

2024

Список препаратов, покрываемых программой Medicaid (фармацевтический справочник)

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

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

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

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

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

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

Информация, включенная в этот список покрываемых страховкой препаратов, была верной по состоянию на 01.12.2024. Чтобы получить актуальную информацию, перейдите на сайт 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. 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.

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.

Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊

အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ပတ်သည့်ပတ်သားဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်. ကိးဘၣ် လိတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫີໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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

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

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 (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.

Содержание

Что такое список покрываемых препаратов?.....	8
Вносятся ли изменения в список покрываемых препаратов?	8
Как лекарства перечислены в списке покрываемых страховкой препаратов?	8
Что такое список предпочтительных препаратов?	9
Что такое непатентованные препараты или биоаналоги?.....	9
Что такое безрецептурные препараты (ОТС)?	9
Что делать, если препарат не входит в список покрываемых препаратов?	10
Существуют ли какие-либо ограничения в отношении моего покрытия?.....	11
Можно ли запросить исключение из ограничений покрытия?	11
Сколько будет стоить рецепт?	12
Обозначения списка препаратов (фармацевтического справочника).....	12
Список препаратов (фармацевтический справочник).....	15
Указатель препаратов	348

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?

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?

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)?

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?

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. Обращайтесь в Службу поддержки клиентов UCare по номеру, указанному на обложке, для получения помощи.

Существуют ли какие-либо ограничения в отношении моего покрытия?

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. 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 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.

Обозначения списка препаратов (фармацевтического справочника)

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

PA	Предварительное разрешение	Препараты, которые требуют одобрения UCare, прежде чем вы получите его по рецепту
SP	Специальный препарат	Препараты, которые необходимо получать по рецепту через специализированную аптеку Fairview
QL	Ограничение по количеству	Существуют ограничения на количество препарата, покрываемого в рамках одной выдачи
LA	Ограниченный доступ	Препараты, которые можно приобрести только в определенных аптеках
PV	Профилактика	Препараты для профилактического использования, оплачиваемые по цене 0 долл.США
CDS	Средства для лечения хронических заболеваний	Участники программы MinnesotaCare могут потратить не более 50 долл. США в месяц из собственных средств на медицинские товары, предназначенные для лечения хронических заболеваний

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR (ADDERALL XR 25 MG CAP ER 24H, ADDERALL XR 30 MG CAP ER 24H)	1	QL 2 EA / DAY P
ADDERALL XR (ADDERALL XR 5 MG CAP ER 24H, ADDERALL XR 10 MG CAP ER 24H, ADDERALL XR 15 MG CAP ER 24H)	1	QL 4 EA / DAY P
ADDERALL XR 20 MG CAP ER 24H	1	QL 3 EA / DAY P
ADZENYS ER	2	QL 48 ML / DAY PA NP
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	QL 1 EA / DAY PA NP
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	QL 2 EA / DAY PA NP
AMPHETAMINE ER	1	QL 48 ML / DAY PA NP
<i>amphetamine sulfate 10 mg tab</i>	1	QL 6 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine sulfate 5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">4 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">2 EA / DAY</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 5 mg cap er 24h, amphetamine-dextroamphet er 10 mg cap er 24h, amphetamine-dextroamphet er 15 mg cap er 24h)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">4 EA / DAY</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>amphetamine-dextroamphet 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; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">3 EA / DAY</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab, amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">4 EA / DAY</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">3 EA / DAY</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">2 EA / DAY</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">3 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #999999; color: white; padding: 2px; border-radius: 3px;">3 EA / DAY</div> <div style="background-color: #339966; color: white; padding: 2px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dextroamphetamine sulfate 30 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> QL 60 ML / DAY PA NP
<i>dextroamphetamine sulfate er</i>	1	<ul style="list-style-type: none"> QL 4 EA / DAY P
DYANAVEL XR 2.5 MG/ML SUSP	2	<ul style="list-style-type: none"> QL 48 ML / DAY PA NP
EVEKEO 10 MG TAB	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA NP
EVEKEO 5 MG TAB	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA NP
EVEKEO ODT (EVEKEO ODT 5 MG TAB DISP, EVEKEO ODT 15 MG TAB DISP)	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA NP
EVEKEO ODT 10 MG TAB DISP	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA NP
EVEKEO ODT 20 MG TAB DISP	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap</i>)	1	QL 2 EA / DAY P
<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	QL 2 EA / DAY
<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	QL 1 EA / DAY P
<i>lisdexamfetamine dimesylate</i> (<i>lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab</i>)	1	QL 1 EA / DAY
MYDAYIS	2	QL 1 EA / DAY PA NP
<i>procentra</i>	1	QL 60 ML / DAY PA NP
VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP)	1	QL 2 EA / DAY P
VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB)	2	QL 2 EA / DAY PA NP
VYVANSE (VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP)	1	QL 1 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VYVANSE (VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
XELSTRYM	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
zenzedi (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)	1	<ul style="list-style-type: none"> QL 3 EA / DAY PA NP
zenzedi 30 mg tab	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
ANALEPTICS		
CAFFEINE-SODIUM BENZOATE	2	
ANOREXIANTS NON-AMPHETAMINE		
phentermine hcl	1	<ul style="list-style-type: none"> QL 1 EA / DAY
ANTI-OBESITY AGENTS		
ORLISTAT	1	<ul style="list-style-type: none"> QL 3 EA / DAY PA NP
SAXENDA	2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 NP
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	EDS P
<i>clonidine hcl er</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
QELBREE	2	PA NP
STRATTERA	2	PA NP
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	QL 1 EA / DAY PA
STIMULANTS - MISC.		
ADHANSIA XR (ADHANSIA XR 35 MG CAP ER 24H, ADHANSIA XR 45 MG CAP ER 24H, ADHANSIA XR 55 MG CAP ER 24H, ADHANSIA XR 70 MG CAP ER 24H, ADHANSIA XR 85 MG CAP ER 24H)	2	QL 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
<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

