	QL 60 EA / fill PA SP P
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	EDS
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA 125 MG/ML SOLN PRSYR	2	QL 4 ml / 28 days PA SP NP

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
ORENCIA 250 MG RECON SOLN		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENCIA 50 MG/0.4ML SOLN PRSYR		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 1.6 ml / 28 day</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENCIA 87.5 MG/0.7ML SOLN PRSYR		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 2.8 ml / 28 day</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENCIA CLICKJECT		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS			
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR)		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ENBREL 25 MG/0.5ML SOLUTION		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 2 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ENBREL MINI		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ENBREL SURECLICK		2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 ml / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>acetaminophen / caffeine / pyrilamine (midol)</i>	1	OTC
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	1	OTC
<i>bac</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine (butalbital-apap-caffeine 50-325-40 mg cap, butalbital-apap-caffeine 50-325-40 mg tab)</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
<b>BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB</b>	2	
<i>esgic 50-325-40 mg cap</i>	1	
<i>zebutal</i>	1	
<b>ANALGESICS OTHER</b>		
<i>acetaminophen (tylenol)</i>	1	OTC EDS
<b>CHILDRENS TYLENOL</b>	2	OTC
<b>SALICYLATES</b>		
<i>aspirin</i>	\$0	OTC EDS
<i>aspirin (81 mg chew tab)</i>	\$0	OTC EDS
<i>aspirin (81 mg tab dr)</i>	\$0	OTC EDS
<i>aspirin / buffers (bufferin)</i>	1	OTC EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	1	OTC EDS
<i>aspirin 325 mg delayed release</i>	1	OTC EDS
<i>aspirin 500 mg</i>	1	OTC EDS
<i>aspirin suppository</i>	2	OTC
<i>diflunisal</i>	1	EDS
<i>salsalate</i>	1	EDS
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
DURAGESIC-100	2	QL 10 EA / fill PA NP
DURAGESIC-12	2	QL 10 EA / fill PA NP
DURAGESIC-25	2	QL 10 EA / fill PA NP
DURAGESIC-50	2	QL 10 EA / fill PA NP
DURAGESIC-75	2	QL 10 EA / fill PA NP
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	1	QL 10 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fentanyl (fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr)</i>	1	<ul style="list-style-type: none"> <li>QL 10 EA / fill</li> <li>PA</li> <li>P</li> </ul>
<i>fentanyl citrate (fentanyl citrate 200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i>	1	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> </ul>
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H)	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 10 mg cap er 12h, hydrocodone bitartrate er 15 mg cap er 12h, hydrocodone bitartrate er 20 mg tb24 deter)</i>	1	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 30 mg cap er 12h, hydrocodone bitartrate er 30 mg tb24 deter, hydrocodone bitartrate er 40 mg cap er 12h, hydrocodone bitartrate er 40 mg tb24 deter)</i>	1	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter)</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 80 mg tb24 deter, hydrocodone bitartrate er 100 mg tb24 deter, hydrocodone bitartrate er 120 mg tb24 deter)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 8 ml / day
<i>hydromorphone hcl 2 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 6 EA / day
<i>hydromorphone hcl 4 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 5 EA / day
<i>hydromorphone hcl 8 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 2 EA / day
<i>hydromorphone hcl er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day
HYSINGLA ER (HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 3 EA / day
HYSINGLA ER (HYSINGLA ER 80 MG TB24 DETER, HYSINGLA ER 100 MG TB24 DETER, HYSINGLA ER 120 MG TB24 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day
HYSINGLA ER 20 MG TB24 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day
HYSINGLA ER 60 MG TB24 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day
KADIAN (KADIAN 10 MG CAP ER 24H, KADIAN 20 MG CAP ER 24H)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KADIAN (KADIAN 50 MG CAP ER 24H, KADIAN 60 MG CAP ER 24H, KADIAN 80 MG CAP ER 24H, KADIAN 100 MG CAP ER 24H, KADIAN 200 MG CAP ER 24H)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
KADIAN 30 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
KADIAN 40 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	1	<ul style="list-style-type: none"> <li>QL 10 ml / day</li> </ul>
<i>methadone hcl 10 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>methadone hcl 5 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>methadone hcl 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> <li>QL 20 ml / day</li> </ul>
<i>methadone hcl intensol</i>	1	<ul style="list-style-type: none"> <li>QL 10 ml / day</li> </ul>
MORPHABOND ER (MORPHABOND ER 15 MG TB12 DETER, MORPHABOND ER 30 MG TB12 DETER)	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>NP</li> </ul>
MORPHABOND ER 100 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
MORPHABOND ER 60 MG TB12 DETER	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	1	QL 4.5 ml / day
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL 30 ml / day
<i>morphine sulfate 15 mg tab</i>	1	QL 6 EA / day
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL 22.5 ml / day
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	QL 22.5 ml / day
<i>morphine sulfate 30 mg tab</i>	1	QL 3 EA / day
<i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i>	1	QL 4 EA / day PA NP
MORPHINE SULFATE ER (MORPHINE SULFATE ER 10 MG CAP ER 24H, MORPHINE SULFATE ER 20 MG CAP ER 24H)	2	QL 4 EA / day PA NP
<i>morphine sulfate er (morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i>	1	QL 1 EA / day PA NP
MORPHINE SULFATE ER (MORPHINE SULFATE ER 50 MG CAP ER 24H, MORPHINE SULFATE ER 60 MG CAP ER 24H, MORPHINE SULFATE ER 80 MG CAP ER 24H, MORPHINE SULFATE ER 100 MG CAP ER 24H)	2	QL 1 EA / day PA NP
<i>morphine sulfate er (morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	QL 1 EA / day PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>morphine sulfate er 15 mg tab er</i>	1	QL 4 EA / day PA P
<i>morphine sulfate er 30 mg cap er 24h</i>	1	QL 3 EA / day PA NP
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	QL 3 EA / day PA NP
<i>morphine sulfate er 30 mg tab er</i>	1	QL 3 EA / day PA P
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	QL 2 EA / day PA NP
MORPHINE SULFATE ER BEADS (MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H)	2	QL 1 EA / day PA NP
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	2	QL 3 EA / day PA NP
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	QL 2 EA / day PA NP
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	QL 1 EA / day PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MS CONTIN 15 MG TAB ER	2	<span>QL</span> 4 EA / day <span>PA</span> <span>NP</span>
MS CONTIN 30 MG TAB ER	2	<span>QL</span> 3 EA / day <span>PA</span> <span>NP</span>
NUCYNTA 100 MG TAB	2	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
NUCYNTA 50 MG TAB	2	<span>QL</span> 4 EA / day <span>PA</span> <span>NP</span>
NUCYNTA 75 MG TAB	2	<span>QL</span> 3 EA / day <span>PA</span> <span>NP</span>
NUCYNTA ER (NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	2	<span>QL</span> 1 EA / day <span>PA</span> <span>NP</span>
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H)	2	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 5 mg tab)</i>	1	<span>QL</span> 12 EA / day
<i>oxycodone hcl 10 mg tab</i>	1	<span>QL</span> 6 EA / day
<i>oxycodone hcl 100 mg/5ml conc</i>	1	<span>QL</span> 3 ml / day
<i>oxycodone hcl 15 mg tab</i>	1	<span>QL</span> 4 EA / day
<i>oxycodone hcl 20 mg tab</i>	1	<span>QL</span> 3 EA / day
<i>oxycodone hcl 30 mg tab</i>	1	<span>QL</span> 2 EA / day
<i>oxycodone hcl 5 mg/5ml solution</i>	1	<span>QL</span> 40 ml / day

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 15 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCODONE HCL ER (OXYCODONE HCL ER 40 MG TB12 DETER, OXYCODONE HCL ER 60 MG TB12 DETER, OXYCODONE HCL ER 80 MG TB12 DETER)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCODONE HCL ER 30 MG TB12 DETER	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN (OXYCONTIN 40 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN 30 MG TB12 DETER	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>tramadol hcl 50 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 EA / day</div> </div>
XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 EA / day</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOHYDRO ER (ZOHYDRO ER 10 MG CAP ER 12H, ZOHYDRO ER 15 MG CAP ER 12H, ZOHYDRO ER 20 MG CAP ER 12H)	2	<span>QL</span> 4 EA / day <span>PA</span> <span>NP</span>
ZOHYDRO ER (ZOHYDRO ER 30 MG CAP ER 12H, ZOHYDRO ER 40 MG CAP ER 12H)	2	<span>QL</span> 3 EA / day <span>PA</span> <span>NP</span>
ZOHYDRO ER 50 MG CAP ER 12H	2	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab)</i>	1	<span>QL</span> 12 EA / day
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	<span>QL</span> 150 ml / day
<i>acetaminophen-codeine 300-60 mg tab</i>	1	<span>QL</span> 6 EA / day
<i>ascomp-codeine</i>	1	<span>QL</span> 6 EA / day
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	<span>QL</span> 6 EA / day
<i>butalbital-asa-caff-codeine</i>	1	<span>QL</span> 6 EA / day
<i>endocet (endocet 2.5-325 mg tab, endocet 5-325 mg tab)</i>	1	<span>QL</span> 12 EA / day
<i>endocet 10-325 mg tab</i>	1	<span>QL</span> 6 EA / day
<i>endocet 7.5-325 mg tab</i>	1	<span>QL</span> 8 EA / day
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 10-300 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	1	<span>QL</span> 9 EA / day

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	1	QL 120 ml / day
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab)</i>	1	QL 12 EA / day
<i>hydrocodone-acetaminophen 10-325 mg/15ml solution</i>	1	QL 9 ml / day
<i>lorcet</i>	1	QL 12 EA / day
<i>lorcet hd</i>	1	QL 9 EA / day
<i>lorcet plus</i>	1	QL 12 EA / day
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab)</i>	1	QL 12 EA / day
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 6 EA / day
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 8 EA / day
<i>tramadol-acetaminophen</i>	1	QL 8 EA / day
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	1	QL 2 EA / day PA P
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL 1.28 ML / 28 day(s) PA NP
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	QL 1.92 ML / 28 day(s) PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	<span>QL</span> 2.56 ML / 28 day(s) <span>PA</span> <span>NP</span>
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	<span>QL</span> 0.64 ML / 28 day(s) <span>PA</span> <span>NP</span>
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	<span>QL</span> 0.36 ML / 28 day(s) <span>PA</span> <span>NP</span>
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	<span>QL</span> 0.18 ML / 28 day(s) <span>PA</span> <span>NP</span>
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	<span>QL</span> 0.27 ML / 28 day(s) <span>PA</span> <span>NP</span>
<i>buprenorphine</i>	1	<span>QL</span> 4 EA / fill <span>PA</span> <span>NP</span>
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	<span>QL</span> 3 EA / day <span>PA</span> <span>NP</span>
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	1	<span>QL</span> 12 EA / day <span>PA</span> <span>NP</span>
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1	<span>QL</span> 12 EA / day <span>P</span>
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	<span>QL</span> 6 EA / day <span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	1	QL 3 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1	QL 3 EA / day P
<i>nalbuphine hcl</i>	1	QL 2 EA / day
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	2	QL 1 EA / fill PA LA NP
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	2	QL 1.5 ML / fill(s) PA LA NP
SUBOXONE 12-3 MG FILM	1	QL 2 EA / day P
SUBOXONE 2-0.5 MG FILM	1	QL 12 EA / day P
SUBOXONE 4-1 MG FILM	1	QL 6 EA / day P
SUBOXONE 8-2 MG FILM	1	QL 3 EA / day P
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	QL 12 EA / day PA NP
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	QL 2 EA / day PA NP
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 4 EA / day PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZUBSOLV 5.7-1.4 MG SL TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
FORTESTA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">120 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
NATESTO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">14.64 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TESTIM	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">300 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">150 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
TESTOSTERONE (TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">300 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 50 mg/5gm (1%) gel)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">300 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>testosterone 10 mg/act (2%) gel</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">120 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">37.5 GM / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone 25 mg/2.5gm (1%) gel</i>	1	<span>QL</span> 75 GM / fill <span>PA</span> <span>NP</span>
<i>testosterone 30 mg/act solution</i>	1	<span>QL</span> 180 ml / fill <span>PA</span> <span>NP</span>
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	1	<span>QL</span> 150 GM / fill <span>PA</span> <span>NP</span>
<i>testosterone cypionate</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	
VOGELXO	2	<span>QL</span> 300 GM / fill <span>PA</span> <span>NP</span>
VOGELXO PUMP	2	<span>QL</span> 300 GM / fill <span>PA</span> <span>NP</span>
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>colocort</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	<span>PA</span> <span>NP</span>
<b>RECTAL COMBINATIONS</b>		
<i>hemorrhoidal cream</i>	1	<span>OTC</span>
<i>hemorrhoidal ointment</i>	1	<span>OTC</span>
<i>hemorrhoidal suppository</i>	1	<span>OTC</span>
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	<span>OTC</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROCTOFOAM HC	2	
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>pramoxine (procto-foam)</i>	1	OTC
<b>RECTAL STEROIDS</b>		
<i>anucort-hc</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone acetate (hydrocortisone acetate 25 mg suppos, hydrocortisone acetate 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>VASODILATING AGENTS</b>		
RECTIV	2	
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
ANTACID	2	OTC
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	1	OTC EDS
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	1	OTC
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	1	OTC
<b>ANTACIDS - ALUMINUM SALTS</b>		
<i>aluminum hydroxide (alternagel)</i>	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTACIDS - BICARBONATE</b>		
SODIUM BICARBONATE	2	OTC
<i>sodium bicarbonate</i>	1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (tums)</i>	1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide</i>	1	OTC EDS
MAGNESIUM OXIDE (ANTACID)	2	OTC
<i>magnesium oxide (antacid)</i>	1	OTC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	
BENZNIDAZOLE	2	LA
<i>cvs pinworm treatment</i>	1	OTC
<i>ivermectin 3 mg tab</i>	1	PA
<i>pin-away</i>	1	OTC
<i>pinworm medicine</i>	1	OTC
<i>praziquantel</i>	1	
<i>reeses pinworm medicine</i>	1	OTC
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	2	
<i>bacitracin 50000 unit recon soln</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metronidazole (metronidazole 250 mg tab, metronidazole 375 mg cap, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN 200 MG TAB	2	QL 9 EA / fill
XIFAXAN 550 MG TAB	2	QL 60 EA / fill PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>multivitamins / minerals</i>	2	OTC EDS
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 400-80 mg/5ml solution, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	1	
LAMPIT	2	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	1	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	1	
<b>GLYCOPEPTIDES</b>		
VANCOGIN	2	<span>QL</span> 56 EA / 1 FILL <span>PA</span> <span>NP</span>
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	1	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	<span>QL</span> 56 EA / 1 FILL <span>P</span>
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	<span>EDS</span>
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	<span>PA</span> <span>LA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OXAZOLIDINONES</b>		
<i>linezolid (linezolid 100 mg/5ml recon susp, linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	2	PA
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	EDS
<b>NITRATES</b>		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	EDS
ISOSORBIDE MONONITRATE	2	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>minitran</i>	1	EDS
NITRO-BID	2	EDS
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	EDS
<i>nitroglycerin 0.4 mg/spray solution</i>	1	
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl</i>	1	EDS
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 10 mg/5ml syrup, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	1	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	2	
<b>BENZODIAZEPINES</b>		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab, alprazolam 2 mg tab)</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 5 mg/5ml solution, diazepam 5 mg/ml conc, diazepam 5 mg/ml solution, diazepam 10 mg tab, diazepam 10 mg/2ml solution)</i>	1	
DIAZEPAM 10 MG/2ML SOLN A-INJ	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diazepam intensol</i>	1	
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab, lorazepam 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	EDS
<i>procainamide hcl</i>	1	
PROCAINAMIDE HCL 500 MG/ML SOLUTION	2	
<i>quinidine gluconate er</i>	1	EDS
QUINIDINE SULFATE	2	
<i>quinidine sulfate</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	EDS
<i>dofetilide</i>	1	EDS
<i>pacerone</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA	2	QL 1 ml / 56 days PA LA
FASENRA PEN	2	QL 1 ml / 56 days PA LA
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	2	QL 1 EA / 28 days PA SP
NUCALA 100 MG RECON SOLN	2	QL 1 EA / 28 days PA SP
XOLAIR (XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN PRSYR)	2	QL 8 ML / 28 day(s) PA SP
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA SP
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	P
INCRUSE ELLIPTA	2	PA NP
<i>ipratropium bromide 0.02 % solution</i>	1	EDS P
SPIRIVA HANDIHALER	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SPIRIVA RESPIMAT	2	P
<i>tiotropium bromide monohydrate</i>	1	PA EDS NP
TUDORZA PRESSAIR	2	P
YUPELRI	2	PA NP
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE	2	PA NP
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i>	1	EDS P
<i>montelukast sodium 4 mg packet</i>	1	PA EDS NP
SINGULAIR	2	PA NP
<i>zafirlukast</i>	1	EDS P
<i>zileuton er</i>	1	PA NP
ZYFLO	2	PA NP
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP	2	PA NP
<i>roflumilast</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>STEROID INHALANTS</b>		
ALVESCO	2	PA NP
ARMONAIR DIGIHALER	2	PA NP
ARNUITY ELLIPTA	2	P
ASMANEX HFA	2	PA NP
ASMANEX INHALATION POWDER	2	P
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	1	EDS P
FLUTICASONE PROPIONATE DISKUS	1	QL 60 EA / fill(s)
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL 12 GM / fill(s) P
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL 24 GM / fill(s) P
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL 10.6 GM / fill(s) P
PULMICORT	2	PA NP
PULMICORT FLEXHALER	2	P
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 10.6 GM / 1 FILL PA NP
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 1 FILL PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKUS	1	P
ADVAIR HFA	2	P
AIRDUO DIGIHALER	2	PA NP
AIRDUO RESPICLICK 113/14	2	QL 1 EA / 1 FILL PA NP
AIRDUO RESPICLICK 232/14	2	QL 1 EA / 1 FILL PA NP
AIRDUO RESPICLICK 55/14	2	QL 1 EA / 1 FILL PA NP
AIRSUPRA	2	PA NP
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	EDS P
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	EDS P
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	1	PA EDS NP
ALBUTEROL SULFATE ER	2	PA NP
ALBUTEROL SULFATE HFA	1	QL 36 GM / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>albuterol sulfate hfa</i>	1	<ul style="list-style-type: none"> <li>QL 0.6 GM / 1 day(s)</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
ANORO ELLIPTA	2	<ul style="list-style-type: none"> <li>QL 14 UNITS / FILL</li> <li>P</li> </ul>
<i>arformoterol tartrate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
BEVESPI AEROSPHERE	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
BREO ELLIPTA (BREO ELLIPTA 50-25 MCG/INH AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	2	<ul style="list-style-type: none"> <li>QL 60 GM / fill</li> <li>PA</li> <li>NP</li> </ul>
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	<ul style="list-style-type: none"> <li>QL 60 GM / fill(s)</li> <li>PA</li> <li>NP</li> </ul>
<i>breynd</i>	1	<ul style="list-style-type: none"> <li>QL 20.6 GM / fill(s)</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
BREZTRI AEROSPHERE	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
BROVANA	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>budesonide-formoterol fumarate</i>	1	<ul style="list-style-type: none"> <li>QL 20.4 GM / fill(s)</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
COMBIVENT RESPIMAT	2	<ul style="list-style-type: none"> <li>P</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUAKLIR PRESSAIR	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
DULERA	2	<div data-bbox="1133 287 1195 323">QL</div> 26 GM / 1 FILL <div data-bbox="1133 336 1195 371">P</div>
FLUTICASONE FUROATE-VILANTEROL	1	<div data-bbox="1133 401 1195 436">QL</div> 60 GM / fill <div data-bbox="1133 449 1195 485">PA</div> <div data-bbox="1133 497 1195 533">NP</div>
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	<div data-bbox="1133 573 1195 609">QL</div> 60 UNITS / 30 day(s) <div data-bbox="1133 642 1195 678">PA</div> <div data-bbox="1133 690 1195 726">NP</div>
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	<div data-bbox="1133 835 1195 871">QL</div> 12 GM / 30 day(s) <div data-bbox="1133 884 1195 919">PA</div> <div data-bbox="1133 932 1195 968">NP</div>
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	<div data-bbox="1133 1125 1195 1161">QL</div> 1 EA / 1 FILL <div data-bbox="1133 1173 1195 1209">PA</div> <div data-bbox="1133 1222 1195 1257">NP</div>
<i>formoterol fumarate</i>	1	<div data-bbox="1133 1354 1195 1390">PA</div> <div data-bbox="1133 1402 1195 1438">EDS</div> <div data-bbox="1133 1451 1195 1486">NP</div>
<i>ipratropium-albuterol</i>	1	<div data-bbox="1133 1505 1195 1541">QL</div> 540 UNITS / FILL <div data-bbox="1133 1554 1195 1589">EDS</div> <div data-bbox="1133 1602 1195 1638">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	PA EDS NP
LEVALBUTEROL TARTRATE	1	QL 30 GM / fill PA NP
PERFOROMIST	2	PA NP
PROAIR DIGIHALER	2	QL 2 EA / fill PA NP
PROAIR RESPICLICK	2	QL 2 EA / fill PA NP
SEREVENT DISKUS	2	P
STIOLTO RESPIMAT	2	P
STRIVERDI RESPIMAT	2	QL 16 GM / fill PA NP
SYMBICORT	1	QL 20.4 GM / fill(s) P
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	1	EDS
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	QL 60 GM / fill PA NP
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VENTOLIN HFA	1	QL 36 GM / fill P
wixela inhub	1	QL 60 UNITS / 30 day(s) EDS
XOPENEX HFA	1	QL 30 GM / fill P
<b>XANTHINES</b>		
theophylline 80 mg/15ml solution	1	EDS
theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)	1	EDS
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
COUMADIN	2	PA NP
jantoven	1	EDS P
warfarin sodium	1	EDS P
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
SAVAYSA	2	PA NP
XARELTO (XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XARELTO 1 MG/ML RECON SUSP	2	PA NP
XARELTO STARTER PACK	2	P
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA	2	PA NP
<i>bd heparin posiflush</i>	1	
<i>enoxaparin sodium</i>	1	P
<i>fondaparinux sodium</i>	1	PA NP
FRAGMIN (FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	2	P
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR)	2	PA NP
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i>	1	
<i>heparin lock flush</i>	1	
<i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
HEPARIN SOD (PORCINE) IN D5W	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	
<i>heparin sodium lock flush</i>	1	
LOVENOX	2	PA NP
<b>THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate mesylate (dabigatran etexilate mesylate 75 mg cap, dabigatran etexilate mesylate 150 mg cap)</i>	1	PA NP
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET)	2	PA NP
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	P
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	P
<i>clobazam 2.5 mg/ml suspension</i>	1	PA NP
<i>clonazepam</i>	1	
DIASTAT ACUDIAL	1	QL 2 EA / fill(s) P
DIASTAT PEDIATRIC	1	QL 2 EA / fill(s) P
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	QL 2 EA / fill(s) P
NAYZILAM	2	QL 2 EA / 1 FILL P
ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB)	2	PA NP
SYMPAZAN	2	PA NP
VALTOCO 10 MG DOSE	2	QL 2 EA / 1 FILL P
VALTOCO 15 MG DOSE	2	QL 2 EA / 1 FILL P
VALTOCO 20 MG DOSE	2	QL 2 EA / 1 FILL P
VALTOCO 5 MG DOSE	2	QL 2 EA / 1 FILL P
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM	2	PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	PA NP
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	2	PA NP
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab)</i>	1	EDS P
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 300 mg cap er 12h)</i>	1	PA EDS NP
<i>carbamazepine er (carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	EDS P
CARBATROL	2	PA NP
DIACOMIT	2	PA LA NP
ELEPSIA XR	2	PA NP
EPIDIOLEX	2	PA SP NP
<i>epitol</i>	1	EDS P
EPRONTIA	2	PA NP
FINTEPLA	2	PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gabapentin (gabapentin 100 mg cap, gabapentin 400 mg cap)</i>	1	P
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	1	QL 2160 ml / fill P
<i>gabapentin 300 mg cap</i>	1	QL 270 EA / 30 DAY(S) P
<i>gabapentin 600 mg tab</i>	1	QL 180 EA / 30 DAY(S) P
<i>gabapentin 800 mg tab</i>	1	QL 135 EA / 30 DAY(S) P
KEPPRA (KEPPRA 100 MG/ML SOLUTION, KEPPRA 250 MG TAB, KEPPRA 500 MG TAB, KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB)	2	PA NP
KEPPRA XR	2	PA NP
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	1	P
LAMICTAL	2	PA NP
LAMICTAL ODT	2	PA NP
LAMICTAL STARTER	2	PA NP
LAMICTAL XR	2	PA NP
<i>lamotrigine (lamotrigine 21 x 25 mg &amp; 7 x 50 mg kit, lamotrigine 25 &amp; 50 &amp; 100 mg kit, lamotrigine 42 x 50 mg &amp; 14x100 mg kit)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	1	PA EDS NP
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	EDS P
<i>lamotrigine er</i>	1	EDS P
<i>lamotrigine starter kit-blue</i>	1	PA NP
<i>lamotrigine starter kit-green</i>	1	PA NP
<i>lamotrigine starter kit-orange</i>	1	PA NP
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	EDS P
<i>levetiracetam er</i>	1	EDS P
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	QL 60 EA / fill PA NP
LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP)	2	QL 90 EA / fill PA NP
LYRICA 20 MG/ML SOLUTION	2	QL 900 ml / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOTPOLY XR	2	PA NP
MYSOLINE	2	PA NP
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 300 MG CAP, NEURONTIN 400 MG CAP)	2	QL 270 EA / fill PA NP
NEURONTIN 250 MG/5ML SOLUTION	2	QL 2160 ml / fill PA NP
NEURONTIN 600 MG TAB	2	QL 180 EA / fill PA NP
NEURONTIN 800 MG TAB	2	QL 135 EA / fill PA NP
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	EDS P
OXTELLAR XR	2	PA NP
<i>pregabalin (pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i>	1	QL 90 EA / fill P
<i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap)</i>	1	QL 90 EA / 30 DAY(S) P
<i>pregabalin 20 mg/ml solution</i>	1	QL 900 ml / fill PA NP
<i>pregabalin 225 mg cap</i>	1	QL 60 EA / 30 DAY(S) P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pregabalin 300 mg cap</i>	1	P
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	EDS P
PRIMIDONE 125 MG TAB	2	P
QUDEXY XR	2	PA NP
<i>roweepra</i>	1	EDS P
<i>roweepra xr</i>	1	EDS P
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i>	1	PA EDS NP
SPRITAM	2	PA NP
<i>subvenite</i>	1	EDS P
<i>subvenite starter kit-blue</i>	1	PA NP
<i>subvenite starter kit-green</i>	1	PA NP
<i>subvenite starter kit-orange</i>	1	PA NP
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	PA NP
TEGRETOL-XR	2	PA NP
TOPAMAX	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TOPAMAX SPRINKLE	2	PA NP
<i>topiramate</i>	1	EDS P
<i>topiramate er</i>	1	PA NP
TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 300 MG/5ML SUSPENSION, TRILEPTAL 600 MG TAB)	2	PA NP
TROKENDI XR	2	PA NP
VIMPAT (VIMPAT 10 MG/ML SOLUTION, VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB)	2	PA NP
ZONEGRAN	2	PA NP
ZONISADE	2	PA NP
<i>zonisamide</i>	1	EDS P
ZTALMY	2	PA NP
<b>CARBAMATES</b>		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab, felbamate 600 mg/5ml suspension)</i>	1	EDS P
FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FELBATOL 600 MG/5ML SUSPENSION	1	P
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	2	QL 60 EA / fill PA NP
XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK	2	PA NP
XCOPRI (350 MG DAILY DOSE)	2	QL 60 EA / fill PA NP
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X 200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X 100 MG TAB THPK)	2	PA NP
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	2	QL 60 EA / fill PA NP
XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	2	QL 30 EA / fill PA NP
<b>GABA MODULATORS</b>		
GABITRIL	1	P
SABRIL	2	PA LA NP
<i>tiagabine hcl</i>	1	PA EDS NP
<i>vigabatrin</i>	1	PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vigadrone</i>	1	PA LA NP
<i>vigpoder</i>	1	PA LA NP
<b>HYDANTOINS</b>		
DILANTIN 100 MG CAP	1	P
DILANTIN 125 MG/5ML SUSPENSION	2	PA NP
DILANTIN 30 MG CAP	2	P
DILANTIN INFATABS	2	PA NP
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	EDS P
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	EDS P
<i>phenytoin infatabs</i>	1	EDS P
<i>phenytoin sodium extended</i>	1	EDS P
<b>SUCCINIMIDES</b>		
CELONTIN	1	P
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	EDS P
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	2	PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>VALPROIC ACID</b>		
DEPAKOTE	2	PA NP
DEPAKOTE ER	2	PA NP
DEPAKOTE SPRINKLES	2	PA NP
<i>divalproex sodium</i>	1	EDS P
<i>divalproex sodium er</i>	1	EDS P
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	1	EDS P
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	EDS P
REMERON	2	PA NP
REMERON SOLTAB	2	PA NP
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	2	PA NP
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN	2	PA NP
<i>bupropion hcl</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bupropion hcl er (smoking det)</i>	\$0	EDS
<i>bupropion hcl er (sr)</i>	1	EDS P
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	EDS P
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	QL 30 EA / fill PA NP
FORFIVO XL	2	QL 30 EA / fill PA NP
MAPROTILINE HCL (MAPROTILINE HCL 25 MG TAB, MAPROTILINE HCL 75 MG TAB)	2	
WELLBUTRIN SR	2	QL 60 EA / fill PA NP
WELLBUTRIN XL 150 MG TAB ER 24H	2	QL 30 EA / fill PA NP
WELLBUTRIN XL 300 MG TAB ER 24H	2	PA NP
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE	2	QL 28 EA / 30 day(s) PA
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
NARDIL	1	
PHENELZINE SULFATE	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	2	PA SP
SPRAVATO (84 MG DOSE)	2	PA SP
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA	2	PA NP
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	EDS P
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	PA NP
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 20 mg tab)</i>	1	QL 30 UNITS / 30 DAYS EDS P
<i>escitalopram oxalate 10 mg tab</i>	1	EDS P
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PA EDS NP
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)</i>	1	EDS P
<i>fluoxetine hcl (fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab)</i>	1	PA EDS NP
FLUOXETINE HCL (FLUOXETINE HCL 60 MG TAB, FLUOXETINE HCL 90 MG CAP DR)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvoxamine maleate</i>	1	EDS P
<i>fluvoxamine maleate er</i>	1	PA EDS NP
LEXAPRO	2	PA NP
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	EDS P
<i>paroxetine hcl 10 mg/5ml suspension</i>	1	PA NP
<i>paroxetine hcl er</i>	1	PA EDS NP
PAXIL (PAXIL 10 MG TAB, PAXIL 10 MG/5ML SUSPENSION, PAXIL 20 MG TAB, PAXIL 30 MG TAB, PAXIL 40 MG TAB)	2	PA NP
PAXIL CR	2	PA NP
PEXEVA	2	PA NP
PROZAC	2	PA NP
SERTRALINE HCL (SERTRALINE HCL 150 MG CAP, SERTRALINE HCL 200 MG CAP)	2	PA NP
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	EDS P
ZOLOFT (ZOLOFT 20 MG/ML CONC, ZOLOFT 25 MG TAB, ZOLOFT 50 MG TAB, ZOLOFT 100 MG TAB)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	2	EDS P
<i>trazodone hcl</i>	1	EDS P
TRINTELLIX	2	QL 30 EA / fill PA NP
VIIBRYD	1	P
<i>vilazodone hcl</i>	1	PA EDS NP
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA	2	PA NP
<i>desvenlafaxine succinate er (desvenlafaxine succinate er 50 mg tab er 24h, desvenlafaxine succinate er 100 mg tab er 24h)</i>	1	PA EDS NP
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	QL 30 UNITS / 30 DAYS PA EDS NP
DRIZALMA SPRINKLE	2	PA NP
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	EDS P
<i>duloxetine hcl 40 mg cp dr part</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EFFEXOR XR	2	PA NP
FETZIMA	2	PA NP
FETZIMA TITRATION	2	PA NP
PRISTIQ	2	PA NP
<i>venlafaxine hcl</i>	1	EDS P
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	EDS P
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg tab er 24h, venlafaxine hcl er 75 mg tab er 24h, venlafaxine hcl er 150 mg tab er 24h, venlafaxine hcl er 225 mg tab er 24h)</i>	1	PA EDS NP
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	EDS
<i>amoxapine</i>	1	EDS
<i>clomipramine hcl</i>	1	EDS
<i>desipramine hcl</i>	1	EDS
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	1	EDS
<i>imipramine hcl</i>	1	EDS
<i>imipramine pamoate</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	EDS
<i>nortriptyline hcl 10 mg/5ml solution</i>	2	EDS
<i>protriptyline hcl</i>	1	EDS
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	EDS P
GLYSET	2	PA NP
MIGLITOL	2	PA NP
<i>miglitol</i>	1	PA EDS NP
PRECOSE	2	PA NP
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	2	PA P
SYMLINPEN 60	2	PA P
<b>ANTIDIABETIC COMBINATIONS</b>		
ALOGLIPTIN-METFORMIN HCL	1	QL 30 EA / fill PA NP
ALOGLIPTIN-PIOGLITAZONE	1	QL 30 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUETACT	2	PA NP
<i>glipizide-metformin hcl</i>	1	EDS
<i>glyburide-metformin</i>	1	EDS
GLYXAMBI	2	QL 30 EA / fill PA NP
INVOKAMET	2	QL 60 EA / fill PA NP
INVOKAMET XR	2	QL 60 EA / fill PA NP
JANUMET	2	QL 60 EA / fill PA P
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	QL 60 EA / fill PA P
JANUMET XR 100-1000 MG TAB ER 24H	2	QL 30 EA / fill PA P
JENTADUETO	2	QL 60 EA / fill PA P
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / fill PA P
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / fill PA P



