

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, Mahnomon, 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, Mahnomon, 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 01.09.2024. 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). 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.

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.



## Civil Rights Notice

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: [cag@ucare.org](mailto:cag@ucare.org)

**Auxiliary Aids and Services: UCare** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services: UCare** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Customer Response Center: Toll-free: 800-368-1019  
TDD Toll-free: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll-free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

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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?**

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> 2 EA / DAY <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> 4 EA / DAY <span>P</span>
ADDERALL XR 20 MG CAP ER 24H	1	<span>QL</span> 3 EA / DAY <span>P</span>
ADZENYS ER	2	<span>QL</span> 48 ML / DAY <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> 1 EA / DAY <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> 2 EA / DAY <span>PA</span> <span>NP</span>
AMPHETAMINE ER	1	<span>QL</span> 48 ML / DAY <span>PA</span> <span>NP</span>
<i>amphetamine sulfate 10 mg tab</i>	1	<span>QL</span> 6 EA / DAY <span>PA</span> <span>NP</span>
<i>amphetamine sulfate 5 mg tab</i>	1	<span>QL</span> 4 EA / DAY <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	QL 2 EA / DAY P
<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	QL 4 EA / DAY P
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 3 EA / DAY P
<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	QL 4 EA / DAY P
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 3 EA / DAY P
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 2 EA / DAY P
<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	QL 3 EA / DAY PA NP
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	QL 3 EA / DAY P
<i>dextroamphetamine sulfate 30 mg tab</i>	1	QL 2 EA / DAY PA NP
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	QL 60 ML / DAY PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextroamphetamine sulfate 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;">4 EA / DAY</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>
DYANAVEL XR 2.5 MG/ML SUSP	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;">48 ML / DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; 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>
EVEKEO 10 MG TAB	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;">6 EA / DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; 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>
EVEKEO 5 MG TAB	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;">4 EA / DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; 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>
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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">4 EA / DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; 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>
EVEKEO ODT 10 MG TAB DISP	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;">6 EA / DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; 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>
EVEKEO ODT 20 MG TAB DISP	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: #8b4513; 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>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: #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: #2e8b57; 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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / DAY</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: #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: #2e8b57; 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	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 EA / DAY
MYDAYIS	2	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 EA / DAY <span style="background-color: #808080; color: white; padding: 2px;">PA</span> <span style="background-color: #FF9933; color: white; padding: 2px;">NP</span>
<i>procentra</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 60 ML / DAY <span style="background-color: #808080; color: white; padding: 2px;">PA</span> <span style="background-color: #FF9933; color: white; padding: 2px;">NP</span>
VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP)	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 EA / DAY <span style="background-color: #339933; color: white; padding: 2px;">P</span>
VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB)	2	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 EA / DAY <span style="background-color: #808080; color: white; padding: 2px;">PA</span> <span style="background-color: #FF9933; color: white; padding: 2px;">NP</span>
VYVANSE (VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP)	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 EA / DAY <span style="background-color: #339933; color: white; padding: 2px;">P</span>
VYVANSE (VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB)	2	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 EA / DAY <span style="background-color: #808080; color: white; padding: 2px;">PA</span> <span style="background-color: #FF9933; color: white; padding: 2px;">NP</span>
XELSTRYM	2	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 EA / DAY <span style="background-color: #808080; color: white; padding: 2px;">PA</span> <span style="background-color: #FF9933; color: white; padding: 2px;">NP</span>
<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	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 3 EA / DAY <span style="background-color: #808080; color: white; padding: 2px;">PA</span> <span style="background-color: #FF9933; color: white; padding: 2px;">NP</span>
<i>zenzedi 30 mg tab</i>	1	<span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 EA / DAY <span style="background-color: #808080; color: white; padding: 2px;">PA</span> <span style="background-color: #FF9933; color: white; padding: 2px;">NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANALECTICS</b>		
CAFFEINE-SODIUM BENZOATE	2	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>phentermine hcl</i>	1	QL 1 EA / DAY
<b>ANTI-OBESITY AGENTS</b>		
ORLISTAT	1	QL 3 EA / DAY PA NP
SAXENDA	2	QL 15 ML / 30 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 DAYS PA P
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
XENICAL	2	QL 3 EA / DAY PA NP
ZEPBOUND	2	QL 2 ML / 28 DAYS PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (guanfacine hcl er 1 mg tab er 24h, guanfacine hcl er 2 mg tab er 24h, guanfacine hcl er 3 mg tab er 24h, guanfacine hcl er 4 mg tab er 24h)</i>	1	EDS P
INTUNIV	2	PA NP
QELBREE	2	PA NP
STRATTERA	2	PA NP
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	2	QL 1 EA / DAY PA
<b>STIMULANTS - MISC.</b>		
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 1 EA / DAY PA NP
ADHANSIA XR 25 MG CAP ER 24H	2	QL 2 EA / DAY PA NP
APTENSIO XR	2	QL 2 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>armodafinil</i>	1	QL 1 EA / DAY
AZSTARYS 26.1-5.2 MG CAP	2	QL 1 EA / DAY PA NP
AZSTARYS 39.2-7.8 MG CAP	2	QL 2 EA / DAY PA NP
AZSTARYS 52.3-10.4 MG CAP	2	QL 3 EA / DAY PA NP
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 36 MG TAB ER)	1	QL 2 EA / DAY P
CONCERTA 54 MG TAB ER	1	QL 1 EA / DAY P
COTEMPLA XR-ODT	2	QL 2 EA / DAY PA NP
DAYTRANA	2	QL 1 EA / DAY PA NP
<i>dexmethylphenidate hcl</i>	1	QL 2 EA / DAY P
<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	QL 1 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dexmethylphenidate hcl er</i> ( <i>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	QL 2 EA / DAY P
FOCALIN	2	QL 2 EA / DAY PA NP
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	QL 1 EA / DAY PA NP
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	QL 2 EA / DAY PA NP
JORNAY PM	2	QL 1 EA / DAY PA NP
METHYLIN 10 MG/5ML SOLUTION	1	QL 30 ML / DAY P
METHYLIN 5 MG/5ML SOLUTION	1	QL 60 ML / DAY P
<i>methylphenidate</i>	1	QL 1 EA / DAY PA NP
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	QL 4 EA / DAY PA NP
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	QL 3 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl 10 mg chew tab</i>	1	<div data-bbox="1133 170 1192 205">QL</div> 6 EA / DAY <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	<div data-bbox="1133 325 1192 361">QL</div> 30 ML / DAY <div data-bbox="1133 373 1192 409">P</div>
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	<div data-bbox="1133 441 1192 476">QL</div> 60 ML / DAY <div data-bbox="1133 489 1192 525">P</div>
<i>methylphenidate hcl er (cd)</i> <i>(methylphenidate hcl er (cd) 10 mg cap er,</i> <i>methylphenidate hcl er (cd) 20 mg cap er,</i> <i>methylphenidate hcl er (cd) 30 mg cap er)</i>	1	<div data-bbox="1133 556 1192 592">QL</div> 2 EA / DAY <div data-bbox="1133 604 1192 640">PA</div> <div data-bbox="1133 653 1192 688">NP</div>
<i>methylphenidate hcl er (cd)</i> <i>(methylphenidate hcl er (cd) 40 mg cap er,</i> <i>methylphenidate hcl er (cd) 50 mg cap er,</i> <i>methylphenidate hcl er (cd) 60 mg cap er)</i>	1	<div data-bbox="1133 724 1192 760">QL</div> 1 EA / DAY <div data-bbox="1133 772 1192 808">PA</div> <div data-bbox="1133 821 1192 856">NP</div>
<i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 10 mg cap er</i> <i>24h, methylphenidate hcl er (la) 20 mg cap</i> <i>er 24h, methylphenidate hcl er (la) 30 mg</i> <i>cap er 24h)</i>	1	<div data-bbox="1133 919 1192 955">QL</div> 2 EA / DAY <div data-bbox="1133 968 1192 1003">PA</div> <div data-bbox="1133 1016 1192 1052">NP</div>
<i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 40 mg cap er</i> <i>24h, methylphenidate hcl er (la) 60 mg cap</i> <i>er 24h)</i>	1	<div data-bbox="1133 1113 1192 1148">QL</div> 1 EA / DAY <div data-bbox="1133 1161 1192 1197">PA</div> <div data-bbox="1133 1209 1192 1245">NP</div>
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 18 MG TAB ER, METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, 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)	1	<div data-bbox="1133 1476 1192 1512">QL</div> 2 EA / DAY <div data-bbox="1133 1524 1192 1560">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 54 MG TAB ER, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H)	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>methylphenidate hcl er (osm)</i> <i>(methylphenidate hcl er (osm) 18 mg tab</i> <i>er, methylphenidate hcl er (osm) 27 mg tab</i> <i>er, methylphenidate hcl er (osm) 36 mg tab</i> <i>er)</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / 1 DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>methylphenidate hcl er (xr)</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>methylphenidate hcl er 10 mg tab er</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>4 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>methylphenidate hcl er 20 mg tab er</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>3 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>modafinil</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div>
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 30 MG CHER)	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
QUILLICHEW ER 40 MG CHER	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
QUILLIVANT XR	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>12 ML / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RITALIN	2	<span>QL</span> 3 EA / DAY <span>PA</span> <span>NP</span>
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	1	<span>QL</span> 2 EA / DAY <span>P</span>
RITALIN LA 40 MG CAP ER 24H	1	<span>QL</span> 1 EA / DAY <span>P</span>
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
PALFORZIA	2	<span>PA</span> <span>LA</span>
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - C'S</b>		
ACTIVATED CHARCOAL	2	<span>OTC</span>
<i>cranberry supplement</i>	1	<span>OTC</span> <span>EDS</span>
CRANBERRY SUPPLEMENT	2	<span>OTC</span>
<b>ALTERNATIVE MEDICINE - G'S</b>		
<i>cvs glucosamine</i>	1	<span>OTC</span>
<i>glucosamine hcl 1500 mg tab</i>	1	<span>OTC</span>
<i>glucosamine sulfate</i>	2	<span>OTC</span>
<i>sm glucosamine hcl</i>	1	<span>OTC</span>
<b>ALTERNATIVE MEDICINE - M'S</b>		
MELATONIN	2	<span>OTC</span>
<i>melatonin</i>	1	<span>OTC</span>
<i>melatonin / pyridoxine</i>	1	<span>OTC</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ALTERNATIVE MEDICINE COMBINATIONS</b>		
CVS GLUCOS-CHONDROIT TRIPLE ST	2	OTC
<i>glucosamine / chondroitin</i>	1	OTC
MELATONIN / PYRIDOXINE	2	OTC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1	
ARIKAYCE	2	PA LA
BETHKIS	1	QL 8 ML / DAY SP P
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	
<i>gentamicin sulfate (gentamicin sulfate 10 mg/ml solution, gentamicin sulfate 40 mg/ml solution)</i>	1	
KITABIS PAK	1	QL 10 ML / DAY SP P
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI	2	QL 10 ML / DAY PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TOBI PODHALER	2	<ul style="list-style-type: none"> <li>QL 8 EA / DAY</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<i>tobramycin 300 mg/4ml nebu soln</i>	1	<ul style="list-style-type: none"> <li>QL 8 ML / DAY</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	<ul style="list-style-type: none"> <li>QL 10 ML / DAY</li> <li>SP</li> <li>P</li> </ul>
<i>tobramycin sulfate (tobramycin sulfate 1.2 gm/30ml solution, tobramycin sulfate 80 mg/2ml solution)</i>	1	
TOBRAMYCIN SULFATE (TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION, TOBRAMYCIN SULFATE 10 MG/ML SOLUTION)	2	

## ANALGESICS - ANTI-INFLAMMATORY

## ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ABRILADA (1 PEN)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ABRILADA (2 PEN)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ABRILADA (2 SYRINGE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 180 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-AATY (2 PEN)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-AATY (2 SYRINGE) 40 MG/0.4ML PREF SY KT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADAZ	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADB (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 1 EA / 6 MONTHS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADB (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADB (2 SYRINGE) (ADALIMUMAB-ADB (2 SYRINGE) 10 MG/0.2ML PREF SY KT, ADALIMUMAB-ADB (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADB (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADALIMUMAB-ADBIM (2 SYRINGE) 40 MG/0.4ML PEF SY KT	2	<ul style="list-style-type: none"> <li>QL 1 EA / 6 MONTHS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADBIM(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 1 EA / 6 MONTHS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADBIM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADBIM(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 1 EA / 6 MONTHS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-ADBIM(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</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 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-FKJP (2 PEN)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ADALIMUMAB-FKJP (2 SYRINGE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #95a5a6; border-radius: 5px; padding: 2px 5px;">SP</span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NP</span></li> </ul>
AMJEVITA 40 MG/0.8ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 1.6 ml / 28 days</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #95a5a6; border-radius: 5px; padding: 2px 5px;">SP</span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NP</span></li> </ul>
CYLTEZO	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #95a5a6; border-radius: 5px; padding: 2px 5px;">SP</span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NP</span></li> </ul>
CYLTEZO (2 PEN)	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 1 EA / 6 MONTHS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #95a5a6; border-radius: 5px; padding: 2px 5px;">SP</span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NP</span></li> </ul>
CYLTEZO (2 SYRINGE)	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 1 EA / 6 MONTHS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #95a5a6; border-radius: 5px; padding: 2px 5px;">SP</span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NP</span></li> </ul>
CYLTEZO-CD/UC/HS STARTER 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 1 EA / 6 MONTHS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #95a5a6; border-radius: 5px; padding: 2px 5px;">SP</span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NP</span></li> </ul>
CYLTEZO-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px 5px;">QL</span> 2 EA / 28 DAYS</li> <li><span style="background-color: #f39c12; border-radius: 5px; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #95a5a6; border-radius: 5px; padding: 2px 5px;">SP</span></li> <li><span style="background-color: #e67e22; border-radius: 5px; padding: 2px 5px;">NP</span></li> </ul>

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
CYLTEZO-PSORIASIS STARTER	2	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
CYLTEZO-PSORIASIS/UV STARTER	2	2	<ul style="list-style-type: none"> <li>QL 1 EA / 6 MONTHS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HADLIMA	2	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HADLIMA PUSH TOUCH	2	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HULIO	2	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HULIO (2 PEN)	2	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HULIO (2 SYRINGE)	2	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HUMIRA	2	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT	2	QL 2 EA / 28 DAYS PA SP P
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	2	QL 2 UNITS / 28 DAYS PA SP P
HUMIRA (2 SYRINGE) 40 MG/0.8ML PEF SY KT	2	QL 2 UNITS / 28 DAYS PA SP P
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	2	QL 2 EA / 180 DAYS PA SP P
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	2	QL 3 EA / 180 DAYS PA SP P
HUMIRA PEN	2	QL 2 EA / 28 DAYS PA SP P
HUMIRA PEN-CD/UC/HS STARTER	2	QL 3 EA / 180 DAYS PA SP P
HUMIRA PEN-PSOR/UEVIT STARTER	2	QL 3 EA / 180 DAYS PA SP P