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
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
<i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)</i>	1		QL 2 EA / DAY P
FOCALIN	2		QL 2 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
JORNAY PM	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
METHYLIN 10 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> QL 30 ML / DAY P
METHYLIN 5 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> QL 60 ML / DAY P
<i>methylphenidate</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 3 EA / DAY P
<i>methylphenidate hcl 10 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 6 EA / DAY PA NP
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> QL 30 ML / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	QL 60 ML / DAY P
<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	QL 2 EA / DAY PA NP
<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	QL 1 EA / DAY PA NP
<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	QL 2 EA / DAY PA NP
<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	QL 1 EA / DAY PA NP
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	QL 2 EA / DAY P
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 54 MG TAB ER, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H)	1	QL 1 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl er (osm)</i> <i>(methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 36 mg tab er)</i>	1	QL 2 EA / DAY P
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	QL 1 EA / DAY P
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER	1	QL 1 EA / 1 DAY PA NP
<i>methylphenidate hcl er (xr)</i>	1	QL 2 EA / DAY PA NP
<i>methylphenidate hcl er 10 mg tab er</i>	1	QL 4 EA / DAY P
<i>methylphenidate hcl er 20 mg tab er</i>	1	QL 3 EA / DAY P
<i>modafinil</i>	1	QL 2 EA / DAY
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 30 MG CHER)	2	QL 2 EA / DAY PA NP
QUILLICHEW ER 40 MG CHER	2	QL 1 EA / DAY PA NP
QUILLIVANT XR	2	QL 12 ML / DAY PA NP
RITALIN	2	QL 3 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> <div>2 EA / DAY</div> </div>
RITALIN LA 40 MG CAP ER 24H	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> <div>1 EA / DAY</div> </div>
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
PALFORZIA	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <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> </div>
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - C'S		
ACTIVATED CHARCOAL	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>cranberry supplement</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> </div>
CRANBERRY SUPPLEMENT	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
ALTERNATIVE MEDICINE - G'S		
<i>cvs glucosamine</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>glucosamine hcl 1500 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>glucosamine sulfate</i>	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>sm glucosamine hcl</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
ALTERNATIVE MEDICINE - M'S		
MELATONIN	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>melatonin</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>
<i>melatonin / pyridoxine</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALTERNATIVE MEDICINE COMBINATIONS		
CVS GLUCOS-CHONDROIT TRIPLE ST	2	OTC
<i>glucosamine / chondroitin</i>	1	OTC
MELATONIN / PYRIDOXINE	2	OTC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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TOBI	2	<ul style="list-style-type: none"> QL 10 ML / DAY PA SP NP
TOBI PODHALER	2	<ul style="list-style-type: none"> QL 8 EA / DAY PA SP NP
<i>tobramycin 300 mg/4ml nebu soln</i>	1	<ul style="list-style-type: none"> QL 8 ML / DAY PA SP NP
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	<ul style="list-style-type: none"> QL 10 ML / DAY SP P
<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"> QL 2 EA / 28 DAYS PA SP NP
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ABRILADA (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ABRILADA (2 SYRINGE)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 180 DAYS PA SP NP
ADALIMUMAB-AATY (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-AATY (2 SYRINGE) 40 MG/0.4ML PEF SY KT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-ADAZ	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADALIMUMAB-ADB M (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-ADB M (2 SYRINGE) (ADALIMUMAB-ADB M (2 SYRINGE) 10 MG/0.2ML PREF SY KT, ADALIMUMAB-ADB M (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADB M (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-ADB M (2 SYRINGE) 40 MG/0.4ML PREF SY KT	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP
ADALIMUMAB-ADB M(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP
ADALIMUMAB-ADB M(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-ADB M(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP
ADALIMUMAB-ADB M(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADALIMUMAB-FKJP (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-FKJP (2 SYRINGE)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
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"> QL 2 EA / 28 DAYS PA SP NP
AMJEVITA 40 MG/0.8ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 1.6 ml / 28 days PA SP NP
CYLTEZO	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
CYLTEZO (2 PEN)	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP
CYLTEZO (2 SYRINGE)	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CYLTEZO-CD/UC/HS STARTER 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP
CYLTEZO-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
CYLTEZO-PSORIASIS STARTER	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
CYLTEZO-PSORIASIS/UV STARTER	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP
HADLIMA	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
HADLIMA PUSHTOUCH	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
HULIO	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
HULIO (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HULIO (2 SYRINGE)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
HUMIRA	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP P
HUMIRA (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP P
HUMIRA (2 SYRINGE) 40 MG/0.8ML PEF SY KT	2	<ul style="list-style-type: none"> QL 2 UNITS / 28 DAYS PA SP P
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 6 EA / 180 DAYS PA SP P
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP P
HUMIRA-PED<40KG CROHNS STARTER	2	<ul style="list-style-type: none"> QL 2 EA / 180 DAYS PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA-PED>/=40KG CROHNS START	2	QL 3 EA / 180 DAYS PA SP P
HUMIRA-PED>/=40KG UC STARTER	2	QL 4 EA / 180 DAYS PA SP P
HUMIRA-PS/UV/ADOL HS STARTER	2	QL 4 EA / 180 DAYS PA SP P
HUMIRA-PSORIASIS/VEIT STARTER	2	QL 3 EA / 180 DAYS PA SP P
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	QL 2 EA / 28 DAYS PA SP NP
HYRIMOZ 80 MG/0.8ML SOLN A-INJ	2	QL 3 EA / 180 DAYS PA SP NP
HYRIMOZ-CROHNS/UC STARTER	2	QL 3 EA / 180 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYRIMOZ-CROHNS/UC STARTER PACK	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP NP
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2 EA / 180 DAYS PA SP NP
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP NP
HYRIMOZ-PLAQ PSOR/UEVIT START	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP NP
HYRIMOZ-PLAQUE PSORIASIS START	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP NP
IDACIO 40 MG/0.8ML PEF SY KT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
IDACIO FOR CROHNS DISEASE/UC	2	<ul style="list-style-type: none"> QL 6 EA / 180 DAYS PA SP NP
IDACIO FOR PLAQUE PSORIASIS	2	<ul style="list-style-type: none"> QL 4 EA / 180 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 1 ml / 28 days PA SP NP
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 0.5 ml / 28 days PA SP NP
SIMPONI ARIA	2	<ul style="list-style-type: none"> PA SP NP
YUFLYMA (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 180 DAYS PA SP NP
YUFLYMA (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
YUFLYMA 2-SYRINGE KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
YUFLYMA-CD/UC/HS STARTER	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YUSIMRY	2	QL 2 EA / 28 DAYS PA SP NP
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT	2	QL 30 EA / 30 days PA SP NP
RINVOQ	2	QL 1 EA / DAY PA SP NP
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	2	QL 2 EA / DAY PA SP P
XELJANZ 1 MG/ML SOLUTION	2	QL 10 ML / DAY PA SP NP
XELJANZ XR	2	QL 1 EA / DAY PA SP NP
INTERLEUKIN-1 BLOCKERS		
ARCALYST	2	QL 4 EA / 28 DAYS PA LA NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FENORTHO	2	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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>naproxen-esomeprazole mg</i>	1	QL 68 UNITS / 30 DAYS PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxaprozin 600 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>
<i>piroxicam</i>	1	<div data-bbox="1133 331 1195 367">EDS</div>
<i>relafen</i>	1	<div data-bbox="1133 394 1195 430">EDS</div> <div data-bbox="1133 443 1195 478">P</div>
RELAFEN DS	2	<div data-bbox="1133 510 1195 546">PA</div> <div data-bbox="1133 558 1195 594">NP</div>
<i>sulindac</i>	1	<div data-bbox="1133 625 1195 661">EDS</div> <div data-bbox="1133 674 1195 709">P</div>
ZIPSOR	2	<div data-bbox="1133 730 1195 766">PA</div> <div data-bbox="1133 779 1195 814">NP</div>
ZORVOLEX	2	<div data-bbox="1133 846 1195 882">PA</div> <div data-bbox="1133 894 1195 930">NP</div>
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 20 MG TAB)	2	<div data-bbox="1133 1024 1393 1060">QL 2 EA / 1 DAY</div> <div data-bbox="1133 1073 1195 1108">PA</div> <div data-bbox="1133 1121 1195 1157">SP</div> <div data-bbox="1133 1169 1195 1205">P</div>
OTEZLA 10 & 20 & 30 MG TAB THPK	2	<div data-bbox="1133 1234 1450 1270">QL 55 EA / 180 days</div> <div data-bbox="1133 1283 1195 1318">PA</div> <div data-bbox="1133 1331 1195 1367">SP</div> <div data-bbox="1133 1379 1195 1415">P</div>
OTEZLA 30 MG TAB	2	<div data-bbox="1133 1444 1369 1480">QL 2 EA / DAY</div> <div data-bbox="1133 1493 1195 1528">PA</div> <div data-bbox="1133 1541 1195 1577">SP</div> <div data-bbox="1133 1589 1195 1625">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	EDS
SELECTIVE COSTIMULATION MODULATORS		
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
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR)	2	QL 4 ml / 28 days PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL 25 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 2 ml / 28 days PA SP P
ENBREL MINI	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P
ENBREL SURECLICK	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zebutal</i>	1	
ANALGESICS OTHER		
<i>acetaminophen (tylenol)</i>	1	OTC EDS
CHILDRENS TYLENOL	2	OTC
SALICYLATES		
<i>aspirin</i>	\$0	OTC EDS
<i>aspirin (81 mg chew tab)</i>	\$0	OTC EDS
<i>aspirin (81 mg tab dr)</i>	\$0	OTC EDS
<i>aspirin / buffers (bufferin)</i>	1	OTC EDS
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS - OPIOID		
OPIOID AGONISTS		
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
DURAGESIC-75	2	QL 0.34 EA / DAY PA NP
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	1	QL 0.34 EA / DAY PA NP
<i>fentanyl (fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr)</i>	1	QL 0.34 EA / DAY PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	<div data-bbox="1133 260 1192 296">QL</div> 4 EA / day <div data-bbox="1133 310 1192 346">PA</div>
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)	2	<div data-bbox="1133 606 1192 642">QL</div> 4 EA / 1 DAY <div data-bbox="1133 657 1192 693">PA</div>
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	<div data-bbox="1133 947 1192 982">QL</div> 4 EA / day <div data-bbox="1133 997 1192 1033">PA</div> <div data-bbox="1133 1047 1192 1083">NP</div>
<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	<div data-bbox="1133 1220 1192 1255">QL</div> 4 EA / day <div data-bbox="1133 1270 1192 1306">PA</div> <div data-bbox="1133 1320 1192 1356">NP</div>
<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	<div data-bbox="1133 1451 1192 1486">QL</div> 3 EA / day <div data-bbox="1133 1501 1192 1537">PA</div> <div data-bbox="1133 1551 1192 1587">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYSINGLA ER 20 MG TB24 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day