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KAZANO 12.5-1000 MG TAB	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
KAZANO 12.5-500 MG TAB	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
KOMBIGLYZE XR	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>P</li> </ul>
OSENI	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
<i>pioglitazone hcl-glimepiride</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
<i>pioglitazone hcl-metformin hcl</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
QTERN	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
<i>saxagliptin-metformin er</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
SEGLUROMET	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
SOLIQUA	2	<ul style="list-style-type: none"> <li>QL 15 ML / fill</li> <li>PA</li> <li>NP</li> </ul>
STEGLUJAN	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SYNJARDY	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 60 EA / fill
SYNJARDY XR (SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 25-1000 MG TAB ER 24H)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 30 EA / fill
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 60 EA / fill
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 30 EA / fill
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 60 EA / fill
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 60 EA / fill
XIGDUO XR (XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 30 EA / fill
XULTOPHY	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 15 ML / fill
<b>BIGUANIDES</b>		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>metformin hcl er</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	2	QL 2 EA / 1 FILL
BAQSIMI TWO PACK	2	QL 2 EA / 1 FILL
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	QL 2 EA / fill
GLUCAGON EMERGENCY 1 MG KIT	1	QL 2 EA / fill(s)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QL 2 EA / fill
<i>glucose (dextrose)</i>	2	OTC
GVOKE HYPOPEN 1-PACK	2	QL 2 EA / fill
GVOKE HYPOPEN 2-PACK	2	QL 2 EA / fill
GVOKE KIT	2	QL 2 EA / fill
GVOKE PFS	2	QL 2 EA / fill
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN BENZOATE	1	QL 30 EA / fill PA NP
JANUVIA	2	QL 30 EA / fill PA P
NESINA	1	QL 30 EA / fill PA P
ONGLYZA	2	QL 30 EA / fill PA P
<i>saxagliptin hcl</i>	1	QL 30 EA / 30 day(s) PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRADJENTA	2	QL 30 EA / fill PA P
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	2	QL 3.4 ml / 28 days PA P
BYETTA 10 MCG PEN	2	QL 2.4 ml / 28 days PA P
BYETTA 5 MCG PEN	2	QL 1.2 ml / 28 days PA P
MOUNJARO	2	QL 2 ML / 28 day(s) PA NP
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 1.5 ml / 28 days PA P
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 ml / 28 days PA P
OZEMPIC (1 MG/DOSE)	2	QL 3 ml / 28 days PA P
OZEMPIC (2 MG/DOSE)	2	QL 3 ml / 28 days PA P
RYBELSUS	2	QL 30 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRULICITY	2	<span>QL</span> 2 ML / 28 DAY(S) <span>PA</span> <span>NP</span>
VICTOZA	2	<span>QL</span> 9 ml / 30 days <span>PA</span> <span>P</span>
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
ADLYXIN	2	<span>QL</span> 6 ml / 28 days <span>PA</span> <span>NP</span>
ADLYXIN STARTER PACK	2	<span>QL</span> 6 ml / 28 days <span>PA</span> <span>NP</span>
<b>INSULIN</b>		
ADMELOG	2	<span>PA</span> <span>NP</span>
ADMELOG SOLOSTAR	2	<span>PA</span> <span>NP</span>
AFREZZA	2	<span>PA</span> <span>NP</span>
APIDRA	2	<span>PA</span> <span>NP</span>
APIDRA SOLOSTAR	2	<span>PA</span> <span>NP</span>
BASAGLAR KWIKPEN	2	<span>PA</span> <span>NP</span>
BASAGLAR TEMPO PEN	2	<span>PA</span> <span>NP</span>
FIASP	2	<span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FIASP FLEXTOUCH	2	PA NP
FIASP PENFILL	2	PA NP
FIASP PUMPCART	2	PA NP
HUMALOG 100 UNIT/ML SOLN CART	2	P
HUMALOG 100 UNIT/ML SOLUTION	2	PA NP
HUMALOG JUNIOR KWIKPEN	2	P
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	P
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	2	PA NP
HUMALOG MIX 50/50	2	P
HUMALOG MIX 50/50 KWIKPEN	2	P
HUMALOG MIX 75/25	2	P
HUMALOG MIX 75/25 KWIKPEN	2	P
HUMALOG TEMPO PEN	2	PA NP
HUMULIN 70/30	2	OTC P
HUMULIN 70/30 KWIKPEN	2	OTC P
HUMULIN N	2	OTC P
HUMULIN N KWIKPEN	2	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMULIN R	2	OTC P
HUMULIN R U-500 (CONCENTRATED)	2	P
HUMULIN R U-500 KWIKPEN	2	P
INSULIN ASP PROT & ASP FLEXPEN	2	P
INSULIN ASPART	2	P
INSULIN ASPART FLEXPEN	2	P
INSULIN ASPART PENFILL	2	P
INSULIN ASPART PROT & ASPART	2	P
INSULIN DEGLUDEC	2	PA NP
INSULIN DEGLUDEC FLEXTOUCH	2	PA NP
INSULIN GLARGINE	2	PA NP
INSULIN GLARGINE MAX SOLOSTAR	2	PA NP
INSULIN GLARGINE SOLOSTAR	2	PA NP
INSULIN GLARGINE-YFGN	2	PA NP
INSULIN LISPRO	2	P
INSULIN LISPRO (1 UNIT DIAL)	2	P
INSULIN LISPRO JUNIOR KWIKPEN	2	P
INSULIN LISPRO PROT & LISPRO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LANTUS	2	P
LANTUS SOLOSTAR	2	P
LEVEMIR	2	P
LEVEMIR FLEXPEN	2	P
LEVEMIR FLEXTOUCH	2	P
LYUMJEV	2	PA NP
LYUMJEV KWIKPEN	2	PA NP
NOVOLIN 70/30	2	PA OTC NP
NOVOLIN 70/30 FLEXPEN	2	PA OTC NP
NOVOLIN 70/30 FLEXPEN RELION	2	PA OTC NP
NOVOLIN 70/30 RELION	2	PA OTC NP
NOVOLIN N	2	OTC P
NOVOLIN N FLEXPEN	2	PA OTC NP
NOVOLIN N FLEXPEN RELION	2	PA OTC NP
NOVOLIN N RELION	2	OTC P



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN R	2	OTC P
NOVOLIN R FLEXPEN	2	PA OTC NP
NOVOLIN R FLEXPEN RELION	2	PA OTC NP
NOVOLIN R RELION	2	OTC P
NOVOLOG	2	P
NOVOLOG 70/30 FLEXPEN RELION	2	P
NOVOLOG FLEXPEN	2	P
NOVOLOG FLEXPEN RELION	2	P
NOVOLOG MIX 70/30	2	P
NOVOLOG MIX 70/30 FLEXPEN	2	P
NOVOLOG MIX 70/30 RELION	2	P
NOVOLOG PENFILL	2	P
NOVOLOG RELION	2	P
REZVOGLAR KWIKPEN	2	PA NP
SEMGLEE	2	PA NP
SEMGLEE (YFGN)	2	PA NP
TOUJEO MAX SOLOSTAR	2	PA NP
TOUJEO SOLOSTAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRESIBA	2	PA NP
TRESIBA FLEXTOUCH	2	PA NP
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA	2	PA NP
<i>pioglitazone hcl</i>	1	EDS P
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	EDS P
<i>repaglinide</i>	1	EDS P
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA	2	QL 30 EA / fill(s) P
INVOKANA	2	QL 30 EA / fill P
JARDIANCE	2	QL 30 EA / fill P
STEGLATRO	2	QL 30 EA / fill PA NP
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	EDS
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	EDS
<i>glipizide er</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glipizide xl</i>	1	EDS
<i>glyburide</i>	1	EDS
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
BISMUTH SUBSALICYLATE	2	OTC
<i>bismuth subsalicylate</i>	1	OTC
<i>bismuth subsalicylate (pepto-bismol)</i>	1	OTC
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	2	
LOPERAMIDE	2	OTC
<i>loperamide</i>	1	OTC EDS
<i>opium</i>	1	QL 100 ML / fill(s)
PAREGORIC	2	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET	2	
<i>deferasirox</i>	1	SP
<i>deferasirox granules</i>	1	SP
<i>deferiprone</i>	1	PA SP
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<i>activated charcoal</i>	1	OTC
VISTOGARD	2	LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	2	PA NP
NALMEFENE HCL	2	
<i>naloxone hcl (naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 4 mg/10ml solution)</i>	1	P
NALOXONE HCL 0.4 MG/ML SOLN CART	2	QL 2 EA / 1 FILL P
NALOXONE HCL 2 MG/0.4ML SOLN A-INJ	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	PA OTC NP
<i>naltrexone hcl</i>	1	EDS
NARCAN	1	OTC P
OPVEE	2	PA NP
RIVIVE	2	
ZIMHI	2	PA NP
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET 50 MG TAB	2	PA NP
<i>granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	QL 14 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ondansetron</i>	1	P
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 4 mg/5ml solution, ondansetron hcl 8 mg tab)</i>	1	P
<i>ondansetron hcl (ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)</i>	1	
SANCUSO	2	PA NP
ZOFRAN	2	PA NP
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate (dramamine)</i>	1	OTC
DRAMAMINE	2	OTC
<i>meclizine</i>	1	OTC
<i>scopolamine</i>	1	PA NP
TRANSDERM SCOP (1.5 MG)	1	P
TRANSDERM-SCOP	1	P
<i>trimethobenzamide hcl</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO 300-0.5 MG CAP	2	PA NP
<i>dronabinol</i>	1	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	1	QL 3 EA / fill

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
BREXAFEMME	2	PA NP
<i>micafungin sodium</i>	1	
<b>ANTIFUNGALS</b>		
AMPHOTERICIN B	2	
ANCOBON	2	PA NP
<i>flucytosine</i>	1	PA NP
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	1	PA NP
<i>griseofulvin ultramicrosize</i>	1	PA NP
<i>nystatin 500000 unit tab</i>	1	PA NP
<i>terbinafine hcl 250 mg tab</i>	1	P
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	2	PA NP
DIFLUCAN (DIFLUCAN 10 MG/ML RECON SUSP, DIFLUCAN 40 MG/ML RECON SUSP)	2	PA NP
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	1	
FLUCONAZOLE IN SODIUM CHLORIDE 100-0.9 MG/50ML-% SOLUTION	2	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	1	PA NP
<i>ketoconazole 200 mg tab</i>	1	PA NP
NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR)	2	PA NP
<i>posaconazole (posaconazole 40 mg/ml suspension, posaconazole 100 mg tab dr)</i>	1	PA NP
SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP)	2	PA NP
SPORANOX PULSEPAK	2	PA NP
TOLSURA	2	PA NP
VIVJOA	2	PA NP
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg recon soln, voriconazole 200 mg tab)</i>	1	
<i>voriconazole 40 mg/ml recon susp</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
<i>chlorpheniramine</i>	1	OTC
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate 4 mg tab</i>	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	2	
CLEMASTINE FUMARATE	2	
<i>clemastine fumarate</i>	1	OTC
<i>diphenhydramine (benadryl)</i>	1	OTC
<i>diphenhydramine (sleep)</i>	1	OTC
<i>diphenhydramine</i>	1	OTC
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	1	OTC EDS P
<i>cetirizine chew tab (zyrtec)</i>	1	PA OTC EDS NP
CLARINEX	2	PA NP
DESLORATADINE (DESLORATADINE 2.5 MG TAB DISP, DESLORATADINE 5 MG TAB DISP)	2	PA NP
<i>desloratadine 5 mg tab</i>	1	PA EDS NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levocetirizine (xyzal)</i>	1	OTC EDS P
<i>loratadine (claritin)</i>	1	OTC EDS P
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>phenadoz</i>	1	
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 6.25 mg/5ml syrup, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg tab, promethazine hcl 50 mg/ml solution)</i>	1	
<i>promethegan (promethegan 12.5 mg suppos, promethegan 25 mg suppos)</i>	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (cyproheptadine hcl 2 mg/5ml syrup, cyproheptadine hcl 4 mg tab)</i>	1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA NP
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	2	PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIHYPERTENSIVES - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA EDS NP
NEXLIZET	2	QL 30 EA / fill PA NP
VYTORIN	2	PA NP
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>icosapent ethyl</i>	1	PA EDS NP
LOVAZA	2	PA NP
<i>omega-3-acid ethyl esters</i>	1	PA EDS NP
VASCEPA	2	PA NP
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	1	EDS P
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	1	EDS P
<i>colesevelam hcl</i>	1	PA EDS NP
COLESTID (COLESTID 1 GM TAB, COLESTID 5 GM GRANULES, COLESTID 5 GM PACKET)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COLESTID FLAVORED (COLESTID FLAVORED 5 GM GRANULES, COLESTID FLAVORED 5 GM PACKET)	2	PA NP
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	1	EDS P
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	1	EDS P
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	2	PA NP
QUESTRAN LIGHT	2	PA NP
WELCHOL	2	PA NP
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA	2	PA NP
FENOFIBRATE (FENOFIBRATE 40 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 120 MG TAB, FENOFIBRATE 150 MG CAP)	1	PA NP
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	EDS P
FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP)	1	PA NP
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	EDS P
FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB)	1	PA NP
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	1	PA EDS NP
FENOGLIDE	2	PA NP
FIBRICOR	1	PA NP
<i>gemfibrozil</i>	1	EDS P
LIPOFEN	2	PA NP
LOPID	2	PA NP
TRICOR	2	PA NP
TRILIPIX	2	PA NP
<b>HMG COA REDUCTASE INHIBITORS</b>		
ALTOPREV	2	PA NP
<i>atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab)</i>	\$0	EDS P
<i>atorvastatin calcium (atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CRESTOR	2	PA NP
EZALLOR SPRINKLE	2	PA NP
<i>fluvastatin sodium</i>	\$0	PA NP
<i>fluvastatin sodium er</i>	\$0	PA NP
LESCOL XL	2	PA NP
LIPITOR	2	PA NP
LIVALO	2	PA NP
<i>lovastatin</i>	\$0	EDS P
PRAVACHOL	2	PA NP
<i>pravastatin sodium</i>	\$0	EDS P
<i>rosuvastatin calcium (rosuvastatin calcium 20 mg tab, rosuvastatin calcium 40 mg tab)</i>	1	EDS P
<i>rosuvastatin calcium (rosuvastatin calcium 5 mg tab, rosuvastatin calcium 10 mg tab)</i>	\$0	EDS P
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab)</i>	\$0	EDS P
<i>simvastatin 80 mg tab</i>	1	EDS P
ZOCOR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYPITAMAG (ZYPITAMAG 2 MG TAB, ZYPITAMAG 4 MG TAB)	2	PA NP
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	EDS P
ZETIA	2	PA NP
<b>NICOTINIC ACID DERIVATIVES</b>		
NIACIN (ANTIHYPERLIPIDEMIC)	2	PA NP
<i>niacin er (antihyperlipidemic)</i>	1	EDS P
NIACOR	2	PA NP
NIASPAN	1	P
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
LEQVIO	2	PA NP
PRALUENT	2	QL 2 EA / 28 days PA NP
REPATHA	2	QL 2 EA / 28 days PA NP
REPATHA PUSHTRONEX SYSTEM	2	QL 3.5 ML / 28 day(s) PA NP
REPATHA SURECLICK	2	QL 2 EA / 28 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
ACCUPRIL	2	PA NP
ALTACE	2	PA NP
<i>benazepril hcl</i>	1	EDS P
<i>captopril</i>	1	EDS P
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	1	EDS P
<i>enalapril maleate 1 mg/ml solution</i>	1	PA EDS NP
EPANED	2	PA NP
<i>fosinopril sodium</i>	1	EDS P
<i>lisinopril</i>	1	EDS P
LOTENSIN	2	PA NP
<i>moexipril hcl</i>	1	EDS P
<i>perindopril erbumine</i>	1	EDS P
PERINDOPRIL ERBUMINE 2 MG TAB	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PERINDOPRIL ERBUMINE 8 MG TAB	2	EDS P
PRINIVIL	2	PA NP
QBRELIS	2	PA NP
<i>quinapril hcl</i>	1	EDS P
<i>ramipril</i>	1	EDS P
<i>trandolapril</i>	1	EDS P
VASOTEC	2	PA NP
ZESTRIL	2	PA NP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	2	PA NP
AVAPRO	2	PA NP
BENICAR	2	PA NP
<i>candesartan cilexetil</i>	1	PA EDS NP
COZAAR	2	PA NP
DIOVAN	2	PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EDARBI	2	PA NP
EPROSARTAN MESYLATE	2	PA NP
<i>irbesartan</i>	1	EDS P
<i>losartan potassium</i>	1	EDS P
MICARDIS	2	PA NP
<i>olmesartan medoxomil</i>	1	EDS P
<i>telmisartan</i>	1	PA EDS NP
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	EDS P
VALSARTAN 4 MG/ML SOLUTION	1	P
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CARDURA	2	PA NP
<i>clonidine</i>	1	EDS
<i>clonidine hcl</i>	1	EDS
<i>doxazosin mesylate</i>	1	EDS P
<i>guanfacine hcl</i>	1	EDS
<i>methyldopa</i>	1	EDS
<i>prazosin hcl</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>terazosin hcl</i>	1	EDS P
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	EDS P
<i>amlodipine besylate-valsartan</i>	1	EDS P
<i>amlodipine-olmesartan</i>	1	PA EDS NP
<i>amlodipine-valsartan-hctz</i>	1	P
ATACAND HCT	2	PA NP
<i>atenolol-chlorthalidone</i>	1	PA EDS NP
AVALIDE	2	PA NP
AZOR	2	PA NP
<i>benazepril-hydrochlorothiazide</i>	1	EDS P
BENICAR HCT	2	PA NP
<i>bisoprolol-hydrochlorothiazide</i>	1	PA EDS NP
<i>candesartan cilexetil-hctz</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	P
DIOVAN HCT	2	PA NP
DUTOPROL	2	PA NP
EDARBYCLOR	2	PA NP
<i>enalapril-hydrochlorothiazide</i>	1	EDS P
EXFORGE	2	PA NP
EXFORGE HCT	2	PA NP
<i>fosinopril sodium-hctz</i>	1	EDS P
HYZAAR	2	PA NP
<i>irbesartan-hydrochlorothiazide</i>	1	EDS P
<i>lisinopril-hydrochlorothiazide</i>	1	EDS P
<i>losartan potassium-hctz</i>	1	EDS P
LOTENSIN HCT	2	PA NP
LOTREL	2	PA NP
<i>metoprolol-hydrochlorothiazide</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MICARDIS HCT	2	PA NP
<i>olmesartan medoxomil-hctz</i>	1	EDS P
<i>olmesartan-amlodipine-hctz</i>	1	PA NP
PROPRANOLOL-HCTZ	2	
<i>quinapril-hydrochlorothiazide</i>	1	EDS P
TEKTURNA HCT	2	P
TELMISARTAN-AMLODIPINE	2	PA NP
<i>telmisartan-amlodipine</i>	1	PA NP
<i>telmisartan-hctz</i>	1	PA NP
TENORETIC 100	2	PA NP
TENORETIC 50	2	PA NP
TRANDOLAPRIL-VERAPAMIL HCL ER	2	PA NP
<i>trandolapril-verapamil hcl er (trandolapril-verapamil hcl er 2-180 mg tab er, trandolapril-verapamil hcl er 2-240 mg tab er, trandolapril-verapamil hcl er 4-240 mg tab er)</i>	1	PA EDS NP
TRIBENZOR	2	PA NP
<i>valsartan-hydrochlorothiazide</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VASERETIC	2	PA NP
ZESTORETIC	2	PA NP
ZIAC	2	PA NP
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	PA NP
TEKTURNA	2	PA NP
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	EDS
<b>VASODILATORS</b>		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	EDS
<i>hydralazine hcl 20 mg/ml solution</i>	1	
<i>minoxidil</i>	1	EDS
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	EDS
<i>mefloquine hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pyrimethamine</i>	1	PA LA
<i>quinine sulfate</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	2	PA LA
GUANIDINE HCL	2	
NEOSTIGMINE METHYLSULFATE (NEOSTIGMINE METHYLSULFATE 3 MG/3ML SOLUTION, NEOSTIGMINE METHYLSULFATE 5 MG/5ML SOLUTION)	2	
<i>neostigmine methylsulfate (neostigmine methylsulfate 5 mg/10ml solution, neostigmine methylsulfate 10 mg/10ml solution)</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFATER	2	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	2	
<i>isoniazid (isoniazid 50 mg/5ml syrup, isoniazid 300 mg tab)</i>	1	
PRETOMANID	2	QL 30 EA / fill