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA-CD/UC/HS STARTER	2	<ul style="list-style-type: none"> <li>QL 6 EA / 180 DAYS</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
HUMIRA-PED>=40KG UC STARTER	2	<ul style="list-style-type: none"> <li>QL 4 EA / 180 DAYS</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 DAYS</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 DAYS</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 DAYS</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 DAYS</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 DAYS</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 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
HYRIMOZ-PLAQUE PSORIASIS START	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
IDACIO	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</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 DAYS</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 DAYS</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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 180 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
YUFLYMA (2 PEN)	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</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 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
YUFLYMA-CD/UC/HS STARTER	2	<ul style="list-style-type: none"> <li>QL 3 EA / 180 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
YUSIMRY	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</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 1 EA / DAY</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 2 EA / DAY</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XELJANZ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 10 ML / DAY</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
XELJANZ XR	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	2	<ul style="list-style-type: none"> <li>QL 4 EA / 28 DAYS</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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 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> </ul>
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>cataflam</i>	1	EDS
CELEBREX	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>celecoxib</i>	1	<ul style="list-style-type: none"> <li>EDS</li> <li>P</li> </ul>
CHILDRENS ADVIL	2	OTC
DAYPRO	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<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	<ul style="list-style-type: none"> <li>EDS</li> <li>P</li> </ul>
<i>diclofenac sodium er</i>	1	<ul style="list-style-type: none"> <li>EDS</li> <li>P</li> </ul>
<i>diclofenac-misoprostol</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
FENORTHO	2	PA NP
<i>flurbiprofen 100 mg tab</i>	1	EDS P
<i>ibuprofen (motrin)</i>	1	OTC EDS P
<i>ibuprofen-famotidine</i>	1	PA EDS NP
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	EDS P
KETOPROFEN (KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	P
KETOPROFEN 25 MG CAP	1	P
KETOPROFEN ER	2	PA NP
<i>ketorolac tromethamine 10 mg tab</i>	1	P
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	1	PA NP
KIPROFEN	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MECLOFENAMATE SODIUM	2	PA NP
<i>mefenamic acid</i>	1	PA NP
<i>meloxicam (meloxicam 5 mg cap, meloxicam 10 mg cap)</i>	1	PA NP
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	EDS P
MOBIC	2	PA NP
<i>nabumetone</i>	1	EDS P
NALFON	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naproxen-esomeprazole mg</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="margin-bottom: 2px;">68 UNITS / 30 DAYS</div> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>oxaprozin 600 mg tab</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #660000; color: white; padding: 2px; margin-bottom: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>piroxicam</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px;">EDS</div> </div>
<i>relafen</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px; margin-bottom: 2px;">EDS</div> <div style="background-color: #009933; color: white; padding: 2px;">P</div> </div>
RELAFEN DS	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>sulindac</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px; margin-bottom: 2px;">EDS</div> <div style="background-color: #009933; color: white; padding: 2px;">P</div> </div>
ZIPSOR	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
ZORVOLEX	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="margin-bottom: 2px;">55 EA / 180 days</div> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px; margin-bottom: 2px;">SP</div> <div style="background-color: #009933; color: white; padding: 2px;">P</div> </div>
OTEZLA 30 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px; margin-bottom: 2px;">QL</div> <div style="margin-bottom: 2px;">2 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px; margin-bottom: 2px;">SP</div> <div style="background-color: #009933; color: white; padding: 2px;">P</div> </div>
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px;">EDS</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA 125 MG/ML SOLN PRSYR	2	QL 4 ml / 28 days PA SP NP
ORENCIA 250 MG RECON SOLN	2	PA SP NP
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	QL 1.6 ml / 28 day PA SP NP
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	QL 2.8 ml / 28 day PA SP NP
ORENCIA CLICKJECT	2	QL 4 ml / 28 days PA SP NP
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR)	2	QL 4 ml / 28 days PA SP P
ENBREL 25 MG/0.5ML SOLUTION	2	QL 2 ml / 28 days PA SP P
ENBREL MINI	2	QL 4 ml / 28 days PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL SURECLICK	2	<ul style="list-style-type: none"> <li>QL 4 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
<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	
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	2	
<i>esgic 50-325-40 mg cap</i>	1	
<i>zebutal</i>	1	
<b>ANALGESICS OTHER</b>		
<i>acetaminophen (tylenol)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
CHILDRENS TYLENOL	2	OTC
<b>SALICYLATES</b>		
<i>aspirin</i>	\$0	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
<i>aspirin (81 mg chew tab)</i>	\$0	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aspirin (81 mg tab dr)</i>	\$0	OTC EDS
<i>aspirin / buffers (bufferin)</i>	1	OTC EDS
<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>		
CONZIP	2	PA NP
DURAGESIC-100	2	QL 0.34 EA / DAY PA NP
DURAGESIC-12	2	QL 0.34 EA / DAY PA NP
DURAGESIC-25	2	QL 0.34 EA / DAY PA NP
DURAGESIC-50	2	QL 0.34 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DURAGESIC-75	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.34 EA / DAY</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span></li> </ul>
<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	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.34 EA / DAY</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span></li> </ul>
<i>fentanyl (fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 0.34 EA / DAY</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</span></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><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></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><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span></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><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span></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><span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 3 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
<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	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	<ul style="list-style-type: none"> <li>QL 8 ml / day</li> </ul>
<i>hydromorphone hcl 2 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 6 EA / day</li> </ul>
<i>hydromorphone hcl 4 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 5 EA / day</li> </ul>
<i>hydromorphone hcl 8 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> </ul>
<i>hydromorphone hcl er</i>	1	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
HYSINGLA ER (HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
HYSINGLA ER (HYSINGLA ER 80 MG TB24 DETER, HYSINGLA ER 100 MG TB24 DETER, HYSINGLA ER 120 MG TB24 DETER)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
HYSINGLA ER 20 MG TB24 DETER	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>2 EA / day</div> <div style="background-color: #666633; 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>
KADIAN 200 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>1 EA / day</div> <div style="background-color: #666633; 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>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</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>10 ml / day</div> </div>
<i>methadone hcl 10 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</div> <div style="background-color: #666633; 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>methadone hcl 5 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>4 EA / day</div> <div style="background-color: #666633; 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>methadone hcl 5 mg/5ml solution</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>20 ml / day</div> </div>
<i>methadone hcl intensol</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>10 ml / day</div> </div>
<i>morphine sulfate (concentrate)</i>	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>4.5 ML / 1 DAY</div> </div>
<i>morphine sulfate 10 mg/5ml solution</i>	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>30 ml / day</div> </div>
<i>morphine sulfate 15 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</div> </div>
<i>morphine sulfate 20 mg/5ml solution</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>22.5 ml / day</div> </div>
MORPHINE SULFATE 20 MG/5ML SOLUTION	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>22.5 ml / day</div> </div>
<i>morphine sulfate 30 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>3 EA / day</div> </div>
<i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</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>4 EA / day</div> <div style="background-color: #666633; 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>
MORPHINE SULFATE ER (MORPHINE SULFATE ER 10 MG CAP ER 24H, MORPHINE SULFATE ER 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>4 EA / day</div> <div style="background-color: #666633; 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>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	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
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	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<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	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>P</li> </ul>
<i>morphine sulfate er 15 mg tab er</i>	1	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>P</li> </ul>
<i>morphine sulfate er 30 mg cap er 24h</i>	1	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
MORPHINE SULFATE ER 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>
<i>morphine sulfate er 30 mg tab er</i>	1	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>P</li> </ul>
MORPHINE SULFATE ER 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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
MORPHINE SULFATE ER BEADS 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>
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
MS CONTIN 15 MG TAB ER	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>NP</li> </ul>
MS CONTIN 30 MG TAB ER	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
NUCYNTA ER (NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 5 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 12 EA / day</li> </ul>
<i>oxycodone hcl 10 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 6 EA / day</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxycodone hcl 100 mg/5ml conc</i>	1	QL 3 ml / day
<i>oxycodone hcl 15 mg tab</i>	1	QL 4 EA / day
<i>oxycodone hcl 20 mg tab</i>	1	QL 3 EA / day
<i>oxycodone hcl 30 mg tab</i>	1	QL 2 EA / day
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 40 ml / day
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	QL 3 EA / day PA NP
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	QL 2 EA / DAY PA NP
OXYCODONE HCL ER 30 MG TB12 DETER	1	QL 2 EA / day PA NP
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	QL 3 EA / day PA NP
OXYCONTIN (OXYCONTIN 40 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	2	QL 2 EA / DAY PA NP
OXYCONTIN 30 MG TB12 DETER	2	QL 2 EA / day PA NP
<i>tramadol hcl (er biphasic)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tramadol hcl 50 mg tab</i>	1	QL 8 EA / day
TRAMADOL HCL ER (TRAMADOL HCL ER 100 MG CAP ER 24H, TRAMADOL HCL ER 100 MG TAB ER 24H, TRAMADOL HCL ER 200 MG CAP ER 24H, TRAMADOL HCL ER 200 MG TAB ER 24H, TRAMADOL HCL ER 300 MG CAP ER 24H, TRAMADOL HCL ER 300 MG TAB ER 24H)	1	PA NP
XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER)	2	QL 2 EA / day PA NP
XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER)	2	QL 3 EA / day PA NP
ZOHYDRO ER (ZOHYDRO ER 10 MG CAP ER 12H, ZOHYDRO ER 15 MG CAP ER 12H, ZOHYDRO ER 20 MG CAP ER 12H)	2	QL 4 EA / day PA NP
ZOHYDRO ER (ZOHYDRO ER 30 MG CAP ER 12H, ZOHYDRO ER 40 MG CAP ER 12H)	2	QL 3 EA / day PA NP
ZOHYDRO ER 50 MG CAP ER 12H	2	QL 2 EA / day PA NP
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab)</i>	1	QL 12 EA / day
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 150 ml / day
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 6 EA / day

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ascomp-codeine</i>	1	QL 6 EA / day
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 6 EA / day
<i>butalbital-asa-caff-codeine</i>	1	QL 6 EA / day
<i>endocet (endocet 2.5-325 mg tab, endocet 5-325 mg tab)</i>	1	QL 12 EA / day
<i>endocet 10-325 mg tab</i>	1	QL 6 EA / day
<i>endocet 7.5-325 mg tab</i>	1	QL 8 EA / day
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 10-300 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	1	QL 9 EA / day
<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>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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 DAYS PA NP
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	QL 1.92 ML / 28 DAYS PA NP
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	QL 2.56 ML / 28 DAYS PA NP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	QL 0.64 ML / 28 DAYS PA NP
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	QL 0.36 ML / 28 DAYS PA NP
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	QL 0.18 ML / 28 DAYS PA NP
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	QL 0.27 ML / 28 DAYS PA NP
<i>buprenorphine</i>	1	QL 0.15 EA / DAY PA NP
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	QL 3 EA / day PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	1	<ul style="list-style-type: none"> <li>QL 12 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1	<ul style="list-style-type: none"> <li>QL 12 EA / day</li> <li>P</li> </ul>
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	<ul style="list-style-type: none"> <li>QL 6 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	1	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>P</li> </ul>
<i>nalbuphine hcl</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> </ul>
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 EA / fill</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1.5 ML / FILL</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
SUBOXONE 12-3 MG FILM	1	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>P</li> </ul>
SUBOXONE 2-0.5 MG FILM	1	<ul style="list-style-type: none"> <li>QL 12 EA / day</li> <li>P</li> </ul>
SUBOXONE 4-1 MG FILM	1	<ul style="list-style-type: none"> <li>QL 6 EA / day</li> <li>P</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SUBOXONE 8-2 MG FILM	1	<span>QL</span> 3 EA / day <span>P</span>
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	<span>QL</span> 12 EA / day <span>PA</span> <span>NP</span>
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
ZUBSOLV 2.9-0.71 MG SL TAB	2	<span>QL</span> 4 EA / day <span>PA</span> <span>NP</span>
ZUBSOLV 5.7-1.4 MG SL TAB	2	<span>QL</span> 3 EA / day <span>PA</span> <span>NP</span>