HYSINGLA ER 60 MG TB24 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day
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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day
<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
<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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day
<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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day
<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
<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
<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
<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
<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
<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
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
<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
<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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MORPHINE SULFATE ER (MORPHINE SULFATE ER 10 MG CAP ER 24H, MORPHINE SULFATE ER 20 MG CAP ER 24H)	2	<ul style="list-style-type: none"> QL 4 EA / day PA NP
<i>morphine sulfate er (morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i>	1	<ul style="list-style-type: none"> QL 1 EA / day PA NP
MORPHINE SULFATE ER (MORPHINE SULFATE ER 50 MG CAP ER 24H, MORPHINE SULFATE ER 60 MG CAP ER 24H, MORPHINE SULFATE ER 80 MG CAP ER 24H, MORPHINE SULFATE ER 100 MG CAP ER 24H)	2	<ul style="list-style-type: none"> QL 1 EA / day PA NP
<i>morphine sulfate er (morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	<ul style="list-style-type: none"> QL 1 EA / day PA P
<i>morphine sulfate er 15 mg tab er</i>	1	<ul style="list-style-type: none"> QL 4 EA / day PA P
<i>morphine sulfate er 30 mg cap er 24h</i>	1	<ul style="list-style-type: none"> QL 3 EA / day PA NP
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
<i>morphine sulfate er 30 mg tab er</i>	1	<ul style="list-style-type: none"> QL 3 EA / day PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	<div data-bbox="1133 170 1192 205">QL</div> 2 EA / day <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
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	<div data-bbox="1133 415 1192 451">QL</div> 1 EA / day <div data-bbox="1133 464 1192 499">PA</div> <div data-bbox="1133 512 1192 548">NP</div>
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	2	<div data-bbox="1133 659 1192 695">QL</div> 3 EA / day <div data-bbox="1133 707 1192 743">PA</div> <div data-bbox="1133 756 1192 791">NP</div>
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	<div data-bbox="1133 814 1192 850">QL</div> 2 EA / day <div data-bbox="1133 863 1192 898">PA</div> <div data-bbox="1133 911 1192 947">NP</div>
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	<div data-bbox="1133 978 1192 1014">QL</div> 1 EA / day <div data-bbox="1133 1026 1192 1062">PA</div> <div data-bbox="1133 1075 1192 1110">NP</div>
MS CONTIN 15 MG TAB ER	2	<div data-bbox="1133 1146 1192 1182">QL</div> 4 EA / day <div data-bbox="1133 1194 1192 1230">PA</div> <div data-bbox="1133 1243 1192 1278">NP</div>
MS CONTIN 30 MG TAB ER	2	<div data-bbox="1133 1302 1192 1337">QL</div> 3 EA / day <div data-bbox="1133 1350 1192 1386">PA</div> <div data-bbox="1133 1398 1192 1434">NP</div>
NUCYNTA ER (NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	2	<div data-bbox="1133 1465 1192 1501">QL</div> 1 EA / day <div data-bbox="1133 1514 1192 1549">PA</div> <div data-bbox="1133 1562 1192 1598">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H)	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 5 mg tab)</i>	1	<ul style="list-style-type: none"> QL 12 EA / day
<i>oxycodone hcl 10 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 EA / day
<i>oxycodone hcl 100 mg/5ml conc</i>	1	<ul style="list-style-type: none"> QL 3 ml / day
<i>oxycodone hcl 15 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 EA / day
<i>oxycodone hcl 20 mg tab</i>	1	<ul style="list-style-type: none"> QL 3 EA / day
<i>oxycodone hcl 30 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / day
<i>oxycodone hcl 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
OXYCODONE HCL ER 30 MG TB12 DETER	1	<ul style="list-style-type: none"> QL 2 EA / day PA NP
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	<ul style="list-style-type: none"> QL 3 EA / 1 DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXYCONTIN (OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / DAY</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN 15 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN 30 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN 40 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / 1 DAY</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>tramadol hcl (er biphasic)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>tramadol hcl 50 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">8 EA / day</div> </div>
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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOHYDRO ER (ZOHYDRO ER 10 MG CAP ER 12H, ZOHYDRO ER 15 MG CAP ER 12H, ZOHYDRO ER 20 MG CAP ER 12H)	2	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
OPIOID COMBINATIONS		
<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
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 150 ML / 1 DAY
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 6 EA / day
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab)</i>	1	QL 12 EA / day
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 6 EA / day
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 8 EA / day
<i>tramadol-acetaminophen</i>	1	QL 8 EA / day
OPIOID PARTIAL AGONISTS		
BELBUCA	1	QL 2 EA / day PA P
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL 1.28 ML / 28 DAYS PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1.92 ML / 28 DAYS PA LA NP
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2.56 ML / 28 DAYS PA LA NP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.64 ML / 28 DAYS PA LA NP
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.36 ML / 28 DAYS PA LA NP
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.18 ML / 28 DAYS PA LA NP
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.27 ML / 28 DAYS PA LA NP
<i>buprenorphine</i>	1	<ul style="list-style-type: none"> QL 0.15 EA / DAY PA NP
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	<ul style="list-style-type: none"> 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"> QL 2 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	1	<ul style="list-style-type: none"> QL 12 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1	<ul style="list-style-type: none"> QL 12 EA / day P
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	<ul style="list-style-type: none"> QL 6 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	1	<ul style="list-style-type: none"> QL 3 EA / day PA NP
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1	<ul style="list-style-type: none"> QL 3 EA / day P
<i>nalbuphine hcl</i>	1	<ul style="list-style-type: none"> QL 2 EA / day
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 EA / fill PA LA NP
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1.5 ML / FILL PA LA NP
SUBOXONE 12-3 MG FILM	1	<ul style="list-style-type: none"> QL 2 EA / day P
SUBOXONE 2-0.5 MG FILM	1	<ul style="list-style-type: none"> QL 12 EA / day P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SUBOXONE 4-1 MG FILM	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>6 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px;">P</div> </div>
SUBOXONE 8-2 MG FILM	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>3 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px;">P</div> </div>
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>12 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px;">NP</div> </div>
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>2 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px;">NP</div> </div>
ZUBSOLV 2.9-0.71 MG SL TAB	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>4 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px;">NP</div> </div>
ZUBSOLV 5.7-1.4 MG SL TAB	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>3 EA / day</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px;">NP</div> </div>
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
TESTIM	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>10 GM / DAY</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px;">P</div> </div>
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>5 GM / DAY</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #28a745; color: white; border-radius: 50%; padding: 2px 5px;">P</div> </div>
TESTOSTERONE 10 MG/ACT (2%) GEL	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>4 GM / 1 DAY</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #6c757d; color: white; border-radius: 50%; padding: 2px 5px;">PA</div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="margin-right: 10px; background-color: #ffc107; color: white; border-radius: 50%; padding: 2px 5px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone 10 mg/act (2%) gel</i>	1	<ul style="list-style-type: none"> QL 4 GM / DAY PA NP
TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	<ul style="list-style-type: none"> QL 10 GM / 1 DAY PA NP
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	<ul style="list-style-type: none"> QL 1.25 GM / DAY PA NP
<i>testosterone 25 mg/2.5gm (1%) gel</i>	1	<ul style="list-style-type: none"> QL 2.5 GM / DAY PA NP
<i>testosterone 30 mg/act solution</i>	1	<ul style="list-style-type: none"> QL 6 ML / DAY PA NP
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	1	<ul style="list-style-type: none"> QL 5 GM / DAY PA NP
<i>testosterone 50 mg/5gm (1%) gel</i>	1	<ul style="list-style-type: none"> QL 10 GM / DAY PA NP
TESTOSTERONE 50 MG/5GM (1%) GEL	2	<ul style="list-style-type: none"> QL 10 GM / DAY PA NP
<i>testosterone cypionate</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	
VOGELXO	2	<ul style="list-style-type: none"> QL 10 GM / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VOGELXO PUMP	2	<div data-bbox="1133 170 1195 205">QL</div> <div data-bbox="1203 170 1419 205">10 GM / 1 DAY</div> <div data-bbox="1133 218 1195 254">PA</div> <div data-bbox="1133 266 1195 302">NP</div>
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	1	<div data-bbox="1133 472 1195 508">PA</div> <div data-bbox="1133 520 1195 556">NP</div>
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	<div data-bbox="1133 644 1195 680">PA</div> <div data-bbox="1133 693 1195 728">NP</div>
RECTAL COMBINATIONS		
<i>hemorrhoidal cream</i>	1	<div data-bbox="1133 827 1195 863">OTC</div>
<i>hemorrhoidal ointment</i>	1	<div data-bbox="1133 888 1195 924">OTC</div>
<i>hemorrhoidal suppository</i>	1	<div data-bbox="1133 949 1195 984">OTC</div>
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	<div data-bbox="1133 1010 1195 1045">OTC</div>
PROCTOFOAM HC	2	
RECTAL LOCAL ANESTHETICS		
<i>pramoxine (procto-foam)</i>	1	<div data-bbox="1133 1253 1195 1289">OTC</div>
RECTAL STEROIDS		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
VASODILATING AGENTS		
RECTIV	2	
ANTACIDS		
ANTACID COMBINATIONS		
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
ANTACIDS - ALUMINUM SALTS		
<i>aluminum hydroxide (alternagel)</i>	2	OTC
ANTACIDS - BICARBONATE		
SODIUM BICARBONATE	2	OTC
<i>sodium bicarbonate</i>	1	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (tums)</i>	1	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide</i>	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAGNESIUM OXIDE (ANTACID)	2	OTC
<i>magnesium oxide (antacid)</i>	1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	1	
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
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XIFAXAN 200 MG TAB	2	QL 3 EA / DAY
XIFAXAN 550 MG TAB	2	QL 2 EA / DAY PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multivitamins / minerals</i>	2	OTC EDS
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 400-80 mg/5ml solution, sulfamethoxazole-trimethoprim 800-160 mg tab, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	1	
LAMPIT	2	
CARBAPENEMS		
<i>ertapenem sodium</i>	1	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	1	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
CYCLIC LIPOPEPTIDES		
<i>daptomycin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GLYCOPEPTIDES		