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	LA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide (cyclophosphamide 1 gm recon soln, cyclophosphamide 2 gm recon soln, cyclophosphamide 25 mg cap, cyclophosphamide 25 mg tab, cyclophosphamide 50 mg cap, cyclophosphamide 50 mg tab, cyclophosphamide 500 mg recon soln)</i>	1	
GLEOSTINE	2	PA SP
MYLERAN	2	SP
<i>temozolomide</i>	1	SP
<i>thiotepa 15 mg recon soln</i>	1	
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	1	
<i>capecitabine</i>	1	SP
<i>fluorouracil (fluorouracil 1 gm/20ml solution, fluorouracil 2.5 gm/50ml solution, fluorouracil 5 gm/100ml solution, fluorouracil 500 mg/10ml solution)</i>	1	
<i>mercaptopurine</i>	1	EDS
<i>methotrexate sodium (methotrexate sodium 1 gm recon soln, methotrexate sodium 50 mg/2ml solution, methotrexate sodium 1000 mg/40ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	EDS
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	
ONUREG	2	<ul style="list-style-type: none"> <li>QL 14 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
TABLOID	2	<ul style="list-style-type: none"> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA	2	<ul style="list-style-type: none"> <li>QL 8 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (10 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (12 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (14 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (18 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (20 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (24 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (4 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (8 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> </ul>
VENCLEXTA STARTING PACK	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
<i>erlotinib hcl 25 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
<i>gefitinib</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GILOTRIF	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
TAGRISSO	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
VIZIMPRO	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
DAURISMO 25 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
ERIVEDGE	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
<i>abiraterone acetate 500 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>anastrozole</i>	\$0	EDS
<i>bicalutamide</i>	1	EDS
DEPO-PROVERA 400 MG/ML SUSPENSION	2	
EMCYT	2	SP
ERLEADA 240 MG TAB	2	QL 30 EA / fill PA SP
ERLEADA 60 MG TAB	2	QL 120 EA / fill PA SP
<i>exemestane</i>	\$0	EDS
FLUTAMIDE	2	EDS
<i>flutamide</i>	1	EDS
<i>letrozole</i>	1	EDS
<i>leuprolide acetate</i>	1	SP
LEUPROLIDE ACETATE (3 MONTH)	2	PA SP
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab, megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	1	PA EDS P
<i>nilutamide</i>	1	SP
NUBEQA	2	QL 4 EA / day PA SF SP
ORGOVYX	2	QL 30 EA / fill PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORSERDU 345 MG TAB	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
ORSERDU 86 MG TAB	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<i>tamoxifen citrate</i>	\$0	EDS
<i>toremifene citrate</i>	1	SP
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
XTANDI 80 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	2	<ul style="list-style-type: none"> <li>QL 21 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span>
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span> <span>LA</span>
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span>
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span> <span>LA</span>
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span>
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span> <span>LA</span>
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span>
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span> <span>LA</span>
XPOVIO (60 MG TWICE WEEKLY)	2	<span>QL</span> 32 EA / fill <span>PA</span> <span>LA</span>
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span>
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	<span>QL</span> 32 EA / fill <span>PA</span> <span>LA</span>
XPOVIO (80 MG TWICE WEEKLY)	2	<span>QL</span> 32 EA / fill <span>PA</span> <span>LA</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	2	<ul style="list-style-type: none"> <li>QL 5 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
KISQALI FEMARA (400 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 70 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
KISQALI FEMARA (600 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 91 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
KISQALI FEMARA(200 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 49 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
LONSURF	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	<ul style="list-style-type: none"> <li>QL 8 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
ALUNBRIG 30 MG TAB	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
BALVERSA 3 MG TAB	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BALVERSA 4 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
BALVERSA 5 MG TAB	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
BOSULIF (BOSULIF 50 MG CAP, BOSULIF 100 MG CAP)	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> </ul>
BOSULIF 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 4 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
BRAFTOVI	2	<ul style="list-style-type: none"> <li>QL 180 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
BRUKINSA	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
CABOMETYX	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
CALQUENCE 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CAPRELSA 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / 1 day(s)</li> <li>PA</li> <li>LA</li> </ul>
CAPRELSA 300 MG TAB	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 day(s)</li> <li>PA</li> <li>LA</li> </ul>
COMETRIQ (100 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
COMETRIQ (140 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
COMETRIQ (60 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
COPIKTRA	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
COTELLIC	2	<ul style="list-style-type: none"> <li>QL 90 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
<i>everolimus (everolimus 2 mg tab sol, everolimus 2.5 mg tab, everolimus 3 mg tab sol, everolimus 5 mg tab, everolimus 5 mg tab sol, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
FOTIVDA	2	<ul style="list-style-type: none"> <li>QL 21 EA / fill</li> <li>PA</li> <li>LA</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GAVRETO	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
IBRANCE	2	<ul style="list-style-type: none"> <li>QL 21 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
ICLUSIG	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
IDHIFA	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
<i>imatinib mesylate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> </ul>
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
IMBRUVICA 140 MG CAP	2	<ul style="list-style-type: none"> <li>QL 90 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
IMBRUVICA 70 MG/ML SUSPENSION	2	<ul style="list-style-type: none"> <li>QL 180 ml / fill</li> <li>PA</li> <li>LA</li> </ul>
JAKAFI	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
JAYPIRCA	2	<ul style="list-style-type: none"> <li>QL 2 EA / 1 DAY(S)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (200 MG DOSE)	2	<span>QL</span> 21 EA / fill <span>PA</span> <span>SP</span>
KISQALI (400 MG DOSE)	2	<span>QL</span> 42 EA / fill <span>PA</span> <span>SP</span>
KISQALI (600 MG DOSE)	2	<span>QL</span> 63 UNITS / 1 FILL <span>PA</span> <span>SP</span>
KOSELUGO 10 MG CAP	2	<span>QL</span> 240 EA / fill <span>PA</span> <span>SP</span>
KOSELUGO 25 MG CAP	2	<span>QL</span> 120 EA / fill <span>PA</span> <span>SP</span>
KRAZATI	2	<span>QL</span> 180 EA / fill <span>PA</span> <span>LA</span>
<i>lapatinib ditosylate</i>	1	<span>PA</span> <span>SP</span>
LORBRENA 100 MG TAB	2	<span>QL</span> 1 EA / 1 day(s) <span>PA</span> <span>SF</span> <span>SP</span>
LORBRENA 25 MG TAB	2	<span>QL</span> 3 EA / 1 day(s) <span>PA</span> <span>SF</span> <span>SP</span>
LUMAKRAS 120 MG TAB	2	<span>QL</span> 8 EA / day <span>PA</span> <span>SF</span> <span>SP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS 320 MG TAB	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SP</span>
LYNPARZA	2	<span>QL</span> 4 EA / day <span>PA</span> <span>SF</span> <span>SP</span>
LYTGOBI (12 MG DAILY DOSE)	2	<span>QL</span> 150 EA / fill <span>PA</span>
LYTGOBI (16 MG DAILY DOSE)	2	<span>QL</span> 150 EA / fill <span>PA</span>
LYTGOBI (20 MG DAILY DOSE)	2	<span>QL</span> 150 EA / fill <span>PA</span>
MEKINIST 0.05 MG/ML RECON SOLN	2	<span>QL</span> 1200 ml / fill <span>PA</span> <span>SP</span>
MEKINIST 0.5 MG TAB	2	<span>QL</span> 90 EA / fill <span>PA</span> <span>SP</span>
MEKINIST 2 MG TAB	2	<span>QL</span> 30 EA / fill <span>PA</span> <span>SP</span>
MEKTOVI	2	<span>QL</span> 180 EA / fill <span>PA</span> <span>SP</span>
NERLYNX	2	<span>QL</span> 6 EA / day <span>PA</span> <span>SF</span> <span>SP</span>
NINLARO	2	<span>PA</span> <span>SP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pazopanib hcl</i>	1	PA SP
PEMAZYRE	2	QL 30 EA / fill PA SP
PIQRAY (200 MG DAILY DOSE)	2	PA SP
PIQRAY (250 MG DAILY DOSE)	2	PA SP
PIQRAY (300 MG DAILY DOSE)	2	PA SP
QINLOCK	2	QL 90 EA / fill PA LA
RETEVMO	2	QL 4 EA / day PA SF SP
REZLIDHIA	2	QL 2 EA / 1 day(s) PA SF SP
ROZLYTREK (ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP)	2	QL 3 EA / day PA SF SP
ROZLYTREK 50 MG PACKET	2	QL 180 EA / fill PA
RUBRACA	2	QL 4 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RYDAPT	2	<ul style="list-style-type: none"> <li>QL 56 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
SCEMBLIX 20 MG TAB	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
SCEMBLIX 40 MG TAB	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
<i>sorafenib tosylate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> </ul>
SPRYCEL (SPRYCEL 20 MG TAB, SPRYCEL 50 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
SPRYCEL 70 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
STIVARGA	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
<i>sunitinib malate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> </ul>
TABRECTA	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAFINLAR 10 MG TAB SOL	2	<ul style="list-style-type: none"> <li>QL 900 ml / fill</li> <li>PA</li> <li>SP</li> </ul>
TALZENNA	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
TASIGNA	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
TAZVERIK	2	<ul style="list-style-type: none"> <li>QL 240 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
TEPMETKO	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
TIBSOVO	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
TURALIO 125 MG CAP	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
VANFLYTA	2	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP</li> </ul>
VERZENIO	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
VITRAKVI 100 MG CAP	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITRAKVI 20 MG/ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 300 ml / fill</li> <li>PA</li> <li>LA</li> </ul>
VITRAKVI 25 MG CAP	2	<ul style="list-style-type: none"> <li>QL 180 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
VONJO	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>LA</li> </ul>
VOTRIENT	2	<ul style="list-style-type: none"> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
XALKORI	2	<ul style="list-style-type: none"> <li>QL 2 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
XOSPATA	2	<ul style="list-style-type: none"> <li>QL 3 EA / 1 day(s)</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
ZELBORAF	2	<ul style="list-style-type: none"> <li>QL 240 EA / fill</li> <li>PA</li> <li>SP</li> </ul>
ZOLINZA	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>SF</li> <li>SP</li> </ul>
ZYDELIG	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYKADIA	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SF</span> <span>SP</span>
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene 75 mg cap</i>	1	<span>PA</span> <span>SP</span>
<i>hydroxyurea</i>	1	<span>EDS</span>
INTRON A (INTRON A 6000000 UNIT/ML SOLUTION, INTRON A 10000000 UNIT RECON SOLN, INTRON A 10000000 UNIT/ML SOLUTION, INTRON A 18000000 UNIT RECON SOLN, INTRON A 50000000 UNIT RECON SOLN)	2	<span>SP</span>
<i>tretinoin 10 mg cap</i>	1	<span>SP</span>
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
<i>mesna</i>	1	
MESNEX 400 MG TAB	2	<span>SP</span>
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	2	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
NOURIANZ	2	<span>PA</span> <span>SP</span> <span>NP</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	EDS
<i>benztropine mesylate 1 mg/ml solution</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	EDS
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	EDS
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	1	EDS P
ONGENTYS	2	QL 30 EA / fill PA NP
<i>tolcapone</i>	1	PA NP
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	EDS
<i>bromocriptine mesylate 2.5 mg tab</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS P
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	2	EDS P
<i>carbidopa-levodopa er</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>carbidopa-levodopa-entacapone</i>	1	EDS P
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB)	1	P
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB	1	NP
GOCOVRI	2	PA LA NP
INBRIJA	2	PA LA NP
KYNMOBI	2	PA SP NP
MIRAPEX	2	PA NP
MIRAPEX ER	2	PA NP
NEUPRO	2	PA NP
<i>pramipexole dihydrochloride</i>	1	EDS P
<i>pramipexole dihydrochloride er</i>	1	PA NP
REQUIP XL	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ropinirole hcl</i>	1	EDS P
<i>ropinirole hcl er</i>	1	PA EDS NP
RYTARY	2	PA NP
SINEMET	2	PA NP
STALEVO 100	2	PA NP
STALEVO 125	2	PA NP
STALEVO 150	1	PA NP
STALEVO 200	2	PA NP
STALEVO 50	1	PA NP
STALEVO 75	1	PA NP
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>selegiline hcl</i>	1	EDS
XADAGO	2	PA NP
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
LITHIUM	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lithium carbonate</i>	\$0	EDS
<i>lithium carbonate er</i>	\$0	EDS
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA 42 MG CAP	\$0	PA NP
EQUETRO	2	PA NP
GEODON (GEODON 20 MG CAP, GEODON 20 MG RECON SOLN, GEODON 40 MG CAP, GEODON 60 MG CAP, GEODON 80 MG CAP)	\$0	PA NP
LATUDA	\$0	PA NP
<i>lurasidone hcl</i>	\$0	EDS P
NUPLAZID	\$0	PA LA NP
VRAYLAR	\$0	PA NP
<i>ziprasidone hcl</i>	\$0	EDS P
<i>ziprasidone mesylate</i>	\$0	PA NP
<b>BENZISOXAZOLES</b>		
FANAPT	\$0	PA NP
FANAPT TITRATION PACK	\$0	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA	\$0	PA NP
INVEGA HAFYERA	\$0	P
INVEGA SUSTENNA	\$0	P
INVEGA TRINZA	\$0	P
<i>paliperidone er</i>	\$0	PA EDS NP
PERSERIS	\$0	P
RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB, RISPERDAL 1 MG/ML SOLUTION, RISPERDAL 2 MG TAB, RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB)	\$0	PA NP
RISPERDAL CONSTA	\$0	P
<i>risperidone (risperidone 0.25 mg tab, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab, risperidone 0.5 mg tab disp, risperidone 1 mg tab, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab, risperidone 2 mg tab disp, risperidone 3 mg tab, risperidone 3 mg tab disp, risperidone 4 mg tab, risperidone 4 mg tab disp)</i>	\$0	EDS P
<i>risperidone microspheres er</i>	\$0	
RYKINDO	\$0	PA NP
UZEDY	\$0	PA NP
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>haloperidol decanoate</i>	\$0	EDS
<i>haloperidol lactate 2 mg/ml conc</i>	\$0	EDS
<i>haloperidol lactate 5 mg/ml solution</i>	\$0	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	\$0	PA EDS NP
<i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	\$0	EDS P
CLOZAPINE 12.5 MG TAB DISP	\$0	P
CLOZARIL	\$0	PA NP
<i>loxapine succinate</i>	\$0	EDS
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	\$0	EDS P
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	\$0	PA EDS NP
<i>olanzapine 10 mg recon soln</i>	\$0	P
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	\$0	EDS P
<i>quetiapine fumarate er</i>	\$0	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SAPHRIS	\$0	PA NP
SECUADO	\$0	PA NP
SEROQUEL	\$0	PA NP
SEROQUEL XR	\$0	PA NP
VERSACLOZ	\$0	PA NP
ZYPREXA	\$0	PA NP
ZYPREXA RELPREVV	\$0	PA NP
ZYPREXA ZYDIS	\$0	PA NP
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i>	\$0	EDS
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i>	\$0	
<i>compro</i>	\$0	
<i>fluphenazine decanoate</i>	\$0	EDS
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 2.5 MG/ML SOLUTION, FLUPHENAZINE HCL 5 MG/ML CONC)	\$0	
<i>perphenazine</i>	\$0	EDS
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate</i> ( <i>prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution</i> )	\$0	
<i>prochlorperazine maleate</i>	\$0	
<i>thioridazine hcl</i>	\$0	EDS
<i>trifluoperazine hcl</i>	\$0	EDS
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY	\$0	PA NP
ABILIFY ASIMTUFII	\$0	P
ABILIFY MAINTENA	\$0	P
ABILIFY MYCITE	\$0	PA NP
<i>aripiprazole</i> ( <i>aripiprazole 1 mg/ml solution, aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab</i> )	\$0	EDS P
<i>aripiprazole</i> ( <i>aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp</i> )	\$0	PA NP
ARISTADA	\$0	PA NP
ARISTADA INITIO	\$0	PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REXULTI	\$0	PA NP
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	\$0	EDS
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTIC COMBINATIONS</b>		
IV PREP WIPES	2	
MICROCLENS WIPES	2	
UNI-SOLVE	2	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>hydrogen peroxide</i>	1	OTC
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate</i>	1	OTC
HIBICLENS 4 % LIQUID	2	OTC
<b>IODINE ANTISEPTICS</b>		
APLICARE POVIDONE-IODINE 10 % GEL	2	OTC
LUGOLS STRONG IODINE	2	
<i>povidone-iodine (betadine)</i>	1	OTC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
APRETUDE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
APTIVUS (APTIVUS 100 MG/ML SOLUTION, APTIVUS 250 MG CAP)	2	
<i>atazanavir sulfate</i>	1	
BIKTARVY	2	
CABENUVA	2	
CIMDUO	2	
COMPLERA	2	
CRIXIVAN	2	
DELSTRIGO	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	PV
DIDANOSINE (DIDANOSINE 250 MG CAP DR, DIDANOSINE 400 MG CAP DR)	2	
DOVATO	2	
EDURANT	2	
EFAVIRENZ (EFAVIRENZ 50 MG CAP, EFAVIRENZ 200 MG CAP)	2	
<i>efavirenz 600 mg tab</i>	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df (emtricitabine-tenofovir df 100-150 mg tab, emtricitabine-tenofovir df 133-200 mg tab, emtricitabine-tenofovir df 167-250 mg tab)</i>	1	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	\$0	
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1	
FUZEON	2	SP
GENVOYA	2	
INTELENCE 25 MG TAB	2	
INVIRASE	2	
ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB, ISENTRESS 400 MG TAB)	2	
ISENTRESS HD	2	
JULUCA	2	
<i>lamivudine (lamivudine 10 mg/ml solution, lamivudine 150 mg tab, lamivudine 300 mg tab)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab, lopinavir-ritonavir 400-100 mg/5ml solution)</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	2	
NORVIR (NORVIR 80 MG/ML SOLUTION, NORVIR 100 MG PACKET)	2	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 100 MG/ML SUSPENSION, PREZISTA 150 MG TAB, PREZISTA 600 MG TAB, PREZISTA 800 MG TAB)	2	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY 20 MG/ML SOLUTION	2	
<i>stavudine</i>	1	
STRIBILD	2	
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK, SUNLENCA 463.5 MG/1.5ML SOLUTION)	2	
SYMTUZA	2	
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
VIRACEPT	2	
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	2	SP
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	QL 20 EA / fill