## ANDROGENS-ANABOLIC

### ANDROGENS

<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
TESTIM	1	<span>QL</span> 10 GM / DAY <span>PA</span> <span>P</span>
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i>	1	<span>QL</span> 5 GM / DAY <span>PA</span> <span>P</span>
TESTOSTERONE 10 MG/ACT (2%) GEL	1	<span>QL</span> 4 GM / 1 DAY <span>PA</span> <span>NP</span>
<i>testosterone 10 mg/act (2%) gel</i>	1	<span>QL</span> 4 GM / DAY <span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	<ul style="list-style-type: none"> <li>QL 10 GM / 1 DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	<ul style="list-style-type: none"> <li>QL 1.25 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>testosterone 25 mg/2.5gm (1%) gel</i>	1	<ul style="list-style-type: none"> <li>QL 2.5 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>testosterone 30 mg/act solution</i>	1	<ul style="list-style-type: none"> <li>QL 6 ML / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	1	<ul style="list-style-type: none"> <li>QL 5 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>testosterone 50 mg/5gm (1%) gel</i>	1	<ul style="list-style-type: none"> <li>QL 10 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
TESTOSTERONE 50 MG/5GM (1%) GEL	2	<ul style="list-style-type: none"> <li>QL 10 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>testosterone cypionate</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	
VOGELXO	2	<ul style="list-style-type: none"> <li>QL 10 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
VOGELXO PUMP	2	<ul style="list-style-type: none"> <li>QL 10 GM / 1 DAY</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	1	PA NP
<i>colocort</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	PA NP
<b>RECTAL COMBINATIONS</b>		
<i>hemorrhoidal cream</i>	1	OTC
<i>hemorrhoidal ointment</i>	1	OTC
<i>hemorrhoidal suppository</i>	1	OTC
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	OTC
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	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BENZNIDAZOLE	2	LA
<i>cvs pinworm treatment</i>	1	OTC
<i>ivermectin 3 mg tab</i>	1	
<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	
<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 3 EA / DAY
XIFAXAN 550 MG TAB	2	QL 2 EA / DAY PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>multivitamins / minerals</i>	2	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	1	
<b>GLYCOPEPTIDES</b>		
VANCOCIN	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>2 EA / DAY</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<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	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>2 EA / DAY</span> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	EDS
<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	PA LA NP
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomicin 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
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 7.5 mg tab, buspirone hcl 10 mg tab, buspirone hcl 15 mg tab, buspirone hcl 30 mg tab)</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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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 10 MG/0.5ML SOLN PRSYR	2	QL 0.5 ML / 56 DAYS PA
FASENRA 30 MG/ML SOLN PRSYR	2	QL 1 ml / 56 days PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FASENRA PEN	2	<ul style="list-style-type: none"> <li>QL 1 ml / 56 days</li> <li>PA</li> <li>LA</li> </ul>
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li>QL 1 EA / 28 days</li> <li>PA</li> <li>SP</li> </ul>
XOLAIR (XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> </ul>
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 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> </ul>
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> </ul>
XOLAIR 150 MG RECON SOLN	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> </ul>
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	<ul style="list-style-type: none"> <li>P</li> </ul>
INCRUSE ELLIPTA	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>ipratropium bromide 0.02 % solution</i>	1	<ul style="list-style-type: none"> <li>EDS</li> <li>P</li> </ul>
SPIRIVA HANDIHALER	1	<ul style="list-style-type: none"> <li>P</li> </ul>
SPIRIVA RESPIMAT	2	<ul style="list-style-type: none"> <li>P</li> </ul>
<i>tiotropium bromide monohydrate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<b>STEROID INHALANTS</b>		
ALVESCO	2	QL 0.21 GM / DAY PA NP
ARMONAIR DIGIHALER	2	QL 0.04 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARNUITY ELLIPTA	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;">1 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
ASMANEX HFA	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;">0.44 GM / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
ASMANEX INHALATION POWDER	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;">0.04 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	1	<div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
FLUTICASONE PROPIONATE DISKUS	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;">2 EA / DAY</div> </div>
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	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;">12 GM / FILL</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	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;">24 GM / FILL</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	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;">10.6 GM / FILL</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
PULMICORT	2	<div style="background-color: #996633; 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>
PULMICORT FLEXHALER	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;">0.04 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
QVAR REDIHALER 40 MCG/ACT AERO BA	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;">0.36 GM / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
QVAR REDIHALER 80 MCG/ACT AERO BA	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;">0.71 GM / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKUS	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;">2 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADVAIR HFA	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>0.4 GM / DAY</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
AIRDUO DIGIHALER	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>0.04 EA / DAY</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
AIRDUO RESPICLICK 113/14	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / 1 FILL</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
AIRDUO RESPICLICK 232/14	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / 1 FILL</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
AIRDUO RESPICLICK 55/14	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / 1 FILL</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
AIRSUPRA	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>0.72 GM / DAY</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	<div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="margin-top: 2px;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<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	<div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="margin-top: 2px;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	1	<div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-top: 2px;"> <div style="background-color: #dc3545; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ALBUTEROL SULFATE ER	2	<div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="margin-top: 2px;"> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ALBUTEROL SULFATE HFA	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1.2 GM / DAY</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #fd7e14; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>albuterol sulfate hfa</i>	1	<ul style="list-style-type: none"> <li>QL 0.57 GM / DAY</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
ANORO ELLIPTA	2	<ul style="list-style-type: none"> <li>QL 2 EA / 1 DAY</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>QL 0.36 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
BREO ELLIPTA	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>breynd</i>	1	<ul style="list-style-type: none"> <li>QL 0.69 GM / DAY</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
BREZTRI AEROSPHERE	2	<ul style="list-style-type: none"> <li>QL 0.36 GM / DAY</li> <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 0.69 GM / DAY</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
COMBIVENT RESPIMAT	2	<ul style="list-style-type: none"> <li>QL 0.14 GM / DAY</li> <li>P</li> </ul>
DUAKLIR PRESSAIR	2	<ul style="list-style-type: none"> <li>QL 0.04 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DULERA	2	<span>QL</span> 0.87 GM / DAY <span>P</span>
FLUTICASONE FUROATE-VILANTEROL	1	<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>
<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	<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	<span>QL</span> 12 GM / 30 DAYS <span>PA</span> <span>NP</span>
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	<span>QL</span> 1 EA / 1 FILL <span>PA</span> <span>NP</span>
<i>formoterol fumarate</i>	1	<span>PA</span> <span>EDS</span> <span>NP</span>
<i>ipratropium-albuterol</i>	1	<span>QL</span> 18 ML / DAY <span>EDS</span> <span>P</span>
<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	<span>PA</span> <span>EDS</span> <span>NP</span>
LEVALBUTEROL TARTRATE	1	<span>QL</span> 1 GM / DAY <span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	QL 2 EA / DAY P
STIOLTO RESPIMAT	2	QL 0.14 GM / DAY P
STRIVERDI RESPIMAT	2	QL 0.14 GM / DAY PA NP
SYMBICORT	1	QL 0.69 GM / DAY 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 2 EA / DAY PA NP
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	QL 2 EA / 1 DAY PA NP
VENTOLIN HFA	1	QL 1.2 GM / DAY P
<i>wixela inhub</i>	1	QL 2 EA / DAY EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOPENEX HFA	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div>1 GM / DAY</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; margin-right: 5px;">P</div> </div>
<b>XANTHINES</b>		
<i>theophylline 80 mg/15ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">EDS</div> </div>
<i>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)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">EDS</div> </div>
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
COUMADIN	2	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div>
<i>jantoven</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<i>warfarin sodium</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	2	<div style="display: flex; align-items: center;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
ELIQUIS DVT/PE STARTER PACK	2	<div style="display: flex; align-items: center;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
SAVAYSA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div>
XARELTO (XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	<div style="display: flex; align-items: center;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>
XARELTO 1 MG/ML RECON SUSP	2	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">NP</div> </div>
XARELTO STARTER PACK	2	<div style="display: flex; align-items: center;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (heparin sodium (porcine) pf 1000 unit/ml solution, heparin sodium (porcine) pf 5000 unit/0.5ml solution, heparin sodium (porcine) pf 5000 unit/ml solution)</i>	1	
<i>heparin sodium lock flush</i>	1	
LOVENOX	2	PA NP
<b>THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate mesylate</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 (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab, clonazepam 1 mg tab disp, clonazepam 2 mg tab, clonazepam 2 mg tab disp)</i>	1	
DIASTAT ACUDIAL	1	QL 2 EA / FILL P
DIASTAT PEDIATRIC	1	QL 2 EA / FILL P
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	QL 2 EA / FILL 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM	2	PA NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPRONTIA	2	PA NP
FINTEPLA	2	PA LA NP
<i>gabapentin (gabapentin 100 mg cap, gabapentin 300 mg cap, gabapentin 400 mg cap)</i>	1	QL 9 EA / DAY P
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	1	QL 72 ML / DAY P
<i>gabapentin 600 mg tab</i>	1	QL 6 EA / DAY P
<i>gabapentin 800 mg tab</i>	1	QL 4.5 EA / DAY 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 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)</i>	1	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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 (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</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 500 mg/5ml solution, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	EDS P
<i>levetiracetam er (levetiracetam er 500 mg tab er 24h, levetiracetam er 750 mg tab er 24h)</i>	1	EDS P
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	QL 2 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	<div data-bbox="1133 197 1192 233">QL</div> 3 EA / DAY <div data-bbox="1133 247 1192 283">PA</div> <div data-bbox="1133 298 1192 333">NP</div>
LYRICA 20 MG/ML SOLUTION	2	<div data-bbox="1133 386 1192 422">QL</div> 30 ML / DAY <div data-bbox="1133 436 1192 472">PA</div> <div data-bbox="1133 487 1192 522">NP</div>
MOTPOLY XR	2	<div data-bbox="1133 548 1192 583">PA</div> <div data-bbox="1133 598 1192 634">NP</div>
MYSOLINE	2	<div data-bbox="1133 659 1192 695">PA</div> <div data-bbox="1133 709 1192 745">NP</div>
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 300 MG CAP, NEURONTIN 400 MG CAP)	2	<div data-bbox="1133 770 1192 806">QL</div> 9 EA / DAY <div data-bbox="1133 821 1192 856">PA</div> <div data-bbox="1133 871 1192 907">NP</div>
NEURONTIN 250 MG/5ML SOLUTION	2	<div data-bbox="1133 932 1192 968">QL</div> 72 ML / DAY <div data-bbox="1133 982 1192 1018">PA</div> <div data-bbox="1133 1033 1192 1068">NP</div>
NEURONTIN 600 MG TAB	2	<div data-bbox="1133 1094 1192 1129">QL</div> 6 EA / DAY <div data-bbox="1133 1144 1192 1180">PA</div> <div data-bbox="1133 1194 1192 1230">NP</div>
NEURONTIN 800 MG TAB	2	<div data-bbox="1133 1255 1192 1291">QL</div> 4.5 EA / DAY <div data-bbox="1133 1306 1192 1341">PA</div> <div data-bbox="1133 1356 1192 1392">NP</div>
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	<div data-bbox="1133 1432 1192 1467">EDS</div> <div data-bbox="1133 1482 1192 1518">P</div>
OXTELLAR XR	2	<div data-bbox="1133 1579 1192 1614">PA</div> <div data-bbox="1133 1629 1192 1665">NP</div>
<i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	<div data-bbox="1133 1690 1192 1726">QL</div> 2 EA / DAY <div data-bbox="1133 1740 1192 1776">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>3 EA / DAY</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #28a745; color: white; padding: 2px 5px;">P</div> </div>
<i>pregabalin 20 mg/ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>30 ML / DAY</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">EDS</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #28a745; color: white; padding: 2px 5px;">P</div> </div>
PRIMIDONE 125 MG TAB	2	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #28a745; color: white; padding: 2px 5px;">P</div> </div>
QUDEXY XR	2	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>
<i>roweepra</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">EDS</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #28a745; color: white; padding: 2px 5px;">P</div> </div>
<i>roweepra xr</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">EDS</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #28a745; color: white; padding: 2px 5px;">P</div> </div>
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i>	1	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">EDS</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>
SPRITAM	2	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>
<i>subvenite</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">EDS</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #28a745; color: white; padding: 2px 5px;">P</div> </div>
<i>subvenite starter kit-blue</i>	1	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>
<i>subvenite starter kit-green</i>	1	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>
<i>subvenite starter kit-orange</i>	1	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	<div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #6c757d; color: white; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: inline-block; border: 1px solid black; border-radius: 3px; background-color: #ffc107; color: white; padding: 2px 5px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TEGRETOL-XR	2	PA NP
TOPAMAX	2	PA NP
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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
FELBATOL 600 MG/5ML SUSPENSION	1	P
XCOPRI (250 MG DAILY DOSE)	2	QL 2 EA / DAY PA NP
XCOPRI (350 MG DAILY DOSE)	2	QL 2 EA / DAY PA NP
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	2	QL 1 EA / DAY PA NP
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	2	QL 2 EA / DAY PA NP
XCOPRI 25 MG TAB	2	QL 1 EA / 1 DAY PA NP
<b>GABA MODULATORS</b>		
GABITRIL	1	P
SABRIL	2	PA LA NP
<i>tiagabine hcl</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vigabatrin</i>	1	PA LA NP
<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
DILANTIN-125	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	2	PA NP
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN	2	QL 1 EA / DAY PA NP
<i>bupropion hcl</i>	1	QL 3 EA / DAY EDS P
<i>bupropion hcl er (smoking det)</i>	\$0	QL 2 EA / DAY EDS
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	QL 2 EA / DAY 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	QL 1 EA / DAY EDS P
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	2	QL 1 EA / DAY PA NP
FORFIVO XL	2	QL 1 EA / DAY PA NP
WELLBUTRIN SR	2	QL 2 EA / DAY PA NP
WELLBUTRIN XL	2	QL 1 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE	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;">28 EA / 30 DAYS</div> </div> <div style="margin-top: 2px;"> <div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
NARDIL	1	
PHENELZINE SULFATE	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>tranylcypromine sulfate</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	2	<div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
SPRAVATO (84 MG DOSE)	2	<div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA	2	<div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<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	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	<div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	<div style="background-color: #c47a3b; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
<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	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluoxetine hcl (fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab)</i>	1	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">EDS</div> <div data-bbox="1133 270 1195 306">NP</div>
FLUOXETINE HCL (FLUOXETINE HCL 60 MG TAB, FLUOXETINE HCL 90 MG CAP DR)	2	<div data-bbox="1133 342 1195 378">PA</div> <div data-bbox="1133 390 1195 426">NP</div>
<i>fluvoxamine maleate 100 mg tab</i>	1	<div data-bbox="1133 468 1195 535">QL 90 UNITS / 30 DAYS</div> <div data-bbox="1133 548 1195 583">EDS</div> <div data-bbox="1133 596 1195 632">P</div>
<i>fluvoxamine maleate 25 mg tab</i>	1	<div data-bbox="1133 657 1195 724">QL 30 UNITS / 30 DAYS</div> <div data-bbox="1133 737 1195 772">EDS</div> <div data-bbox="1133 785 1195 821">P</div>
<i>fluvoxamine maleate 50 mg tab</i>	1	<div data-bbox="1133 835 1195 903">QL 60 UNITS / 30 DAYS</div> <div data-bbox="1133 915 1195 951">EDS</div> <div data-bbox="1133 963 1195 999">P</div>
<i>fluvoxamine maleate er</i>	1	<div data-bbox="1133 1024 1195 1092">QL 68 UNITS / FILL</div> <div data-bbox="1133 1104 1195 1140">PA</div> <div data-bbox="1133 1152 1195 1188">EDS</div> <div data-bbox="1133 1201 1195 1236">NP</div>
LEXAPRO	2	<div data-bbox="1133 1234 1195 1270">PA</div> <div data-bbox="1133 1283 1195 1318">NP</div>
<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	<div data-bbox="1133 1360 1195 1396">EDS</div> <div data-bbox="1133 1409 1195 1444">P</div>
<i>paroxetine hcl 10 mg/5ml suspension</i>	1	<div data-bbox="1133 1476 1195 1512">PA</div> <div data-bbox="1133 1524 1195 1560">NP</div>
<i>paroxetine hcl er</i>	1	<div data-bbox="1133 1591 1195 1627">PA</div> <div data-bbox="1133 1640 1195 1675">EDS</div> <div data-bbox="1133 1688 1195 1724">NP</div>
PAXIL (PAXIL 10 MG TAB, PAXIL 10 MG/5ML SUSPENSION, PAXIL 20 MG TAB, PAXIL 30 MG TAB, PAXIL 40 MG TAB)	2	<div data-bbox="1133 1780 1195 1816">PA</div> <div data-bbox="1133 1829 1195 1864">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	1	EDS P
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab, trazodone hcl 300 mg tab)</i>	1	EDS P
TRINTELLIX	2	QL 1 EA / DAY PA NP
VIIBRYD	1	P
<i>vilazodone hcl</i>	1	PA EDS NP
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>desvenlafaxine succinate er</i>	1	<div data-bbox="1133 170 1195 205">PA</div> <div data-bbox="1133 218 1195 254">EDS</div> <div data-bbox="1133 266 1195 302">NP</div>
DRIZALMA SPRINKLE	2	<div data-bbox="1133 327 1195 363">PA</div> <div data-bbox="1133 375 1195 411">NP</div>
<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	<div data-bbox="1133 443 1195 478">EDS</div> <div data-bbox="1133 491 1195 527">P</div>
<i>duloxetine hcl 40 mg cp dr part</i>	1	<div data-bbox="1133 579 1195 615">PA</div> <div data-bbox="1133 627 1195 663">EDS</div> <div data-bbox="1133 676 1195 711">NP</div>
EFFEXOR XR (EFFEXOR XR 75 MG CAP ER 24H, EFFEXOR XR 150 MG CAP ER 24H)	2	<div data-bbox="1133 737 1195 772">PA</div> <div data-bbox="1133 785 1195 821">NP</div>
EFFEXOR XR 37.5 MG CAP ER 24H	2	<div data-bbox="1133 873 1195 909">QL</div> <div data-bbox="1203 873 1406 936">30 UNITS / 30 DAYS</div> <div data-bbox="1133 942 1195 978">PA</div> <div data-bbox="1133 991 1195 1026">NP</div>
FETZIMA	2	<div data-bbox="1133 1056 1195 1092">PA</div> <div data-bbox="1133 1104 1195 1140">NP</div>
FETZIMA TITRATION	2	<div data-bbox="1133 1171 1195 1207">PA</div> <div data-bbox="1133 1220 1195 1255">NP</div>
PRISTIQ	2	<div data-bbox="1133 1287 1195 1323">PA</div> <div data-bbox="1133 1335 1195 1371">NP</div>
<i>venlafaxine hcl</i>	1	<div data-bbox="1133 1402 1195 1438">EDS</div> <div data-bbox="1133 1451 1195 1486">P</div>
<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	<div data-bbox="1133 1535 1195 1570">EDS</div> <div data-bbox="1133 1583 1195 1619">P</div>
<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	<div data-bbox="1133 1703 1195 1738">PA</div> <div data-bbox="1133 1751 1195 1787">EDS</div> <div data-bbox="1133 1799 1195 1835">NP</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	EDS
<i>amoxapine</i>	1	EDS
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</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
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 2 EA / DAY PA NP
ALOGLIPTIN-PIOGLITAZONE	1	QL 1 EA / DAY PA NP
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB ER 24H	1	QL 1 EA / DAY PA NP
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB ER 24H	1	QL 2 EA / DAY PA NP
DUETACT	2	PA NP
<i>glipizide-metformin hcl</i>	1	EDS
<i>glyburide-metformin</i>	1	EDS
GLYXAMBI	2	QL 1 EA / DAY PA NP
INVOKAMET	2	QL 2 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVOKAMET XR	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
JANUMET	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JANUMET XR 100-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JENTADUETO	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JENTADUETO XR 5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
KAZANO	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
KOMBIGLYZE XR	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
OSENI	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pioglitazone hcl-metformin hcl</i>	1	PA EDS NP
QTERN	2	QL 1 EA / DAY PA NP
<i>saxagliptin-metformin er</i>	1	QL 2 EA / DAY PA NP
SEGLUROMET	2	QL 2 EA / DAY PA NP
SOLIQUA	2	QL 0.6 ML / DAY PA NP
STEGLUJAN	2	QL 1 EA / DAY PA NP
SYNJARDY	2	QL 2 EA / DAY PA NP
SYNJARDY XR (SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 25-1000 MG TAB ER 24H)	2	QL 1 EA / DAY PA NP
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	QL 2 EA / DAY PA NP
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 1 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H)	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>
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	<span>QL</span> 1 EA / DAY <span>PA</span> <span>NP</span>
XULTOPHY	2	<span>QL</span> 0.5 ML / DAY <span>PA</span> <span>NP</span>
<b>BIGUANIDES</b>		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	<span>EDS</span>
<i>metformin hcl er (metformin hcl er 500 mg tab er 24h, metformin hcl er 750 mg tab er 24h)</i>	1	<span>EDS</span>
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	2	<span>QL</span> 2 EA / 1 FILL
BAQSIMI TWO PACK	2	<span>QL</span> 2 EA / 1 FILL
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	<span>QL</span> 2 EA / fill
GLUCAGON EMERGENCY 1 MG KIT	1	<span>QL</span> 2 EA / FILL
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	<span>QL</span> 2 EA / fill
<i>glucose (dextrose)</i>	2	<span>OTC</span>
GVOKE HYPOPEN 1-PACK	2	<span>QL</span> 2 EA / fill