VANCOCIN	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="background-color: #e69d00; 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; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
LEPROSTATICS		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	<div style="display: flex; gap: 5px;"> <div style="background-color: #5d2e2e; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
LINCOSAMIDES		
<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	
MONOBACTAMS		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	<div style="display: flex; gap: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="background-color: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXAZOLIDINONES		
<i>linezolid (linezolid 100 mg/5ml recon susp, linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	PA
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<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	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	EDS
NITRATES		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
ANTIANSIETY AGENTS		
ANTIANSIETY AGENTS - MISC.		
<i>bupirone hcl (bupirone hcl 5 mg tab, bupirone hcl 7.5 mg tab, bupirone hcl 10 mg tab, bupirone hcl 15 mg tab, bupirone 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	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab, alprazolam 2 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<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
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	EDS
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>propafenone hcl</i>	1	EDS
ANTIARRHYTHMICS TYPE III		
<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
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 ML / 56 DAYS PA LA
FASENRA 30 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ml / 56 days PA LA
FASENRA PEN	2	<ul style="list-style-type: none"> QL 1 ml / 56 days PA LA
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"> QL 1 EA / 28 days PA SP
XOLAIR (XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 4 ML / 28 DAYS
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 1 ML / 28 DAYS
XOLAIR 150 MG RECON SOLN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 2 EA / 28 DAYS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
INCRUSE ELLIPTA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>ipratropium bromide 0.02 % solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #660000; color: white; padding: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SPIRIVA HANDIHALER	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SPIRIVA RESPIMAT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
<i>tiotropium bromide monohydrate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #660000; color: white; padding: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
TUDORZA PRESSAIR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
YUPELRI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
LEUKOTRIENE MODULATORS		
ACCOLATE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	2	PA NP
<i>roflumilast</i>	1	P
STEROID INHALANTS		
ALVESCO	2	QL 0.21 GM / DAY PA NP
ARMONAIR DIGIHALER	2	QL 0.04 EA / DAY PA NP
ARNUITY ELLIPTA	2	QL 1 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ASMANEX HFA	2	<ul style="list-style-type: none"> QL 0.44 GM / DAY PA NP
ASMANEX INHALATION POWDER	2	<ul style="list-style-type: none"> QL 0.04 EA / DAY P
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	1	<ul style="list-style-type: none"> EDS P
FLUTICASONE PROPIONATE DISKUS	1	<ul style="list-style-type: none"> QL 2 EA / DAY
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> QL 12 GM / FILL P
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> QL 24 GM / FILL P
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> QL 10.6 GM / FILL P
PULMICORT	2	<ul style="list-style-type: none"> PA NP
PULMICORT FLEXHALER	2	<ul style="list-style-type: none"> QL 0.04 EA / DAY P
QVAR REDIHALER 40 MCG/ACT AERO BA	2	<ul style="list-style-type: none"> QL 0.36 GM / DAY PA NP
QVAR REDIHALER 80 MCG/ACT AERO BA	2	<ul style="list-style-type: none"> QL 0.71 GM / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SYMPATHOMIMETICS		
ADVAIR DISKUS	1	QL 2 EA / DAY P
ADVAIR HFA	1	QL 0.4 GM / DAY P
AIRDUO DIGIHALER	2	QL 0.04 EA / DAY PA NP
AIRDUO RESPICLICK 113/14	2	QL 1 EA / 1 FILL PA NP
AIRDUO RESPICLICK 232/14	2	QL 1 EA / 1 FILL PA NP
AIRDUO RESPICLICK 55/14	2	QL 1 EA / 1 FILL PA NP
AIRSUPRA	2	QL 0.72 GM / DAY PA NP
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	EDS P
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	1	PA EDS NP
ALBUTEROL SULFATE ER	2	PA NP
ALBUTEROL SULFATE HFA	1	QL 1.2 GM / DAY PA NP
<i>albuterol sulfate hfa</i>	1	QL 0.57 GM / DAY PA EDS NP
ANORO ELLIPTA	2	QL 2 EA / 1 DAY P
<i>arformoterol tartrate</i>	1	PA EDS NP
BEVESPI AEROSPHERE	2	QL 0.36 GM / DAY PA NP
BREO ELLIPTA	2	QL 2 EA / DAY PA NP
<i>breyna</i>	1	QL 0.69 GM / DAY PA EDS NP
BREZTRI AEROSPHERE	2	QL 0.36 GM / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BROVANA	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
<i>budesonide-formoterol fumarate</i>	1	<div data-bbox="1133 283 1419 315">QL 0.69 GM / DAY</div> <div data-bbox="1133 331 1195 363">PA</div> <div data-bbox="1133 380 1195 411">EDS</div> <div data-bbox="1133 428 1195 459">NP</div>
COMBIVENT RESPIMAT	2	<div data-bbox="1133 493 1419 525">QL 0.14 GM / DAY</div> <div data-bbox="1133 541 1195 573">P</div>
DUAKLIR PRESSAIR	2	<div data-bbox="1133 602 1419 634">QL 0.04 EA / DAY</div> <div data-bbox="1133 651 1195 682">PA</div> <div data-bbox="1133 699 1195 730">NP</div>
DULERA	2	<div data-bbox="1133 760 1419 791">QL 0.87 GM / DAY</div> <div data-bbox="1133 808 1195 840">P</div>
FLUTICASONE FUROATE-VILANTEROL	1	<div data-bbox="1133 869 1365 900">QL 2 EA / DAY</div> <div data-bbox="1133 917 1195 949">PA</div> <div data-bbox="1133 966 1195 997">NP</div>
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	<div data-bbox="1133 1056 1365 1087">QL 2 EA / DAY</div> <div data-bbox="1133 1104 1195 1136">PA</div> <div data-bbox="1133 1152 1195 1184">NP</div>
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	<div data-bbox="1133 1308 1458 1339">QL 12 GM / 30 DAYS</div> <div data-bbox="1133 1356 1195 1388">PA</div> <div data-bbox="1133 1404 1195 1436">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	<ul style="list-style-type: none"> QL 1 EA / 1 FILL PA NP
<i>formoterol fumarate</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>ipratropium-albuterol</i>	1	<ul style="list-style-type: none"> QL 18 ML / DAY EDS P
<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	<ul style="list-style-type: none"> PA EDS NP
LEVALBUTEROL TARTRATE	1	<ul style="list-style-type: none"> QL 1 GM / DAY PA NP
PERFOROMIST	2	<ul style="list-style-type: none"> PA NP
PROAIR DIGIHALER	2	<ul style="list-style-type: none"> QL 2 EA / fill PA NP
PROAIR RESPICLICK	2	<ul style="list-style-type: none"> QL 2 EA / fill PA NP
SEREVENT DISKUS	2	<ul style="list-style-type: none"> QL 2 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STIOLTO RESPIMAT	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;">0.14 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
STRIVERDI RESPIMAT	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;">0.14 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>
SYMBICORT	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;">0.69 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	1	<div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div>
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW 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;">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>
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW 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;">2 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>
VENTOLIN HFA	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;">1.2 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>wixela inhub</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / DAY</div> </div> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div>
XOPENEX HFA	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;">1 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
XANTHINES		
<i>theophylline 80 mg/15ml solution</i>	1	<div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</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="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN	2	PA NP
<i>jantoven</i>	1	EDS P
<i>warfarin sodium</i>	1	EDS P
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
SAVAYSA	2	PA NP
XARELTO (XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	P
XARELTO 1 MG/ML RECON SUSP	2	PA NP
XARELTO STARTER PACK	2	P
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA	2	PA NP
<i>bd heparin posiflush</i>	1	
<i>enoxaparin sodium</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fondaparinux sodium</i>	1	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">NP</div>
FRAGMIN (FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	2	<div data-bbox="1133 321 1195 359">P</div>
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	<div data-bbox="1133 590 1195 627">PA</div> <div data-bbox="1133 638 1195 676">NP</div>
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</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	
<i>heparin sod (pork) lock flush</i>	1	
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
LOVENOX	2	<div data-bbox="1133 386 1195 422">PA</div> <div data-bbox="1133 432 1195 468">NP</div>
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	1	<div data-bbox="1133 573 1195 609">PA</div> <div data-bbox="1133 619 1195 655">NP</div>
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	<div data-bbox="1133 770 1195 806">PA</div> <div data-bbox="1133 816 1195 852">NP</div>
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	<div data-bbox="1133 1001 1195 1037">P</div>
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
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	<div data-bbox="1133 1318 1195 1354">PA</div> <div data-bbox="1133 1365 1195 1400">NP</div>
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	<div data-bbox="1133 1581 1195 1617">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	QL 2 EA / FILL P
LIBERVANT	2	QL 10 EA / 30 DAYS PA NP
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
ANTICONVULSANTS - MISC.		
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, carbamazepine 200 mg/10ml suspension)</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>epitol</i>	1	EDS P
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LAMICTAL ODT	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
LAMICTAL STARTER	2	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
LAMICTAL XR	2	<div data-bbox="1133 401 1195 432">PA</div> <div data-bbox="1133 449 1195 480">NP</div>
<i>lamotrigine (lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 42 x 50 mg & 14x100 mg kit)</i>	1	<div data-bbox="1133 541 1195 573">PA</div> <div data-bbox="1133 590 1195 621">NP</div>
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	1	<div data-bbox="1133 686 1195 718">PA</div> <div data-bbox="1133 735 1195 766">EDS</div> <div data-bbox="1133 783 1195 814">NP</div>
<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	<div data-bbox="1133 894 1195 926">EDS</div> <div data-bbox="1133 942 1195 974">P</div>
<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	<div data-bbox="1133 1125 1195 1157">EDS</div> <div data-bbox="1133 1173 1195 1205">P</div>
<i>lamotrigine starter kit-blue</i>	1	<div data-bbox="1133 1312 1195 1344">PA</div> <div data-bbox="1133 1360 1195 1392">NP</div>
<i>lamotrigine starter kit-green</i>	1	<div data-bbox="1133 1421 1195 1453">PA</div> <div data-bbox="1133 1470 1195 1501">NP</div>
<i>lamotrigine starter kit-orange</i>	1	<div data-bbox="1133 1535 1195 1566">PA</div> <div data-bbox="1133 1583 1195 1614">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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</i>	1	EDS P
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	QL 2 EA / DAY PA NP
LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP)	2	QL 3 EA / DAY PA NP
LYRICA 20 MG/ML SOLUTION	2	QL 30 ML / DAY PA NP
MOTPOLY XR	2	PA NP
MYSOLINE	2	PA NP
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 300 MG CAP, NEURONTIN 400 MG CAP)	2	QL 9 EA / DAY PA NP
NEURONTIN 250 MG/5ML SOLUTION	2	QL 72 ML / DAY PA NP