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PAXLOVID (300/100)	2	QL 30 EA / fill
<b>CMV AGENTS</b>		
<i>foscarnet sodium</i>	1	
PREVYMIS (PREVYMIS 240 MG/12ML SOLUTION, PREVYMIS 480 MG/24ML SOLUTION)	2	
PREVYMIS 240 MG TAB	2	QL 1 TAB / 1 DAY; 200 TABS / 365 DAYS
PREVYMIS 480 MG TAB	2	QL 1 UNIT / 1 DAY; 100 TABS / 6 MONTHS
<i>valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)</i>	1	EDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	PA SP NP
BARACLUDGE (BARACLUDGE 0.5 MG TAB, BARACLUDGE 1 MG TAB)	2	QL 30 EA / fill PA SP NP
BARACLUDGE 0.05 MG/ML SOLUTION	2	SP P
<i>entecavir</i>	1	QL 30 EA / fill EDS P
EPCLUSA 200-50 MG TAB	2	PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPCLUSA 400-100 MG TAB	2	<span>QL</span> 84 EA / 365 day(s) <span>PA</span> <span>SP</span> <span>NP</span>
EPIVIR HBV 100 MG TAB	1	<span>SP</span> <span>P</span>
EPIVIR HBV 5 MG/ML SOLUTION	2	<span>SP</span> <span>P</span>
HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	2	<span>PA</span> <span>QL</span> 56 UNITS / FILL; 112 UNITS / 365 DAYS <span>SP</span> <span>NP</span>
HARVONI 33.75-150 MG PACKET	2	<span>PA</span> <span>QL</span> 28 UNITS / FILL; 56 UNITS / 365 DAYS <span>SP</span> <span>NP</span>
HARVONI 90-400 MG TAB	2	<span>QL</span> 84 EA / 365 days <span>PA</span> <span>SP</span> <span>NP</span>
HEPSERA	1	<span>SP</span> <span>P</span>
<i>lamivudine 100 mg tab</i>	1	<span>EDS</span> <span>SP</span> <span>P</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVYRET 100-40 MG TAB	2	<ul style="list-style-type: none"> <li>QL 168 EA / 365 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 2 ML / fill</li> <li>SP</li> <li>P</li> </ul>
PEGASYS 180 MCG/ML SOLUTION	2	<ul style="list-style-type: none"> <li>SP</li> <li>P</li> </ul>
PEGINTRON	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	<ul style="list-style-type: none"> <li>SP</li> <li>P</li> </ul>
RIBAVIRIN 200 MG TAB	2	<ul style="list-style-type: none"> <li>SP</li> <li>P</li> </ul>
SOFOSBUVIR-VELPATASVIR	1	<ul style="list-style-type: none"> <li>QL 84 EA / 365 day(s)</li> <li>PA</li> <li>QL 28 UNITS / FILL; 84 UNITS / 365 DAYS</li> <li>SP</li> <li>NP</li> </ul>
SOVALDI (SOVALDI 150 MG PACKET, SOVALDI 400 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 84 EA / 365 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 168 EA / 365 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
VEMLIDY	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIEKIRA PAK	2	<ul style="list-style-type: none"> <li>QL 336 EA / 365 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
VOSEVI	2	<ul style="list-style-type: none"> <li>QL 84 EA / 365 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
ZEPATIER	2	<ul style="list-style-type: none"> <li>QL 84 EA / 365 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<b>HERPES AGENTS</b>		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	<ul style="list-style-type: none"> <li>P</li> </ul>
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
SITAVIG	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>valacyclovir hcl</i>	1	<ul style="list-style-type: none"> <li>EDS</li> <li>P</li> </ul>
VALTREX	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
ZOVIRAX 200 MG/5ML SUSPENSION	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	<ul style="list-style-type: none"> <li>QL 10 EA / fill</li> <li>P</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oseltamivir phosphate 30 mg cap</i>	1	QL 20 EA / fill P
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL 250 ml / fill P
RELENZA DISKHALER	2	QL 20 GM / fill P
RIMANTADINE HCL	2	
TAMIFLU (TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	1	QL 10 EA / fill P
TAMIFLU 30 MG CAP	1	QL 20 EA / fill P
TAMIFLU 6 MG/ML RECON SUSP	1	QL 250 ml / fill P
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QL 1 EA / fill PA NP
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	2	QL 2 EA / fill PA NP
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QL 1 EA / fill PA NP
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	2	QL 40 EA / fill
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	EDS P
<i>carvedilol phosphate er</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COREG	2	PA NP
COREG CR	2	PA NP
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	EDS P
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	1	PA EDS NP
<i>atenolol</i>	1	EDS P
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	PA EDS NP
<i>bisoprolol fumarate</i>	1	EDS P
BYSTOLIC	2	PA NP
KAPSPARGO SPRINKLE	2	PA NP
LOPRESSOR	2	PA NP
<i>metoprolol succinate er</i>	1	EDS P
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nebivolol hcl</i>	1	PA EDS NP
TENORMIN	2	PA NP
TOPROL XL	2	PA NP
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE	2	PA NP
BETAPACE AF	2	PA NP
CORGARD	2	PA NP
HEMANGEOL	2	PA LA NP
INDERAL LA	2	PA NP
INDERAL XL	2	PA NP
INNOPRAN XL	2	PA NP
<i>nadolol</i>	1	EDS P
<i>pindolol</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	EDS P
PROPRANOLOL HCL 40 MG/5ML SOLUTION	2	EDS P
<i>propranolol hcl er</i>	1	EDS P
<i>sorine</i>	1	EDS P
<i>sotalol hcl (af)</i>	1	EDS P
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	EDS P
SOTYLIZE	2	PA NP
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	1	PA EDS NP
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	EDS P
CALAN SR	2	PA NP
CARDIZEM	2	PA NP
CARDIZEM CD	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIZEM LA	2	<div data-bbox="1133 170 1195 205">PA</div> <div data-bbox="1133 218 1195 254">NP</div>
<i>cartia xt</i>	1	<div data-bbox="1133 279 1195 315">EDS</div> <div data-bbox="1133 327 1195 363">P</div>
<i>dilt-xr</i>	1	<div data-bbox="1133 388 1195 424">EDS</div> <div data-bbox="1133 436 1195 472">P</div>
<i>diltiazem hcl (diltiazem hcl 25 mg/5ml solution, diltiazem hcl 50 mg/10ml solution, diltiazem hcl 125 mg/25ml solution)</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	<div data-bbox="1133 636 1195 672">EDS</div> <div data-bbox="1133 684 1195 720">P</div>
DILTIAZEM HCL 100 MG RECON SOLN	2	
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	<div data-bbox="1133 1056 1195 1092">EDS</div> <div data-bbox="1133 1104 1195 1140">P</div>
<i>diltiazem hcl er beads</i>	1	<div data-bbox="1133 1350 1195 1386">EDS</div> <div data-bbox="1133 1398 1195 1434">P</div>
<i>diltiazem hcl er coated beads</i>	1	<div data-bbox="1133 1459 1195 1495">EDS</div> <div data-bbox="1133 1507 1195 1543">P</div>
<i>felodipine er</i>	1	<div data-bbox="1133 1568 1195 1604">EDS</div> <div data-bbox="1133 1617 1195 1652">P</div>
<i>isradipine</i>	1	<div data-bbox="1133 1680 1195 1715">EDS</div> <div data-bbox="1133 1728 1195 1764">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>matzim la</i>	1	PA EDS NP
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	1	P
<i>nicardipine hcl 2.5 mg/ml solution</i>	1	
<i>nifedipine</i>	1	EDS P
<i>nifedipine er</i>	1	EDS P
<i>nifedipine er osmotic release</i>	1	EDS P
<i>nimodipine</i>	1	PA NP
NISOLDIPINE ER (NISOLDIPINE ER 20 MG TAB ER 24H, NISOLDIPINE ER 25.5 MG TAB ER 24H, NISOLDIPINE ER 30 MG TAB ER 24H, NISOLDIPINE ER 40 MG TAB ER 24H)	2	PA NP
<i>nisoldipine er (nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 34 mg tab er 24h)</i>	1	PA NP
NORVASC	2	PA NP
NYMALIZE	2	PA NP
PROCARDIA	2	PA NP
PROCARDIA XL	2	PA NP
SULAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>taztia xt</i>	1	EDS P
<i>tiadylt er</i>	1	EDS P
TIAZAC	2	PA NP
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	EDS P
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h)</i>	1	EDS P
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	EDS NP
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	P
VERELAN	2	PA NP
VERELAN PM	2	PA NP
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	EDS
<i>digox</i>	1	EDS
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	EDS
<i>digoxin 0.25 mg/ml solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	2	<span>QL</span> 30 EA / fill <span>PA</span> <span>LA</span>
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin</i>	1	<span>PA</span> <span>NP</span>
CADUET	2	<span>PA</span> <span>NP</span>
ENTRESTO	2	<span>QL</span> 60 EA / fill <span>P</span>
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium</i>	1	<span>LA</span>
ORENITRAM	2	<span>PA</span> <span>LA</span> <span>NP</span>
TYVASO	2	<span>PA</span> <span>LA</span> <span>NP</span>
TYVASO DPI MAINTENANCE KIT (TYVASO DPI MAINTENANCE KIT 16 MCG POWDER, TYVASO DPI MAINTENANCE KIT 32 MCG POWDER, TYVASO DPI MAINTENANCE KIT 48 MCG POWDER, TYVASO DPI MAINTENANCE KIT 64 MCG POWDER)	2	<span>QL</span> 120 EA / fill <span>PA</span> <span>LA</span> <span>NP</span>
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	<span>QL</span> 196 EA / 28 days <span>PA</span> <span>LA</span> <span>NP</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	<ul style="list-style-type: none"> <li>QL 252 EA / 28 days</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
TYVASO REFILL	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
TYVASO STARTER	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
VENTAVIS	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
<i>bosentan</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
LETAIRIS	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
OPSUMIT	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB)	1	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>PA</li> <li>LA</li> <li>P</li> </ul>
TRACLEER 32 MG TAB SOL	2	<ul style="list-style-type: none"> <li>QL 120 EA / fill</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<i>alyq</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
REVATIO (REVATIO 10 MG/ML RECON SUSP, REVATIO 20 MG TAB)	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	<ul style="list-style-type: none"> <li>QL 120 ml / fill</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 90 EA / fill</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
<i>tadalafil (pah)</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	2	<span>QL</span> 60 EA / fill <span>PA</span> <span>LA</span> <span>NP</span>
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	2	<span>PA</span> <span>LA</span> <span>NP</span>
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 5 MG/5ML SOLUTION, CORLANOR 7.5 MG TAB)	2	
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	2	<span>QL</span> 30 EA / fill <span>PA</span> <span>SP</span>
VYNDAQEL	2	<span>QL</span> 120 EA / fill <span>PA</span> <span>SP</span>
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil (cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)	1	<span>P</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFADROXIL 1 GM TAB	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM 2 GM RECON SOLN, CEFAZOLIN SODIUM 100 GM RECON SOLN, CEFAZOLIN SODIUM 300 GM RECON SOLN)	2	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	2	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap, cephalexin 750 mg cap)</i>	1	<div data-bbox="1133 1087 1195 1123">P</div>
CEPHALEXIN (CEPHALEXIN 250 MG TAB, CEPHALEXIN 500 MG TAB)	2	<div data-bbox="1133 1224 1195 1260">PA</div> <div data-bbox="1133 1272 1195 1308">NP</div>
KEFLEX	2	<div data-bbox="1133 1350 1195 1386">PA</div> <div data-bbox="1133 1398 1195 1434">NP</div>
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (CEFACLOR 125 MG/5ML RECON SUSP, CEFACLOR 250 MG CAP, CEFACLOR 250 MG/5ML RECON SUSP, CEFACLOR 375 MG/5ML RECON SUSP, CEFACLOR 500 MG CAP)	2	<div data-bbox="1133 1644 1195 1680">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFACLOR ER	2	PA NP
CEFOTETAN DISODIUM	2	
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	P
<i>cefuroxime axetil</i>	1	P
<i>cefuroxime sodium</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	P
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)</i>	1	PA NP
<i>cefixime 400 mg cap</i>	1	PA NP
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	1	PA NP
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFTRIAZONE SODIUM-DEXTROSE	2	
SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 200 MG CHEW TAB, SUPRAX 200 MG/5ML RECON SUSP, SUPRAX 500 MG/5ML RECON SUSP)	2	PA NP
SUPRAX 400 MG CAP	1	P
<i>tazicef (tazicef 1 gm recon soln, tazicef 2 gm recon soln)</i>	1	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 2 gm recon soln)</i>	1	
CEFEPIME HCL (CEFEPIME HCL 1 GM/50ML SOLUTION, CEFEPIME HCL 2 GM/100ML SOLUTION)	2	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethia lo</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS
<i>apri</i>	\$0	EDS
<i>aranelle</i>	\$0	EDS
<i>ashlyna</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aubra</i>	\$0	EDS
<i>aubra eq</i>	\$0	EDS
<i>aurovela 1.5/30</i>	\$0	EDS
<i>aurovela 1/20</i>	\$0	EDS
<i>aurovela 24 fe</i>	\$0	EDS
<i>aurovela fe 1.5/30</i>	\$0	EDS
<i>aurovela fe 1/20</i>	\$0	EDS
<i>aviane</i>	\$0	EDS
<i>ayuna</i>	\$0	EDS
<i>azurette</i>	\$0	EDS
<i>balziva</i>	\$0	EDS
<i>bekyree</i>	\$0	EDS
<i>blisovi 24 fe</i>	\$0	EDS
<i>blisovi fe 1.5/30</i>	\$0	EDS
<i>blisovi fe 1/20</i>	\$0	EDS
<i>briellyn</i>	\$0	EDS
<i>camrese</i>	\$0	EDS
<i>camrese lo</i>	\$0	EDS
<i>caziant</i>	\$0	EDS
<i>charlotte 24 fe</i>	\$0	EDS
<i>chateal</i>	\$0	EDS
<i>chateal eq</i>	\$0	EDS
<i>cryselle-28</i>	\$0	EDS
<i>cyclafem 1/35</i>	\$0	EDS
<i>cyclafem 7/7/7</i>	\$0	EDS
<i>cyred</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cyred eq</i>	\$0	EDS
<i>dasetta 1/35</i>	\$0	EDS
<i>dasetta 7/7/7</i>	\$0	EDS
<i>daysee</i>	\$0	EDS
<i>delyla</i>	\$0	EDS
<i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i>	\$0	EDS
<i>dolishale</i>	\$0	EDS
<i>drospiren-eth estrad-levomefol</i>	\$0	EDS
<i>drospirenone-ethinyl estradiol</i>	\$0	EDS
<i>elinest</i>	\$0	EDS
<i>emoquette</i>	\$0	EDS
<i>enpresse-28</i>	\$0	EDS
<i>enskyce</i>	\$0	EDS
<i>estarylla</i>	\$0	EDS
<i>ethynodiol diac-eth estradiol</i>	\$0	EDS
<i>falmina</i>	\$0	EDS
<i>fayosim</i>	\$0	EDS
<i>femynor</i>	\$0	EDS
<i>finzala</i>	\$0	EDS
<i>gemmily</i>	\$0	EDS
<i>gianvi</i>	\$0	EDS
<i>hailey 1.5/30</i>	\$0	EDS
<i>hailey 24 fe</i>	\$0	EDS
<i>hailey fe 1.5/30</i>	\$0	EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hailey fe 1/20</i>	\$0	EDS
<i>iclevia</i>	\$0	EDS
<i>introvale</i>	\$0	EDS
<i>isibloom</i>	\$0	EDS
<i>jaimiess</i>	\$0	EDS
<i>jasmiel</i>	\$0	EDS
<i>jolessa</i>	\$0	EDS
<i>joyeaux</i>	\$0	EDS
<i>juleber</i>	\$0	EDS
<i>junel 1.5/30</i>	\$0	EDS
<i>junel 1/20</i>	\$0	EDS
<i>junel fe 1.5/30</i>	\$0	EDS
<i>junel fe 1/20</i>	\$0	EDS
<i>junel fe 24</i>	\$0	EDS
<i>kaitlib fe</i>	\$0	EDS
<i>kalliga</i>	\$0	EDS
<i>kariva</i>	\$0	EDS
<i>kelnor 1/35</i>	\$0	EDS
<i>kelnor 1/50</i>	\$0	EDS
<i>kurvelo</i>	\$0	EDS
<i>larin 1.5/30</i>	\$0	EDS
<i>larin 1/20</i>	\$0	EDS
<i>larin 24 fe</i>	\$0	EDS
<i>larin fe 1.5/30</i>	\$0	EDS
<i>larin fe 1/20</i>	\$0	EDS
<i>larissia</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>layolis fe</i>	\$0	EDS
<i>leena</i>	\$0	EDS
<i>lessina</i>	\$0	EDS
<i>levonest</i>	\$0	EDS
<i>levonorg-eth estrad triphasic</i>	\$0	EDS
<i>levonorgest-eth est &amp; eth est</i>	\$0	EDS
<i>levonorgest-eth estrad 91-day</i>	\$0	EDS
<i>levonorgest-eth estradiol-iron</i>	\$0	EDS
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	\$0	EDS
<i>levora 0.15/30 (28)</i>	\$0	EDS
<i>lillow</i>	\$0	EDS
<i>lo-zumandimine</i>	\$0	EDS
<i>loestrin 1.5/30 (21)</i>	\$0	EDS
<i>loestrin 1/20 (21)</i>	\$0	EDS
<i>loestrin fe 1.5/30</i>	\$0	EDS
<i>loestrin fe 1/20</i>	\$0	EDS
<i>lojaimiess</i>	\$0	EDS
<i>loryna</i>	\$0	EDS
<i>low-ogestrel</i>	\$0	EDS
<i>lutra</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS
<i>melodetta 24 fe</i>	\$0	EDS
<i>merzee</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mibelas 24 fe</i>	\$0	EDS
<i>microgestin 1.5/30</i>	\$0	EDS
<i>microgestin 1/20</i>	\$0	EDS
<i>microgestin 24 fe</i>	\$0	EDS
<i>microgestin fe 1.5/30</i>	\$0	EDS
<i>microgestin fe 1/20</i>	\$0	EDS
<i>mili</i>	\$0	EDS
<i>mono-lynyah</i>	\$0	EDS
<i>necon 0.5/35 (28)</i>	\$0	EDS
<i>nikki</i>	\$0	EDS
<i>norethin ace-eth estrad-fe</i>	\$0	EDS
<i>norethin-eth estradiol-fe</i>	\$0	EDS
<i>norethindron-ethinyl estrad-fe</i>	\$0	EDS
<i>norethindrone acet-ethinyl est</i>	\$0	EDS
<i>norgestim-eth estrad triphasic</i>	\$0	EDS
<i>norgestimate-eth estradiol</i>	\$0	EDS
<i>nortrel 0.5/35 (28)</i>	\$0	EDS
<i>nortrel 1/35 (21)</i>	\$0	EDS
<i>nortrel 1/35 (28)</i>	\$0	EDS
<i>nortrel 7/7/7</i>	\$0	EDS
<i>nylia 1/35</i>	\$0	EDS
<i>nylia 7/7/7</i>	\$0	EDS
<i>nymyo</i>	\$0	EDS
<i>ocella</i>	\$0	EDS
OGESTREL	\$0	EDS
<i>orsythia</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>philith</i>	\$0	EDS
<i>pimtrea</i>	\$0	EDS
<i>pirmella 1/35</i>	\$0	EDS
<i>pirmella 7/7/7</i>	\$0	EDS
<i>portia-28</i>	\$0	EDS
<i>previfem</i>	\$0	EDS
<i>reclipsen</i>	\$0	EDS
<i>rivelsa</i>	\$0	EDS
<i>setlakin</i>	\$0	EDS
<i>simliya</i>	\$0	EDS
<i>simpesse</i>	\$0	EDS
<i>sprintec 28</i>	\$0	EDS
<i>sronyx</i>	\$0	EDS
<i>syeda</i>	\$0	EDS
<i>tarina 24 fe</i>	\$0	EDS
<i>tarina fe 1/20</i>	\$0	EDS
<i>tarina fe 1/20 eq</i>	\$0	EDS
<i>taysofy</i>	\$0	EDS
<i>tilia fe</i>	\$0	EDS
<i>tri femynor</i>	\$0	EDS
<i>tri-estarylla</i>	\$0	EDS
<i>tri-legest fe</i>	\$0	EDS
<i>tri-linyah</i>	\$0	EDS
<i>tri-lo-estarylla</i>	\$0	EDS
<i>tri-lo-marzia</i>	\$0	EDS
<i>tri-lo-mili</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tri-lo-sprintec</i>	\$0	EDS
<i>tri-mili</i>	\$0	EDS
<i>tri-nymyo</i>	\$0	EDS
<i>tri-previfem</i>	\$0	EDS
<i>tri-sprintec</i>	\$0	EDS
<i>tri-vylibra</i>	\$0	EDS
<i>tri-vylibra lo</i>	\$0	EDS
<i>trivora (28)</i>	\$0	EDS
<i>turqoz</i>	\$0	EDS
<i>tydemy</i>	\$0	EDS
<i>vestura</i>	\$0	EDS
<i>vienva</i>	\$0	EDS
<i>viorele</i>	\$0	EDS
<i>volnea</i>	\$0	EDS
<i>vyfemla</i>	\$0	EDS
<i>vylibra</i>	\$0	EDS
<i>wera</i>	\$0	EDS
<i>wymzya fe</i>	\$0	EDS
<i>zarah</i>	\$0	EDS
<i>zovia 1/35 (28)</i>	\$0	EDS
<i>zovia 1/35e (28)</i>	\$0	EDS
<i>zumandimine</i>	\$0	EDS
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	\$0	EDS
<i>xulane</i>	\$0	EDS
<i>zafemy</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>eluryng</i>	\$0	EDS
<i>enilloring</i>	\$0	EDS
<i>etonogestrel-ethinyl estradiol</i>	\$0	EDS
<i>haloette</i>	\$0	EDS
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	\$0	
<i>levonorgestrel (plan b)</i>	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON	2	LA
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	\$0	QL 1 ML / fill
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
LILETTA (52 MG)	\$0	LA
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	\$0	EDS
<i>deblitane</i>	\$0	EDS
<i>errin</i>	\$0	EDS
<i>heather</i>	\$0	EDS
<i>incassia</i>	\$0	EDS
<i>jencycla</i>	\$0	EDS
<i>lyleq</i>	\$0	EDS
<i>lyza</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nora-be</i>	\$0	EDS
<i>norethindrone</i>	\$0	EDS
<i>norlyda</i>	\$0	EDS
<i>norlyroc</i>	\$0	EDS
<i>sharobel</i>	\$0	EDS
<i>tulana</i>	\$0	EDS
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	1	PA NP
<i>budesonide er</i>	1	QL 30 EA / fill PA NP
CORTISONE ACETATE	2	
<i>decadron</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<p>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml solution, dexamethasone sodium phosphate 10 mg/ml solution, dexamethasone sodium phosphate 20 mg/5ml solution, dexamethasone sodium phosphate 100 mg/10ml solution, dexamethasone sodium phosphate 120 mg/30ml solution)</p>	1	
<p>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</p>	1	EDS
<p>methylprednisolone</p>	1	
<p>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</p>	1	
<p>methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 125 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)</p>	1	
<p>prednisolone 15 mg/5ml solution</p>	1	
<p>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</p>	1	
<p>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</p>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL	2	
SOLU-CORTEF	2	
SOLU-MEDROL (PF)	2	
SOLU-MEDROL (SOLU-MEDROL 2 GM RECON SOLN, SOLU-MEDROL 500 MG RECON SOLN, SOLU-MEDROL 1000 MG RECON SOLN)	2	
TARPEYO	2	PA LA
UCERIS 9 MG TAB ER 24H	2	PA NP
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	1	EDS
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>dextromethorphan (robitussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec - d)</i>	1	OTC P
CHILDRENS COLD-ALLERGY	2	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	1	OTC
<i>chlorpheniramine / phenylephrine / aspirin</i>	1	OTC
CHLORPHENIRAMINE / PSEUDOEPHEDRINE	2	OTC
<i>chlorpheniramine / pseudoephedrine</i>	1	OTC
CLARINEX-D 12 HOUR	2	PA NP
<i>dextromethorphan / phenylephrine / acetaminophen</i>	1	OTC
<i>guaifenesin / codeine</i>	1	QL 60 ml / day OTC
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	1	OTC
<i>guaifenesin / dextromethorphan / phenylephrine</i>	1	OTC
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	2	OTC
<i>guaifenesin dac</i>	1	QL 60 ml / day OTC
GUAIFENESIN/ DEXTROMETHORPHAN/ PHENYLEPHRINE	2	OTC
<i>loratadine / pseudoephedrine (claritin - d)</i>	1	OTC P
M-CLEAR WC	2	QL 60 ml / day OTC
MUCINEX D MAX STRENGTH	2	OTC
MUCINEX DM	2	OTC
NOREL AD	2	OTC
<i>phenylephrine / acetaminophen</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>phenylephrine / bropheniramine / dextromethorphan</i>	1	OTC
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	1	OTC
PHENYLEPHRINE / DEXTROMETHORPHAN	2	OTC
<i>phenylephrine / dextromethorphan</i>	1	OTC
PHENYLEPHRINE / GUAIFENESIN	2	OTC
<i>phenylephrine / guaifenesin</i>	1	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
PSEUDOEPHEDRINE / IBUPROFEN	2	OTC
<b>EXPECTORANTS</b>		
GERI-TUSSIN 100 MG/5ML SYRUP	2	OTC
<i>guaifenesin (mucinex)</i>	1	OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride nasal spray</i>	1	OTC
<b>MUCOLYTICS</b>		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACANYA	2	PA NP
<i>acutane</i>	1	
<i>adapalene (adapalene 0.1 % cream, adapalene 0.3 % gel)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>adapalene 0.1 % gel</i>	1	OTC P
<i>adapalene treatment</i>	1	OTC P
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	PA NP
<i>amneesteem</i>	1	
AMZEEQ	2	PA NP
ATRALIN	2	PA NP
<i>avar cleanser</i>	1	PA NP
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
AVAR-E LS	2	PA NP
<i>avita</i>	1	PA NP
BENZACLIN	2	PA NP
BENZACLIN WITH PUMP	1	P
BENZAMYCIN	2	PA NP
<i>benzoyl peroxide</i>	1	PA OTC NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>benzoyl peroxide pad</i>	2	PA OTC NP
<i>benzoyl peroxide-erythromycin</i>	1	P
<i>bp 10-1</i>	1	PA NP
BPO GEL 4%, 8%	1	OTC P
<i>claravis</i>	1	
CLENIA PLUS	2	PA NP
CLEOCIN-T 1 % GEL	2	PA NP
<i>clindacin</i>	1	PA NP
<i>clindacin etz 1 % swab</i>	1	P
<i>clindacin-p</i>	1	P
CLINDAGEL	2	PA NP
<i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-5 % gel)</i>	1	P
<i>clindamycin phosphate (clindamycin phosphate 1 % foam, clindamycin phosphate 1 % gel)</i>	1	PA NP
<i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution, clindamycin phosphate 1 % swab)</i>	1	P
<i>clindamycin-tretinoin</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cvs adapalene</i>	1	OTC P
<i>dapsone 5 % gel</i>	1	PA NP
ERY	2	
<i>erythromycin (erythromycin 2 % gel, erythromycin 2 % solution)</i>	1	P
<i>isotretinoin</i>	1	
<i>myorisan</i>	1	
<i>neuac 1.2-5 % gel</i>	1	PA NP
NEUAC 1.2-5 % KIT	2	PA NP
ONEXTON	2	PA NP
RETIN-A	1	P
RETIN-A MICRO	2	PA NP
RETIN-A MICRO PUMP	2	PA NP
<i>sss 10-5 10-5 % cream</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 10-4 % pad, sulfacetamide sodium-sulfur 10-5 % cream)</i>	1	
<i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 10-5 % liquid, sulfacetamide sodium-sulfur 10-5 % lotion)</i>	1	P
<i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 8-4 % suspension, sulfacetamide sodium-sulfur 10-5 % suspension)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION	2	PA NP
<i>sulfacleanse 8/4</i>	1	PA NP
<i>sulfamez wash</i>	1	PA NP
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.05 % gel, tretinoin 0.1 % cream)</i>	1	PA NP
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel)</i>	1	PA NP
<i>tretinoin microsphere 0.08 % gel</i>	1	
<i>tretinoin microsphere pump (tretinoin microsphere pump 0.04 % gel, tretinoin microsphere pump 0.1 % gel)</i>	1	PA NP
<i>tretinoin microsphere pump 0.08 % gel</i>	1	
VELTIN	2	PA NP
WINLEVI	2	PA NP
<i>zenatane</i>	1	
ZIANA	2	PA NP
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	1	QL 60 EA / fill PA NP
<i>diclofenac sodium 1 % gel</i>	1	QL 500 GM / fill OTC EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLECTOR	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 60 EA / fill
LICART	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 30 EA / fill
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
<i>bacitracin / polymyxin b (polysporin)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
<i>bacitracin zinc</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
CENTANY	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
CENTANY AT	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #33cc66; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>mupirocin calcium</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>neomycin / bacitracin / polymixin (neosporin)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #cc66cc; color: white; padding: 2px; border-radius: 3px;">OTC</div> </div>
XEPI	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #33cc66; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996666; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ciclopirox 8 % solution</i>	1	P
<i>ciclopirox olamine (ciclopirox olamine 0.77 % cream, ciclopirox olamine 0.77 % suspension)</i>	1	P
<i>clotrimazole (lotrimin)</i>	1	PA OTC NP
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	P
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	PA NP
<i>econazole nitrate</i>	1	P
EXELDERM (EXELDERM 1 % CREAM, EXELDERM 1 % SOLUTION)	2	PA NP
JUBLIA	2	PA NP
KERYDIN	2	PA NP
<i>ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)</i>	1	P
<i>ketoconazole 2 % foam</i>	1	PA NP
<i>ketodan 2 % foam</i>	1	PA NP
<i>klayesta</i>	1	P
LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION, LOPROX 1 % SHAMPOO)	2	PA NP
LULICONAZOLE	1	QL 60 GM / 30 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUZU	2	<span>QL</span> 60 GM / 30 days <span>PA</span> <span>NP</span>
MICATIN	2	<span>OTC</span>
<i>miconazole (micatin)</i>	1	<span>OTC</span> <span>P</span>
MICONAZOLE-ZINC OXIDE-PETROLAT	1	<span>PA</span> <span>NP</span>
<i>naftifine hcl</i>	1	<span>PA</span> <span>NP</span>
NAFTIFINE HCL 1 % CREAM	2	<span>PA</span> <span>NP</span>
NAFTIN	2	<span>PA</span> <span>NP</span>
<i>nyamyc</i>	1	<span>P</span>
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder)</i>	1	<span>P</span>
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	<span>P</span>
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	<span>PA</span> <span>NP</span>
<i>nystop</i>	1	<span>P</span>
<i>oxiconazole nitrate</i>	1	<span>PA</span> <span>NP</span>
OXISTAT 1 % CREAM	2	<span>PA</span> <span>NP</span>
SULCONAZOLE NITRATE (SULCONAZOLE NITRATE 1 % CREAM, SULCONAZOLE NITRATE 1 % SOLUTION)	1	<span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tavaborole</i>	1	PA NP
<i>terbinafine (lamisil)</i>	1	OTC P
<i>tolnaftate (tinactin)</i>	1	PA OTC NP
VUSION	2	PA NP
<b>ANTIHISTAMINES-TOPICAL</b>		
<i>diphenhydramine / zinc</i>	1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	PA SP
<i>diclofenac sodium 3 % gel</i>	1	QL 300 GM / 30 DAYS PA EDS
FLUOROURACIL (FLUOROURACIL 2 % SOLUTION, FLUOROURACIL 5 % SOLUTION)	2	
<i>fluorouracil 5 % cream</i>	1	
VALCHLOR	2	QL 240 GM / 30 days LA
<b>ANTIPRURITICS - TOPICAL</b>		
<i>anti-itch lotion</i>	1	OTC
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	1	SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	1	
COSENTYX (300 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX (COSENTYX 150 MG/ML SOLN PRSYR, COSENTYX 300 MG/2ML SOLN A-INJ)	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.5 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX SENSOREADY (300 MG)	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX SENSOREADY PEN	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ILUMYA	2	<ul style="list-style-type: none"> <li>QL 1 EA / 84 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
METHOXSALEN RAPID	2	
<i>methoxsalen rapid</i>	1	
SILIQ	2	<ul style="list-style-type: none"> <li>QL 6 ML / fill</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKYRIZI (150 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 1 EA / 84 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SKYRIZI 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 EA / 84 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SKYRIZI PEN	2	<ul style="list-style-type: none"> <li>QL 1 EA / 84 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SOTYKTU	2	<ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SPEVIGO	2	<ul style="list-style-type: none"> <li>QL 15 ML / 365 day(s)</li> <li>PA</li> <li>NP</li> </ul>
STELARA 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.5 ml / 84 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
STELARA 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 0.5 ML / 84 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
STELARA 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 ML / 84 day(s)</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tazarotene 0.1 % cream</i>	1	PA NP
TREMFYA	2	QL 1 ml / 56 days PA SP NP
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>anti-dandruff shampoo</i>	1	OTC EDS
OVACE PLUS (OVACE PLUS 10 % CREAM, OVACE PLUS 10 % SHAMPOO)	2	PA NP
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	2	
<i>sulfacetamide sodium 10 % liquid</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % cream</i>	1	PA NP
<i>acyclovir 5 % ointment</i>	1	P
DENAVIR	1	P
XERESE	2	PA NP
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	2	PA NP
<b>BATH PRODUCTS</b>		
<i>emollient</i>	2	OTC
MOISTURIZING CREAM (VANICREAM)	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % lotion, betamethasone dipropionate 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % ointment)</i>	1	
<b>BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL</b>	2	
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % ointment, clobetasol propionate 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution, fluocinonide 0.1 % cream)</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i>	1	
<i>hydrocortisone</i>	1	<div data-bbox="1133 541 1190 573" style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div data-bbox="1133 590 1190 621" style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div>
<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	1	
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment, mometasone furoate 0.1 % solution)</i>	1	
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment)</i>	1	
<i>triderm</i>	1	
<b>DIAPER RASH PRODUCTS</b>		
<i>diaper rash products</i>	1	<div data-bbox="1133 1417 1190 1449" style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div>
<b>ECZEMA AGENTS</b>		
ADBRY	2	<div data-bbox="1133 1556 1414 1591" style="background-color: #9c27b0; color: white; padding: 2px; border-radius: 3px;">QL 4 EA / 28 days</div> <div data-bbox="1133 1606 1190 1638" style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">PA</div> <div data-bbox="1133 1654 1190 1686" style="background-color: #9e9e9e; color: white; padding: 2px; border-radius: 3px;">SP</div> <div data-bbox="1133 1703 1190 1734" style="background-color: #ff9800; color: white; padding: 2px; border-radius: 3px;">NP</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li>QL 4 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 2.68 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
OPZELURA	2	<ul style="list-style-type: none"> <li>QL 240 GM / 30 days</li> <li>PA</li> <li>NP</li> </ul>
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea 10% and 20% (carmol)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
<b>EMOLLIENTS</b>		
<i>ammonium lactate (amlactin)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> </ul>
EMOLLIENT	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>glycerin topical liquid</i>	1	<ul style="list-style-type: none"> <li>OTC</li> </ul>
VITAMIN A	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>vitamin a / vitamin d</i>	1	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	1	
<i>tacrolimus 0.03 % ointment</i>	1	
<i>tacrolimus 0.1 % ointment</i>	1	<ul style="list-style-type: none"> <li>QL 120 GM / 30 days</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
<i>salicylic acid</i>	1	OTC EDS
SALICYLIC ACID	2	OTC
<b>LINIMENTS</b>		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	1	OTC
METHYL SALICYLATE / MENTHOL	2	OTC
<i>methyl salicylate / menthol</i>	1	OTC
TIGER BALM MUSCLE RUB	2	OTC
<i>trolamine salicylate</i>	1	OTC
TROLAMINE SALICYLATE (MYOFLEX)	2	OTC
<i>trolamine salicylate (myoflex)</i>	1	OTC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin (zostrix)</i>	1	OTC
<i>glydo</i>	1	
LIDOCAINE 5 % OINTMENT	1	QL 107 EA / 30 DAY(S)
LIDOCAINE 5 % PATCH	1	QL 90 EA / fill PA NP
<i>lidocaine hcl 4 % solution</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	2	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LIDOCAINE PATCH 4%	1	QL 90 EA / fill OTC
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine cream kit</i>	1	
LIDODERM 5 % PATCH	2	QL 90 EA / fill PA NP
<i>pramoxine / calamine</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA NP
<b>MISC. TOPICAL</b>		
A+D FIRST AID	2	OTC
a+d first aid	1	OTC
<i>benzoin tincture</i>	2	OTC
<i>calamine</i>	2	OTC
<i>calamine / zinc oxide</i>	2	OTC
<i>cvs multi-purpose 15.5-53.4 % ointment</i>	1	OTC
<i>dermamed</i>	1	OTC
<i>dimethicone</i>	2	OTC
DIMETHICONE CREAM	2	OTC
<i>eyelid cleansers</i>	2	OTC
<i>isopropyl alcohol (skin cleanser)</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	1	OTC
MENTHOL / ZINC OXIDE	2	OTC
<i>menthol / zinc oxide</i>	1	OTC
MINERAL OIL	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SODIUM CHLORIDE	2	OTC
<i>witch hazel</i>	1	OTC
<i>zinc oxide (desitin)</i>	1	OTC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	2	QL 120 GM / 30 days PA NP
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel, metronidazole 0.75 % lotion)</i>	1	
<i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i>	1	
<b>SCABICIDES PEDICULICIDES</b>		
CROTAN	2	PA NP
LINDANE	2	PA NP
<i>malathion</i>	1	PA NP
NATROBA	1	QL 120 ml / fill P
OVIDE	2	PA NP
<i>permethrin (nix)</i>	1	OTC P
<i>piperonyl / pyrethrins (rid)</i>	1	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RID COMPLETE LICE ELIMINATION KIT	2	PA OTC NP
SKLICE	2	PA NP
SPINOSAD	1	QL 120 ml / fill PA NP
<b>TAR PRODUCTS</b>		
<i>coal tar</i>	1	OTC
X-SEB T 10 % SHAMPOO	2	OTC
<b>WOUND CARE PRODUCTS</b>		
ACTICOAT 7 4"X5" PAD	2	P
DYNAGINATE AG SILVER CAL 2"X2"	2	P
<i>gauze pads and dressings</i>	2	OTC P
RESTORE SILVER DRESSING (RESTORE SILVER DRESSING 2"X2" PAD, RESTORE SILVER DRESSING 4"X5" PAD)	2	P
SILIGENTLE AG SILVER FOAM DRES 4"X5" PAD	2	P
SILVERSEAL HYDROGEL DRESSING 4"X5" PAD	2	P
TEGADERM AG MESH 4"X5" PAD	2	P
ZENIFIBER AG 2"X2" PAD	2	P
ZENIFOAM AG 4"X5" PAD	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	2	
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC P
ACCU-CHEK COMPACT PLUS	\$0	OTC P
ACCU-CHEK SMARTVIEW	\$0	OTC P
ALBUSTIX	\$0	OTC
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10/SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 5 OB	2	
CHEMSTRIP 7	2	
CHEMSTRIP 9	2	
CHEMSTRIP K	\$0	OTC
CHEMSTRIP MICRAL	\$0	OTC
CHEMSTRIP UGK	\$0	OTC
CONTOUR NEXT TEST	\$0	OTC P
CONTOUR TEST	\$0	OTC P
<i>covid-19 test</i>	\$0	QL 8 EA / 30 DAY(S) OTC P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CVS KETONE CARE	\$0	OTC
FORA G20 BLOOD GLUCOSE TEST	\$0	PA OTC NP
FORA GTEL BLOOD KETONE TEST	\$0	OTC
FORA TEST N'GO ADV-VOICE-6 CON	\$0	OTC
FREESTYLE INSULINX TEST	\$0	PA OTC NP
FREESTYLE LITE TEST	\$0	PA OTC NP
FREESTYLE TEST	\$0	PA OTC NP
GLUCOCARD EXPRESSION TEST	\$0	PA OTC NP
GLUCOCARD SHINE TEST	\$0	PA OTC NP
<i>glucose urine test</i>	\$0	OTC
GOJJI BLOOD KETONE TEST	\$0	OTC
KETO-DIASTIX	\$0	OTC
KETONE TEST	\$0	OTC
KETOSTIX	\$0	OTC
MULTISTIX 10 SG	2	
NOVA MAX PLUS KETONE TEST	\$0	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ONETOUCH ULTRA STRIP	\$0	PA OTC NP
ONETOUCH VERIO STRIP	\$0	PA OTC NP
PRECISION XTRA BLOOD GLUCOSE	\$0	PA OTC NP
PRECISION XTRA KETONE	\$0	OTC
PRODIGY NO CODING BLOOD GLUC STRIP	\$0	PA OTC NP
PTS PANELS KETONE TEST	\$0	OTC
RELION KETONE TEST	\$0	OTC
TRUE METRIX BLOOD GLUCOSE TEST	\$0	PA OTC NP
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
SITZMARKS	2	
SITZMARKS FOR KIDS	2	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
I-methylfolate combinations	2	OTC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	P
<i>lactase (lactaid)</i>	1	OTC EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PERTZYE	2	PA NP
VIOKACE	2	PA NP
ZENPEP	2	P
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide sodium</i>	1	
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
<i>triamterene-hctz</i>	1	EDS
<b>LOOP DIURETICS</b>		
<i>bumetanide (bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	EDS
<i>bumetanide 0.25 mg/ml solution</i>	1	
<i>furosemide (furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	1	EDS
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	EDS
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	EDS
<i>hydrochlorothiazide</i>	1	EDS
<i>indapamide</i>	1	EDS
<i>metolazone</i>	1	EDS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA (ISTURISA 1 MG TAB, ISTURISA 5 MG TAB)	2	QL 60 EA / fill PA LA
<b>BONE DENSITY REGULATORS</b>		
ACTONEL	2	PA NP
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	1	EDS P
<i>alendronate sodium 70 mg/75ml solution</i>	1	QL 300 ml / fill EDS P
AELVIA	2	PA NP
BONIVA 150 MG TAB	2	QL 1 EA / fill PA NP
<i>calcitonin (salmon) 200 unit/act solution</i>	1	EDS P
EVENITY	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FORTEO	1	SP P
FOSAMAX	2	PA NP
FOSAMAX PLUS D	2	PA NP
<i>ibandronate sodium 150 mg tab</i>	1	QL 1 EA / fill EDS P
PROLIA	2	PA SP NP
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 35 mg tab, risedronate sodium 35 mg tab dr, risedronate sodium 150 mg tab)</i>	1	PA EDS NP
<i>teriparatide</i>	1	PA SP NP
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1	PA SP NP
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	2	PA SP NP
TYMLOS	2	PA SP NP
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA 150 MG TAB	2	QL 30 EA / fill PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORLISSA 200 MG TAB	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<b>GROWTH HORMONES</b>		
GENOTROPIN	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
GENOTROPIN MINIQUICK	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HUMATROPE 5 MG RECON SOLN	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
NORDITROPIN FLEXPRO	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NUTROPIN AQ NUSPIN 10	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NUTROPIN AQ NUSPIN 20	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NUTROPIN AQ NUSPIN 5	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SAIZEN	2	PA SP NP
SAIZENPREP	2	PA SP NP
SEROSTIM	2	PA NP
ZOMACTON	2	PA SP NP
ZOMACTON (FOR ZOMA-JET 10)	2	PA SP NP
ZORBTIVE	2	PA SP NP
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA	2	PA NP
<i>raloxifene hcl</i>	\$0	EDS P
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT-PED (1-MONTH)	2	PA SP
LUPRON DEPOT-PED (3-MONTH)	2	PA SP
LUPRON DEPOT-PED (6-MONTH)	2	PA SP
TRIPTODUR	2	PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap, calcitriol 1 mcg/ml solution)</i>	1	EDS
<i>carglumic acid</i>	1	PA SP
<i>cinacalcet hcl</i>	1	EDS SP
CRYSVITA 10 MG/ML SOLUTION	2	QL 36 ml / 28 days PA LA
CRYSVITA 20 MG/ML SOLUTION	2	QL 18 ml / 28 days PA LA
CRYSVITA 30 MG/ML SOLUTION	2	QL 12 ml / 28 days PA LA
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	EDS
<i>levocarnitine sf</i>	1	EDS
MYALEPT	2	PA SP
<i>nitisinone</i>	1	SP
OPFOLDA	2	QL 8 EA / fill
PALYNZIQ (PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, PALYNZIQ 20 MG/ML SOLN PRSYR)	2	QL 30 ML / fill PA LA
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	2	QL 15 ML / fill PA LA
RAVICTI	2	PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REVCOVI	2	PA LA
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA SP
STRENSIQ	2	PA LA
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	2	QL 30 EA / fill PA LA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	EDS
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	1	EDS
<b>SOMATOSTATIC AGENTS</b>		
OCTREOTIDE ACETATE (OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	1	
SIGNIFOR	2	<span>QL</span> 60 EA / fill <span>PA</span> <span>LA</span>
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE	2	<span>QL</span> 60 EA / fill <span>PA</span> <span>LA</span>
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	1	<span>EDS</span>
<i>estradiol-norethindrone acet</i>	1	<span>EDS</span>
<i>fyavolv</i>	1	<span>EDS</span>
<i>jinteli</i>	1	<span>EDS</span>
<i>lopreeza</i>	1	<span>EDS</span>
<i>mimvey</i>	1	<span>EDS</span>
<i>norethindrone-eth estradiol</i>	1	<span>EDS</span>
ORIAHNN	2	<span>QL</span> 60 EA / fill <span>PA</span>
PREMPHASE	2	
<b>ESTROGENS</b>		
<i>dotti</i>	1	<span>EDS</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk, estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	EDS
<i>estradiol valerate</i>	1	QL 5 ml / fill EDS
<i>lyllana</i>	1	EDS
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA 450 MG TAB	2	PA NP
CIPRO (CIPRO 250 MG TAB, CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG TAB, CIPRO 500 MG/5ML (10%) RECON SUSP)	2	PA NP
<i>ciprofloxacin</i>	1	PA NP
<i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	P
CIPROFLOXACIN HCL 100 MG TAB	2	P
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	P
LEVOFLOXACIN 25 MG/ML SOLUTION	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>moxifloxacin hcl 400 mg tab</i>	1	PA NP
OFLOXACIN 300 MG TAB	2	PA NP
<i>ofloxacin 400 mg tab</i>	1	PA NP
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
BICARSIM FORTE 125 MG TAB	2	OTC
<i>simethicone (mylicon)</i>	1	OTC
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA	2	QL 30 EA / fill LA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	1	EDS
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	EDS
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	EDS
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI	2	PA LA NP
METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL 5 MG TAB DISP, METOCLOPRAMIDE HCL 10 MG TAB DISP)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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*metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 5 mg/ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)* 1