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GVOKE HYOPEN 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 1 EA / DAY PA NP
JANUVIA	2	QL 1 EA / DAY PA P
NESINA	1	QL 1 EA / DAY PA P
ONGLYZA	2	QL 1 EA / DAY PA P
<i>saxagliptin hcl</i>	1	QL 1 EA / DAY PA NP
TRADJENTA	2	QL 1 EA / DAY 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LIRAGLUTIDE	1	QL 0.3 ML / DAY PA P
MOUNJARO	2	QL 2 ML / 28 DAYS 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 1 EA / DAY PA NP
TRULICITY	2	QL 2 ML / 28 DAYS PA NP
VICTOZA	1	QL 0.3 ML / DAY PA P
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
ADLYXIN	2	QL 6 ml / 28 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADLYXIN STARTER PACK	2	<span data-bbox="1133 170 1195 212">QL</span> 6 ml / 28 days <span data-bbox="1133 218 1195 260">PA</span> <span data-bbox="1133 266 1195 302">NP</span>
<b>INSULIN</b>		
ADMELOG	2	<span data-bbox="1133 407 1195 449">PA</span> <span data-bbox="1133 455 1195 485">NP</span>
ADMELOG SOLOSTAR	2	<span data-bbox="1133 516 1195 558">PA</span> <span data-bbox="1133 564 1195 594">NP</span>
AFREZZA	2	<span data-bbox="1133 625 1195 667">PA</span> <span data-bbox="1133 674 1195 703">NP</span>
APIDRA	2	<span data-bbox="1133 735 1195 777">PA</span> <span data-bbox="1133 783 1195 812">NP</span>
APIDRA SOLOSTAR	2	<span data-bbox="1133 844 1195 886">PA</span> <span data-bbox="1133 892 1195 921">NP</span>
BASAGLAR KWIKPEN	2	<span data-bbox="1133 953 1195 995">PA</span> <span data-bbox="1133 1001 1195 1031">NP</span>
BASAGLAR TEMPO PEN	2	<span data-bbox="1133 1062 1195 1104">PA</span> <span data-bbox="1133 1110 1195 1140">NP</span>
FIASP	2	<span data-bbox="1133 1171 1195 1213">PA</span> <span data-bbox="1133 1220 1195 1249">NP</span>
FIASP FLEXTOUCH	2	<span data-bbox="1133 1281 1195 1323">PA</span> <span data-bbox="1133 1329 1195 1358">NP</span>
FIASP PENFILL	2	<span data-bbox="1133 1390 1195 1432">PA</span> <span data-bbox="1133 1438 1195 1467">NP</span>
FIASP PUMPCART	2	<span data-bbox="1133 1499 1195 1541">PA</span> <span data-bbox="1133 1547 1195 1577">NP</span>
HUMALOG 100 UNIT/ML SOLN CART	2	<span data-bbox="1133 1629 1195 1665">P</span>
HUMALOG 100 UNIT/ML SOLUTION	2	<span data-bbox="1133 1686 1195 1728">PA</span> <span data-bbox="1133 1734 1195 1764">NP</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN 70/30	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">OTC</div> <div data-bbox="1133 270 1195 302">NP</div>
NOVOLIN 70/30 FLEXPEN	2	<div data-bbox="1133 331 1195 363">PA</div> <div data-bbox="1133 380 1195 411">OTC</div> <div data-bbox="1133 428 1195 459">NP</div>
NOVOLIN 70/30 FLEXPEN RELION	2	<div data-bbox="1133 489 1195 520">PA</div> <div data-bbox="1133 537 1195 569">OTC</div> <div data-bbox="1133 585 1195 617">NP</div>
NOVOLIN 70/30 RELION	2	<div data-bbox="1133 646 1195 678">PA</div> <div data-bbox="1133 695 1195 726">OTC</div> <div data-bbox="1133 743 1195 774">NP</div>
NOVOLIN N	2	<div data-bbox="1133 804 1195 835">OTC</div> <div data-bbox="1133 852 1195 884">P</div>
NOVOLIN N FLEXPEN	2	<div data-bbox="1133 919 1195 951">PA</div> <div data-bbox="1133 968 1195 999">OTC</div> <div data-bbox="1133 1016 1195 1047">NP</div>
NOVOLIN N FLEXPEN RELION	2	<div data-bbox="1133 1077 1195 1108">PA</div> <div data-bbox="1133 1125 1195 1157">OTC</div> <div data-bbox="1133 1173 1195 1205">NP</div>
NOVOLIN N RELION	2	<div data-bbox="1133 1234 1195 1266">OTC</div> <div data-bbox="1133 1283 1195 1314">P</div>
NOVOLIN R	2	<div data-bbox="1133 1350 1195 1381">OTC</div> <div data-bbox="1133 1398 1195 1430">P</div>
NOVOLIN R FLEXPEN	2	<div data-bbox="1133 1465 1195 1497">PA</div> <div data-bbox="1133 1514 1195 1545">OTC</div> <div data-bbox="1133 1562 1195 1593">NP</div>
NOVOLIN R FLEXPEN RELION	2	<div data-bbox="1133 1623 1195 1654">PA</div> <div data-bbox="1133 1671 1195 1703">OTC</div> <div data-bbox="1133 1719 1195 1751">NP</div>
NOVOLIN R RELION	2	<div data-bbox="1133 1780 1195 1812">OTC</div> <div data-bbox="1133 1829 1195 1860">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>		
DAPAGLIFLOZIN PROPANEDIOL	1	QL 1 EA / DAY PA NP
FARXIGA	2	QL 1 EA / DAY P
INVOKANA	2	QL 1 EA / DAY P
JARDIANCE	2	QL 1 EA / DAY P
STEGLATRO	2	QL 1 EA / DAY 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 (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1	EDS
<i>glipizide xl</i>	1	EDS
<i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 2.4 ML / DAY
<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
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NALMEFENE HCL	2	
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 2 MG/0.4ML SOLN A-INJ)	1	
<i>naloxone hcl (naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsy, naloxone hcl 4 mg/10ml solution)</i>	1	P
NALOXONE HCL 0.4 MG/ML SOLN CART	2	QL 2 EA / 1 FILL P
<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
REXTOVY	2	
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 (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)</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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; border-radius: 5px; padding: 2px 5px;">OTC</div> <div style="background-color: #795548; color: white; border-radius: 5px; padding: 2px 5px;">EDS</div> <div style="background-color: #4caf50; color: white; border-radius: 5px; padding: 2px 5px;">P</div> </div>
<i>loratadine (claritin)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; border-radius: 5px; padding: 2px 5px;">OTC</div> <div style="background-color: #795548; color: white; border-radius: 5px; padding: 2px 5px;">EDS</div> <div style="background-color: #4caf50; color: white; border-radius: 5px; padding: 2px 5px;">P</div> </div>
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, 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>ANTHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> <div style="background-color: #e67e22; color: white; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> <div style="background-color: #95a5a6; color: white; border-radius: 5px; padding: 2px 5px;">LA</div> <div style="background-color: #e67e22; color: white; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
<b>ANTHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; border-radius: 5px; padding: 2px 5px;">PA</div> <div style="background-color: #795548; color: white; border-radius: 5px; padding: 2px 5px;">EDS</div> <div style="background-color: #e67e22; color: white; border-radius: 5px; padding: 2px 5px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEXLIZET	2	PA NP
VYTORIN	2	PA NP
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	1	PA EDS NP
LOVAZA	2	PA NP
<i>omega-3-acid ethyl esters</i>	1	EDS P
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 1 GM TAB	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
CRESTOR	2	PA NP
EZALLOR SPRINKLE	2	PA NP
<i>fluvastatin sodium</i>	\$0	PA NP
<i>fluvastatin sodium er</i>	\$0	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>PROTEIN 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 DAYS PA NP
REPATHA SURECLICK	2	QL 2 EA / 28 days PA NP
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
ACCUPRIL	2	PA NP
ALTACE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
PERINDOPRIL ERBUMINE 8 MG TAB	2	EDS P
PRINIVIL	2	PA NP
QBRELIS	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
EDARBI	2	PA NP
EPROSARTAN MESYLATE	2	PA NP
<i>irbesartan</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)</i>	1	EDS
<i>clonidine hcl</i>	1	EDS
<i>doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)</i>	1	QL 30 UNITS / 30 DAYS EDS P
<i>doxazosin mesylate 8 mg tab</i>	1	QL 60 UNITS / 30 DAYS EDS P
<i>guanfacine hcl (guanfacine hcl 1 mg tab, guanfacine hcl 2 mg tab)</i>	1	EDS
<i>methyldopa</i>	1	EDS
<i>prazosin hcl</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>terazosin hcl (terazosin hcl 1 mg cap, terazosin hcl 5 mg cap)</i>	1	<div data-bbox="1133 170 1192 233">QL</div> <div data-bbox="1203 170 1406 233">30 UNITS / 30 DAYS</div> <div data-bbox="1133 243 1192 281">EDS</div> <div data-bbox="1133 296 1192 333">P</div>
<i>terazosin hcl 10 mg cap</i>	1	<div data-bbox="1133 352 1192 415">QL</div> <div data-bbox="1203 352 1406 415">60 UNITS / 30 DAYS</div> <div data-bbox="1133 426 1192 464">EDS</div> <div data-bbox="1133 478 1192 516">P</div>
<i>terazosin hcl 2 mg cap</i>	1	<div data-bbox="1133 541 1192 579">EDS</div> <div data-bbox="1133 594 1192 632">P</div>
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	<div data-bbox="1133 724 1192 762">EDS</div> <div data-bbox="1133 777 1192 814">P</div>
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	<div data-bbox="1133 905 1192 942">EDS</div> <div data-bbox="1133 957 1192 995">P</div>
<i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i>	1	<div data-bbox="1133 1115 1192 1152">PA</div> <div data-bbox="1133 1167 1192 1205">EDS</div> <div data-bbox="1133 1220 1192 1257">NP</div>
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	<div data-bbox="1133 1409 1192 1446">P</div>
ATACAND HCT	2	<div data-bbox="1133 1591 1192 1629">PA</div> <div data-bbox="1133 1644 1192 1682">NP</div>
<i>atenolol-chlorthalidone</i>	1	<div data-bbox="1133 1703 1192 1740">PA</div> <div data-bbox="1133 1755 1192 1793">EDS</div> <div data-bbox="1133 1808 1192 1845">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AVALIDE	2	PA NP
AZOR	2	PA NP
<i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i>	1	EDS P
BENICAR HCT	2	PA NP
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab, bisoprolol-hydrochlorothiazide 10-6.25 mg tab)</i>	1	PA EDS NP
<i>candesartan cilexetil-hctz</i>	1	PA EDS NP
CAPTOPRIL-HYDROCHLOROTHIAZIDE (CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB, CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB, CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB, CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB)	2	P
DIOVAN HCT	2	PA NP
EDARBYCLOR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (lisinopril-hydrochlorothiazide 10-12.5 mg tab, lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</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
MICARDIS HCT	2	PA NP
<i>olmesartan medoxomil-hctz</i>	1	EDS P
<i>olmesartan-amlodipine-hctz</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROPRANOLOL-HCTZ	1	P
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</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 2-180 mg tab er</i>	1	PA EDS NP
TRIBENZOR	2	PA NP
<i>valsartan-hydrochlorothiazide</i>	1	EDS P
VASERETIC	2	PA NP
ZESTORETIC	2	PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<i>pyrimethamine</i>	1	PA LA
<i>quinine sulfate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	EDS
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ONUREG	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</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>		
FRUZAQLA 1 MG CAP	2	<ul style="list-style-type: none"> <li>QL 84 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> </ul>
FRUZAQLA 5 MG CAP	2	<ul style="list-style-type: none"> <li>QL 21 EA / 28 DAYS</li> <li>PA</li> <li>SP</li> </ul>
INLYTA	2	<ul style="list-style-type: none"> <li>QL 8 EA / 1 DAY</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>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>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>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>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>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (24 MG DAILY DOSE)	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SP</span>
LENVIMA (4 MG DAILY DOSE)	2	<span>QL</span> 1 EA / day <span>PA</span> <span>SP</span>
LENVIMA (8 MG DAILY DOSE)	2	<span>QL</span> 2 EA / day <span>PA</span> <span>SP</span>
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA	2	<span>QL</span> 4 EA / DAY <span>PA</span> <span>SP</span>
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA	2	<span>PA</span> <span>LA</span>
VENCLEXTA STARTING PACK	2	<span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	1	<span>QL</span> 1 EA / DAY <span>PA</span> <span>SP</span>
<i>erlotinib hcl 25 mg tab</i>	1	<span>QL</span> 3 EA / DAY <span>PA</span> <span>SP</span>
<i>gefitinib</i>	1	<span>QL</span> 1 EA / DAY <span>PA</span> <span>SP</span>
GILOTRIF	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>LA</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAGRISSE	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SP</li> </ul>
VIZIMPRO	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 DAY</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</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</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>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 4 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
<i>abiraterone acetate 500 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
AKEEGA	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 DAY</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<i>anastrozole</i>	\$0	<ul style="list-style-type: none"> <li>EDS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bicalutamide</i>	1	EDS
DEPO-PROVERA 400 MG/ML SUSPENSION	2	
EMCYT	2	SP
ERLEADA 240 MG TAB	2	QL 1 EA / DAY PA SP
ERLEADA 60 MG TAB	2	QL 4 EA / DAY PA SP
<i>exemestane</i>	\$0	EDS
FLUTAMIDE	2	
<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 SP
ORGOVYX	2	QL 1 EA / DAY PA SP
ORSERDU 345 MG TAB	2	QL 1 EA / day PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORSERDU 86 MG TAB	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SP</span>
<i>tamoxifen citrate</i>	\$0	<span>EDS</span>
<i>toremifene citrate</i>	1	<span>SP</span>
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	2	<span>QL</span> 4 EA / day <span>PA</span> <span>SP</span>
XTANDI 80 MG TAB	2	<span>QL</span> 2 EA / day <span>PA</span> <span>SP</span>
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SP</span>
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	2	<span>QL</span> 20 EA / FILL <span>PA</span>
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	<span>QL</span> 8 EA / FILL <span>PA</span> <span>LA</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>8 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>4 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>16 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>8 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>12 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>4 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
XPOVIO (60 MG TWICE WEEKLY)	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>24 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>16 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>8 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
XPOVIO (80 MG TWICE WEEKLY)	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>32 EA / FILL</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>1 EA / DAY</span> </div> <div style="display: flex; align-items: center; gap: 5px; 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; gap: 5px; margin-top: 2px;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI FEMARA (200 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
KISQALI FEMARA (400 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
KISQALI FEMARA (600 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
LONSURF	2	<span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	<span>QL</span> 8 EA / day <span>PA</span> <span>SP</span>
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>SP</span>
ALUNBRIG 30 MG TAB	2	<span>QL</span> 4 EA / DAY <span>PA</span> <span>SP</span>
AUGTYRO	2	<span>QL</span> 8 EA / DAY <span>PA</span> <span>SP</span>
BALVERSA 3 MG TAB	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SP</span>
BALVERSA 4 MG TAB	2	<span>QL</span> 2 EA / day <span>PA</span> <span>SP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BALVERSA 5 MG TAB	2	<span>QL</span> 1 EA / day <span>PA</span> <span>SP</span>
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	2	<span>QL</span> 1 EA / 1 DAY <span>PA</span> <span>SF</span> <span>SP</span>
BOSULIF 100 MG CAP	2	<span>QL</span> 4 EA / DAY <span>PA</span> <span>SP</span>
BOSULIF 100 MG TAB	2	<span>QL</span> 4 EA / 1 DAY <span>PA</span> <span>SF</span> <span>SP</span>
BOSULIF 50 MG CAP	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>SP</span>
BRAFTOVI	2	<span>QL</span> 6 EA / DAY <span>PA</span> <span>SP</span>
BRUKINSA	2	<span>QL</span> 4 EA / day <span>PA</span> <span>SP</span>
CABOMETYX	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>LA</span>
CALQUENCE 100 MG TAB	2	<span>QL</span> 2 EA / day <span>PA</span> <span>SP</span>
CAPRELSA 100 MG TAB	2	<span>QL</span> 2 EA / 1 DAY <span>PA</span> <span>LA</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CAPRELSA 300 MG TAB	2	<span>QL</span> 1 EA / 1 DAY <span>PA</span> <span>LA</span>
COMETRIQ (100 MG DAILY DOSE)	2	<span>QL</span> 2 EA / day <span>PA</span> <span>SP</span>
COMETRIQ (140 MG DAILY DOSE)	2	<span>QL</span> 4 EA / day <span>PA</span> <span>SP</span>
COMETRIQ (60 MG DAILY DOSE)	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SP</span>
COPIKTRA	2	<span>QL</span> 2 EA / day <span>PA</span> <span>SP</span>
COTELLIC	2	<span>QL</span> 3 EA / DAY <span>PA</span> <span>SP</span>
<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	<span>QL</span> 1 EA / DAY <span>PA</span> <span>SP</span>
FOTIVDA	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>LA</span>
GAVRETO	2	<span>QL</span> 4 EA / 1 DAY <span>PA</span> <span>LA</span>
IBRANCE	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>SP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ICLUSIG	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SP</li> </ul>
IDHIFA	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</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 1 EA / DAY</li> <li>PA</li> <li>LA</li> </ul>
IMBRUVICA 140 MG CAP	2	<ul style="list-style-type: none"> <li>QL 3 EA / DAY</li> <li>PA</li> <li>LA</li> </ul>
IMBRUVICA 70 MG/ML SUSPENSION	2	<ul style="list-style-type: none"> <li>QL 6 ML / DAY</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>SP</li> </ul>
JAYPIRCA	2	<ul style="list-style-type: none"> <li>QL 2 EA / 1 DAY</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
KISQALI (200 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 2.25 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
KISQALI (400 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 2.25 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
KISQALI (600 MG DOSE)	2	<ul style="list-style-type: none"> <li>QL 2.25 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KOSELUGO 10 MG CAP	2	<ul style="list-style-type: none"> <li>QL 8 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
KOSELUGO 25 MG CAP	2	<ul style="list-style-type: none"> <li>QL 4 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
KRAZATI	2	<ul style="list-style-type: none"> <li>QL 6 EA / DAY</li> <li>PA</li> <li>LA</li> </ul>
<i>lapatinib ditosylate</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> </ul>
LORBRENA 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 DAY</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LORBRENA 25 MG TAB	2	<ul style="list-style-type: none"> <li>QL 3 EA / 1 DAY</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LUMAKRAS 120 MG TAB	2	<ul style="list-style-type: none"> <li>QL 8 EA / day</li> <li>PA</li> <li>SP</li> </ul>
LUMAKRAS 320 MG TAB	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SP</li> </ul>
LYNPARZA	2	<ul style="list-style-type: none"> <li>QL 4 EA / day</li> <li>PA</li> <li>SP</li> </ul>
LYTGOBI (12 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 5 EA / DAY</li> <li>PA</li> </ul>
LYTGOBI (16 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 5 EA / DAY</li> <li>PA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYTGOBI (20 MG DAILY DOSE)	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;">5 EA / DAY</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
MEKINIST 0.05 MG/ML RECON SOLN	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;">40 ML / DAY</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
MEKINIST 0.5 MG TAB	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="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
MEKINIST 2 MG TAB	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="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
MEKTOVI	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;">6 EA / DAY</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
NERLYNX	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;">6 EA / day</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
NINLARO	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
OJJAARA	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="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
<i>pazopanib hcl</i>	1	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
PEMAZYRE	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="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">SP</div>
PIQRAY (200 MG DAILY DOSE)	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
PIQRAY (250 MG DAILY DOSE)	2	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PIQRAY (300 MG DAILY DOSE)	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>
QINLOCK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 3 EA / 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;">LA</div> </div>
RETEVMO	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 EA / 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>
REZLIDHIA	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 EA / 1 DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #008080; color: white; padding: 2px 5px; border-radius: 3px;">SF</div> <div style="background-color: #A9A9A9; color: black; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
ROZLYTREK (ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 3 EA / 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>
ROZLYTREK 50 MG PACKET	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 6 EA / DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
RUBRACA	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 EA / 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>
RYDAPT	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 EA / 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>
SCEMBLIX 100 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL 120 EA / FILL</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>
SCEMBLIX 20 MG TAB	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 EA / 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>
SCEMBLIX 40 MG TAB	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 EA / 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>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sorafenib tosylate</i>	1	PA SP
SPRYCEL (SPRYCEL 20 MG TAB, SPRYCEL 50 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	2	QL 1 EA / day PA SP
SPRYCEL 70 MG TAB	2	QL 2 EA / day PA SP
STIVARGA	2	QL 4 EA / DAY PA SP
<i>sunitinib malate</i>	1	PA SP
TABRECTA	2	QL 4 EA / DAY PA SP
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	2	QL 4 EA / day PA SP
TAFINLAR 10 MG TAB SOL	2	QL 30 ML / DAY PA SP
TALZENNA	2	QL 1 EA / 1 DAY PA SF SP
TASIGNA	2	QL 4 EA / day PA SP
TAZVERIK	2	QL 8 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TEPMETKO	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>SP</span>
TIBSOVO	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>LA</span>
<i>torpenz</i>	1	<span>QL</span> 1 EA / DAY <span>PA</span> <span>SP</span>
TRUQAP	2	<span>QL</span> 64 EA / 28 DAYS <span>PA</span> <span>SP</span>
TURALIO 125 MG CAP	2	<span>QL</span> 4 EA / DAY <span>PA</span> <span>LA</span>
VANFLYTA	2	<span>QL</span> 60 EA / 30 DAYS <span>PA</span> <span>SP</span>
VERZENIO	2	<span>QL</span> 2 EA / day <span>PA</span> <span>SP</span>
VITRAKVI 100 MG CAP	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>LA</span>
VITRAKVI 20 MG/ML SOLUTION	2	<span>QL</span> 10 ML / DAY <span>PA</span> <span>LA</span>
VITRAKVI 25 MG CAP	2	<span>QL</span> 6 EA / DAY <span>PA</span> <span>LA</span>
VONJO	2	<span>QL</span> 4 EA / DAY <span>PA</span> <span>LA</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VOTRIENT	2	PA SP
XALKORI	2	QL 2 EA / 1 DAY PA SF SP
XOSPATA	2	QL 3 EA / 1 DAY PA SF SP
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	2	QL 1 EA / DAY PA SP
ZELBORAF	2	QL 8 EA / DAY PA SP
ZOLINZA	2	QL 4 EA / day SP
ZYDELIG	2	PA LA
ZYKADIA	2	QL 3 EA / day PA SP
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene 75 mg cap</i>	1	PA SP
<i>hydroxyurea</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	SP
<i>tretinoin 10 mg cap</i>	1	SP
<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	SP
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	2	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
NOURIANZ	2	PA SP NP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	1	EDS P
ONGENTYS	2	QL 1 EA / DAY 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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GOCOVRI	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>
INBRIJA	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">LA</div> <div data-bbox="1133 428 1195 464">NP</div>
KYNMOBI	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">NP</div>
MIRAPEX	2	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">NP</div>
MIRAPEX ER	2	<div data-bbox="1133 762 1195 798">PA</div> <div data-bbox="1133 810 1195 846">NP</div>
NEUPRO	2	<div data-bbox="1133 877 1195 913">PA</div> <div data-bbox="1133 926 1195 961">NP</div>
<i>pramipexole dihydrochloride</i>	1	<div data-bbox="1133 993 1195 1029">EDS</div> <div data-bbox="1133 1041 1195 1077">P</div>
<i>pramipexole dihydrochloride er</i>	1	<div data-bbox="1133 1108 1195 1144">PA</div> <div data-bbox="1133 1157 1195 1192">NP</div>
REQUIP XL	2	<div data-bbox="1133 1224 1195 1260">PA</div> <div data-bbox="1133 1272 1195 1308">NP</div>
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	<div data-bbox="1133 1371 1195 1407">EDS</div> <div data-bbox="1133 1419 1195 1455">P</div>
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	1	<div data-bbox="1133 1560 1195 1596">PA</div> <div data-bbox="1133 1608 1195 1644">EDS</div> <div data-bbox="1133 1656 1195 1692">NP</div>
RYTARY	2	<div data-bbox="1133 1749 1195 1785">PA</div> <div data-bbox="1133 1797 1195 1833">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	2	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>		
<i>lithium</i>	\$0	
<i>lithium carbonate</i>	\$0	EDS
<i>lithium carbonate er</i>	\$0	EDS
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	\$0	PA NP
EQUETRO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GEODON (GEODON 20 MG CAP, GEODON 20 MG RECON SOLN, GEODON 40 MG CAP, GEODON 60 MG CAP, GEODON 80 MG CAP)	\$0	<div data-bbox="1133 222 1192 254">PA</div> <div data-bbox="1133 275 1192 306">NP</div>
LATUDA	\$0	<div data-bbox="1133 390 1192 422">PA</div> <div data-bbox="1133 443 1192 474">NP</div>
<i>lurasidone hcl</i>	\$0	<div data-bbox="1133 499 1192 531">EDS</div> <div data-bbox="1133 552 1192 583">P</div>
NUPLAZID	\$0	<div data-bbox="1133 613 1192 644">PA</div> <div data-bbox="1133 665 1192 697">LA</div> <div data-bbox="1133 718 1192 749">NP</div>
VRAYLAR	\$0	<div data-bbox="1133 768 1192 800">PA</div> <div data-bbox="1133 821 1192 852">NP</div>
<i>ziprasidone hcl</i>	\$0	<div data-bbox="1133 882 1192 913">EDS</div> <div data-bbox="1133 934 1192 966">P</div>
<i>ziprasidone mesylate</i>	\$0	<div data-bbox="1133 995 1192 1026">PA</div> <div data-bbox="1133 1047 1192 1079">NP</div>
<b>BENZISOXAZOLES</b>		
FANAPT	\$0	<div data-bbox="1133 1178 1192 1209">PA</div> <div data-bbox="1133 1230 1192 1262">NP</div>
FANAPT TITRATION PACK	\$0	<div data-bbox="1133 1291 1192 1323">PA</div> <div data-bbox="1133 1344 1192 1375">NP</div>
INVEGA	\$0	<div data-bbox="1133 1404 1192 1436">PA</div> <div data-bbox="1133 1457 1192 1488">NP</div>
INVEGA HAFYERA	\$0	<div data-bbox="1133 1518 1192 1549">P</div>
INVEGA SUSTENNA	\$0	<div data-bbox="1133 1575 1192 1606">P</div>
INVEGA TRINZA	\$0	<div data-bbox="1133 1631 1192 1663">P</div>
<i>paliperidone er</i>	\$0	<div data-bbox="1133 1688 1192 1719">PA</div> <div data-bbox="1133 1740 1192 1772">EDS</div> <div data-bbox="1133 1793 1192 1824">NP</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
SAPHRIS	\$0	PA NP
SECUADO	\$0	PA NP
SEROQUEL	\$0	PA NP
SEROQUEL XR	\$0	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERSACLOZ	\$0	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
ZYPREXA	\$0	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
ZYPREXA RELPREVV	\$0	<div data-bbox="1133 401 1195 432">PA</div> <div data-bbox="1133 449 1195 480">NP</div>
ZYPREXA ZYDIS	\$0	<div data-bbox="1133 514 1195 546">PA</div> <div data-bbox="1133 562 1195 594">NP</div>
<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	<div data-bbox="1133 764 1195 795">EDS</div>
<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	<div data-bbox="1133 1098 1195 1129">EDS</div>
<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	<div data-bbox="1133 1220 1195 1251">EDS</div>
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	<div data-bbox="1133 1585 1195 1617">EDS</div>
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate (prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution)</i>	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (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 (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	\$0	PA NP
ARISTADA	\$0	PA NP
ARISTADA INITIO	\$0	PA NP
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	1	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	\$0	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	PA SP NP
BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB)	2	QL 1 EA / DAY PA SP NP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP P
<i>entecavir</i>	1	QL 1 EA / DAY EDS P
EPCLUSA 200-50 MG TAB	2	PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP
EPCLUSA 400-100 MG TAB	2	QL 84 EA / 365 DAYS PA SP NP
EPIVIR HBV 100 MG TAB	1	SP P
EPIVIR HBV 5 MG/ML SOLUTION	2	SP P
HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	2	PA QL 56 UNITS / FILL; 112 UNITS / 365 DAYS SP NP