NEURONTIN 600 MG TAB	2	QL 6 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEURONTIN 800 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">4.5 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>oxcarbazepine er</i>	1	
OXTELLAR XR	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">2 EA / DAY</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<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; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">3 EA / DAY</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>pregabalin 20 mg/ml solution</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">30 ML / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
PRIMIDONE 125 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
QUDEXY XR	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>roweepra</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>roweepra xr</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009966; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</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>
SPRITAM	2	<div data-bbox="1133 323 1195 359">PA</div> <div data-bbox="1133 371 1195 407">NP</div>
<i>subvenite</i>	1	<div data-bbox="1133 434 1195 470">EDS</div> <div data-bbox="1133 483 1195 518">P</div>
<i>subvenite starter kit-blue</i>	1	<div data-bbox="1133 546 1195 581">PA</div> <div data-bbox="1133 594 1195 630">NP</div>
<i>subvenite starter kit-green</i>	1	<div data-bbox="1133 657 1195 693">PA</div> <div data-bbox="1133 705 1195 741">NP</div>
<i>subvenite starter kit-orange</i>	1	<div data-bbox="1133 768 1195 804">PA</div> <div data-bbox="1133 816 1195 852">NP</div>
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	<div data-bbox="1133 879 1195 915">PA</div> <div data-bbox="1133 928 1195 963">NP</div>
TEGRETOL-XR	2	<div data-bbox="1133 1012 1195 1047">PA</div> <div data-bbox="1133 1060 1195 1096">NP</div>
TOPAMAX	2	<div data-bbox="1133 1123 1195 1159">PA</div> <div data-bbox="1133 1171 1195 1207">NP</div>
TOPAMAX SPRINKLE	2	<div data-bbox="1133 1234 1195 1270">PA</div> <div data-bbox="1133 1283 1195 1318">NP</div>
<i>topiramate</i>	1	<div data-bbox="1133 1346 1195 1381">EDS</div> <div data-bbox="1133 1394 1195 1430">P</div>
<i>topiramate er</i>	1	<div data-bbox="1133 1457 1195 1493">PA</div> <div data-bbox="1133 1505 1195 1541">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 LA NP
CARBAMATES		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">2 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
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	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">1 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">2 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XCOPRI 25 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">1 EA / 1 DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
GABA MODULATORS		
GABITRIL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SABRIL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #660000; color: white; padding: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>vigabatrin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>vigadrone</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vigpoder</i>	1	PA LA NP
HYDANTOINS		
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
SUCCINIMIDES		
CELONTIN	1	P
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	2	PA NP
VALPROIC ACID		
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, valproic acid 500 mg/10ml solution)</i>	1	EDS P
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	EDS P
REMERON	2	PA NP
REMERON SOLTAB	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	2	PA NP
ANTIDEPRESSANTS - MISC.		
APLENZIN	2	QL 1 EA / DAY PA NP
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WELLBUTRIN XL	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">1 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">28 EA / 30 DAYS</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>
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
NARDIL	1	
PHENELZINE SULFATE	1	<div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>tranylcypromine sulfate</i>	1	<div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <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>
SPRAVATO (84 MG DOSE)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <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>
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>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="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	EDS P
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PA EDS NP
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)</i>	1	EDS P
<i>fluoxetine hcl (fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab)</i>	1	PA EDS NP
FLUOXETINE HCL (FLUOXETINE HCL 60 MG TAB, FLUOXETINE HCL 90 MG CAP DR)	2	PA NP
<i>fluoxetine hcl 10 mg tab</i>	1	QL 30 UNITS / 30 DAYS PA EDS NP
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 90 UNITS / 30 DAYS EDS P
<i>fluvoxamine maleate 25 mg tab</i>	1	QL 30 UNITS / 30 DAYS EDS P
<i>fluvoxamine maleate 50 mg tab</i>	1	QL 60 UNITS / 30 DAYS EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvoxamine maleate er</i>	1	QL 68 UNITS / FILL PA EDS NP
LEXAPRO	2	PA NP
<i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 30 mg tab, paroxetine hcl 40 mg tab)</i>	1	EDS P
<i>paroxetine hcl 10 mg/5ml suspension</i>	1	PA NP
<i>paroxetine hcl er</i>	1	PA EDS NP
PAXIL (PAXIL 10 MG TAB, PAXIL 10 MG/5ML SUSPENSION, PAXIL 20 MG TAB, PAXIL 30 MG TAB, PAXIL 40 MG TAB)	2	PA NP
PAXIL CR	2	PA NP
PEXEVA	2	PA NP
PROZAC	2	PA NP
SERTRALINE HCL (SERTRALINE HCL 150 MG CAP, SERTRALINE HCL 200 MG CAP)	2	PA NP
<i>sertraline hcl (sertraline hcl 20 mg/ml conc, sertraline hcl 25 mg tab, sertraline hcl 50 mg tab, sertraline hcl 100 mg tab)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLOFT (ZOLOFT 20 MG/ML CONC, ZOLOFT 25 MG TAB, ZOLOFT 50 MG TAB, ZOLOFT 100 MG TAB)	2	PA NP
SEROTONIN MODULATORS		
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
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA	2	PA NP
<i>desvenlafaxine succinate er</i>	1	PA EDS NP
DRIZALMA SPRINKLE	2	PA NP
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>duloxetine hcl 40 mg cp dr part</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">EDS</div> <div data-bbox="1133 270 1195 302">NP</div>
EFFEXOR XR 150 MG CAP ER 24H	2	<div data-bbox="1133 331 1195 363">QL</div> <div data-bbox="1203 331 1409 394">60 UNITS / 30 DAYS</div> <div data-bbox="1133 411 1195 443">PA</div> <div data-bbox="1133 459 1195 491">NP</div>
EFFEXOR XR 37.5 MG CAP ER 24H	2	<div data-bbox="1133 520 1195 552">QL</div> <div data-bbox="1203 520 1409 583">30 UNITS / 30 DAYS</div> <div data-bbox="1133 600 1195 632">PA</div> <div data-bbox="1133 648 1195 680">NP</div>
EFFEXOR XR 75 MG CAP ER 24H	2	<div data-bbox="1133 709 1195 741">PA</div> <div data-bbox="1133 758 1195 789">NP</div>
FETZIMA	2	<div data-bbox="1133 814 1195 846">PA</div> <div data-bbox="1133 863 1195 894">NP</div>
FETZIMA TITRATION	2	<div data-bbox="1133 930 1195 961">PA</div> <div data-bbox="1133 978 1195 1010">NP</div>
PRISTIQ	2	<div data-bbox="1133 1045 1195 1077">PA</div> <div data-bbox="1133 1094 1195 1125">NP</div>
<i>venlafaxine hcl</i>	1	<div data-bbox="1133 1161 1195 1192">EDS</div> <div data-bbox="1133 1209 1195 1241">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 1297 1195 1329">EDS</div> <div data-bbox="1133 1346 1195 1377">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 1465 1195 1497">PA</div> <div data-bbox="1133 1514 1195 1545">EDS</div> <div data-bbox="1133 1562 1195 1593">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRICYCLIC AGENTS		
<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
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	EDS P
MIGLITOL	2	PA NP
<i>miglitol</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRECOSE	2	PA NP
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	2	PA P
SYMLINPEN 60	2	PA P
ANTIDIABETIC COMBINATIONS		
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OSENI	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>pioglitazone hcl-glimepiride</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>pioglitazone hcl-metformin hcl</i>	1	<ul style="list-style-type: none"> PA EDS NP
QTERN	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>saxagliptin-metformin er</i>	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SEGLUROMET	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SOLIQUA	2	<ul style="list-style-type: none"> QL 0.6 ML / DAY PA NP
STEGLUJAN	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
SYNJARDY	2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 2 EA / DAY PA NP
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H)	2	QL 2 EA / DAY PA NP
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	QL 1 EA / DAY PA NP
XULTOPHY	2	QL 0.5 ML / DAY PA NP
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	EDS
<i>metformin hcl er</i>	1	EDS
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL 2 EA / 1 FILL P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BAQSIMI TWO PACK	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;">2 EA / 1 FILL</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	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;">2 EA / fill</div> </div>
GLUCAGON EMERGENCY 1 MG KIT	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 / FILL</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <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> </div>
<i>glucose (dextrose)</i>	2	<div style="display: flex; align-items: center;"> <div style="background-color: #cc6699; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> </div>
GVOKE HYPOPEN 1-PACK	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;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <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> </div>
GVOKE HYPOPEN 2-PACK	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;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <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> </div>
GVOKE KIT	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;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <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> </div>
GVOKE PFS	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;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <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> </div>
ZEGALOGUE	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;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <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> </div>
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	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;">1 EA / DAY</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <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> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JANUVIA	2	QL 1 EA / DAY PA P
NESINA	1	QL 1 EA / DAY PA P
ONGLYZA	1	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
INCRETIN MIMETIC AGENTS		
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
LIRAGLUTIDE	1	QL 0.3 ML / DAY PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN	2	QL 6 ml / 28 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADLYXIN STARTER PACK	2	<div data-bbox="1133 170 1192 205">QL</div> <div data-bbox="1192 170 1406 205">6 ml / 28 days</div> <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
INSULIN		
ADMELOG	2	<div data-bbox="1133 407 1192 443">PA</div> <div data-bbox="1133 455 1192 491">NP</div>
ADMELOG SOLOSTAR	2	<div data-bbox="1133 512 1192 548">PA</div> <div data-bbox="1133 560 1192 596">NP</div>
AFREZZA	2	<div data-bbox="1133 617 1192 653">PA</div> <div data-bbox="1133 665 1192 701">NP</div>
APIDRA	2	<div data-bbox="1133 722 1192 758">PA</div> <div data-bbox="1133 770 1192 806">NP</div>
APIDRA SOLOSTAR	2	<div data-bbox="1133 827 1192 863">PA</div> <div data-bbox="1133 875 1192 911">NP</div>
BASAGLAR KWIKPEN	2	<div data-bbox="1133 932 1192 968">PA</div> <div data-bbox="1133 980 1192 1016">NP</div>
BASAGLAR TEMPO PEN	2	<div data-bbox="1133 1037 1192 1073">PA</div> <div data-bbox="1133 1085 1192 1121">NP</div>
FIASP	2	<div data-bbox="1133 1142 1192 1178">PA</div> <div data-bbox="1133 1190 1192 1226">NP</div>
FIASP FLEXTOUCH	2	<div data-bbox="1133 1247 1192 1283">PA</div> <div data-bbox="1133 1295 1192 1331">NP</div>
FIASP PENFILL	2	<div data-bbox="1133 1352 1192 1388">PA</div> <div data-bbox="1133 1400 1192 1436">NP</div>
FIASP PUMPCART	2	<div data-bbox="1133 1457 1192 1493">PA</div> <div data-bbox="1133 1505 1192 1541">NP</div>