INFLAMMATORY BOWEL AGENTS		
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APRISO	1	P
ASACOL HD	2	PA NP
AVSOLA	2	PA SP NP
AZULFIDINE	2	PA NP
AZULFIDINE EN-TABS	2	PA NP
<i>balsalazide disodium</i>	1	P
CANASA	1	P
CIMZIA	2	QL 2 EA / 28 days PA SP NP
CIMZIA STARTER KIT	2	QL 3 EA / 365 days PA SP NP
COLAZAL	1	PA NP
DELZICOL	1	P
DIPENTUM	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENTYVIO 108 MG/0.68ML SOLN PEN	2	QL 2 EA / 28 day(s) PA SP NP
ENTYVIO 300 MG RECON SOLN	2	PA SP NP
INFLECTRA	2	PA SP NP
INFLIXIMAB	2	PA SP P
LIALDA	1	P
<i>mesalamine (mesalamine 1.2 gm tab dr, mesalamine 4 gm enema, mesalamine 400 mg cap dr, mesalamine 1000 mg suppos)</i>	1	PA EDS NP
MESALAMINE 800 MG TAB DR	2	PA EDS NP
<i>mesalamine er 0.375 gm cap er 24h</i>	1	PA EDS NP
<i>mesalamine er 500 mg cap er</i>	1	PA NP
<i>mesalamine-cleanser</i>	1	PA NP
PENTASA 250 MG CAP ER	2	P
PENTASA 500 MG CAP ER	1	P
REMICADE	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RENFLEXIS	2	PA SP NP
ROWASA	1	P
SFROWASA	1	P
SKYRIZI 180 MG/1.2ML SOLN CART	2	QL 1.2 ml / 28 days PA SP NP
SKYRIZI 360 MG/2.4ML SOLN CART	2	QL 2.4 ml / 28 days PA SP NP
SKYRIZI 600 MG/10ML SOLUTION	2	PA QL 10ml / 28 days; 30ml/180 days SP NP
STELARA 130 MG/26ML SOLUTION	2	PA SP NP
<i>sulfasalazine</i>	1	EDS P
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	EDS
<i>generlac</i>	1	EDS
<i>lactulose encephalopathy</i>	1	EDS
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	1	
VIBERZI	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	2	PA NP
<i>calcium acetate (phos binder)</i>	1	EDS P
<i>calcium acetate 667 mg tab</i>	1	EDS P
FOSRENOL	2	PA NP
<i>lanthanum carbonate</i>	1	PA NP
REVELA 0.8 GM PACKET	2	P
REVELA 2.4 GM PACKET	2	PA NP
REVELA 800 MG TAB	1	P
<i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i>	1	PA EDS NP
<i>sevelamer carbonate 800 mg tab</i>	1	EDS P
<i>sevelamer hcl</i>	1	PA EDS NP
VELPHORO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>cytra-2</i>	1	OTC
<i>potassium citrate</i>	1	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
<i>sod citrate-citric acid</i>	1	OTC
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	LA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	2	
<i>sodium chloride 0.9 % solution</i>	1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	2	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	EDS P
AVODART	2	PA NP
CARDURA XL 4 MG TAB ER 24H	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDURA XL 8 MG TAB ER 24H	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>30 EA / fill</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>dutasteride</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #32CD32; color: white; padding: 2px;">P</div> </div>
<i>dutasteride-tamsulosin hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>finasteride 5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #32CD32; color: white; padding: 2px;">P</div> </div>
FLOMAX	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
JALYN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
PROSCAR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
RAPAFLO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>silodosin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
<i>tamsulosin hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">EDS</div> <div style="background-color: #32CD32; color: white; padding: 2px;">P</div> </div>
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine (azo)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OTC</div> </div>
<b>URINARY STONE AGENTS</b>		
<i>tiopronin 100 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px;">SP</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	EDS
<b>GOUT AGENTS</b>		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	EDS
<i>allopurinol sodium</i>	1	
<i>colchicine 0.6 mg tab</i>	1	EDS
<i>febuxostat</i>	1	EDS
<b>URICOSURICS</b>		
<i>probenecid</i>	1	EDS
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE	2	SP P
ADYNOVATE	2	SP P
AFSTYLA	2	SP P
ALPHANATE	2	SP P
ALPHANATE/VWF COMPLEX/HUMAN	2	SP P
ALPHANINE SD	2	SP P
ALPROLIX	2	SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALTUVIIO	2	SP
BENEFIX	2	SP P
COAGADEX	2	SP P
CORIFACT	2	SP P
ELOCTATE	2	SP P
ESPEROCT	2	SP P
FEIBA	2	SP P
HEMLIBRA	2	PA SP
HEMOFIL M	2	SP P
HUMATE-P	2	SP P
IDELVION	2	SP P
IXINITY	2	SP P
JIVI	2	SP P
KOATE	2	SP P
KOATE-DVI	2	SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KOGENATE FS	2	SP P
KOVALTRY	2	SP P
MONONINE	2	SP P
NOVOEIGHT	2	SP P
NOVOSEVEN RT	2	SP P
NUWIQ	2	SP P
OBIZUR	2	SP P
PROFILNINE	2	SP P
REBINYN	2	SP P
RECOMBINATE	2	SP P
RIXUBIS	2	SP P
SEVENFACT	2	SP P
TRETEN	2	SP P
VONVENDI	2	SP P
WILATE	2	SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XYNTHA	2	SP P
XYNTHA SOLOFUSE	2	SP P
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR	2	PA SP NP
<i>icatibant acetate</i>	1	QL 9 ml / fill PA SP P
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	2	PA SP P
CINRYZE	2	QL 16 EA / 28 days PA SP P
HAEGARDA	2	QL 16 EA / 28 days PA LA NP
RUCONEST	2	PA LA NP
TAVNEOS	2	QL 180 EA / fill PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	EDS
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	2	PA LA NP
ORLADEYO	2	QL 28 EA / 28 days PA LA NP
TAKHZYRO (TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION)	2	QL 4 ml / 28 days PA LA NP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	QL 2 ml / 28 days PA LA NP
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	PA EDS NP
BRILINTA	2	P
CABLIVI	2	QL 30 EA / fill PA SP
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clopidogrel bisulfate 75 mg tab</i>	1	EDS P
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	1	EDS P
EFFIENT	2	PA NP
PLAVIX	2	PA NP
<i>prasugrel hcl</i>	1	EDS P
ZONTIVITY	2	PA NP
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE	2	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	2	SP
<i>miglustat</i>	1	SP
<i>yargesa</i>	1	
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO	2	PA SP P
DROXIA	2	P
ENDARI	2	QL 180 EA / fill PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 90 EA / fill</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
OXBRYTA 300 MG TAB SOL	2	<ul style="list-style-type: none"> <li>QL 150 EA / fill</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
SIKLOS	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<b>COBALAMINS</b>		
b-12 (methylcobalamin)	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
B-12 1000 MCG TAB DISP	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
B-12 METHYLCOBALAMIN	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>vitamin b12</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
VITAMIN B12	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<b>FOLIC ACID/FOLATES</b>		
FOLIC ACID 1 MG	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
<i>folic acid 400 mcg/800 mcg</i>	\$0	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> <li>P</li> </ul>
DOPTELET	2	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPOGEN	2	PA SP P
GRANIX (GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/1.6ML SOLUTION)	2	SP
LEUKINE	2	SP
NEULASTA	2	SP
NEULASTA ONPRO	2	SP
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	SP
PROCRIT	2	PA SP NP
PROMACTA	2	PA SP
REBLOZYL	2	PA NP
RETACRIT	2	PA SP P
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP
<b>HEMATOPOIETIC MIXTURES</b>		
<i>ferraplus 90</i>	2	
FERREX	2	OTC
FERREX 150 FORTE	2	OTC