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
HARVONI 33.75-150 MG PACKET	2		PA QL 28 UNITS / FILL; 56 UNITS / 365 DAYS SP NP
HARVONI 90-400 MG TAB	2		QL 84 EA / 365 days PA SP NP
HEPSERA	1		SP P
<i>lamivudine 100 mg tab</i>	1		EDS SP P
LEDIPASVIR-SOFOSBUVIR	1		QL 84 EA / 365 days PA QL 28 UNITS / FILL; 56 UNITS / 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER SP NP
MAVYRET 100-40 MG TAB	2		QL 168 EA / 365 days PA SP P
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2		QL 0.08 ML / DAY SP P
PEGASYS 180 MCG/ML SOLUTION	2		QL 0.15 ML / DAY SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PEGINTRON	2	PA NP
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	SP P
RIBAVIRIN 200 MG TAB	2	SP P
SOFOSBUVIR-VELPATASVIR	1	QL 84 EA / 365 DAYS PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP
SOVALDI (SOVALDI 150 MG PACKET, SOVALDI 400 MG TAB)	2	QL 84 EA / 365 days PA SP NP
SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB)	2	QL 168 EA / 365 days PA SP NP
VEMLIDY	2	PA SP NP
VIEKIRA PAK	2	QL 336 EA / 365 days PA SP NP
VOSEVI	2	QL 84 EA / 365 days PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZEPATIER	2	QL 84 EA / 365 days PA SP NP
<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	P
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	PA EDS NP
SITAVIG	2	PA NP
<i>valacyclovir hcl</i>	1	EDS P
VALTREX	2	PA NP
ZOVIRAX 200 MG/5ML SUSPENSION	2	PA NP
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	QL 10 EA / fill P
<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 0.67 GM / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
COREG	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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
<i>nebivolol hcl</i>	1	PA EDS NP
TENORMIN	2	PA NP
TOPROL XL	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	1	EDS P
CALAN SR	2	PA NP
CARDIZEM	2	PA NP
CARDIZEM CD	2	PA NP
CARDIZEM LA	2	PA NP
<i>cartia xt</i>	1	EDS P
<i>dilt-xr</i>	1	EDS P
<i>diltiazem hcl (diltiazem hcl 25 mg/5ml solution, diltiazem hcl 50 mg/10ml solution, diltiazem hcl 125 mg/25ml solution)</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	EDS P
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	EDS P
<i>diltiazem hcl er beads</i>	1	EDS P
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	EDS P
<i>felodipine er</i>	1	EDS P
<i>isradipine</i>	1	EDS P
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>taztia xt</i>	1	EDS P
<i>tiadyt er</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	2	QL 1 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i>	1	PA NP
CADUET	2	PA NP
ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)	2	QL 2 EA / DAY P
ENTRESTO (ENTRESTO 6-6 MG CAP SPRINK, ENTRESTO 15-16 MG CAP SPRINK)	2	QL 4 EA / 1 DAY P
<b>CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS</b>		
INPEFA	2	QL 1 EA / DAY PA NP
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium</i>	1	LA
ORENITRAM	2	PA LA NP
ORENITRAM MONTH 1	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORENITRAM MONTH 2	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
ORENITRAM MONTH 3	2	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
TYVASO	2	<div data-bbox="1133 401 1195 432">PA</div> <div data-bbox="1133 449 1195 480">LA</div> <div data-bbox="1133 497 1195 529">NP</div>
TYVASO DPI INSTITUTIONAL KIT	2	<div data-bbox="1133 556 1365 588">QL 4 EA / DAY</div> <div data-bbox="1133 604 1195 636">PA</div> <div data-bbox="1133 653 1195 684">LA</div> <div data-bbox="1133 701 1195 732">NP</div>
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	<div data-bbox="1133 846 1365 877">QL 4 EA / DAY</div> <div data-bbox="1133 894 1195 926">PA</div> <div data-bbox="1133 942 1195 974">LA</div> <div data-bbox="1133 991 1195 1022">NP</div>
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	<div data-bbox="1133 1127 1446 1159">QL 196 EA / 28 days</div> <div data-bbox="1133 1176 1195 1207">PA</div> <div data-bbox="1133 1224 1195 1255">LA</div> <div data-bbox="1133 1272 1195 1304">NP</div>
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	<div data-bbox="1133 1333 1446 1365">QL 252 EA / 28 days</div> <div data-bbox="1133 1381 1195 1413">PA</div> <div data-bbox="1133 1430 1195 1461">LA</div> <div data-bbox="1133 1478 1195 1509">NP</div>
TYVASO REFILL	2	<div data-bbox="1133 1539 1195 1570">PA</div> <div data-bbox="1133 1587 1195 1619">LA</div> <div data-bbox="1133 1635 1195 1667">NP</div>
TYVASO STARTER	2	<div data-bbox="1133 1703 1195 1734">PA</div> <div data-bbox="1133 1751 1195 1782">LA</div> <div data-bbox="1133 1799 1195 1831">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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VENTAVIS	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;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
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### PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL 1 EA / 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: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>bosentan</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL 2 EA / 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;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
LETAIRIS	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL 1 EA / 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;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OPSUMIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL 1 EA / 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;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL 2 EA / 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;">LA</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
TRACLEER 32 MG TAB SOL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL 4 EA / 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;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

### PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA	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>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>alyq</i>	1	PA SP NP
LIQREV	2	QL 4 ML / DAY PA SP NP
REVATIO 10 MG/ML RECON SUSP	2	QL 4 ML / DAY PA SP NP
REVATIO 20 MG TAB	2	QL 3 EA / DAY PA SP NP
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	QL 4 ML / DAY PA SP P
<i>sildenafil citrate 20 mg tab</i>	1	QL 3 EA / DAY PA SP P
<i>tadalafil (pah)</i>	1	PA SP NP

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	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (CORLANOR 5 MG TAB, CORLANOR 5 MG/5ML SOLUTION, CORLANOR 7.5 MG TAB)	2	
<i>ivabradine hcl</i>	2	
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
VYNDAQEL	2	<ul style="list-style-type: none"> <li>QL 4 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	<ul style="list-style-type: none"> <li>P</li> </ul>