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN N RELION	2	<div data-bbox="1133 170 1195 205">OTC</div> <div data-bbox="1133 218 1195 254">P</div>
NOVOLIN R	2	<div data-bbox="1133 281 1195 317">OTC</div> <div data-bbox="1133 329 1195 365">P</div>
NOVOLIN R FLEXPEN	2	<div data-bbox="1133 392 1195 428">PA</div> <div data-bbox="1133 441 1195 476">OTC</div> <div data-bbox="1133 489 1195 525">NP</div>
NOVOLIN R FLEXPEN RELION	2	<div data-bbox="1133 550 1195 585">PA</div> <div data-bbox="1133 598 1195 634">OTC</div> <div data-bbox="1133 646 1195 682">NP</div>
NOVOLIN R RELION	2	<div data-bbox="1133 707 1195 743">OTC</div> <div data-bbox="1133 756 1195 791">P</div>
NOVOLOG	2	<div data-bbox="1133 819 1195 854">P</div>
NOVOLOG 70/30 FLEXPEN RELION	2	<div data-bbox="1133 886 1195 921">P</div>
NOVOLOG FLEXPEN	2	<div data-bbox="1133 984 1195 1020">P</div>
NOVOLOG FLEXPEN RELION	2	<div data-bbox="1133 1052 1195 1087">P</div>
NOVOLOG MIX 70/30	2	<div data-bbox="1133 1119 1195 1155">P</div>
NOVOLOG MIX 70/30 FLEXPEN	2	<div data-bbox="1133 1186 1195 1222">P</div>
NOVOLOG MIX 70/30 RELION	2	<div data-bbox="1133 1245 1195 1281">P</div>
NOVOLOG PENFILL	2	<div data-bbox="1133 1320 1195 1356">P</div>
NOVOLOG RELION	2	<div data-bbox="1133 1388 1195 1423">P</div>
REZVOGLAR KWIKPEN	2	<div data-bbox="1133 1455 1195 1491">PA</div> <div data-bbox="1133 1503 1195 1539">NP</div>
SEMGLEE	2	<div data-bbox="1133 1554 1195 1589">PA</div> <div data-bbox="1133 1602 1195 1638">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	EDS P
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	EDS P
<i>repaglinide</i>	1	EDS P
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
DAPAGLIFLOZIN PROPANEDIOL	1	QL 1 EA / DAY PA NP
FARXIGA	1	QL 1 EA / DAY P
INVOKANA	2	QL 1 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JARDIANCE	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / DAY</div> </div> <div style="margin-top: 2px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">P</div> </div> </div>
STEGLATRO	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / DAY</div> </div> <div style="margin-top: 2px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> </div> </div>
SULFONYLUREAS		
<i>glimepiride (glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</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
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBSALICYLATE	2	OTC
<i>bismuth subsalicylate</i>	1	OTC
<i>bismuth subsalicylate (pepto-bismol)</i>	1	OTC
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	2	
LOPERAMIDE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>loperamide</i>	1	OTC EDS
<i>opium</i>	1	QL 2.4 ML / DAY
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET	2	
<i>deferasirox (deferasirox 90 mg packet, deferasirox 180 mg packet, deferasirox 360 mg packet)</i>	1	LA SP
<i>deferasirox (deferasirox 90 mg tab, deferasirox 125 mg tab sol, deferasirox 180 mg tab, deferasirox 250 mg tab sol, deferasirox 360 mg tab, deferasirox 500 mg tab sol)</i>	1	SP
<i>deferasirox granules</i>	1	LA SP
<i>deferiprone</i>	1	PA SP
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>activated charcoal</i>	1	OTC
VISTOGARD	2	LA
OPIOID ANTAGONISTS		
KLOXXADO	2	PA NP
NALMEFENE HCL	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/10ML SOLUTION)	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
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
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, ondansetron 16 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	QL 1 UNIT / FILL PA NP
ZOFRAN	2	PA NP
ANTIEMETICS - ANTICHOLINERGIC		
<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	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	PA NP
BONJESTA	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DICLEGIS	1	P
<i>doxylamine-pyridoxine</i>	1	PA NP
<i>dronabinol</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	1	QL 3 EA / fill
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME	2	PA NP
<i>micafungin sodium</i>	1	
ANTIFUNGALS		
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMIDAZOLE-RELATED ANTIFUNGALS		
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
<i>chlorpheniramine</i>	1	OTC
ANTIHISTAMINES - ETHANOLAMINES		
<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>diphenydramine</i>	1	OTC
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine (zyrtec)</i>	1	OTC EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cetirizine chew tab (zyrtec)</i>	1	<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">EDS</div> <div data-bbox="1133 319 1195 350">NP</div>
CLARINEX	2	<div data-bbox="1133 384 1195 415">PA</div> <div data-bbox="1133 432 1195 464">NP</div>
DES Loratadine (Desloratadine 2.5 mg tab disp, Desloratadine 5 mg tab disp)	2	<div data-bbox="1133 525 1195 556">PA</div> <div data-bbox="1133 573 1195 604">NP</div>
<i>desloratadine 5 mg tab</i>	1	<div data-bbox="1133 667 1195 699">PA</div> <div data-bbox="1133 716 1195 747">EDS</div> <div data-bbox="1133 764 1195 795">NP</div>
<i>levocetirizine (xyzal)</i>	1	<div data-bbox="1133 825 1195 856">OTC</div> <div data-bbox="1133 873 1195 905">EDS</div> <div data-bbox="1133 921 1195 953">P</div>
<i>loratadine (claritin)</i>	1	<div data-bbox="1133 982 1195 1014">OTC</div> <div data-bbox="1133 1031 1195 1062">EDS</div> <div data-bbox="1133 1079 1195 1110">P</div>