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ferrex 150 forte plus</i>	2	OTC
<i>ferrex 28</i>	2	OTC
<i>ferrous fumarate / folic acid</i>	2	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	1	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	1	OTC EDS
FERROUS FUMARATE POLYSACCHARIDE COMPLEX	2	
<i>ferrous fumarate polysaccharide complex</i>	1	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	2	
<i>folic acid / vitamin d</i>	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
HEMATOGEN FA	2	
<i>hemetab</i>	2	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	1	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	1	OTC EDS
<i>iron combinations</i>	1	EDS
IRON FOLATE PLUS	2	
<i>iron polysaccharide complex</i>	2	OTC
k-tan plus	1	
<i>multigen folic</i>	2	
<i>multigen plus</i>	2	
MULTIGEN TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>multivitamin</i>	1	OTC EDS
<i>purevit dualfe plus</i>	1	
<i>se-tan plus</i>	1	
<i>tandem plus</i>	1	
<i>taron forte</i>	2	
VIRT-FEFA PLUS	2	
VITRON-C	2	OTC
<b>IRON</b>		
<i>ferrous gluconate</i>	1	OTC EDS
FERROUS GLUCONATE	2	OTC
<i>ferrous sulfate</i>	1	OTC EDS
FERROUS SULFATE	1	
<i>polysaccharide iron complex</i>	1	OTC EDS
<b>STEM CELL MOBILIZERS</b>		
<i>plerixafor</i>	1	SP
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	EDS
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTI-HISTAMINE HYPNOTICS</b>		
<i>acetaminophen / diphenhydramine</i>	1	OTC
DIPHENHYDRAMINE (SLEEP)	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DOXYLAMINE (SLEEP)	2	OTC
<i>doxylamine (sleep)</i>	1	OTC
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
AMBIEN	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
AMBIEN CR	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
EDLUAR	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
<i>eszopiclone</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>P</li> </ul>
LUNESTA	2	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / fill</li> <li>P</li> </ul>
<i>zolpidem tartrate (zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 3.5 mg sl tab)</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / fill</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	<span>QL</span> 30 EA / fill <span>PA</span> <span>NP</span>
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 7.5 mg cap, zolpidem tartrate 10 mg tab)</i>	1	<span>QL</span> 30 EA / fill <span>P</span>
<i>zolpidem tartrate er</i>	1	<span>QL</span> 30 EA / fill <span>PA</span> <span>NP</span>
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	<span>QL</span> 30 EA / fill <span>PA</span> <span>NP</span>
DAYVIGO	2	<span>QL</span> 30 EA / fill <span>PA</span> <span>NP</span>
QUVIVIQ	2	<span>PA</span> <span>NP</span>
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	2	<span>PA</span> <span>LA</span> <span>NP</span>
HETLIOZ LQ	2	<span>PA</span> <span>LA</span> <span>NP</span>
<i>ramelteon</i>	1	<span>QL</span> 30 EA / fill <span>PA</span> <span>NP</span>
ROZEREM	1	<span>QL</span> 30 EA / fill <span>P</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
<i>calcium polycarbophil (fiber laxative)</i>	1	OTC EDS
<i>cellulose (unifiber)</i>	2	OTC
<i>corn dextrin powder</i>	1	OTC EDS
HYFIBER WITH FOS	2	OTC
METAMUCIL	2	OTC
<i>methylcellulose (citrucel)</i>	2	OTC EDS
<i>psyllium (metamucil)</i>	1	OTC EDS
<i>wheat dextrin powder</i>	1	OTC EDS
<b>LAXATIVE COMBINATIONS</b>		
GAVILYTE-C	\$0	QL 8000 ML / 365 DAYS
<i>gavilyte-g</i>	\$0	
<i>gavilyte-n with flavor pack</i>	\$0	QL 8000 ML / 365 DAYS
NULYTELY LEMON-LIME	\$0	QL 8000 ML / 365 DAYS
NULYTELY WITH FLAVOR PACKS	\$0	QL 8000 ML / 365 DAYS
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	QL 8000 ML / 365 DAYS
<i>peg-3350/electrolytes</i>	\$0	
PEG-PREP	\$0	
<i>senna / docusate sodium (peri-colace)</i>	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trilyte</i>	\$0	QL 8000 ML / 365 DAYS
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	EDS
<i>glycerin suppository</i>	1	OTC
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	EDS
MIRALAX	2	OTC
<i>polyethylene glycol</i>	\$0	OTC EDS
<i>polyethylene glycol packets</i>	1	OTC EDS
<i>sorbitol solution</i>	2	OTC
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	1	OTC EDS
<b>SALINE LAXATIVES</b>		
ENEMA	2	OTC
<i>enema</i>	1	OTC
<i>magnesium citrate</i>	\$0	OTC
<i>milk of magnesia</i>	\$0	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl</i>	\$0	OTC EDS
<i>bisacodyl 10 mg suppository</i>	1	OTC EDS
<i>bisacodyl enema</i>	2	OTC
<i>sennosides</i>	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SURFACTANT LAXATIVES</b>		
<i>docusate calcium (surfak)</i>	1	OTC EDS
<i>docusate sodium (colace)</i>	1	OTC EDS
PEDIA-LAX LIQUID	2	OTC
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
<i>lidocaine-epinephrine 1.5 %-1:200000 solution</i>	1	
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>lidocaine hcl (lidocaine hcl 0.5 % solution, lidocaine hcl 1 % solution, lidocaine hcl 2 % solution)</i>	1	
<i>lidocaine hcl (pf) (lidocaine hcl (pf) 1 % solution, lidocaine hcl (pf) 1.5 % solution, lidocaine hcl (pf) 2 % solution, lidocaine hcl (pf) 4 % solution)</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chlorprocaine hcl (pf)</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	P
<i>azithromycin 500 mg recon soln</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB)	2	PA NP
ZITHROMAX TRI-PAK	2	PA NP
ZITHROMAX Z-PAK	2	PA NP
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	2	PA NP
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	1	P
<i>clarithromycin er</i>	1	PA NP
<b>ERYTHROMYCINS</b>		
E.E.S. 400	2	P
E.E.S. GRANULES	2	PA NP
<i>ery-tab</i>	1	PA NP
ERYPED 200	2	PA NP
ERYPED 400	2	PA NP
ERYTHROCIN STEARATE	2	PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	1	PA NP
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)</i>	1	PA NP
ERYTHROMYCIN BASE 250 MG CP DR PART	1	P
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	1	PA NP
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	2	PA NP
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	2	QL 20 EA / fill
DIFICID 40 MG/ML RECON SUSP	2	QL 100 ml / fill
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>AUDITORY SUPPLIES</b>		
<i>hearing aid batteries</i>	2	OTC
<b>BANDAGES-DRESSINGS-TAPE</b>		
<i>adhesive tape</i>	2	
<i>bandages</i>	2	
CVS EYE	2	
GELOCAST 3"X10YD	2	
J & J EYE PADS OVAL SMALL	2	
J & J OVAL EYE PADS	2	
J & J STERILE EYE PADS	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JOHNSONS STERILE EYE PADS	2	
<i>nasal strips</i>	2	
PROFORE	2	
PROFORE LITE	2	
PROFORE WCL 5-1/2"X8"	2	
PROTEZALL	2	
RA HOT/COLD COMPRESS	2	
RA HOT/COLD GEL SLEEVE	2	
SCAR TREATMENT	2	
SCARAWAY SHEET	2	
SIL-NESIC	2	
SILICONE SCAR SHEETS	2	
SM DELUXE REUSABLE COMPRESS	2	
SUREPRESS HI COMPRESS BANDAGE	2	
<b>BLOOD PRESSURE DEVICES</b>		
BLOOD PRESSURE MONITORING DEVICE	2	OTC
<b>CONTRACEPTIVES</b>		
CAYA	\$0	
<i>female condoms</i>	\$0	OTC
FEMCAP	\$0	
<i>male condoms</i>	\$0	OTC
WIDE-SEAL DIAPHRAGM	\$0	
<b>DIABETIC SUPPLIES</b>		
<i>blood glucose calibration liquid</i>	\$0	OTC
CONTOUR BLOOD GLUCOSE METER	\$0	OTC P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CONTOUR MONITOR DEVICE	\$0	<span style="background-color: #e91e63; color: white; padding: 2px;">OTC</span> <span style="background-color: #4caf50; color: white; padding: 2px;">P</span>
DEXCOM G4 PLAT PED RCV/SHARE	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 365 days
DEXCOM G4 PLAT PED RECEIVER	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 365 days
DEXCOM G4 PLATINUM RCV/SHARE	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 365 days
DEXCOM G4 PLATINUM RECEIVER	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 365 days
DEXCOM G4 PLATINUM TRANSMITTER	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 90 days <span style="background-color: #795548; color: white; padding: 2px;">EDS</span>
DEXCOM G4 SENSOR	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 3 EA / fill(s)
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 3 EA / fill(s) <span style="background-color: #795548; color: white; padding: 2px;">PA</span> <span style="background-color: #ff9800; color: white; padding: 2px;">NP</span>
DEXCOM G5 MOBILE RECEIVER	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 365 days <span style="background-color: #795548; color: white; padding: 2px;">PA</span> <span style="background-color: #ff9800; color: white; padding: 2px;">NP</span>
DEXCOM G5 MOBILE TRANSMITTER	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 90 days <span style="background-color: #795548; color: white; padding: 2px;">PA</span> <span style="background-color: #795548; color: white; padding: 2px;">EDS</span> <span style="background-color: #ff9800; color: white; padding: 2px;">NP</span>
DEXCOM G5 RECEIVER KIT	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 365 days <span style="background-color: #795548; color: white; padding: 2px;">PA</span> <span style="background-color: #ff9800; color: white; padding: 2px;">NP</span>
DEXCOM G6 RECEIVER	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 365 days <span style="background-color: #4caf50; color: white; padding: 2px;">P</span>
DEXCOM G6 SENSOR	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 3 EA / fill(s) <span style="background-color: #4caf50; color: white; padding: 2px;">P</span>
DEXCOM G6 TRANSMITTER	\$0	<span style="background-color: #9c27b0; color: white; padding: 2px;">QL</span> 1 EA / 90 days <span style="background-color: #795548; color: white; padding: 2px;">EDS</span> <span style="background-color: #4caf50; color: white; padding: 2px;">P</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXCOM G7 RECEIVER	\$0	QL 1 EA / 365 days
DEXCOM G7 SENSOR	\$0	QL 3 EA / fill(s)
FREESTYLE LIBRE 14 DAY READER	\$0	QL 1 EA / 365 days P
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL 2 EA / fill(s) P
FREESTYLE LIBRE 2 READER	\$0	QL 1 EA / 365 days P
FREESTYLE LIBRE 2 SENSOR	\$0	QL 2 EA / fill(s) P
FREESTYLE LIBRE 3 READER	\$0	QL 1 EA / 365 days
FREESTYLE LIBRE 3 SENSOR	\$0	QL 2 EA / fill(s)
FREESTYLE LIBRE READER	\$0	QL 1 EA / 365 days
FREESTYLE LIBRE SENSOR SYSTEM	\$0	QL 2 EA / fill(s)
<i>lancet device</i>	\$0	OTC
<i>lancets</i>	\$0	OTC
NON-PREFERRED BLOOD GLUCOSE METER	\$0	PA OTC NP
OMNIPOD 5 G6 INTRO (GEN 5)	\$0	QL 1 EA / 365 day(s) PA
OMNIPOD 5 G6 POD (GEN 5)	\$0	QL 15 EA / fill(s) PA
OMNIPOD 5 G7 INTRO (GEN 5)	\$0	QL 1 EA / 365 day(s) PA
OMNIPOD 5 G7 PODS (GEN 5)	\$0	QL 15 EA / fill(s) PA
OMNIPOD 5 PACK	\$0	QL 15 EA / fill(s) PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD CLASSIC PDM (GEN 3)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
OMNIPOD DASH INTRO (GEN 4)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
OMNIPOD DASH PDM (GEN 4)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 365 day(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
OMNIPOD DASH PODS (GEN 4)	\$0	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>15 EA / fill(s)</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<b>FOOT CARE PRODUCTS</b>		
<i>foot care products</i>	2	
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
<i>catheter</i>	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>incontinence supplies</i>	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>ostomy supplies</i>	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<b>INFANT CARE PRODUCTS</b>		
<i>diapers</i>	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>infant care products</i>	2	
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	\$0	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
ENEMA BOTTLE	2	
<i>miscellaneous medical devices</i>	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<b>PARENTERAL THERAPY SUPPLIES</b>		
<i>insulin injection device</i>	\$0	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>miscellaneous injection device</i>	2	
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEEDLES AND SYRINGES	2	OTC
<i>needles and syringes</i>	\$0	OTC
<i>sharps container</i>	2	OTC
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	2	OTC
<i>respiratory therapy supplies</i>	2	OTC
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 1 EA / 28 days PA NP
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA NP
AJOVY	2	QL 1.5 ml / 28 days PA P
EMGALITY (300 MG DOSE)	2	QL 1 ml / 28 days PA
EMGALITY 120 MG/ML SOLN A-INJ	2	QL 1 ml / 28 days PA P
EMGALITY 120 MG/ML SOLN PRSYR	2	QL 1 ML / 28 DAY(S) PA P
NURTEC	2	QL 16 EA / 28 days PA NP
QULIPTA	2	QL 30 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UBRELVY	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div> </div> 20 EA / 30 day(s)
VYEPTI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<b>MIGRAINE COMBINATIONS</b>		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 18 EA / 30 days
TREXIMET	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 18 EA / 30 days
<b>MIGRAINE PRODUCTS</b>		
TRUDHESA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 8 EA / 28 days
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
ELYXYB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 28.8 ml / 30 days
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 18 EA / 30 days
AMERGE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>eletriptan hydrobromide</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 18 EA / 30 day(s)



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FROVA	2	<ul style="list-style-type: none"> <li>QL 18 EA / 30 days</li> <li>PA</li> <li>NP</li> </ul>
<i>frovatriptan succinate</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 days</li> <li>PA</li> <li>NP</li> </ul>
IMITREX (IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 18 EA / 30 day(s)</li> <li>PA</li> <li>NP</li> </ul>
IMITREX 6 MG/0.5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 8 EA / 30 day(s)</li> <li>P</li> </ul>
IMITREX STATDOSE REFILL	1	<ul style="list-style-type: none"> <li>QL 8 ML / 30 day(s)</li> <li>P</li> </ul>
IMITREX STATDOSE SYSTEM	1	<ul style="list-style-type: none"> <li>QL 8 EA / 30 day(s)</li> <li>P</li> </ul>
MAXALT	2	<ul style="list-style-type: none"> <li>QL 36 EA / 30 day(s)</li> <li>PA</li> <li>NP</li> </ul>
MAXALT-MLT	2	<ul style="list-style-type: none"> <li>QL 36 EA / 30 day(s)</li> <li>PA</li> <li>NP</li> </ul>
<i>naratriptan hcl</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 day(s)</li> <li>PA</li> <li>NP</li> </ul>
RELPAK	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 day(s)</li> <li>P</li> </ul>
REYVOW 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 16 EA / 30 day(s)</li> <li>PA</li> <li>NP</li> </ul>
REYVOW 50 MG TAB	2	<ul style="list-style-type: none"> <li>QL 8 EA / 30 day(s)</li> <li>PA</li> <li>NP</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rizatriptan benzoate</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">36 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>sumatriptan 20 mg/act solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>sumatriptan 5 mg/act solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">36 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>sumatriptan succinate refill</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">8 ML / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TOSYMRA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 UNITS / FILL; 2 FILLS / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ZEMBRACE SYMTOUCH	2	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 UNITS / FILL; 2 FILLS / 30 DAYS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">18 EA / 30 day(s)</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 5 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>           18 EA / 30 day(s)         </div>
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION)	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>           18 EA / 30 day(s)         </div>
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>           18 EA / 30 day(s)         </div>
<b>MINERALS ELECTROLYTES</b>		
<b>BICARBONATES</b>		
<i>sodium bicarbonate (sodium bicarbonate 4.2 % solution, sodium bicarbonate 8.4 % solution)</i>	1	
SODIUM BICARBONATE 7.5 % SOLUTION	2	
<b>CALCIUM</b>		
<i>calcium / magnesium / zinc</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> </div>
<i>calcium / phosphorus / vitamin d</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>calcium / vitamin c / vitamin d</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>calcium / vitamin d / vitamin k</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> </div>
CALCIUM / VITAMIN D / VITAMIN K	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>calcium carbonate</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> </div>
CALCIUM CARBONATE	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>calcium carbonate / folic acid / vitamin d</i>	2	
<i>calcium carbonate / vitamin d</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> </div>
CALCIUM CARBONATE / VITAMIN D	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993366; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcium carbonate / vitamin d / minerals</i>	1	OTC EDS
<i>calcium citrate</i>	1	OTC EDS
CALCIUM CITRATE	2	OTC
<i>calcium citrate / vitamin d</i>	1	OTC EDS
CALCIUM CITRATE / VITAMIN D	2	OTC
RA OYSTER SHELL CALCIUM/D2	2	OTC
<b>ELECTROLYTE MIXTURES</b>		
<i>dextrose in lactated ringers</i>	1	
<i>dextrose-nacl (dextrose-nacl 5-0.2 % solution, dextrose-nacl 5-0.33 % solution, dextrose-nacl 5-0.45 % solution, dextrose-nacl 5-0.9 % solution)</i>	1	
DEXTROSE-NACL (DEXTROSE-NACL 5-0.225 % SOLUTION, DEXTROSE-NACL 10-0.2 % SOLUTION, DEXTROSE-NACL 10-0.45 % SOLUTION)	2	
<i>dextrose-sodium chloride</i>	1	
ELECTROLYTE SOLUTION	2	OTC
<i>electrolyte solution</i>	1	OTC
IONOSOL-MB IN D5W	2	
ISOLYTE-S	2	
KCL (0.149%) IN NAACL 20-0.45 MEQ/L-% SOLUTION	1	
KCL (0.149%) IN NAACL 20-0.9 MEQ/L-% SOLUTION	2	
KCL (0.298%) IN NAACL	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	1	
KCL IN DEXTROSE-NACL 20-5-0.225 MEQ/L-%-% SOLUTION	2	
KCL-LACTATED RINGERS-D5W	2	
<i>lactated ringers</i>	1	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
NORMOSOL-R PH 7.4	2	
POTASSIUM CHLORIDE IN DEXTROSE (POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION, POTASSIUM CHLORIDE IN DEXTROSE 40-5 MEQ/L-% SOLUTION)	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	
<i>potassium chloride in nacl (potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i>	1	
<i>ringers</i>	1	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	\$0	 

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MAGNESIUM</b>		
<i>magnesium</i>	1	OTC EDS
MAGNESIUM	2	OTC
<i>magnesium chloride</i>	1	OTC EDS
MAGNESIUM CHLORIDE	2	OTC
<i>magnesium gluconate</i>	2	OTC EDS
MAGNESIUM GLUCONATE	2	OTC
MAGNESIUM OXIDE	2	OTC
<i>magnesium sulfate (magnesium sulfate 2 gm/50ml solution, magnesium sulfate 4 gm/100ml solution, magnesium sulfate 4 gm/50ml solution, magnesium sulfate 20 gm/500ml solution, magnesium sulfate 40 gm/1000ml solution, magnesium sulfate 50 % solution)</i>	1	
<b>MANGANESE</b>		
MANGANESE SULFATE	2	
<b>MINERAL COMBINATIONS</b>		
MULTI-MINERALS	2	OTC
RA CA/MG/ZN/CU	2	OTC
<b>PHOSPHATE</b>		
<i>phosphorus supplement</i>	2	OTC
<i>potassium / sodium phosphate</i>	2	EDS
<b>POTASSIUM</b>		
<i>klor-con</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
<i>klor-con m15</i>	1	EDS
<i>klor-con m20</i>	1	EDS
<i>klor-con sprinkle</i>	1	EDS
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq packet, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	EDS
<i>potassium chloride (potassium chloride 2 meq/ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/100ml solution)</i>	1	
<b>POTASSIUM CHLORIDE 40 MEQ/100ML SOLUTION</b>	2	
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 15 meq tab er, potassium chloride er 20 meq tab er)</i>	1	EDS
<i>potassium gluconate</i>	1	OTC EDS
<b>POTASSIUM GLUCONATE</b>	2	OTC
<b>SODIUM</b>		
<i>aquastat</i>	1	
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>monoject flush syringe</i>	1	
<i>monoject sodium chloride flush</i>	1	
<i>normal saline flush</i>	1	
<i>saline flush</i>	1	
<i>saline flush zr</i>	1	
<i>sodium chloride</i>	1	OTC EDS
<i>sodium chloride flush</i>	1	
<i>swabflush saline flush</i>	1	
<b>TRACE MINERALS</b>		
<i>chromium</i>	1	OTC EDS
CHROMIUM	2	OTC
<i>selenium</i>	1	OTC EDS
<b>ZINC</b>		
<i>zinc</i>	1	OTC
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>clovique</i>	1	SP
<i>penicillamine 250 mg tab</i>	1	PA SP
<i>trientine hcl 250 mg cap</i>	1	SP
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	1	QL 30 EA / fill PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REVLIMID	2	QL 30 EA / fill PA LA
REZUROCK	2	QL 30 EA / fill PA SP NP
THALOMID	2	LA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL	2	PA SP NP
<i>azasan</i>	1	PA NP
<i>azathioprine (azathioprine 50 mg tab, azathioprine 75 mg tab, azathioprine 100 mg tab)</i>	1	P
CELLCEPT (CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	2	PA SP NP
CELLCEPT 200 MG/ML RECON SUSP	1	SP P
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	P
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	P
ENSPRYNG	2	PA SP NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENVARUSUS XR	2	PA SP NP
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	1	PA NP
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	1	P
IMURAN	2	PA NP
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	P
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA NP
<i>mycophenolate sodium</i>	1	PA NP
<i>mycophenolic acid</i>	1	PA NP
MYFORTIC	2	PA SP NP
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	2	PA SP NP
PROGRAF (PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 5 MG CAP)	2	PA SP NP
RAPAMUNE 1 MG/ML SOLUTION	1	SP P
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION)	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 1 mg/ml solution, sirolimus 2 mg tab)</i>	1	P
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	1	P
UPLIZNA	2	PA SP NP
ZORTRESS	2	PA SP NP
<b>IRRIGATION SOLUTIONS</b>		
<i>argyle sterile water</i>	1	
<i>ringers irrigation</i>	1	
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	
<b>MISC NATURAL PRODUCTS</b>		
MISCELLANEOUS NATURAL PRODUCTS	2	OTC
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	2	QL 30 EA / fill PA SP
VIJOICE 200 & 50 MG TAB THPK	2	QL 60 EA / fill PA SP
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate powder</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SPS	2	
VELTASSA	2	SP
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	2	QL 120 EA / fill PA LA
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA (BENLYSTA 200 MG/ML SOLN A-INJ, BENLYSTA 200 MG/ML SOLN PRSYR)	2	QL 4 EA / 28 days PA SP
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine viscous hcl</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	P
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	1	EDS
<i>clinpro 5000</i>	1	EDS
<i>denta 5000 plus</i>	\$0	EDS
<i>dentagel</i>	1	EDS
<i>fluoridex</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluoridex enhanced whitening</i>	1	EDS
<i>fluorimax 5000</i>	1	EDS
GEL-KAM	2	OTC
<i>just right 5000</i>	1	EDS
OMNI GEL	2	OTC
<i>periomed</i>	1	OTC EDS
<i>sf</i>	1	EDS
<i>sf 5000 plus</i>	\$0	EDS
<i>sodium fluoride (sodium fluoride 0.2 % solution, sodium fluoride 1.1 % gel)</i>	1	EDS
<i>sodium fluoride 1.1 % cream</i>	\$0	EDS
<i>sodium fluoride 5000 enamel</i>	1	EDS
<i>sodium fluoride 5000 plus</i>	\$0	EDS
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i>	1	EDS
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	\$0	EDS
<i>sodium fluoride 5000 sensitive</i>	1	EDS
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	1	EDS
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	EDS
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>B-COMPLEX W/ C</b>		
VITAMIN B COMPLEX	2	OTC
<i>vitamin b complex / vitamin c / calcium</i>	1	OTC EDS
<i>vitamin b complex / vitamin c / vitamin e / zinc</i>	1	OTC EDS
<i>vitamin b complex combinations</i>	1	OTC EDS
<b>B-COMPLEX W/ FOLIC ACID</b>		
B COMPLEX-C-BIOTIN-E-FA	\$0	OTC
<i>vitamin b complex (\$0)</i>	\$0	OTC EDS
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2	
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	2	
VITAMIN B COMPLEX COMBINATIONS	2	
<b>BIOFLAVONOID PRODUCTS</b>		
<i>bioflavonoids</i>	1	OTC EDS
BIOFLAVONOIDS	2	OTC
<b>MULTIPLE VITAMINS W/ CALCIUM</b>		
<i>multivitamins / calcium</i>	1	OTC EDS
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
MULTIVITAMINS / MINERALS	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins / fluoride / iron</i>	1	OTC EDS
<i>pediatric multivitamin combinations</i>	1	OTC EDS
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<i>pediatric multiple vitamins / minerals</i>	2	OTC EDS
PEDIATRIC MULTIPLE VITAMINS / MINERALS	2	OTC
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC EDS
<b>PED MV W/ FLUORIDE</b>		
<i>multivitamin (\$0)</i>	\$0	OTC EDS
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	\$0	EDS
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins / iron</i>	2	OTC EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>pediatric multiple vitamins</i>	1	OTC EDS
PEDIATRIC MULTIPLE VITAMINS	2	OTC
<b>PEDIATRIC VITAMINS</b>		
<i>pediatric vitamins</i>	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRI-VI-SOL A/C/D	2	OTC
VITAMIN A-C-D INFANT	2	OTC
VITAMIN A/C/D/ INFANT/TODDLER	2	OTC
<b>PRENATAL VITAMINS</b>		
BAL-CARE DHA	2	
INATAL GT	2	
MYNATAL	2	
MYNATAL ADVANCE	2	
PNV-DHA+DOCUSATE	2	EDS
PNV-OMEGA	2	EDS
PNV-SELECT	2	EDS
PRENATAL VITAMIN	2	OTC EDS
<i>prenatal vitamin</i>	\$0	OTC EDS
VIRT-PN PLUS	2	EDS
ZATEAN-PN PLUS	2	EDS
<b>SPECIALTY VITAMINS PRODUCTS</b>		
<i>specialty vitamins</i>	2	
<b>VITAMIN MIXTURES</b>		
CRANBERRY URINARY COMFORT	2	OTC
<b>VITAMINS W/ LIPOTROPICS</b>		
<i>vitamins / lipotropics</i>	1	OTC EDS
VITAMINS / LIPOTROPICS	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 500 mg tab)</i>	1	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	1	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	1	
ORPHENADRINE CITRATE	2	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	1	PA NP
DYMISTA	2	PA NP
RYALTRIS	2	PA NP
<b>NASAL AGENTS - MISC.</b>		
SODIUM CHLORIDE NASAL SPRAY	2	OTC