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 1220 1195 1255">PA</div> <div data-bbox="1133 1268 1195 1304">NP</div>
KEFLEX	2	<div data-bbox="1133 1346 1195 1381">PA</div> <div data-bbox="1133 1394 1195 1430">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 1640 1195 1675">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFACLOR ER	2	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">NP</div>
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium (cefoxitin sodium 1 gm recon soln, cefoxitin sodium 2 gm recon soln, cefoxitin sodium 10 gm recon soln)</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	<div data-bbox="1133 575 1195 613">P</div>
<i>cefuroxime axetil</i>	1	<div data-bbox="1133 674 1195 711">P</div>
<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	<div data-bbox="1133 905 1195 942">P</div>
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)</i>	1	<div data-bbox="1133 1010 1195 1047">PA</div> <div data-bbox="1133 1058 1195 1096">NP</div>
<i>cefixime 400 mg cap</i>	1	<div data-bbox="1133 1121 1195 1159">PA</div> <div data-bbox="1133 1169 1195 1207">NP</div>
<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	<div data-bbox="1133 1283 1195 1320">PA</div> <div data-bbox="1133 1331 1195 1369">NP</div>
<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
CEFTRIAXONE 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>luter</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
<i>orsythia</i>	\$0	EDS
<i>philith</i>	\$0	EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pimtreea</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
<i>tri-lo-sprintec</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<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	QL 1 EA / FILL OTC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	\$0	QL 0.04 ML / DAY
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	\$0	EDS
<i>deblitane</i>	\$0	EDS
<i>emzahh</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
<i>nora-be</i>	\$0	EDS
<i>norethindrone</i>	\$0	EDS
<i>norlyda</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norlyroc</i>	\$0	EDS
OPILL	\$0	
<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	
<i>budesonide er</i>	1	QL 1 EA / DAY 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	
DEXAMETHASONE SOD PHOS +RFID	1	
<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 soln prsyr, 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 (methylprednisolone 4 mg tab, methylprednisolone 4 mg tab thpk, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>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)</i>	1	
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	QL 1 EA / DAY PA NP
<b>MINERALOCORTICOIDS</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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>doxylamine / dextromethorphan</i>	2	
<i>guaifenesin / codeine</i>	1	QL 60 ML / 1 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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 EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>accutane</i>	1	
<i>adapalene (adapalene 0.1 % cream, adapalene 0.3 % gel)</i>	1	PA NP
<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
ALTRENO	2	PA NP
<i>amnesteem</i>	1	
AMZEEQ	2	PA NP
ARAZLO	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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AVAR-E LS	2	PA NP
<i>avita</i>	1	PA NP
BENZAFLIN 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
<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
CABTREO	2	PA NP
<i>claravis</i>	1	
CLENIA PLUS	2	PA NP
CLEOCIN-T 1 % GEL	2	PA NP
<i>clindacin</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindacin etz 1 % swab</i>	1	P
<i>clindacin-p</i>	1	P
<i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-5 % gel)</i>	1	P
<i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % 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 phosphate 1 % foam</i>	1	PA NP
<i>clindamycin-tretinoin</i>	1	PA NP
<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
FABIOR	1	PA NP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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
TAZAROTENE 0.1 % FOAM	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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</i>	1	PA NP
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 2 EA / DAY PA NP
<i>diclofenac sodium 1 % gel</i>	1	QL 16.6 GM / DAY OTC EDS P
FLECTOR	2	QL 2 EA / DAY PA NP
LICART	2	QL 1 EA / DAY PA NP
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin</i>	1	OTC
<i>bacitracin / polymyxin b (polysporin)</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bacitracin zinc</i>	1	OTC
CENTANY	2	PA NP
CENTANY AT	2	PA NP
<i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	P
<i>mupirocin calcium</i>	1	PA NP
<i>neomycin / bacitracin / polymixin (neosporin)</i>	1	OTC
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	OTC
XEPI	2	PA NP
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan</i>	1	P
<i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i>	1	PA NP
<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
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
LUZU	2	QL 60 GM / 30 days PA NP
MICATIN	2	OTC
<i>miconazole (micatin)</i>	1	OTC P
MICONAZOLE-ZINC OXIDE-PETROLAT	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naftifine hcl (naftifine hcl 1 % gel, naftifine hcl 2 % cream, naftifine hcl 2 % gel)</i>	1	PA NP
NAFTIFINE HCL 1 % CREAM	2	PA NP
NAFTIN	2	PA NP
<i>nyamyc</i>	1	P
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder)</i>	1	P
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	P
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	PA NP
<i>nystop</i>	1	P
<i>oxiconazole nitrate</i>	1	PA NP
OXISTAT 1 % CREAM	2	PA NP
SULCONAZOLE NITRATE (SULCONAZOLE NITRATE 1 % CREAM, SULCONAZOLE NITRATE 1 % SOLUTION)	1	PA NP
<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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>fluorouracil (fluorouracil 5 % cream, fluorouracil 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
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
BIMZELX	2	QL 2 EA / 56 DAYS PA SP NP
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	2	
COSENTYX (300 MG DOSE)	2	QL 2 ML / 28 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 DAYS</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 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX UNOREADY	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</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 0.11 ML / DAY</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
SPEVIGO 450 MG/7.5ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 15 ML / 365 DAYS</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 DAYS</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 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
TALTZ	2	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
TREMIFYA	2	<ul style="list-style-type: none"> <li>QL 1 ml / 56 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	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	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i>	1	
<i>hydrocortisone</i>	1	OTC EDS
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	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	OTC
<b>ECZEMA AGENTS</b>		
ADBRY 150 MG/ML SOLN PRSYR	2	QL 4 EA / 28 days PA SP NP
ADBRY 300 MG/2ML SOLN A-INJ	2	QL 4 ML / 28 DAYS PA NP
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	2	QL 2.28 ML / 28 DAYS PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>
DUPIXENT 300 MG/2ML SOLN PEN	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 300 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 4 UNITS / 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	
<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 GM / 30 days
LIDOCAINE 5 % PATCH	1	QL 3 EA / DAY PA NP
<i>lidocaine hcl 4 % solution</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	2	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	
LIDOCAINE PATCH 4%	1	QL 3 EA / DAY OTC
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine cream kit</i>	1	
<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
DRYSOL	2	
<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
SODIUM CHLORIDE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	P
OVIDE	2	PA NP
<i>permethrin (nix)</i>	1	OTC P
<i>piperonyl / pyrethrins (rid)</i>	1	PA OTC NP
RID COMPLETE LICE ELIMINATION KIT	2	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKLICE	2	PA NP
SPINOSAD	1	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
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 DAYS OTC P
CVS KETONE CARE	\$0	OTC
FORA G20 BLOOD GLUCOSE TEST	\$0	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ONETOUCH ULTRA	\$0	PA OTC NP
ONETOUCH ULTRA TEST	\$0	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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>		
l-methylfolate combinations	2	OTC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	P
<i>lactase (lactaid)</i>	1	OTC EDS
PERTZYE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
AMILORIDE- HYDROCHLOROTHIAZIDE	1	
<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 (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	EDS
<i>indapamide</i>	1	EDS
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</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 2 EA / DAY 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, alendronate sodium 70 mg/75ml solution)</i>	1	EDS P
AELVIA	2	PA NP
BONIVA 150 MG TAB	2	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	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 1 EA / DAY PA
ORLISSA 200 MG TAB	2	QL 2 EA / DAY PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GROWTH HORMONES</b>		
GENOTROPIN	2	PA SP P
GENOTROPIN MINIQUICK	2	PA SP P
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	PA SP NP
HUMATROPE 5 MG RECON SOLN	2	PA NP
NGENLA	2	PA SP NP
NORDITROPIN FLEXPRO	2	PA SP P
NUTROPIN AQ NUSPIN 10	2	PA SP P
NUTROPIN AQ NUSPIN 20	2	PA SP P
NUTROPIN AQ NUSPIN 5	2	PA SP P
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SAIZEN	2	PA SP NP
SAIZENPREP	2	PA SP NP
SEROSTIM	2	PA NP
SKYTROFA	2	PA SP NP
SOGROYA	2	PA SP 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUPRON DEPOT-PED (3-MONTH)	2	PA SP
LUPRON DEPOT-PED (6-MONTH)	2	PA SP
TRIPTODUR	2	PA LA
<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 0.29 EA / DAY
PALYNZIQ (PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, PALYNZIQ 10 MG/0.5ML SOLN PRSYR)	2	QL 0.5 ML / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PALYNZIQ 20 MG/ML SOLN PRSYR	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 ML / DAY</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;">LA</div> </div>
RAVICTI	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;">LA</div> </div>
REVCIVI	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;">LA</div> </div>
<i>sodium phenylbutyrate 500 mg tab</i>	1	<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>
STRENSIQ	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;">LA</div> </div>
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>1 EA / DAY</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;">LA</div> </div>
<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	<div style="background-color: #990000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<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	<div style="background-color: #990000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	<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: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE	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: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>estradiol-norethindrone acet</i>	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>fyavolv</i>	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>jinteli</i>	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>lopreeza</i>	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>mimvey</i>	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>norethindrone-eth estradiol</i>	1	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
ORIAHNN	2	<div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREMPHASE	2	
<b>ESTROGENS</b>		
<i>dotti</i>	1	EDS
<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	EDS
<i>lyllana</i>	1	EDS
<b>FLUROQUINOLONES</b>		
<b>FLUROQUINOLONES</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	P
<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 1 EA / DAY 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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL 5 MG TAB DISP, METOCLOPRAMIDE HCL 10 MG TAB DISP)	2	PA NP
<i>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)</i>	1	
<b>INFLAMMATORY BOWEL AGENTS</b>		
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	2	PA NP
CIMZIA	2	QL 2 EA / 28 days PA SP NP
CIMZIA (2 SYRINGE)	2	QL 2 EA / 28 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COLAZAL	1	PA NP
DIPENTUM	2	PA NP
ENTYVIO 108 MG/0.68ML SOLN PEN	2	QL 2 EA / 28 DAYS 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 4 gm enema, mesalamine 400 mg cap dr)</i>	1	PA EDS NP
<i>mesalamine 1000 mg suppos</i>	1	P
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sevelamer carbonate 800 mg tab</i>	1	EDS P
<i>sevelamer hcl</i>	1	PA EDS NP
VELPHORO	2	PA NP
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
CARDURA XL 8 MG TAB ER 24H	2	QL 30 EA / FILL PA NP
<i>dutasteride</i>	1	EDS P
<i>dutasteride-tamsulosin hcl</i>	1	PA EDS NP
<i>finasteride 5 mg tab</i>	1	EDS P
FLOMAX	2	PA NP
JALYN	2	PA NP
PROSCAR	2	PA NP
RAPAFLO	2	PA NP
<i>silodosin</i>	1	PA EDS NP
<i>tamsulosin hcl</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine (azo)</i>	1	OTC
<b>URINARY STONE AGENTS</b>		
<i>tiopronin 100 mg tab</i>	1	PA SP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALPHANINE SD	2	<div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 222 1195 254">P</div>
ALPROLIX	2	<div data-bbox="1133 279 1195 310">SP</div> <div data-bbox="1133 327 1195 359">P</div>
ALTUVIIIO	2	<div data-bbox="1133 384 1195 415">SP</div>
BENEFIX	2	<div data-bbox="1133 457 1195 489">SP</div> <div data-bbox="1133 506 1195 537">P</div>
COAGADEX	2	<div data-bbox="1133 562 1195 594">SP</div> <div data-bbox="1133 611 1195 642">P</div>
CORIFACT	2	<div data-bbox="1133 667 1195 699">SP</div> <div data-bbox="1133 716 1195 747">P</div>
ELOCTATE	2	<div data-bbox="1133 772 1195 804">SP</div> <div data-bbox="1133 821 1195 852">P</div>
ESPEROCT	2	<div data-bbox="1133 877 1195 909">SP</div> <div data-bbox="1133 926 1195 957">P</div>
FEIBA	2	<div data-bbox="1133 982 1195 1014">SP</div> <div data-bbox="1133 1031 1195 1062">P</div>
HEMLIBRA	2	<div data-bbox="1133 1087 1195 1119">PA</div> <div data-bbox="1133 1136 1195 1167">SP</div>
HEMOFIL M	2	<div data-bbox="1133 1192 1195 1224">SP</div> <div data-bbox="1133 1241 1195 1272">P</div>
HUMATE-P	2	<div data-bbox="1133 1297 1195 1329">SP</div> <div data-bbox="1133 1346 1195 1377">P</div>
IDELVION	2	<div data-bbox="1133 1402 1195 1434">SP</div> <div data-bbox="1133 1451 1195 1482">P</div>
IXINITY	2	<div data-bbox="1133 1507 1195 1539">SP</div> <div data-bbox="1133 1556 1195 1587">P</div>
JIVI	2	<div data-bbox="1133 1612 1195 1644">SP</div> <div data-bbox="1133 1661 1195 1692">P</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KOATE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOATE-DVI	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOGENATE FS	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOVALTRY	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
MONONINE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NOVOEIGHT	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NOVOSEVEN RT	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NUWIQ	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
OBIZUR	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
PROFILNINE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
REBINYN	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
RECOMBINATE	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
RIXUBIS	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
SEVENFACT	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
TRETEN	2	<div style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VONVENDI	2	SP P
WILATE	2	SP P
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	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAVNEOS	2	<ul style="list-style-type: none"> <li>QL 6 EA / DAY</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	EDS
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
ORLADEYO	2	<ul style="list-style-type: none"> <li>QL 28 EA / 28 days</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
TAKHZYRO (TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION)	2	<ul style="list-style-type: none"> <li>QL 4 ml / 28 days</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
TAKHZYRO 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 2 ml / 28 days</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
BRILINTA	2	P
CABLIVI	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 3 EA / DAY</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 5 EA / DAY</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 2 EA / DAY</li> <li>SP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPOGEN	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">SP</div> <div data-bbox="1133 270 1195 302">P</div>
GRANIX (GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/1.6ML SOLUTION)	2	<div data-bbox="1133 369 1195 401">SP</div>
LEUKINE	2	<div data-bbox="1133 468 1195 499">SP</div>
NEULASTA	2	<div data-bbox="1133 531 1195 562">SP</div>
NEULASTA ONPRO	2	<div data-bbox="1133 594 1195 625">SP</div>
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	<div data-bbox="1133 716 1195 747">SP</div>
PROCRIT (PROCRIT 2000 UNIT/ML SOLUTION, PROCRIT 3000 UNIT/ML SOLUTION, PROCRIT 4000 UNIT/ML SOLUTION, PROCRIT 10000 UNIT/ML SOLUTION, PROCRIT 20000 UNIT/ML SOLUTION)	2	<div data-bbox="1133 898 1195 930">PA</div> <div data-bbox="1133 947 1195 978">SP</div> <div data-bbox="1133 995 1195 1026">P</div>
PROCRIT 40000 UNIT/ML SOLUTION	2	<div data-bbox="1133 1119 1195 1150">PA</div> <div data-bbox="1133 1167 1195 1199">SP</div> <div data-bbox="1133 1215 1195 1247">NP</div>
PROMACTA	2	<div data-bbox="1133 1278 1195 1310">PA</div> <div data-bbox="1133 1327 1195 1358">SP</div>
REBLOZYL	2	<div data-bbox="1133 1392 1195 1423">PA</div> <div data-bbox="1133 1440 1195 1472">NP</div>
RETACRIT	2	<div data-bbox="1133 1501 1195 1533">PA</div> <div data-bbox="1133 1549 1195 1581">SP</div> <div data-bbox="1133 1598 1195 1629">P</div>
UDENYCA	2	<div data-bbox="1133 1656 1195 1688">SP</div>
ZARXIO	2	<div data-bbox="1133 1719 1195 1751">SP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZIEXTENZO	2	SP
<b>HEMATOPOIETIC MIXTURES</b>		
<i>ferraplus 90</i>	2	
FERREX	2	OTC
FERREX 150 FORTE	2	OTC
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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	QL 1 EA / DAY PA NP
AMBIEN CR	2	QL 1 EA / DAY PA NP
EDLUAR	2	QL 1 EA / DAY PA NP
<i>eszopiclone</i>	1	QL 1 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUNESTA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2 EA / DAY</div> <div>P</div> </div>
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>
<i>zolpidem tartrate (zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 3.5 mg sl tab, zolpidem tartrate 7.5 mg cap)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>P</div> </div>
<i>zolpidem tartrate er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>
DAYVIGO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>
QUVIVIQ	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
HETLIOZ LQ	2	<ul style="list-style-type: none"> <li>QL 5 ML / DAY</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<i>ramelteon</i>	1	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
ROZEREM	1	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>P</li> </ul>
<i>tasimelteon</i>	1	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
<i>calcium polycarbophil (fiber laxative)</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
<i>cellulose (unifiber)</i>	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>corn dextrin powder</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
HYFIBER WITH FOS	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
METAMUCIL	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>methylcellulose (citrucel)</i>	2	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	2	QL 2 EA / DAY
DIFICID 40 MG/ML RECON SUSP	2	QL 10 ML / DAY
<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	
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	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
CONTOUR MONITOR DEVICE	\$0	OTC P
DEXCOM G4 PLAT PED RCV/SHARE	\$0	QL 1 UNIT / 365 DAYS
DEXCOM G4 PLAT PED RECEIVER	\$0	QL 1 UNIT / 365 DAYS
DEXCOM G4 PLATINUM RCV/SHARE	\$0	QL 1 UNIT / 365 DAYS
DEXCOM G4 PLATINUM RECEIVER	\$0	QL 1 UNIT / 365 DAYS
DEXCOM G4 PLATINUM TRANSMITTER	\$0	QL 1 EA / 90 days EDS
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0	QL 3 EA / FILL PA NP