ANTI-HISTAMINES - PHENOTHIAZINES

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)

1

promethegan (promethegan 12.5 mg suppos, promethegan 25 mg suppos)

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (cyproheptadine hcl 2 mg/5ml syrup, cyproheptadine hcl 4 mg tab)</i>	1	
ANTHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA NP
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	2	PA LA NP
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	PA EDS NP
NEXLIZET	2	PA NP
VYTORIN	2	PA NP
ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	1	PA EDS NP
LOVAZA	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>omega-3-acid ethyl esters</i>	1	EDS P
VASCEPA	2	PA NP
BILE ACID SEQUESTRANTS		
<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
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	2	PA NP
QUESTRAN LIGHT	2	PA NP
WELCHOL	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FIBRIC ACID DERIVATIVES		
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
FENOGLIDE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
HMG COA REDUCTASE INHIBITORS		
ALTOPREV	2	PA NP
ATORVALIQ	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvastatin sodium er</i>	\$0	PA NP
LESCOL XL	2	QL 34 UNITS / FILL PA NP
LIPITOR	2	PA NP
LIVALO	2	PA NP
<i>lovastatin</i>	\$0	EDS P
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	EDS P
ZETIA	2	PA NP
NICOTINIC ACID DERIVATIVES		
NIACIN (ANTIHYPERLIPIDEMIC)	2	PA NP
<i>niacin er (antihyperlipidemic)</i>	1	EDS P
NIACOR	2	PA NP
NIASPAN	1	P
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	2	PA NP
AVAPRO	2	PA NP
BENICAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIADRENERGIC ANTIHYPERTENSIVES		
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 (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)</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
<i>terazosin hcl (terazosin hcl 1 mg cap, terazosin hcl 5 mg cap)</i>	1	QL 30 UNITS / 30 DAYS EDS P
<i>terazosin hcl 10 mg cap</i>	1	QL 60 UNITS / 30 DAYS EDS P
<i>terazosin hcl 2 mg cap</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	EDS P
<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	EDS P
<i>amlodipine-olmesartan</i>	1	PA EDS NP
<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	P
ATACAND HCT	2	PA NP
<i>atenolol-chlorthalidone</i>	1	PA EDS NP
AVALIDE	2	PA NP
AZOR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>enalapril-hydrochlorothiazide</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EXFORGE	2	PA NP
EXFORGE HCT	2	PA NP
<i>fosinopril sodium-hctz</i>	1	EDS P
HYZAAR	2	PA NP
<i>irbesartan-hydrochlorothiazide</i>	1	EDS P
<i>lisinopril-hydrochlorothiazide</i>	1	EDS P
<i>losartan potassium-hctz</i>	1	EDS P
LOTENSIN HCT	2	PA NP
LOTREL	2	PA NP
<i>metoprolol-hydrochlorothiazide</i>	1	PA NP
MICARDIS HCT	2	PA NP
<i>olmesartan medoxomil-hctz</i>	1	EDS P
<i>olmesartan-amlodipine-hctz</i>	1	PA NP
PROPRANOLOL-HCTZ	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
TRIBENZOR	2	PA NP
<i>valsartan-hydrochlorothiazide</i>	1	EDS P
VASERETIC	2	PA NP
ZESTORETIC	2	PA NP
ZIAC	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	PA NP
TEKTURNA	2	PA NP
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	EDS
VASODILATORS		
<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
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	EDS
COARTEM	2	
ANTIMALARIALS		
<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
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
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	
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER	2	
ANTIMYCOBACTERIAL AGENTS		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	LA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide (cyclophosphamide 1 gm recon soln, cyclophosphamide 2 gm recon soln, cyclophosphamide 500 mg recon soln)</i>	1	LA
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	1	
GLEOSTINE	2	PA SP
MYLERAN	2	SP
<i>temozolomide</i>	1	SP
<i>thiotepa 15 mg recon soln</i>	1	LA
ANTIMETABOLITES		
<i>adrucil</i>	1	
<i>capecitabine 150 mg tab</i>	1	QL 56 UNITS / FILL SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>capecitabine 500 mg tab</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	
ONUREG	2	QL 1 EA / DAY PA SP
TABLOID	2	SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	2	QL 84 EA / 28 DAYS PA SP
FRUZAQLA 5 MG CAP	2	QL 21 EA / 28 DAYS PA SP
INLYTA	2	QL 8 EA / 1 DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LENVIMA (10 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP
LENVIMA (12 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
LENVIMA (14 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
LENVIMA (18 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
LENVIMA (20 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
LENVIMA (24 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
LENVIMA (4 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP
LENVIMA (8 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA	2	<ul style="list-style-type: none"> PA LA
VENCLEXTA STARTING PACK	2	<ul style="list-style-type: none"> PA LA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (erlotinib hcl 100 mg tab, erlotinib hcl 150 mg tab)</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
<i>erlotinib hcl 25 mg tab</i>	1	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP
<i>gefitinib</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
GILOTRIF	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA
TAGRISO	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP
VIZIMPRO	2	<ul style="list-style-type: none"> QL 1 EA / 1 DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	2	QL 1 EA / 1 DAY PA SP
DAURISMO 25 MG TAB	2	QL 2 EA / 1 DAY PA SP
ERIVEDGE	2	QL 1 EA / day PA SF SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL 4 EA / DAY PA SP
<i>abiraterone acetate 500 mg tab</i>	1	QL 2 EA / DAY PA SP
AKEEGA	2	QL 1 EA / 1 DAY PA SP
<i>anastrozole</i>	\$0	EDS
<i>bicalutamide</i>	1	EDS
DEPO-PROVERA 400 MG/ML SUSPENSION	2	
EMCYT	2	SP
ERLEADA 240 MG TAB	2	QL 1 EA / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERLEADA 60 MG TAB	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
<i>exemestane</i>	\$0	EDS
FLUTAMIDE	2	
<i>flutamide</i>	1	<ul style="list-style-type: none"> EDS LA
<i>letrozole</i>	1	EDS
<i>leuprolide acetate</i>	1	SP
LEUPROLIDE ACETATE (3 MONTH)	2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> EDS P
<i>nilutamide</i>	1	SP
NUBEQA	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
ORGOVYX	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
ORSERDU 345 MG TAB	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	2	QL 20 EA / FILL PA LA
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	QL 8 EA / FILL PA LA
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	2	QL 8 EA / FILL PA LA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	QL 4 EA / FILL PA LA
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	2	QL 16 EA / FILL PA LA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	QL 8 EA / FILL PA LA
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	2	QL 12 EA / FILL PA LA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	QL 4 EA / FILL PA LA
XPOVIO (60 MG TWICE WEEKLY)	2	QL 24 EA / FILL PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	2	QL 16 EA / FILL PA LA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	QL 8 EA / FILL PA LA
XPOVIO (80 MG TWICE WEEKLY)	2	QL 32 EA / FILL PA LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	2	QL 1 EA / DAY PA LA
KISQALI FEMARA (200 MG DOSE)	2	QL 3.25 EA / DAY PA SP
KISQALI FEMARA (400 MG DOSE)	2	QL 3.25 EA / DAY PA SP
KISQALI FEMARA (600 MG DOSE)	2	QL 3.25 EA / DAY PA SP
LONSURF	2	PA LA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	2	QL 8 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
ALUNBRIG 30 MG TAB	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
AUGTYRO	2	<ul style="list-style-type: none"> QL 8 EA / DAY PA SP
BALVERSA 3 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
BALVERSA 4 MG TAB	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
BALVERSA 5 MG TAB	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	2	<ul style="list-style-type: none"> QL 1 EA / 1 DAY PA SP
BOSULIF 100 MG CAP	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
BOSULIF 100 MG TAB	2	<ul style="list-style-type: none"> QL 4 EA / 1 DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF 50 MG CAP	2	QL 1 EA / DAY PA SP
BRAFTOVI	2	QL 6 EA / DAY PA SP
BRUKINSA	2	QL 4 EA / day PA SF SP
CABOMETYX	2	QL 1 EA / DAY PA LA
CALQUENCE 100 MG TAB	2	QL 2 EA / day PA SF SP
CAPRELSA 100 MG TAB	2	QL 2 EA / 1 DAY PA LA
CAPRELSA 300 MG TAB	2	QL 1 EA / 1 DAY PA LA
COMETRIQ (100 MG DAILY DOSE)	2	QL 2 EA / day PA SF SP
COMETRIQ (140 MG DAILY DOSE)	2	QL 4 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMETRIQ (60 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
COPIKTRA	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
COTELLIC	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP
<i>dasatinib (dasatinib 20 mg tab, dasatinib 50 mg tab, dasatinib 80 mg tab, dasatinib 100 mg tab, dasatinib 140 mg tab)</i>	1	<ul style="list-style-type: none"> QL 1 EA / 1 DAY PA SF SP
<i>dasatinib 70 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / 1 DAY PA SF SP
<i>everolimus (everolimus 2 mg tab sol, everolimus 2.5 mg tab, everolimus 3 mg tab sol, everolimus 5 mg tab, everolimus 5 mg tab sol, everolimus 7.5 mg tab, everolimus 10 mg tab)</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
FOTIVDA	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA
GAVRETO	2	<ul style="list-style-type: none"> QL 4 EA / 1 DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IBRANCE	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
ICLUSIG	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP
IDHIFA	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA
<i>imatinib mesylate</i>	1	<ul style="list-style-type: none"> PA SP
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA
IMBRUVICA 140 MG CAP	2	<ul style="list-style-type: none"> QL 4 EA / 1 DAY PA LA
IMBRUVICA 70 MG/ML SUSPENSION	2	<ul style="list-style-type: none"> QL 6 ML / DAY PA LA
JAKAFI	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
JAYPIRCA	2	<ul style="list-style-type: none"> QL 2 EA / 1 DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (200 MG DOSE)	2	QL 2.25 EA / DAY PA SP
KISQALI (400 MG DOSE)	2	QL 2.25 EA / DAY PA SP
KISQALI (600 MG DOSE)	2	QL 2.25 EA / DAY PA SP
KOSELUGO 10 MG CAP	2	QL 8 EA / DAY PA SP
KOSELUGO 25 MG CAP	2	QL 4 EA / DAY PA SP
KRAZATI	2	QL 6 EA / DAY PA LA
<i>lapatinib ditosylate</i>	1	PA SP
LORBRENA 100 MG TAB	2	QL 1 EA / 1 DAY PA SP
LORBRENA 25 MG TAB	2	QL 3 EA / 1 DAY PA SP
LUMAKRAS 120 MG TAB	2	QL 8 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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LUMAKRAS 320 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
LYNPARZA	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
LYTGOBI (12 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 5 EA / DAY PA LA
LYTGOBI (16 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 5 EA / DAY PA LA
LYTGOBI (20 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 5 EA / DAY PA LA
MEKINIST 0.05 MG/ML RECON SOLN	2	<ul style="list-style-type: none"> QL 40 ML / DAY PA SP
MEKINIST 0.5 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP
MEKINIST 2 MG TAB	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
MEKTOVI	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NERLYNX	2	<ul style="list-style-type: none"> QL 6 EA / day PA SF SP
NINLARO	2	<ul style="list-style-type: none"> PA SP
OGSIVEO (OGSIVEO 100 MG TAB, OGSIVEO 150 MG TAB)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA
OGSIVEO 50 MG TAB	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA
OJJAARA	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
<i>pazopanib hcl</i>	1	<ul style="list-style-type: none"> PA SP
PEMAZYRE	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
PIQRAY (200 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
PIQRAY (250 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
PIQRAY (300 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
QINLOCK	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	2	<ul style="list-style-type: none"> QL 2 EA / 1 DAY PA SP
RETEVMO 40 MG CAP	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA SF SP
RETEVMO 40 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / 1 DAY PA SP
RETEVMO 80 MG CAP	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SF SP
REZLIDHIA	2	<ul style="list-style-type: none"> QL 2 EA / 1 DAY PA SP
ROZLYTREK (ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP)	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
ROZLYTREK 50 MG PACKET	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA LA SP
RUBRACA	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RYDAPT	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
SCSEMBLIX 100 MG TAB	2	<ul style="list-style-type: none"> QL 120 EA / FILL PA SP
SCSEMBLIX 20 MG TAB	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
SCSEMBLIX 40 MG TAB	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
<i>sorafenib tosylate</i>	1	<ul style="list-style-type: none"> PA SP
STIVARGA	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
<i>sunitinib malate</i>	1	<ul style="list-style-type: none"> PA SP
TABRECTA	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
TAFINLAR 10 MG TAB SOL	2	<ul style="list-style-type: none"> QL 30 ML / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TALZENNA	2	<ul style="list-style-type: none"> QL 1 EA / 1 DAY PA SP
TASIGNA	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
TAZVERIK	2	<ul style="list-style-type: none"> QL 8 EA / DAY PA LA
TEPMETKO	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
TIBSOVO	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA
<i>torpenz</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
TRUQAP	2	<ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA SP
TURALIO 125 MG CAP	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA LA
VANFLYTA	2	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERZENIO	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
VITRAKVI 100 MG CAP	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA
VITRAKVI 20 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 10 ML / DAY PA LA
VITRAKVI 25 MG CAP	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA LA
VONJO	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA LA
VOTRIENT	2	<ul style="list-style-type: none"> PA SP
XALKORI	2	<ul style="list-style-type: none"> QL 2 EA / 1 DAY PA SP
XOSPATA	2	<ul style="list-style-type: none"> QL 3 EA / 1 DAY PA SP
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
ZELBORAF	2	<ul style="list-style-type: none"> QL 8 EA / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLINZA	2	QL 4 EA / day SF SP
ZYDELIG	2	PA LA
ZYKADIA	2	QL 3 EA / day PA SF SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA SP
<i>hydroxyurea</i>	1	EDS
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
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	2	QL 8 EA / DAY PA
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MESNEX 400 MG TAB	2	SP
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	2	LA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
NOURIANZ	2	PA SP NP
ANTIPARKINSON ANTICHOLINERGICS		
<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
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	1	EDS P
ONGENTYS	2	QL 1 EA / DAY PA NP
TASMAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tolcapone</i>	1	PA NP
ANTIPARKINSON DOPAMINERGICS		
<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
DHIVY	2	PA 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 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">LA</div> <div data-bbox="1133 426 1195 462">NP</div>
KYNMOBI	2	<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>
MIRAPEX ER	2	<div data-bbox="1133 640 1195 676">PA</div> <div data-bbox="1133 688 1195 724">NP</div>
NEUPRO	2	<div data-bbox="1133 760 1195 795">PA</div> <div data-bbox="1133 808 1195 844">NP</div>
<i>pramipexole dihydrochloride</i>	1	<div data-bbox="1133 871 1195 907">EDS</div> <div data-bbox="1133 919 1195 955">P</div>
<i>pramipexole dihydrochloride er</i>	1	<div data-bbox="1133 982 1195 1018">PA</div> <div data-bbox="1133 1031 1195 1066">NP</div>
REQUIP XL	2	<div data-bbox="1133 1094 1195 1129">PA</div> <div data-bbox="1133 1142 1195 1178">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 1247 1195 1283">EDS</div> <div data-bbox="1133 1295 1195 1331">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 1436 1195 1472">PA</div> <div data-bbox="1133 1484 1195 1520">EDS</div> <div data-bbox="1133 1533 1195 1568">NP</div>