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 0.15 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	EDS P
<i>cromolyn (nasalcrom)</i>	1	OTC EDS
<i>olopatadine hcl 0.6 % solution</i>	1	PA NP
PATANASE	2	PA NP
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide 0.03 % solution</i>	1	EDS P
<i>ipratropium bromide 0.06 % solution</i>	1	P
<b>NASAL STEROIDS</b>		
BECONASE AQ	2	QL 2 EA / fill PA NP
<i>flunisolide</i>	1	QL 50 GM / fill PA EDS NP
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 32 GM / fill EDS P
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 17 GM / fill P
NASONEX	2	PA NP
OMNARIS	2	QL 12.5 ML / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
QNASL	2	<ul style="list-style-type: none"> <li>QL 10.6 ML / fill</li> <li>PA</li> <li>NP</li> </ul>
QNASL CHILDRENS	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
SINUVA	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>triamcinolone acetonide (nasacort)</i>	1	<ul style="list-style-type: none"> <li>QL 33 GM / fill</li> <li>OTC</li> <li>EDS</li> </ul>
XHANCE	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
ZETONNA	2	<ul style="list-style-type: none"> <li>QL 6.1 GM / fill</li> <li>PA</li> <li>NP</li> </ul>
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>oxymetazoline (afrin)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>phenylephrine (neo-synephrine)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>phenylephrine (sudafed pe)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>pseudoephedrine (sudafed)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole</i>	1	<ul style="list-style-type: none"> <li>EDS</li> </ul>
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI	2	<ul style="list-style-type: none"> <li>QL 200 ml / fill</li> <li>PA</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
<i>dextrose (dextrose 5 % solution, dextrose 10 % solution, dextrose 50 % solution, dextrose 70 % solution)</i>	1	
DEXTROSE 250 MG/ML SOLUTION	2	
<b>LIPIDS</b>		
INTRALIPID	2	
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<i>omega-3 fatty acids (fish oil)</i>	1	OTC EDS
OMEGA-3 FATTY ACIDS (FISH OIL)	2	OTC
<b>PROTEINS</b>		
CLINIMIX E/DEXTROSE	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/5)	2	
CLINIMIX/DEXTROSE (5/15)	2	
CLINIMIX/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (6/5)	2	
CLINIMIX/DEXTROSE (8/10)	2	
CLINIMIX/DEXTROSE (8/14)	2	
LEVOCARNITINE (DIETARY) 330 MG TAB	2	OTC
NEPHRAMINE	2	
PROCALAMINE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
ALCON TEARS	2	OTC
<i>artificial tear drops</i>	1	OTC EDS
<i>dextran 70/he-cell drops (genteal tears)</i>	1	OTC EDS
GENTEAL SEVERE	2	OTC
ISOPTO TEARS	2	OTC
<i>lubricant eye drops</i>	1	OTC EDS
LUBRICANT EYE DROPS	2	OTC
<i>lubricant eye ointment</i>	1	OTC
<i>polyethylene glycol drops</i>	1	
<i>polyvinyl alcohol / povidone drops (refresh)</i>	1	OTC EDS
<i>polyvinyl alcohol drops (hypotears)</i>	1	OTC EDS
PURE & GENTLE LUBRICANT	2	OTC
REFRESH 1.4-0.6 % SOLUTION	2	OTC
REFRESH DIGITAL	2	OTC
REFRESH OPTIVE 0.5-0.9 % SOLUTION	2	OTC
REFRESH OPTIVE ADVANCED	2	OTC
REFRESH OPTIVE PF	2	OTC
REFRESH RELIEVA	2	OTC
REFRESH RELIEVA PF 0.5-0.9 % SOLUTION	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REFRESH TEARS PF	2	OTC
SYSTANE BALANCE	2	OTC
SYSTANE COMPLETE	2	OTC
VISTA GEL DRY EYE RELIEF	2	OTC
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	2	PA EDS NP
<i>betaxolol hcl 0.5 % solution</i>	1	PA EDS NP
BETIMOL	2	PA NP
BETOPTIC-S	2	PA NP
<i>brimonidine tartrate-timolol</i>	1	PA EDS NP
CARTEOLOL HCL	2	PA EDS NP
COMBIGAN	1	P
COSOPT	2	PA NP
COSOPT PF	2	PA NP
<i>dorzolamide hcl-timolol mal</i>	1	EDS P
<i>dorzolamide hcl-timolol mal pf</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ISTALOL	2	PA NP
LEVOBUNOLOL HCL	2	PA EDS NP
<i>timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.25 % solution, timolol maleate 0.5 % gel f soln, timolol maleate 0.5 % solution)</i>	1	EDS P
<i>timolol maleate 0.5 % (daily) solution</i>	1	PA EDS NP
<i>timolol maleate ocudose</i>	1	PA EDS NP
<i>timolol maleate pf</i>	1	PA EDS NP
TIMOPTIC	2	PA NP
TIMOPTIC OCUDOSE	2	PA NP
TIMOPTIC-XE	2	PA NP
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SULFATE 1 % SOLUTION	2	
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	EDS
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P	1	P
APRACLONIDINE HCL	2	PA NP
<i>apraclonidine hcl</i>	1	PA EDS NP
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.2 % solution)</i>	1	EDS P
<i>brimonidine tartrate 0.15 % solution</i>	1	PA EDS NP
IOPIDINE	2	PA NP
SIMBRINZA	2	PA NP
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	
AZASITE	2	PA NP
BACITRACIN 500 UNIT/GM OINTMENT	2	PA NP
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CILOXAN 0.3 % OINTMENT	2	PA NP
<i>ciprofloxacin hcl 0.3 % solution</i>	1	P
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin</i>	1	PA NP
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	2	PA NP
MOXIFLOXACIN HCL (2X DAY)	2	PA NP
<i>moxifloxacin hcl 0.5 % solution</i>	1	P
NATACYN	2	QL 15 ml / fill PA NP
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
OCUFLOX	2	PA NP
<i>ofloxacin 0.3 % solution</i>	1	P
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	2	PA NP
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
VIGAMOX	2	PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZIRGAN	2	
<b>OPHTHALMIC DECONGESTANTS</b>		
<i>advanced lubricant</i>	1	OTC EDS
<i>ft eye drops advanced relief</i>	1	OTC EDS
<i>glitch advanced relief</i>	1	OTC EDS
<i>naphazoline /pheniramine drops (naphcon-a)</i>	1	OTC EDS
<i>tetrahydrazoline drops (visine)</i>	1	OTC EDS
<i>visine red eye hydrating comf</i>	1	OTC EDS
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	1	QL 60 EA / fill EDS
VERKAZIA	2	QL 120 ml / fill PA
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	2	PA NP
ROCKLATAN	2	PA NP
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl 0.5 % solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	2	PA QL 7 UNITS / FILL; 8 FILLS / LIFETIME LA
<b>OPHTHALMIC STEROIDS</b>		
ALREX	2	PA NP
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BLEPHAMIDE	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
DEXTENZA	2	PA NP
DEXYCU	2	PA NP
<i>difluprednate</i>	1	PA NP
DUREZOL	2	PA NP
<i>fluorometholone</i>	1	P
ILUVIEN	2	PA LA NP
INVELTYS	2	PA NP
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % OINTMENT, LOTEMAX 0.5 % SUSPENSION)	2	PA NP
LOTEMAX SM	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>loteprednol etabonate (loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	1	PA NP
LOTEPREDNOL ETABONATE 0.5 % GEL	2	PA NP
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
OZURDEX	2	PA NP
PRED FORTE	1	
PREDNISOLONE ACETATE	1	P
PREDNISOLONE ACETATE P-F	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
RETISERT	2	PA NP
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	1	
TRIESENCE	2	LA P
YUTIQ	2	PA NP
<b>OPHTHALMICS - MISC.</b>		
ACULAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ACULAR LS	2	PA NP
ACUVAIL	2	PA NP
ALOCRIL	2	PA NP
ALOMIDE	2	PA NP
<i>azelastine hcl 0.05 % solution</i>	1	PA EDS NP
AZOPT	2	PA NP
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	PA NP
BEPREVE	2	PA NP
<i>brinzolamide</i>	1	PA EDS NP
<i>bromfenac sodium (once-daily)</i>	1	PA NP
<i>bromfenac sodium 0.075 % solution</i>	1	PA NP
BROMSITE	2	PA NP
CROMOLYN SODIUM 4 % SOLUTION	2	P
<i>cromolyn sodium 4 % solution</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CYSTARAN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>60 ml / 28 days</div> </div> <div style="background-color: #ccc; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">LA</div>
<i>diclofenac sodium 0.1 % solution</i>	1	<div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>dorzolamide hcl</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>epinastine hcl</i>	1	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
FLURBIPROFEN SODIUM	2	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
ILEVRO	2	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	<div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>ketotifen drops (zaditor)</i>	1	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
LASTACAFT	2	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
NEVANAC	2	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<i>olopatadine</i>	1	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>2.5 ml / fill</div> <div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">OTC</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
PROLENSA	2	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<i>sodium chloride eye products (muro 128)</i>	1	<div style="background-color: #9933cc; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
TRUSOPT	2	<div style="background-color: #806492; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZADITOR	2	<ul style="list-style-type: none"> <li>PA</li> <li>OTC</li> <li>NP</li> </ul>
ZERVIAE	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost</i>	1	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
<i>latanoprost</i>	1	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>EDS</li> <li>P</li> </ul>
LUMIGAN	2	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>PA</li> <li>NP</li> </ul>
TRAVATAN Z	1	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>P</li> </ul>
<i>travoprost (bak free)</i>	1	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
VYZULTA	2	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>PA</li> <li>NP</li> </ul>
XALATAN	2	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>PA</li> <li>NP</li> </ul>
XELPROS	2	<ul style="list-style-type: none"> <li>QL 2.5 ml / fill</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZIOPTAN	2	<span>QL</span> 30 ML / fill <span>PA</span> <span>NP</span>
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	1	<span>OTC</span>
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	<span>PA</span> <span>NP</span>
<i>ofloxacin otic soln 0.3%</i>	1	<span>P</span>
<b>OTIC COMBINATIONS</b>		
CIPRO HC	2	<span>P</span>
<i>ciprofloxacin-dexamethasone</i>	1	<span>P</span>
CIPROFLOXACIN-FLUOCINOLONE PF	1	<span>PA</span> <span>NP</span>
COLY-MYCIN S	2	<span>PA</span> <span>NP</span>
CORTISPORIN-TC	2	<span>PA</span> <span>NP</span>
<i>neomycin-polymyxin-hc</i>	1	<span>P</span>
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	1	QL 28 UNITS / FILL; 1 FILL / 365 DAYS
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL 28 UNITS / FILL; 1 FILL / 365 DAYS
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
BIVIGAM	2	SP
CUVITRU (CUVITRU 1 GM/5ML SOLUTION, CUVITRU 2 GM/10ML SOLUTION, CUVITRU 4 GM/20ML SOLUTION)	2	SP
FLEBOGAMMA DIF (FLEBOGAMMA DIF 5 GM/100ML SOLUTION, FLEBOGAMMA DIF 5 GM/50ML SOLUTION, FLEBOGAMMA DIF 10 GM/100ML SOLUTION, FLEBOGAMMA DIF 10 GM/200ML SOLUTION, FLEBOGAMMA DIF 20 GM/200ML SOLUTION, FLEBOGAMMA DIF 20 GM/400ML SOLUTION)	2	SP
GAMASTAN	2	SP
GAMMAGARD	2	SP
GAMMAGARD S/D LESS IGA	2	SP
GAMMAKED	2	SP
GAMMAPLEX	2	SP
GAMUNEX-C (GAMUNEX-C 1 GM/10ML SOLUTION, GAMUNEX-C 2.5 GM/25ML SOLUTION, GAMUNEX-C 5 GM/50ML SOLUTION, GAMUNEX-C 10 GM/100ML SOLUTION, GAMUNEX-C 20 GM/200ML SOLUTION)	2	SP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HIZENTRA	2	SP
HYPERHEP B (HYPERHEP B 110 UNIT/0.5ML SOLN PRSYR, HYPERHEP B 220 UNIT/ML SOLN PRSYR)	2	SP
HYPERTET	2	
OCTAGAM (OCTAGAM 5 GM/100ML SOLUTION, OCTAGAM 5 GM/50ML SOLUTION, OCTAGAM 10 GM/100ML SOLUTION, OCTAGAM 10 GM/200ML SOLUTION, OCTAGAM 20 GM/200ML SOLUTION)	2	SP
PRIVIGEN	2	SP
VARIZIG	2	PA NP
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	\$0	
SYNAGIS	2	LA
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 250 MG CHEW TAB)	2	
<i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
<i>ampicillin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 500 mg recon soln)</i>	1	
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AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	2	
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### NATURAL PENICILLINS

<i>penicillin g potassium</i>	1	
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PENICILLIN G PROCAINE	2	
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PENICILLIN G SODIUM	2	
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PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN)	2	
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<i>penicillin v potassium (penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	1	
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### PENICILLIN COMBINATIONS

AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB)	2	
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PA  
NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)</i>	1	P
AMOXICILLIN-POT CLAVULANATE ER	2	PA NP
<i>ampicillin-sulbactam sodium</i>	1	
AMPICILLIN-SULBACTAM SODIUM (AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN, AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN)	2	
<i>piperacillin sod-tazobactam so (piperacillin sod-tazobactam so 2.25 (2-0.25) gm recon soln, piperacillin sod-tazobactam so 3-0.375 gm recon soln, piperacillin sod-tazobactam so 3.375 (3-0.375) gm recon soln, piperacillin sod-tazobactam so 4-0.5 gm recon soln, piperacillin sod-tazobactam so 4.5 (4-0.5) gm recon soln, piperacillin sod-tazobactam so 40.5 (36-4.5) gm recon soln)</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM (NAFCILLIN SODIUM 1 GM RECON SOLN, NAFCILLIN SODIUM 2 GM RECON SOLN)	2	
NAFCILLIN SODIUM IN DEXTROSE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	2	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>GELATIN CAPSULES (EMPTY)</b>		
<i>gelatin capsules</i>	2	OTC
<b>LIQUID VEHICLES</b>		
BACTERIOSTATIC WATER(BENZ ALC)	2	
CHERRY	2	OTC
CHERRY CONCENTRATE SYRUP	2	OTC
<i>flavor syrup</i>	2	OTC
PURIFIED WATER	2	
RASPBERRY SYRUP	2	OTC
<i>saline bacteriostatic</i>	1	
SIMPLE SYRUP	2	OTC
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile water for injection</i>	1	
SYRPALTA 85 % SYRUP	2	OTC
SYRUP NF	2	OTC
<b>NON GELATIN CAPSULES (EMPTY)</b>		
<i>non gelatin capsules</i>	2	OTC
<b>SEMI SOLID VEHICLES</b>		
HYDROPHILIC PETROLATUM	2	OTC
<i>petrolatum (vaseline)</i>	1	OTC
<i>petrolatum ointment</i>	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	EDS
MEGACE ES	2	PA NP
<i>megestrol acetate 625 mg/5ml suspension</i>	1	PA EDS NP
<i>norethindrone acetate</i>	1	EDS
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	EDS
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	1	EDS
<i>disulfiram</i>	1	EDS
<b>ANTIDEMENTIA AGENTS</b>		
ARICEPT	2	QL 30 EA / fill PA NP
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab, donepezil hcl 10 mg tab disp)</i>	1	EDS P
<i>donepezil hcl 23 mg tab</i>	1	PA EDS NP
EXELON	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	1	PA EDS NP
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	2	PA NP
<i>galantamine hydrobromide er</i>	1	PA EDS NP
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	1	PA EDS NP
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	EDS P
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	1	P
<i>memantine hcl er</i>	1	PA EDS NP
NAMENDA	2	PA NP
NAMENDA TITRATION PAK	2	PA NP
NAMENDA XR	2	PA NP
NAMENDA XR TITRATION PACK	2	PA NP
NAMZARIC	2	PA NP
RAZADYNE	2	PA NP
RAZADYNE ER	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rivastigmine</i>	1	PA EDS NP
<i>rivastigmine tartrate</i>	1	PA EDS NP
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA NP
PERPHENAZINE-AMITRIPTYLINE	\$0	
SYMBYAX	\$0	PA NP
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	2	QL 60 EA / fill P
SAVELLA TITRATION PACK	2	QL 55 EA / 180 days P
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO	2	QL 120 EA / fill PA SP
AUSTEDO XR	2	QL 120 EA / fill PA SP
AUSTEDO XR PATIENT TITRATION	2	PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tetrabenazine</i>	1	SP
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	2	QL 60 EA / fill PA LA NP
AUBAGIO	2	PA SP NP
AVONEX PEN	2	PA SP P
AVONEX PREFILLED	2	PA SP P
BAFIERTAM	2	PA SP NP
BETASERON	2	PA SP P
BRIUMVI	2	PA NP
COPAXONE 20 MG/ML SOLN PRSYR	1	PA SP P
COPAXONE 40 MG/ML SOLN PRSYR	2	PA SP NP
<i>dalfampridine er</i>	1	QL 60 EA / fill PA SP NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dimethyl fumarate</i>	1	<div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 222 1195 254">P</div>
<i>dimethyl fumarate starter pack</i>	1	<div data-bbox="1133 283 1195 315">PA</div> <div data-bbox="1133 331 1195 363">SP</div> <div data-bbox="1133 380 1195 411">NP</div>
EXTAVIA	2	<div data-bbox="1133 447 1195 478">PA</div> <div data-bbox="1133 495 1195 527">SP</div> <div data-bbox="1133 543 1195 575">NP</div>
<i>fingolimod hcl</i>	1	<div data-bbox="1133 602 1195 634">PA</div> <div data-bbox="1133 651 1195 682">SP</div> <div data-bbox="1133 699 1195 730">P</div>
GILENYA 0.25 MG CAP	2	<div data-bbox="1133 762 1195 793">PA</div> <div data-bbox="1133 810 1195 842">SP</div> <div data-bbox="1133 858 1195 890">NP</div>
GILENYA 0.5 MG CAP	1	<div data-bbox="1133 921 1195 953">PA</div> <div data-bbox="1133 970 1195 1001">SP</div> <div data-bbox="1133 1018 1195 1050">NP</div>
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	<div data-bbox="1133 1081 1195 1113">PA</div> <div data-bbox="1133 1129 1195 1161">SP</div> <div data-bbox="1133 1178 1195 1209">NP</div>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	<div data-bbox="1133 1241 1195 1272">PA</div> <div data-bbox="1133 1289 1195 1320">SP</div> <div data-bbox="1133 1337 1195 1369">NP</div>
<i>glatopa 20 mg/ml soln prsy</i>	1	<div data-bbox="1133 1400 1195 1432">PA</div> <div data-bbox="1133 1449 1195 1480">SP</div> <div data-bbox="1133 1497 1195 1528">NP</div>
<i>glatopa 40 mg/ml soln prsy</i>	1	<div data-bbox="1133 1560 1195 1591">PA</div> <div data-bbox="1133 1608 1195 1640">SP</div> <div data-bbox="1133 1656 1195 1688">NP</div>
KESIMPTA	2	<div data-bbox="1133 1719 1195 1751">PA</div> <div data-bbox="1133 1768 1195 1799">SP</div> <div data-bbox="1133 1816 1195 1848">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LEMTRADA	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">LA</div> <div data-bbox="1133 270 1195 306">NP</div>
MAVENCLAD (10 TABS)	2	<div data-bbox="1133 336 1195 371">PA</div> <div data-bbox="1133 384 1195 420">LA</div> <div data-bbox="1133 432 1195 468">NP</div>
MAVENCLAD (4 TABS)	2	<div data-bbox="1133 497 1195 533">PA</div> <div data-bbox="1133 546 1195 581">LA</div> <div data-bbox="1133 594 1195 630">NP</div>
MAVENCLAD (5 TABS)	2	<div data-bbox="1133 655 1195 690">PA</div> <div data-bbox="1133 703 1195 739">LA</div> <div data-bbox="1133 751 1195 787">NP</div>
MAVENCLAD (6 TABS)	2	<div data-bbox="1133 812 1195 848">PA</div> <div data-bbox="1133 861 1195 896">LA</div> <div data-bbox="1133 909 1195 945">NP</div>
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 970 1195 1005">PA</div> <div data-bbox="1133 1018 1195 1054">LA</div> <div data-bbox="1133 1066 1195 1102">NP</div>
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 1134 1195 1169">PA</div> <div data-bbox="1133 1182 1195 1218">LA</div> <div data-bbox="1133 1230 1195 1266">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 1291 1195 1327">PA</div> <div data-bbox="1133 1339 1195 1375">LA</div> <div data-bbox="1133 1388 1195 1423">NP</div>
MAYZENT	2	<div data-bbox="1133 1449 1195 1484">PA</div> <div data-bbox="1133 1497 1195 1533">SP</div> <div data-bbox="1133 1545 1195 1581">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 1606 1195 1642">PA</div> <div data-bbox="1133 1654 1195 1690">SP</div> <div data-bbox="1133 1703 1195 1738">NP</div>
OCREVUS	2	<div data-bbox="1133 1764 1195 1799">PA</div> <div data-bbox="1133 1812 1195 1848">SP</div> <div data-bbox="1133 1860 1195 1896">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PLEGRIDY	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">NP</div>
PONVORY	2	<div data-bbox="1133 493 1195 529">PA</div> <div data-bbox="1133 541 1195 577">SP</div> <div data-bbox="1133 590 1195 625">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 651 1195 686">PA</div> <div data-bbox="1133 699 1195 735">SP</div> <div data-bbox="1133 747 1195 783">NP</div>
REBIF	2	<div data-bbox="1133 808 1195 844">PA</div> <div data-bbox="1133 856 1195 892">SP</div> <div data-bbox="1133 905 1195 940">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 966 1195 1001">PA</div> <div data-bbox="1133 1014 1195 1050">SP</div> <div data-bbox="1133 1062 1195 1098">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 1123 1195 1159">PA</div> <div data-bbox="1133 1171 1195 1207">SP</div> <div data-bbox="1133 1220 1195 1255">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 1287 1195 1323">PA</div> <div data-bbox="1133 1335 1195 1371">SP</div> <div data-bbox="1133 1383 1195 1419">P</div>
TASCENSO ODT	2	<div data-bbox="1133 1444 1195 1480">PA</div> <div data-bbox="1133 1493 1195 1528">NP</div>
TECFIDERA	2	<div data-bbox="1133 1556 1195 1591">PA</div> <div data-bbox="1133 1604 1195 1640">SP</div> <div data-bbox="1133 1652 1195 1688">NP</div>
<i>teriflunomide</i>	1	<div data-bbox="1133 1717 1195 1753">PA</div> <div data-bbox="1133 1766 1195 1801">SP</div> <div data-bbox="1133 1814 1195 1850">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TYSABRI	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
VUMERITY	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">NP</div>
VUMERITY (STARTER)	2	<div data-bbox="1133 489 1195 525">QL 106 EA / fill</div> <div data-bbox="1133 537 1195 573">PA</div> <div data-bbox="1133 585 1195 621">NP</div>
ZEPOSIA	2	<div data-bbox="1133 651 1195 686">QL 30 EA / fill</div> <div data-bbox="1133 699 1195 735">PA</div> <div data-bbox="1133 747 1195 783">SP</div> <div data-bbox="1133 795 1195 831">NP</div>
ZEPOSIA 7-DAY STARTER PACK	2	<div data-bbox="1133 854 1195 890">QL 30 EA / fill</div> <div data-bbox="1133 903 1195 938">PA</div> <div data-bbox="1133 951 1195 987">SP</div> <div data-bbox="1133 999 1195 1035">NP</div>
ZEPOSIA STARTER KIT	2	<div data-bbox="1133 1060 1195 1096">QL 30 EA / fill</div> <div data-bbox="1133 1108 1195 1144">PA</div> <div data-bbox="1133 1157 1195 1192">SP</div> <div data-bbox="1133 1205 1195 1241">NP</div>
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	2	<div data-bbox="1133 1371 1195 1407">PA</div> <div data-bbox="1133 1419 1195 1455">NP</div>
LYRICA CR	2	<div data-bbox="1133 1514 1195 1549">PA</div> <div data-bbox="1133 1562 1195 1598">NP</div>
<i>pregabalin er</i>	1	<div data-bbox="1133 1625 1195 1661">PA</div> <div data-bbox="1133 1673 1195 1709">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD)	2	PA NP
SARAFEM 10 MG TAB	2	QL 30 EA / fill PA NP
SARAFEM 20 MG TAB	2	QL 30 EA / fill(s) PA NP
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	2	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT	2	PA NP
<b>SMOKING DETERRENTS</b>		
CHANTIX	\$0	
CHANTIX CONTINUING MONTH PAK	\$0	
CHANTIX STARTING MONTH PAK	\$0	
<i>nicotine gum</i>	\$0	OTC
<i>nicotine patch</i>	\$0	OTC
NICOTROL	\$0	
<i>varenicline tartrate</i>	\$0	
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate(continue)</i>	\$0	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>paroxetine mesylate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (KALYDECO 13.4 MG PACKET, KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
KALYDECO 150 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 60 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
KALYDECO 5.8 MG PACKET	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / 28 DAY(S)</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 112 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
ORKAMBI (ORKAMBI 75-94 MG PACKET, ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
PULMOZYME	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
SYMDEKO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 84 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4B0082; color: white; padding: 2px 5px; border-radius: 3px;">QL 56 EA / fill</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET 267 MG CAP	2	<span>QL</span> 270 EA / fill <span>PA</span> <span>SP</span>
OFEV	2	<span>QL</span> 60 EA / fill <span>PA</span> <span>LA</span>
<i>pirfenidone 267 mg tab</i>	1	<span>QL</span> 270 EA / fill <span>PA</span> <span>SP</span>
<i>pirfenidone 801 mg tab</i>	1	<span>QL</span> 90 EA / fill <span>PA</span> <span>SP</span>
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE	2	
<i>sulfadiazine</i>	1	
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	1	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab)</i>	1	
<i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)</i>	1	
<i>lymepak</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mondoxyne nl 100 mg cap</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	1	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	EDS
<i>propylthiouracil</i>	1	EDS
<b>THYROID HORMONES</b>		
ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 30 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 120 MG TAB)	2	EDS
ADTHYZA (ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 130 MG TAB)	2	
ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 30 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB)	2	EDS
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	EDS
NATURE-THROID (NATURE-THROID 16.25 MG TAB, NATURE-THROID 32.5 MG TAB, NATURE-THROID 48.75 MG TAB, NATURE-THROID 81.25 MG TAB, NATURE-THROID 130 MG TAB, NATURE-THROID 146.25 MG TAB, NATURE-THROID 195 MG TAB)	2	
NIVA THYROID	2	EDS
NP THYROID	2	EDS
THYQUIDITY	2	
THYROID	2	EDS
<i>unithroid</i>	1	EDS
WESTHROID (WESTHROID 32.5 MG TAB, WESTHROID 130 MG TAB, WESTHROID 195 MG TAB)	2	
WP THYROID (WP THYROID 16.25 MG TAB, WP THYROID 32.5 MG TAB, WP THYROID 48.75 MG TAB, WP THYROID 81.25 MG TAB, WP THYROID 130 MG TAB)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	\$0	
BOOSTRIX	\$0	
DAPTACEL	\$0	
DIPHtheria-TETANUS TOXOIDS DT	\$0	
INFANRIX	\$0	
KINRIX	\$0	
PEDIARIX	\$0	
PENTACEL	\$0	
QUADRACEL	\$0	
TDVAX	\$0	
TENIVAC	\$0	
TETANUS-DIPHtheria TOXOIDS TD	\$0	
VAXELIS	\$0	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>atropine sulfate (atropine sulfate 0.4 mg/ml solution, atropine sulfate 0.5 mg/5ml soln prsy, atropine sulfate 1 mg/10ml soln prsy, atropine sulfate 1 mg/ml solution, atropine sulfate 8 mg/20ml solution)</i>	1	
ATROPINE SULFATE (PF)	2	
ATROPINE SULFATE 0.25 MG/5ML SOLN PRSYR	2	
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 10 mg/5ml solution, dicyclomine hcl 20 mg tab)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ed-spaz</i>	1	EDS
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	1	EDS
<i>hyoscyamine sulfate (hyoscyamine sulfate 0.125 mg sl tab, hyoscyamine sulfate 0.125 mg tab, hyoscyamine sulfate 0.125 mg tab disp, hyoscyamine sulfate 0.125 mg/5ml elixir, hyoscyamine sulfate 0.125 mg/ml solution)</i>	1	EDS
<i>hyoscyamine sulfate er</i>	1	EDS
<i>hyoscyamine sulfate sl</i>	1	EDS
<i>hyosyne</i>	1	EDS
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	EDS
<i>nulev</i>	1	EDS
<i>oscimin</i>	1	EDS
<i>oscimin sr</i>	1	EDS
<i>symax-sl</i>	1	EDS
<i>symax-sr</i>	1	EDS
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	1	EDS
<i>cimetidine hcl</i>	1	EDS
CIMETIDINE HCL 300 MG/5ML SOLUTION	2	EDS
<i>famotidine (pepcid)</i>	1	OTC EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	2	EDS
<i>nizatidine (nizatidine 150 mg cap, nizatidine 300 mg cap)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NIZATIDINE 15 MG/ML SOLUTION	2	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	EDS
<b>PROTON PUMP INHIBITORS</b>		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC EDS
ACIPHEX	2	QL 30 EA / fill PA NP
ACIPHEX SPRINKLE	2	PA NP
<i>cvs esomeprazole magnesium</i>	1	OTC EDS P
<i>cvs omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC EDS
<i>cvs omeprazole magnesium</i>	1	OTC EDS
DEXILANT	2	PA NP
<i>eq esomeprazole magnesium</i>	1	OTC EDS P
<i>eq omeprazole magnesium</i>	1	OTC EDS
<i>esomeprazole magnesium (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 40 mg packet)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>esomeprazole magnesium 20 mg cap dr</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>esomeprazole magnesium 40 mg cap dr</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>gnp esomeprazole magnesium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> </div>
<i>goodsense esomeprazole</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>hm esomeprazole magnesium dr</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>kls esomeprazole magnesium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>kp omeprazole magnesium</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> </div>
<i>lansoprazole (prevacid)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #ffb74d; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
LANSOPRAZOLE 15 MG CAP DR	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #4caf50; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
LANSOPRAZOLE 15 MG TAB DR DISP	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #ffb74d; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LANSOPRAZOLE 30 MG CAP DR	1	EDS P
LANSOPRAZOLE 30 MG TAB DR DISP	1	PA NP
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET)	1	P
NEXIUM 20 MG CAP DR	2	PA OTC NP
NEXIUM 24HR 20 MG CAP DR	2	OTC
NEXIUM 24HR CLEAR MINIS	2	OTC
NEXIUM 40 MG CAP DR	2	PA NP
NEXIUM I.V.	2	PA NP
<i>omeprazole (prilosec)</i>	1	OTC EDS P
<i>omeprazole magnesium 20.6 (20 base) mg cap dr</i>	1	OTC EDS
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	EDS P
<i>pantoprazole sodium 40 mg packet</i>	1	PA NP
PREVACID 24HR 15 MG CAP DR	2	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREVACID 30 MG CAP DR	2	PA NP
PREVACID SOLUTAB 15 MG TAB DR DISP	2	PA NP
PREVACID SOLUTAB 30 MG TAB DR DISP	2	PA NP
PRILOSEC	2	PA NP
PROTONIX (PROTONIX 20 MG TAB DR, PROTONIX 40 MG PACKET, PROTONIX 40 MG TAB DR)	2	PA NP
<i>qc esomeprazole magnesium</i>	1	OTC EDS P
<i>qc omeprazole magnesium</i>	1	OTC EDS
<i>ra esomeprazole magnesium</i>	1	OTC EDS P
<i>rabeprazole sodium 20 mg tab dr</i>	1	PA EDS NP
<i>sm esomeprazole magnesium</i>	1	OTC EDS P
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	1	EDS
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bis subcit-metronid-tetracyc</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>cvs omeprazole-sod bicarbonate</i>	1	PA OTC EDS NP
<i>goodsense omepr/sod bicarb</i>	1	PA OTC EDS NP
<i>omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate 20-1680 mg packet, omeprazole-sodium bicarbonate 40-1100 mg cap, omeprazole-sodium bicarbonate 40-1680 mg packet)</i>	1	PA NP
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	PA OTC EDS NP
ZEGERID (ZEGERID 20-1680 MG PACKET, ZEGERID 40-1100 MG CAP, ZEGERID 40-1680 MG PACKET)	2	PA NP
ZEGERID 20-1100 MG CAP	2	PA OTC NP
ZEGERID OTC	2	PA OTC NP
<b>UNCATEGORIZED</b>		
<b>UNCLASSIFIED</b>		
OPILL	\$0	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	PA EDS NP
DETROL	2	PA NP
DETROL LA	2	PA NP
DITROPAN XL	2	PA NP
ENABLEX	2	PA NP
GELNIQUE	2	PA NP
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	EDS P
<i>oxybutynin chloride er</i>	1	EDS P
OXYTROL	2	P
<i>solifenacin succinate</i>	1	EDS P
<i>tolterodine tartrate</i>	1	EDS P
<i>tolterodine tartrate er</i>	1	EDS P
TOVIAZ	1	P
<i>trospium chloride</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tropium chloride er</i>	1	PA EDS NP
VESICARE	2	PA NP
VESICARE LS	2	PA NP

### URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA	2	PA NP
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	PA NP

### URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride</i>	1	EDS
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### URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl</i>	1	PA EDS NP
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### VACCINES

#### BACTERIAL VACCINES

ACTHIB	\$0
BCG VACCINE	\$0
BEXSERO	\$0
BIOTHRAX	\$0
HIBERIX	\$0
MENACTRA	\$0
MENQUADFI	\$0

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	\$0	
PEDVAX HIB	\$0	
PENBRAYA	\$0	
PNEUMOVAX 23	\$0	
PREVNAR 13	\$0	
PREVNAR 20	\$0	
TRUMENBA	\$0	
TYPHIM VI	\$0	
VAXCHORA	\$0	
VAXNEUVANCE	\$0	
VIVOTIF	\$0	
<b>VIRAL VACCINES</b>		
ABRYSVO	\$0	
ACAM2000	\$0	
AFLURIA QUADRIVALENT	\$0	
AREXVY	\$0	
COMIRNATY	\$0	
DENG VAXIA	\$0	
ENGERIX-B	\$0	
FLUAD	\$0	
FLUAD QUADRIVALENT	\$0	
FLUARIX QUADRIVALENT	\$0	
FLUBLOK QUADRIVALENT	\$0	
FLUCELVAX QUADRIVALENT	\$0	
FLULAVAL QUADRIVALENT	\$0	
FLUMIST QUADRIVALENT	\$0	
FLUZONE HIGH-DOSE	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	
FLUZONE QUADRIVALENT	\$0	
GARDASIL 9	\$0	
HAVRIX	\$0	
HEPLISAV-B	\$0	
IMOVAX RABIES	\$0	
IPOL	\$0	
IXCHIQ	\$0	
IXIARO	\$0	
JANSSEN COVID-19 VACCINE	\$0	
JYNNEOS	\$0	
M-M-R II	\$0	
MODERNA COVID-19 BIVAL 6M-5Y	\$0	
MODERNA COVID-19 BIVAL BOOSTER	\$0	
MODERNA COVID-19 BIVALENT	\$0	
MODERNA COVID-19 VAC (BOOSTER)	\$0	
MODERNA COVID-19 VAC 6M-11Y	\$0	
MODERNA COVID-19 VACC 6-11Y	\$0	
MODERNA COVID-19 VACC 6M-5Y	\$0	
MODERNA COVID-19 VACCINE	\$0	
NOVAVAX COVID-19 VACCINE	\$0	
PFIZER COVID-19 BIVAL 6MO-4YR	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PFIZER COVID-19 VAC BIVAL 5-11	\$0	
PFIZER COVID-19 VAC BIVALENT	\$0	
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	
PFIZER-BIONT COVID-19 VAC-TRIS	\$0	
PFIZER-BIONTECH COVID-19 VACC	\$0	
PREHEVBRIO	\$0	
PRIORIX	\$0	
PROQUAD	\$0	
RABAVERT	\$0	
RECOMBIVAX HB	\$0	
ROTARIX	\$0	
ROTATEQ	\$0	
SHINGRIX	\$0	
SPIKEVAX	\$0	
SPIKEVAX COVID-19 VACCINE	\$0	
STAMARIL	\$0	
TICOVAC	\$0	
TWINRIX	\$0	
VAQTA	\$0	
VARIVAX	\$0	
YF-VAX	\$0	
ZOSTAVAX	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>SPERMICIDES</b>		
<i>vaginal contraceptive foam</i>	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate 2 % cream</i>	1	
<i>clotrimazole (gyne-lotrimin)</i>	1	OTC P
<i>miconazole (monistat)</i>	1	OTC
MICONAZOLE 3 200 MG SUPPOSITORY	2	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
<i>tioconazole (vagistat)</i>	1	OTC
<b>VAGINAL ESTROGENS</b>		
<i>estradiol 0.1 mg/gm cream</i>	1	EDS
<i>estradiol 10 mcg tab</i>	1	QL 0.7 EA / day EDS
<i>yuvafem</i>	1	QL 0.7 EA / day EDS
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q	2	QL 2 EA / fill(s) PA NP
<i>epinephrine (anaphylaxis)</i>	1	
<i>epinephrine (epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i>	1	QL 2 EA / fill PA MFG NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	<span>QL</span> 2 UNITS / 1 day(s) <span>PA</span> <span>MFG</span> <span>NP</span>
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	<span>QL</span> 2 EA / fill <span>MFG</span> <span>P</span>
EPIPEN 2-PAK	1	<span>QL</span> 2 EA / fill <span>P</span>
EPIPEN JR 2-PAK	1	<span>QL</span> 2 EA / fill <span>P</span>
SYMJEPI	1	<span>QL</span> 2 EA / fill <span>P</span>
EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION)	2	
<i>epinephrine 1 mg/10ml soln prsyr</i>	1	
EPINEPHRINE PF	2	
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>beta-carotene</i>	1	<span>OTC</span> <span>EDS</span>
BETA-CAROTENE	2	<span>OTC</span>
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin a</i>	1	<span>OTC</span> <span>EDS</span>
<i>vitamin d</i>	1	<span>OTC</span> <span>EDS</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITAMIN D	2	OTC
<i>vitamin e</i>	1	OTC EDS
<b>WATER SOLUBLE VITAMINS</b>		
<i>biotin</i>	1	OTC EDS
<i>calcium ascorbate</i>	1	OTC
<i>calcium panthothenate</i>	1	OTC EDS
<i>niacin</i>	1	OTC EDS P
NIACIN	2	OTC P
<i>niacinamide</i>	1	OTC EDS
<i>pyridoxine (vitamin b6)</i>	1	OTC EDS
<i>riboflavin (vitamin b2)</i>	1	OTC EDS
<i>thiamine (vitamin b1)</i>	1	OTC EDS
VITAMIN C	2	OTC
<i>vitamin c</i>	1	OTC



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NAFTIFINE HCL	186	neomycin / bacitracin / polymixin		NIACIN	
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TESTOSTERONE CYPIONATE	54	TOBI	26	TRELEGY ELLIPTA	68
TETANUS-DIPHTHERIA		TOBI PODHALER	26	TREMFYA	190
TOXOIDS TD	290	tobramycin	26,264	TRESIBA	98
tetrabenazine	280	TOBRAMYCIN	26	TRESIBA FLEXTOUCH	98
tetracaine hcl	265	tobramycin sulfate	26	tretinoin	136,183
tetracycline hcl	288	TOBRAMYCIN SULFATE	27	tretinoin microsphere	183
tetrahydrazoline drops (visine)	265	tobramycin-dexamethasone	267	tretinoin microsphere pump	183
THALOMID	248	tolcapone	137	TRETTEN	219
theophylline	69	TOLMETIN SODIUM	38	TREXIMET	239
theophylline er	69	tolnaftate (tinactin)	187	tri femynor	172
thiamine (vitamin b1)	304	TOLSURA	103	tri-estarylla	172
thioridazine hcl	144	tolterodine tartrate	297	tri-legest fe	172
thiotepa	119	tolterodine tartrate er	297	tri-lynyah	172
thiothixene	145	TOPAMAX	77	tri-lo-estarylla	172
THYQUIDITY	289	TOPAMAX SPRINKLE	78	tri-lo-marzia	172
THYROID	289	topiramate	78	tri-lo-mili	172
tiadylt er	159	topiramate er	78	tri-lo-sprintec	173
tiagabine hcl	79	TOPROL XL	155	tri-mili	173
TIAZAC	159	toremifene citrate	124	tri-nymyo	173
TIBSOVO	134	torsemide	201	tri-previfem	173
TICOVAC	301	TOSYMRA	241	tri-sprintec	173
TIGER BALM MUSCLE RUB	194	TOUJEO MAX SOLOSTAR	97	TRI-VI-SOL A/C/D	255
tilia fe	172	TOUJEO SOLOSTAR	97	tri-vylibra	173
timolol maleate	156,262	TOVIAZ	297	tri-vylibra lo	173
timolol maleate ocudose	262	TRACLEER	162	triamcinolone acetonide	192
timolol maleate pf	262	TRADJENTA	92	(nasacort)	258
TIMOPTIC	262	tramadol hcl	48	triamterene-hctz	201
TIMOPTIC OCUDOSE	262	tramadol-acetaminophen	50	triazolam	227
TIMOPTIC-XE	262	trandolapril	112	TRIBENZOR	116
tinidazole	57	TRANDOLAPRIL-VERAPAMIL HCL ER	116	TRICOR	108
tioconazole (vagistat)	302	trandolapril-verapamil hcl er	116	triderm	192
tiopronin	216	tranexamic acid	226	trientine hcl	247
		TRANSDERM SCOP (1.5 MG)	101	TRIESENCE	267
				trifluoperazine hcl	144
				trihexyphenidyl hcl	137

TRIHENXYPHENIDYL HCL	137	TYVASO DPI TITRATION	VASCEPA	106
TRIJARDY XR	90	KIT	VASERETIC	117
TRIKAFTA	286	TYVASO REFILL	VASOTEC	112
TRILEPTAL	78	TYVASO STARTER	VAXCHORA	299
TRILIPIX	108		VAXELIS	290
trilyte	230	<b>U</b>	VAXNEUVANCE	299
trimethobenzamide hcl	101	UBRELVY	VELPHORO	214
trimethoprim	57	UCERIS	VELTASSA	251
TRINTELLIX	85	UDENYCA	VELTIN	183
triple flex	25	UNI-SOLVE	VEMLIDY	151
TRIPTODUR	205	unithroid	VENCLEXTA	121
TRIUMEQ	148	UPLIZNA	VENCLEXTA STARTING	
TRIUMEQ PD	148	UPTRAVI	PACK	121
trivora (28)	173	urea 10% and 20% (carmol)	venlafaxine hcl	86
TROKENDI XR	78	ursodiol	venlafaxine hcl er	86
trolamine salicylate	194	UZEDY	VENTAVIS	161
TROLAMINE SALICYLATE		<b>V</b>	VENTOLIN HFA	69
(MYOFLEX)	194	vaginal contraceptive foam	verapamil hcl	159
trolamine salicylate			verapamil hcl er	159
(myoflex)	194	valacyclovir hcl	VERAPAMIL HCL ER	159
trospium chloride	297	VALCHLOR	VERELAN	159
trospium chloride er	298	valganciclovir hcl	VERELAN PM	159
TRUDHESA	239	valproic acid	VERKAZIA	265
TRUE METRIX BLOOD		valsartan	VERSACLOZ	143
GLUCOSE TEST	200	VALSARTAN	VERZENIO	134
TRULICITY	93	valsartan-	VESICARE	298
TRUMENBA	299	hydrochlorothiazide	VESICARE LS	298
TRUSOPT	269	VALTOCO 10 MG DOSE	vestura	173
TUDORZA PRESSAIR	63	VALTOCO 15 MG DOSE	VIBERZI	213
TUKYSA	121	VALTOCO 20 MG DOSE	VICTOZA	93
tulana	175	VALTOCO 5 MG DOSE	VIEKIRA PAK	152
TURALIO	134	VALTRESX	vienva	173
turqoz	173	VANCOCIN	vigabatrin	79
TWINRIX	301	vancomycin hcl	vigadrone	80
tydemy	173	VANFLYTA	VIGAMOX	264
TYMLOS	203	VAQTA	vigpoder	80
TYPHIM VI	299	varenicline tartrate	VIIBRYD	85
TYSABRI	284	varenicline tartrate (starter)	VIJOICE	250
TYVASO	160	varenicline tartrate(continue)	vilazodone hcl	85
TYVASO DPI MAINTENANCE		VARIVAX	VIMOVO	38
KIT	160	VARIZIG	VIMPAT	78

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VIRACEPT.....	148	VIVJOA.....	103	witch hazel.....	196	
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VIRT-PN PLUS.....	255	VOGELXO.....	54	wymzya fe.....	173	
visine red eye hydrating comf.....	265	VOGELXO PUMP.....	54	<b>X</b>		
VISTA GEL DRY EYE RELIEF.....	261	volnea.....	173	X-SEB T 10 % SHAMPOO.....	197	
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VITAMIN A-C-D INFANT.....	255	VOTRIENT.....	135	XARELTO STARTER PACK.....	70	
VITAMIN A/C/D/ INFANT/TODDLER.....	255	VOXZOGO.....	207	XCOPRI.....	79	
vitamin b complex.....	252	VRAYLAR.....	140	XCOPRI (250 MG DAILY DOSE).....	79	
VITAMIN B COMPLEX.....	253	VUMERITY.....	284	XCOPRI (350 MG DAILY DOSE).....	79	
vitamin b complex (\$0).....	253	VUMERITY (STARTER).....	284	XELJANZ.....	33	
vitamin b complex / vitamin c / biotin / minerals / folic acid.....	253	VUSION.....	187	XELJANZ XR.....	33	
vitamin b complex / vitamin c / calcium.....	253	VYEPTI.....	239	XELPROS.....	270	
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vitamin d.....	303	WAL-TUSSIN COUGH RELIEF.....	177	XOFLUZA (40 MG DOSE).....	153	
VITAMIN D.....	304	warfarin sodium.....	69	XOFLUZA (80 MG DOSE).....	153	
vitamin e.....	304	water for irrigation, sterile.....	250	XOLAIR.....	62	
vitamins / lipotropics.....	255	WEGOVI.....	19	XOPENEX HFA.....	69	
VITAMINS / LIPOTROPICS.....	255	WELCHOL.....	107	XOSPATA.....	135	
		WELIREG.....	124	XPOVIO (100 MG ONCE WEEKLY).....	125	
		WELLBUTRIN SR.....	82	XPOVIO (40 MG ONCE WEEKLY).....	125	
		WELLBUTRIN XL.....	82	XPOVIO (40 MG TWICE WEEKLY).....	125	
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XPOVIO (60 MG ONCE WEEKLY)	125	ZEMBRACE SYMTOUCH	241	ZOLOFT	84
XPOVIO (60 MG TWICE WEEKLY)	125	zenatane	183	zolpidem tartrate	227,228
XPOVIO (80 MG ONCE WEEKLY)	125	ZENIFIBER AG	197	ZOLPIDEM TARTRATE	228
XPOVIO (80 MG TWICE WEEKLY)	125	ZENIFOAM AG	197	zolpidem tartrate er	228
XTAMPZA ER	48	ZENPEP	201	ZOMACTON	205
XTANDI	124	zenzedi	18	ZOMACTON (FOR ZOMA-JET 10)	205
xulane	173	ZEPATIER	152	ZOMIG	242
XULTOPHY	90	ZEPBOUND	19	ZONEGRAN	78
XYNTHA	220	ZEPOSIA	284	ZONISADE	78
XYNTHA SOLOFUSE	220	ZEPOSIA 7-DAY STARTER PACK	284	zonisamide	78
		ZEPOSIA STARTER KIT	284	ZONTIVITY	222
		ZERVIAE	270	ZORBTIVE	205
		ZESTORETIC	117	ZORTRESS	250
		ZESTRIL	112	ZORVOLEX	38
		ZETIA	110	ZOSTAVAX	301
		ZETONNA	258	zovia 1/35 (28)	173
		ZIAC	117	zovia 1/35e (28)	173
		ZIANA	183	ZOVIRAX	152,190
		zidovudine	148	ZTALMY	78
		ZIEXTENZO	224	ZTLIDO 1.8 % PATCH	195
		zileuton er	63	ZUBSOLV	52,53
		ZIMHI	100	zumandimine	173
		zinc	247	ZURZUVAE	82
		zinc gluconate	247	ZYDELIG	135
		zinc oxide (desitin)	196	ZYFLO	63
		zinc sulfate	247	ZYKADIA	136
		ZIOPTAN	271	ZYPITAMAG	110
		ziprasidone hcl	140	ZYPREXA	143
		ziprasidone mesylate	140	ZYPREXA RELPREVV	143
		ZIPSOR	38	ZYPREXA ZYDIS	143
		ZIRGAN	265		
		ZITHROMAX	232		
		ZITHROMAX TRI-PAK	232		
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		ZOFRAN	101		
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YUFLYMA 2-SYRINGE KIT	33				
YUPELRI	63				
YUSIMRY	33				
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ZARONTIN	80				
ZARXIO	224				
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ZEGERID	296				
ZEGERID OTC	296				
ZEJULA	135				
ZELBORAF	135				





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