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
DEXCOM G5 MOBILE RECEIVER	\$0		<ul style="list-style-type: none"> <li>QL 1 UNIT / 365 DAYS</li> <li>PA</li> <li>NP</li> </ul>
DEXCOM G5 MOBILE TRANSMITTER	\$0		<ul style="list-style-type: none"> <li>QL 1 EA / 90 days</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
DEXCOM G5 RECEIVER KIT	\$0		<ul style="list-style-type: none"> <li>QL 1 UNIT / 365 DAYS</li> <li>PA</li> <li>NP</li> </ul>
DEXCOM G6 RECEIVER	\$0		<ul style="list-style-type: none"> <li>QL 1 UNIT / 365 DAYS</li> <li>P</li> </ul>
DEXCOM G6 SENSOR	\$0		<ul style="list-style-type: none"> <li>QL 3 EA / FILL</li> <li>P</li> </ul>
DEXCOM G6 TRANSMITTER	\$0		<ul style="list-style-type: none"> <li>QL 1 EA / 90 days</li> <li>EDS</li> <li>P</li> </ul>
DEXCOM G7 RECEIVER	\$0		<ul style="list-style-type: none"> <li>QL 1 UNIT / 365 DAYS</li> </ul>
DEXCOM G7 SENSOR	\$0		<ul style="list-style-type: none"> <li>QL 3 EA / FILL</li> </ul>
FREESTYLE LIBRE 14 DAY READER	\$0		<ul style="list-style-type: none"> <li>QL 1 UNIT / 365 DAYS</li> <li>P</li> </ul>
FREESTYLE LIBRE 14 DAY SENSOR	\$0		<ul style="list-style-type: none"> <li>QL 2 EA / FILL</li> <li>P</li> </ul>
FREESTYLE LIBRE 2 READER	\$0		<ul style="list-style-type: none"> <li>QL 1 UNIT / 365 DAYS</li> <li>P</li> </ul>
FREESTYLE LIBRE 2 SENSOR	\$0		<ul style="list-style-type: none"> <li>QL 2 EA / FILL</li> <li>P</li> </ul>
FREESTYLE LIBRE 3 PLUS SENSOR	\$0		<ul style="list-style-type: none"> <li>QL 0.07 EA / 1 DAY</li> </ul>
FREESTYLE LIBRE 3 READER	\$0		<ul style="list-style-type: none"> <li>QL 1 UNIT / 365 DAYS</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FREESTYLE LIBRE 3 SENSOR	\$0	QL 2 EA / FILL
FREESTYLE LIBRE READER	\$0	QL 1 UNIT / 365 DAYS
FREESTYLE LIBRE SENSOR SYSTEM	\$0	QL 2 EA / FILL
<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 DAYS
OMNIPOD 5 G6 PODS (GEN 5)	\$0	QL 0.5 EA / DAY
OMNIPOD 5 G7 INTRO (GEN 5)	\$0	QL 1 EA / 365 DAYS
OMNIPOD 5 G7 PODS (GEN 5)	\$0	QL 0.5 EA / DAY
OMNIPOD 5 PACK	\$0	QL 0.5 EA / DAY
OMNIPOD CLASSIC PDM (GEN 3)	\$0	QL 1 EA / 365 DAYS
OMNIPOD DASH INTRO (GEN 4)	\$0	QL 1 EA / 365 DAYS
OMNIPOD DASH PDM (GEN 4)	\$0	QL 1 EA / 365 DAYS
OMNIPOD DASH PODS (GEN 4)	\$0	QL 0.5 EA / DAY
<b>FOOT CARE PRODUCTS</b>		
<i>foot care products</i>	2	
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
<i>catheter</i>	2	OTC
<i>incontinence supplies</i>	2	OTC
<i>ostomy supplies</i>	2	OTC
<b>INFANT CARE PRODUCTS</b>		
<i>diapers</i>	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>infant care products</i>	2	
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	\$0	OTC
ENEMA BOTTLE	2	
<i>miscellaneous medical devices</i>	2	OTC
<b>PARENTERAL THERAPY SUPPLIES</b>		
<i>insulin injection device</i>	\$0	OTC
<i>miscellaneous injection device</i>	2	
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	
<i>needles and syringes</i>	\$0	OTC
NEEDLES AND SYRINGES	2	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 DAYS PA NP
AJOVY	2	QL 1.5 ml / 28 days PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EMGALITY (300 MG DOSE)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>3 ML / 28 DAYS</div> </div> <div style="margin-top: 5px;">PA</div>
EMGALITY 120 MG/ML SOLN A-INJ	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>1 ml / 28 days</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">P</div>
EMGALITY 120 MG/ML SOLN PRSYR	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>1 ML / 28 DAYS</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">P</div>
NURTEC	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>16 EA / 28 days</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
QULIPTA	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>1 EA / DAY</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
UBRELVY	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>20 EA / 30 DAYS</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">P</div>
VYEPTI	2	<div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
<b>MIGRAINE COMBINATIONS</b>		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>18 EA / 30 days</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
TREXIMET	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>18 EA / 30 days</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>
<b>MIGRAINE PRODUCTS</b>		
TRUDHESA	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>8 EA / 28 days</div> </div> <div style="margin-top: 5px;">PA</div> <div style="margin-top: 5px;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
ELYXYB	2	<ul style="list-style-type: none"> <li>QL 28.8 ml / 30 days</li> <li>PA</li> <li>NP</li> </ul>
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 days</li> <li>PA</li> <li>NP</li> </ul>
AMERGE	2	<ul style="list-style-type: none"> <li>QL 18 EA / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>
<i>eletriptan hydrobromide</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>
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 DAYS</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 DAYS</li> <li>P</li> </ul>
IMITREX STATDOSE REFILL	1	<ul style="list-style-type: none"> <li>QL 8 ML / 30 DAYS</li> <li>P</li> </ul>
IMITREX STATDOSE SYSTEM	1	<ul style="list-style-type: none"> <li>QL 8 EA / 30 DAYS</li> <li>P</li> </ul>
MAXALT	2	<ul style="list-style-type: none"> <li>QL 36 EA / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAXALT-MLT	2	QL 36 EA / 30 DAYS PA NP
<i>naratriptan hcl</i>	1	QL 18 EA / 30 DAYS PA NP
RELPAK	1	QL 18 EA / 30 DAYS P
REYVOW 100 MG TAB	2	QL 16 EA / 30 DAYS PA NP
REYVOW 50 MG TAB	2	QL 8 EA / 30 DAYS PA NP
<i>rizatriptan benzoate</i>	1	QL 36 EA / 30 DAYS P
<i>sumatriptan 20 mg/act solution</i>	1	QL 18 EA / 30 DAYS PA NP
<i>sumatriptan 5 mg/act solution</i>	1	QL 36 EA / 30 DAYS PA NP
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	QL 18 EA / 30 DAYS P
<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	QL 8 ML / 30 DAYS PA NP
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	QL 8 ML / 30 DAYS PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sumatriptan succinate refill</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> 8 ML / 30 DAYS
TOSYMRA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 6 UNITS / FILL; 2 FILLS / 30 DAYS
ZEMBRACE SYMTOUCH	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 UNITS / FILL; 2 FILLS / 30 DAYS
<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; 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> 18 EA / 30 DAYS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 5 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 style="background-color: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 18 EA / 30 DAYS
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 2.5 MG TAB, ZOMIG 5 MG SOLUTION, ZOMIG 5 MG TAB)	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: #339966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 18 EA / 30 DAYS
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG 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: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 18 EA / 30 DAYS
<b>MINERALS ELECTROLYTES</b>		
<b>BICARBONATES</b>		
<i>sodium bicarbonate 4.2 % solution</i>	1	
SODIUM BICARBONATE 7.5 % SOLUTION	2	
<b>CALCIUM</b>		
<i>calcium / magnesium / zinc</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
<i>calcium / phosphorus / vitamin d</i>	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcium / vitamin c / vitamin d</i>	2	OTC
<i>calcium / vitamin d / vitamin k</i>	1	OTC EDS
CALCIUM / VITAMIN D / VITAMIN K	2	OTC
<i>calcium carbonate</i>	1	OTC EDS
CALCIUM CARBONATE	2	OTC
<i>calcium carbonate / folic acid / vitamin d</i>	2	
<i>calcium carbonate / vitamin d</i>	1	OTC EDS
CALCIUM CARBONATE / VITAMIN D	2	OTC
<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
<b>ELECTROLYTE MIXTURES</b>		
<i>dextrose in lactated ringers</i>	1	
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextrose-sodium chloride (dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</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	
<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-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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
POTASSIUM CHLORIDE IN DEXTROSE 10-5 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	OTC EDS
<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
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MANGANESE</b>		
MANGANESE SULFATE	2	
<b>MINERAL COMBINATIONS</b>		
MULTI-MINERALS	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
<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	
<i>potassium chloride crys er</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
POTASSIUM GLUCONATE	2	OTC
<b>SODIUM</b>		
<i>aquastat</i>	1	
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	
<i>bd posiflush safescrub</i>	1	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 1 EA / DAY PA SP
REVLIMID	2	QL 1 EA / DAY PA LA
REZUROCK	2	QL 1 EA / DAY PA SP NP
THALOMID	2	LA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL	2	PA SP NP
<i>azasan</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>azathioprine</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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 1 EA / DAY PA SP
VIJOICE 200 & 50 MG TAB THPK	2	QL 2 EA / DAY PA SP
VIJOICE 50 MG PACKET	2	QL 1 EA / 1 DAY PA SP
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate powder</i>	1	
VELTASSA	2	SP
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	2	QL 4 EA / DAY 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>fluoridex enhanced whitening</i>	1	EDS
<i>fluorimax 5000</i>	1	EDS
<i>fraiche rinse</i>	1	OTC 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>sod fluoride-potassium nitrate</i>	1	EDS
<i>sodium fluoride (sodium fluoride 0.2 % solution, sodium fluoride 1.1 % gel)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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>		
PEDIATRIC MULTIPLE VITAMINS / MINERALS	2	OTC EDS
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC EDS
<b>PED MV W/ FLUORIDE</b>		
<i>multivitamin (\$0)</i>	\$0	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIRT-PN PLUS	2	EDS
ZATEAN-PN PLUS	2	EDS
<b>SPECIALTY VITAMINS PRODUCTS</b>		
<i>specialty vitamins</i>	2	EDS
<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
<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	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl (tizanidine hcl 2 mg cap, tizanidine hcl 2 mg tab, tizanidine hcl 4 mg cap, tizanidine hcl 4 mg tab, tizanidine hcl 6 mg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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
<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>		
<i>flunisolide</i>	1	QL 1.67 ML / DAY PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	<ul style="list-style-type: none"> <li>QL 1.07 GM / DAY</li> <li>EDS</li> <li>P</li> </ul>
<i>mometasone furoate 50 mcg/act suspension</i>	1	<ul style="list-style-type: none"> <li>QL 0.57 GM / DAY</li> <li>P</li> </ul>
NASONEX	2	<ul style="list-style-type: none"> <li>QL 0.57 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
OMNARIS	2	<ul style="list-style-type: none"> <li>QL 0.42 ML / DAY</li> <li>PA</li> <li>NP</li> </ul>
QNASL	2	<ul style="list-style-type: none"> <li>QL 0.36 ML / DAY</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 1.1 GM / DAY</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 0.21 GM / DAY</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>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pseudoephedrine (sudafed)</i>	1	OTC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole</i>	1	EDS
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI	2	QL 6.67 ML / DAY PA LA
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ISTALOL	2	PA NP
LEVOBUNOLOL HCL	2	PA EDS NP
<i>timolol maleate (once-daily)</i>	1	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
XDEMZY	2	QL 10 ML / FILL PA
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 2 EA / DAY EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERKAZIA	2	<span>QL</span> 4 EA / DAY <span>PA</span>
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	2	<span>PA</span> <span>NP</span>
ROCKLATAN	2	<span>PA</span> <span>NP</span>
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl 0.5 % solution</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	2	<span>PA</span> <span>QL</span> 7 UNITS / FILL; 8 FILLS / LIFETIME <span>LA</span>
<b>OPHTHALMIC STEROIDS</b>		
ALREX	1	<span>P</span>
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BLEPHAMIDE	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
DEXTENZA	2	<span>PA</span> <span>NP</span>
DEXYCU	2	<span>PA</span> <span>NP</span>
<i>difluprednate</i>	1	<span>PA</span> <span>NP</span>
DUREZOL	2	<span>PA</span> <span>NP</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>loteprednol etabonate (loteprednol etabonate 0.2 % suspension, loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	1	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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tobramycin-dexamethasone</i>	1	
TRIESENCE	2	LA P
XIPERE	2	PA NP
YUTIQ	2	PA NP
<b>OPHTHALMICS - MISC.</b>		
ACULAR	2	PA NP
ACULAR LS	2	PA NP
ACUVAIL	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	1	P
<i>brinzolamide</i>	1	PA EDS NP
<i>bromfenac sodium (once-daily)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bromfenac sodium 0.075 % solution</i>	1	PA NP
BROMSITE	2	PA NP
CROMOLYN SODIUM 4 % SOLUTION	1	P
CYSTARAN	2	QL 60 ml / 28 days LA
<i>diclofenac sodium 0.1 % solution</i>	1	P
<i>dorzolamide hcl</i>	1	EDS P
<i>epinastine hcl</i>	1	PA NP
FLURBIPROFEN SODIUM	2	PA NP
ILEVRO	2	PA NP
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	P
<i>ketotifen drops (zaditor)</i>	1	PA OTC NP
NEVANAC	2	PA NP
<i>olopatadine</i>	1	QL 0.085 ML / DAY OTC EDS P
PROLENSA	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sodium chloride eye products (muro 128)</i>	1	OTC
TRUSOPT	2	PA NP
ZADITOR	2	PA OTC NP
ZERVIATE	2	PA NP
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	QL 0.085 ML / DAY PA EDS NP
DURYSTA	2	PA NP
IDOSE TR	2	PA NP
IYUZEH	2	PA NP
<i>latanoprost</i>	1	QL 0.085 ML / DAY EDS P
LUMIGAN	2	QL 0.09 ML / DAY PA NP
<i>tafluprost (pf)</i>	1	QL 1 EA / DAY PA NP
TRAVATAN Z	1	QL 0.085 ML / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>travoprost (bak free)</i>	1	<ul style="list-style-type: none"> <li>QL 0.085 ML / DAY</li> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
VYZULTA	2	<ul style="list-style-type: none"> <li>QL 0.084 ML / DAY</li> <li>PA</li> <li>NP</li> </ul>
XALATAN	2	<ul style="list-style-type: none"> <li>QL 0.085 ML / DAY</li> <li>PA</li> <li>NP</li> </ul>
XELPROS	2	<ul style="list-style-type: none"> <li>QL 0.084 ML / DAY</li> <li>PA</li> <li>NP</li> </ul>
ZIOPTAN	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	1	OTC
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>ofloxacin otic soln 0.3%</i>	1	P
<b>OTIC COMBINATIONS</b>		
CIPRO HC	2	P
<i>ciprofloxacin-dexamethasone</i>	1	P
CIPROFLOXACIN-FLUOCINOLONE PF	1	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CORTISPORIN-TC	2	PA NP
<i>neomycin-polymyxin-hc</i>	1	P
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	1	QL 4 EA / DAY QL 28 UNITS / FILL; 1 FILL / 365 DAYS
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL 4 EA / DAY QL 28 UNITS / FILL; 1 FILL / 365 DAYS
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
BIVIGAM	2	SP
CUVITRU 8 GM/40ML 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	2	
<b>NATURAL PENICILLINS</b>		
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN)	2	
<i>penicillin v potassium (penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	1	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB)	2	PA NP
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	2	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
BACTERIOSTATIC WATER(BENZ ALC)	2	
CHERRY	2	OTC
CHERRY CONCENTRATE SYRUP	2	OTC
<i>flavor syrup</i>	2	OTC
RASPBERRY SYRUP	2	OTC
<i>saline bacteriostatic</i>	1	
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile water for injection</i>	1	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>petrolatum ointment</i>	2	OTC
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
LILETTA (52 MG)	\$0	LA
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	EDS
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	PA EDS NP
NEXPLANON	\$0	LA
<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>		
ADLARITY	2	PA NP
ARICEPT	2	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EXELON	2	PA NP
<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	PA NP
<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

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 2 EA / DAY P
SAVELLA TITRATION PACK	2	QL 55 EA / 180 days P
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO	2	QL 4 EA / DAY PA SP
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	2	QL 2 EA / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR (AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	2	<span>QL</span> 1 EA / 1 DAY <span>PA</span> <span>SP</span>
AUSTEDO XR 6 MG TAB ER 24H	2	<span>QL</span> 3 EA / DAY <span>PA</span> <span>SP</span>
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	2	<span>QL</span> 1 EA / 1 DAY <span>PA</span> <span>SP</span>
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	2	<span>QL</span> 42 EA / 28 DAYS <span>PA</span> <span>SP</span>
<i>tetrabenazine</i>	1	<span>SP</span>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	2	<span>PA</span> <span>LA</span> <span>NP</span>
AUBAGIO	2	<span>PA</span> <span>SP</span> <span>NP</span>
AVONEX PEN	2	<span>PA</span> <span>SP</span> <span>P</span>
AVONEX PREFILLED	2	<span>PA</span> <span>SP</span> <span>P</span>
BAFIERTAM	2	<span>PA</span> <span>SP</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETASERON	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">P</div>
BRIUMVI	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">NP</div>
COPAXONE 20 MG/ML SOLN PRSYR	1	<div data-bbox="1133 447 1195 483">PA</div> <div data-bbox="1133 495 1195 531">SP</div> <div data-bbox="1133 543 1195 579">P</div>
COPAXONE 40 MG/ML SOLN PRSYR	2	<div data-bbox="1133 604 1195 640">PA</div> <div data-bbox="1133 653 1195 688">SP</div> <div data-bbox="1133 701 1195 737">NP</div>
<i>dalfampridine er</i>	1	<div data-bbox="1133 762 1195 798">PA</div> <div data-bbox="1133 810 1195 846">SP</div> <div data-bbox="1133 858 1195 894">NP</div>
<i>dimethyl fumarate</i>	1	<div data-bbox="1133 919 1195 955">SP</div> <div data-bbox="1133 968 1195 1003">P</div>
<i>dimethyl fumarate starter pack</i>	1	<div data-bbox="1133 1035 1195 1071">PA</div> <div data-bbox="1133 1083 1195 1119">SP</div> <div data-bbox="1133 1131 1195 1167">NP</div>
EXTAVIA	2	<div data-bbox="1133 1192 1195 1228">PA</div> <div data-bbox="1133 1241 1195 1276">SP</div> <div data-bbox="1133 1289 1195 1325">NP</div>
<i>fingolimod hcl</i>	1	<div data-bbox="1133 1350 1195 1386">PA</div> <div data-bbox="1133 1398 1195 1434">SP</div> <div data-bbox="1133 1446 1195 1482">P</div>
GILENYA 0.25 MG CAP	2	<div data-bbox="1133 1507 1195 1543">PA</div> <div data-bbox="1133 1556 1195 1591">SP</div> <div data-bbox="1133 1604 1195 1640">NP</div>
GILENYA 0.5 MG CAP	1	<div data-bbox="1133 1665 1195 1701">PA</div> <div data-bbox="1133 1713 1195 1749">SP</div> <div data-bbox="1133 1761 1195 1797">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	<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>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	<div data-bbox="1133 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">SP</div> <div data-bbox="1133 426 1195 462">NP</div>
<i>glatopa 20 mg/ml soln prsy</i>	1	<div data-bbox="1133 485 1195 520">PA</div> <div data-bbox="1133 533 1195 569">SP</div> <div data-bbox="1133 581 1195 617">NP</div>
<i>glatopa 40 mg/ml soln prsy</i>	1	<div data-bbox="1133 640 1195 676">PA</div> <div data-bbox="1133 688 1195 724">SP</div> <div data-bbox="1133 737 1195 772">NP</div>
KESIMPTA	2	<div data-bbox="1133 795 1195 831">PA</div> <div data-bbox="1133 844 1195 879">SP</div> <div data-bbox="1133 892 1195 928">NP</div>
LEMTRADA	2	<div data-bbox="1133 951 1195 987">PA</div> <div data-bbox="1133 999 1195 1035">LA</div> <div data-bbox="1133 1047 1195 1083">NP</div>
MAVENCLAD (10 TABS)	2	<div data-bbox="1133 1106 1195 1142">PA</div> <div data-bbox="1133 1155 1195 1190">SP</div> <div data-bbox="1133 1203 1195 1239">NP</div>
MAVENCLAD (4 TABS)	2	<div data-bbox="1133 1262 1195 1297">PA</div> <div data-bbox="1133 1310 1195 1346">SP</div> <div data-bbox="1133 1358 1195 1394">NP</div>
MAVENCLAD (5 TABS)	2	<div data-bbox="1133 1417 1195 1453">PA</div> <div data-bbox="1133 1465 1195 1501">SP</div> <div data-bbox="1133 1514 1195 1549">NP</div>
MAVENCLAD (6 TABS)	2	<div data-bbox="1133 1581 1195 1617">PA</div> <div data-bbox="1133 1629 1195 1665">SP</div> <div data-bbox="1133 1677 1195 1713">NP</div>
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 1728 1195 1764">PA</div> <div data-bbox="1133 1776 1195 1812">SP</div> <div data-bbox="1133 1824 1195 1860">NP</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">SP</div> <div data-bbox="1133 270 1195 302">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 336 1195 367">PA</div> <div data-bbox="1133 384 1195 415">SP</div> <div data-bbox="1133 432 1195 464">NP</div>
MAYZENT	2	<div data-bbox="1133 497 1195 529">PA</div> <div data-bbox="1133 546 1195 577">SP</div> <div data-bbox="1133 594 1195 625">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 655 1195 686">PA</div> <div data-bbox="1133 703 1195 735">SP</div> <div data-bbox="1133 751 1195 783">NP</div>
OCREVUS	2	<div data-bbox="1133 812 1195 844">PA</div> <div data-bbox="1133 861 1195 892">SP</div> <div data-bbox="1133 909 1195 940">NP</div>
PLEGRIDY	2	<div data-bbox="1133 970 1195 1001">PA</div> <div data-bbox="1133 1018 1195 1050">SP</div> <div data-bbox="1133 1066 1195 1098">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 1127 1195 1159">PA</div> <div data-bbox="1133 1176 1195 1207">SP</div> <div data-bbox="1133 1224 1195 1255">NP</div>
PONVORY	2	<div data-bbox="1133 1285 1195 1316">PA</div> <div data-bbox="1133 1333 1195 1365">SP</div> <div data-bbox="1133 1381 1195 1413">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 1442 1195 1474">PA</div> <div data-bbox="1133 1491 1195 1522">SP</div> <div data-bbox="1133 1539 1195 1570">NP</div>
REBIF	2	<div data-bbox="1133 1600 1195 1631">PA</div> <div data-bbox="1133 1648 1195 1680">SP</div> <div data-bbox="1133 1696 1195 1728">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 1757 1195 1789">PA</div> <div data-bbox="1133 1806 1195 1837">SP</div> <div data-bbox="1133 1854 1195 1885">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REBIF REBIDOSE TITRATION PACK	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: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
REBIF TITRATION PACK	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: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
TASCENSO ODT	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: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TECFIDERA	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>
<i>teriflunomide</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: #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>
TYSABRI	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>
VUMERITY	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>
ZEPOSIA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px;">QL 1 EA / 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>
ZEPOSIA 7-DAY STARTER PACK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px;">QL 1 EA / 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>
ZEPOSIA STARTER KIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px;">QL 1 EA / 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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	PA NP
LYRICA CR	2	PA NP
<i>pregabalin er</i>	1	PA NP
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD)	2	PA NP
SARAFEM 10 MG TAB	2	PA NP
SARAFEM 20 MG TAB	2	QL 30 EA / FILL 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>paroxetine mesylate</i>	1	PA EDS NP
<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, KALYDECO 150 MG TAB)	2	QL 2 EA / DAY PA SP
KALYDECO 5.8 MG PACKET	2	QL 56 EA / 28 DAYS PA SP
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	2	QL 4 EA / DAY PA SP
ORKAMBI (ORKAMBI 75-94 MG PACKET, ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	2	QL 2 EA / DAY PA SP
PULMOZYME	2	SP
SYMDEKO	2	QL 2 EA / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK)	2	<span>QL</span> 3 EA / DAY <span>PA</span> <span>SP</span>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>SP</span>
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET 267 MG CAP	2	<span>QL</span> 9 EA / DAY <span>PA</span> <span>SP</span>
OFEV	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>LA</span>
<i>pirfenidone 267 mg tab</i>	1	<span>QL</span> 9 EA / DAY <span>PA</span> <span>SP</span>
<i>pirfenidone 801 mg tab</i>	1	<span>QL</span> 3 EA / DAY <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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<i>mondoxyme 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<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 32.5 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 prsyr, atropine sulfate 1 mg/10ml soln prsyr, atropine sulfate 1 mg/ml solution, atropine sulfate 8 mg/20ml solution)</i>	1	
ATROPINE SULFATE (PF)	2	
<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 10 mg/5ml solution, dicyclomine hcl 20 mg tab)</i>	1	EDS
<i>ed-spaz</i>	1	EDS
<i>glycopyrrolate (glycopyrrolate 1 mg tab, glycopyrrolate 2 mg tab)</i>	1	EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>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>famotidine (pepcid)</i>	1	OTC EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	2	EDS
NIZATIDINE 15 MG/ML SOLUTION	2	
<i>nizatidine 300 mg cap</i>	1	EDS
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC EDS P
<i>esomeprazole magnesium 40 mg cap dr</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ft acid reducer 20 mg cap dr</i>	1	OTC EDS P
<i>gnp esomeprazole magnesium</i>	1	OTC EDS P
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC EDS
<i>goodsense esomeprazole</i>	1	OTC EDS P
<i>hm esomeprazole magnesium dr</i>	1	OTC EDS P
<i>kls esomeprazole magnesium</i>	1	OTC EDS P
<i>kp omeprazole magnesium</i>	1	OTC EDS
<i>lansoprazole (prevacid)</i>	1	PA OTC EDS NP
LANSOPRAZOLE 15 MG CAP DR	1	OTC EDS P
LANSOPRAZOLE 15 MG TAB DR DISP	1	PA OTC NP
LANSOPRAZOLE 30 MG CAP DR	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
PREVACID 30 MG CAP DR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i>	1	EDS
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cvs omeprazole-sod bicarbonate</i>	1	<div data-bbox="1133 174 1192 210">PA</div> <div data-bbox="1133 222 1192 258">OTC</div> <div data-bbox="1133 270 1192 306">EDS</div> <div data-bbox="1133 319 1192 354">NP</div>
<i>goodsense omepr/sod bicarb</i>	1	<div data-bbox="1133 378 1192 413">PA</div> <div data-bbox="1133 426 1192 462">OTC</div> <div data-bbox="1133 474 1192 510">EDS</div> <div data-bbox="1133 522 1192 558">NP</div>
<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	<div data-bbox="1133 636 1192 672">PA</div> <div data-bbox="1133 684 1192 720">NP</div>
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	<div data-bbox="1133 798 1192 833">PA</div> <div data-bbox="1133 846 1192 882">OTC</div> <div data-bbox="1133 894 1192 930">EDS</div> <div data-bbox="1133 942 1192 978">NP</div>
ZEGERID (ZEGERID 20-1680 MG PACKET, ZEGERID 40-1100 MG CAP, ZEGERID 40-1680 MG PACKET)	2	<div data-bbox="1133 1035 1192 1071">PA</div> <div data-bbox="1133 1083 1192 1119">NP</div>
ZEGERID 20-1100 MG CAP	2	<div data-bbox="1133 1176 1192 1211">PA</div> <div data-bbox="1133 1224 1192 1260">OTC</div> <div data-bbox="1133 1272 1192 1308">NP</div>
ZEGERID OTC	2	<div data-bbox="1133 1337 1192 1373">PA</div> <div data-bbox="1133 1386 1192 1421">OTC</div> <div data-bbox="1133 1434 1192 1470">NP</div>
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	<div data-bbox="1133 1638 1192 1673">PA</div> <div data-bbox="1133 1686 1192 1722">EDS</div> <div data-bbox="1133 1734 1192 1770">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DETROL	2	PA NP
DITROPAN XL	2	PA NP
ENABLEX	2	PA NP
<i>fesoterodine fumarate er</i>	1	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
<i>trospium chloride er</i>	1	PA EDS NP
VESICARE	2	PA NP
VESICARE LS	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
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
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	EDS
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	PA EDS NP
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	\$0	
BCG VACCINE	\$0	
BEXSERO	\$0	
BIOTHRAX	\$0	
CAPVAXIVE	\$0	
HIBERIX	\$0	
MENACTRA	\$0	
MENQUADFI	\$0	
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	\$0	
PEDVAX HIB	\$0	
PENBRAYA	\$0	
PNEUMOVAX 23	\$0	



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 PRESERVATIVE FREE	\$0	
AFLURIA QUADRIVALENT	\$0	
AREXVY	\$0	
COMIRNATY	\$0	
DENGVAXIA	\$0	
ENGERIX-B	\$0	
FLUAD	\$0	
FLUAD QUADRIVALENT	\$0	
FLUARIX	\$0	
FLUARIX QUADRIVALENT	\$0	
FLUBLOK	\$0	
FLUBLOK QUADRIVALENT	\$0	
FLUCELVAX SUSPENSION	\$0	
FLUCELVAX QUADRIVALENT	\$0	
FLULAVAL	\$0	
FLULAVAL QUADRIVALENT	\$0	
FLUMIST QUADRIVALENT	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
FLUZONE 0.5 ML SUSP PRSYR	\$0	
FLUZONE HIGH-DOSE	\$0	
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	
MRESVIA	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
NOVAVAX COVID-19 VACCINE	\$0	
PFIZER COVID-19 BIVAL 6MO-4YR	\$0	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YF-VAX	\$0	
ZOSTAVAX	\$0	
<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 PA NP
<i>epinephrine (anaphylaxis)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>epinephrine (epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>PA</li> <li>MFG</li> <li>NP</li> </ul>
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>MFG</li> <li>P</li> </ul>
EPIPEN 2-PAK	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>P</li> </ul>
EPIPEN JR 2-PAK	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>P</li> </ul>
SYMJEPI	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>P</li> </ul>
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	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
BETA-CAROTENE	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin a</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
<i>vitamin d</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>

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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KCL-LACTATED RINGERS- D5W	250	KOATE	225	LANSOPRAZOLE 15 MG TAB DR DISP	299
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LENVIMA (12 MG DAILY	levonorgest-eth est & eth est	175	lithium	143
DOSE)	levonorgest-eth estrad 91-		lithium carbonate	143
LENVIMA (14 MG DAILY	day	175	lithium carbonate er	143
DOSE)	levonorgest-eth estradiol-		LIVALO	112
LENVIMA (18 MG DAILY	iron	175	lo-zumandimine	175
DOSE)	levonorgestrel (plan b)	179	loestrin 1.5/30 (21)	175
LENVIMA (20 MG DAILY	levonorgestrel-ethinyl estrad	175	loestrin 1/20 (21)	175
DOSE)	levora 0.15/30 (28)	175	loestrin fe 1.5/30	175
LENVIMA (24 MG DAILY	levothyroxine sodium	295	loestrin fe 1/20	175
DOSE)	levoxyl	295	lojaimiess	175
LENVIMA (4 MG DAILY	LEXAPRO	86	LONSURF	130
DOSE)	LEXIVA	151	LOPERAMIDE	102
LENVIMA (8 MG DAILY	LIALDA	218	loperamide	102
DOSE)	LICART	189	LOPID	111
LEQVIO	LIDOCAINE 5 % OINTMENT	200	lopinavir-ritonavir	151
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