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BUTYROPHENONES		
<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	
DIBENZAPINES		
<i>asenapine maleate</i>	\$0	PA EDS NP
<i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	\$0	EDS P
CLOZAPINE 12.5 MG TAB DISP	\$0	P
CLOZARIL	\$0	PA NP
<i>loxapine succinate</i>	\$0	EDS
<i>olanzapine (olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	\$0	QL 30 UNITS / 30 DAYS PA EDS NP
<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)</i>	\$0	QL 60 UNITS / 30 DAYS PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
VERSACLOZ	\$0	PA NP
ZYPREXA (ZYPREXA 2.5 MG TAB, ZYPREXA 5 MG TAB, ZYPREXA 7.5 MG TAB, ZYPREXA 10 MG RECON SOLN, ZYPREXA 10 MG TAB, ZYPREXA 15 MG TAB)	\$0	PA NP
ZYPREXA 20 MG TAB	\$0	PA EDS NP
ZYPREXA RELPREVV	\$0	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYPREXA ZYDIS	\$0	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
PHENOTHIAZINES		
<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 432 1195 464">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 768 1195 800">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 884 1195 915">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 1251 1195 1283">EDS</div>
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate (prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution)</i>	\$0	
<i>prochlorperazine maleate</i>	\$0	
<i>thioridazine hcl</i>	\$0	<div data-bbox="1133 1608 1195 1640">EDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trifluoperazine hcl</i>	\$0	EDS
QUINOLINONE DERIVATIVES		
ABILIFY	\$0	PA NP
ABILIFY ASIMTUFII	\$0	P
ABILIFY MAINTENA	\$0	P
ABILIFY MYCITE	\$0	PA LA 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
THIOXANTHENES		
<i>thiothixene</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES	2	
MICROCLENS WIPES	2	
UNI-SOLVE	2	
ANTISEPTICS & DISINFECTANTS		
<i>hydrogen peroxide</i>	1	OTC
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate</i>	1	OTC
HIBICLENS 4 % LIQUID	1	OTC
IODINE ANTISEPTICS		
APLICARE POVIDONE-IODINE 10 % GEL	2	OTC
LUGOLS STRONG IODINE	2	
<i>povidone-iodine (betadine)</i>	1	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
<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	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	QL 20 EA / fill
PAXLOVID (300/100)	2	QL 30 EA / fill
CMV AGENTS		
<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
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	1	PA SP NP
BARACLUDGE (BARACLUDGE 0.5 MG TAB, BARACLUDGE 1 MG TAB)	2	QL 1 EA / DAY PA SP NP
BARACLUDGE 0.05 MG/ML SOLUTION	2	SP P
<i>entecavir</i>	1	QL 1 EA / DAY EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPCLUSA 200-50 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: left; margin-bottom: 2px;">28 UNITS / FILL; 84 UNITS / 365 DAYS</div> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EPCLUSA 400-100 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: left; margin-bottom: 2px;">84 EA / 365 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EPIVIR HBV 100 MG TAB	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
EPIVIR HBV 5 MG/ML SOLUTION	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: left; margin-bottom: 2px;">56 UNITS / FILL; 112 UNITS / 365 DAYS</div> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HARVONI 33.75-150 MG PACKET	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: left; margin-bottom: 2px;">28 UNITS / FILL; 56 UNITS / 365 DAYS</div> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HARVONI 90-400 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="text-align: left; margin-bottom: 2px;">84 EA / 365 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HEPSERA	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #A9A9A9; color: #555; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lamivudine 100 mg tab</i>	1	<div data-bbox="1133 170 1192 205">EDS</div> <div data-bbox="1133 218 1192 254">SP</div> <div data-bbox="1133 266 1192 302">P</div>
LEDIPASVIR-SOFOSBUVIR	1	<div data-bbox="1133 331 1446 367">QL 84 EA / 365 days</div> <div data-bbox="1133 380 1192 415">PA</div> <div data-bbox="1133 428 1446 621"> QL 28 UNITS / FILL; 56 UNITS / 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER </div> <div data-bbox="1133 634 1192 669">SP</div> <div data-bbox="1133 682 1192 718">NP</div>
MAVYRET 100-40 MG TAB	2	<div data-bbox="1133 739 1468 774">QL 168 EA / 365 days</div> <div data-bbox="1133 787 1192 823">PA</div> <div data-bbox="1133 835 1192 871">SP</div> <div data-bbox="1133 884 1192 919">P</div>
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	<div data-bbox="1133 949 1414 984">QL 0.08 ML / DAY</div> <div data-bbox="1133 997 1192 1033">SP</div> <div data-bbox="1133 1045 1192 1081">P</div>
PEGASYS 180 MCG/ML SOLUTION	2	<div data-bbox="1133 1108 1414 1144">QL 0.15 ML / DAY</div> <div data-bbox="1133 1157 1192 1192">SP</div> <div data-bbox="1133 1205 1192 1241">P</div>
PEGINTRON	2	<div data-bbox="1133 1264 1192 1299">PA</div> <div data-bbox="1133 1312 1192 1348">LA</div> <div data-bbox="1133 1360 1192 1396">NP</div>
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	<div data-bbox="1133 1421 1192 1457">SP</div> <div data-bbox="1133 1470 1192 1505">P</div>
RIBAVIRIN 200 MG TAB	2	<div data-bbox="1133 1530 1192 1566">SP</div> <div data-bbox="1133 1579 1192 1614">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOFOSBUVIR-VELPATASVIR	1	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP
SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB)	2	<ul style="list-style-type: none"> QL 168 EA / 365 days PA SP NP
VEMLIDY	2	<ul style="list-style-type: none"> PA SP NP
VIEKIRA PAK	2	<ul style="list-style-type: none"> QL 336 EA / 365 days PA SP NP
VOSEVI	2	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP P
ZEPATIER	2	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HERPES AGENTS		
<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 (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	1	EDS P
VALTREX	2	PA NP
INFLUENZA AGENTS		
<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
RIMANTADINE HCL	2	
TAMIFLU (TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	2	QL 10 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAMIFLU 30 MG CAP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>20 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
TAMIFLU 6 MG/ML RECON SUSP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>250 ml / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>1 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>2 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>1 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
MISC. ANTIVIRALS		
LAGEVRIO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>40 EA / fill</div> </div>
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div> </div>
<i>carvedilol phosphate er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
COREG	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS CARDIO-SELECTIVE		
<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
BETA BLOCKERS NON-SELECTIVE		
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sorine</i>	1	EDS P
<i>sotalol hcl (af)</i>	1	EDS P
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	EDS P
SOTYLIZE	2	PA NP
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	1	PA EDS NP
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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 120 mg tab er 24h, diltiazem hcl er 180 mg tab 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	PA EDS NP
<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 180 mg cap er 24h, diltiazem hcl er 240 mg cap 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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NORLIQVA	2	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>tiadylt er</i>	1	EDS P
TIAZAC	2	PA NP
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	EDS P
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	EDS NP
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PA NP
VERELAN PM	2	PA NP
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<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	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	2	QL 1 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<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
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA	2	QL 1 EA / DAY PA NP
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	1	LA
ORENITRAM	2	PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORENITRAM MONTH 1	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
ORENITRAM MONTH 2	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
ORENITRAM MONTH 3	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO DPI INSTITUTIONAL KIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 4 EA / DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </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 style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 4 EA / DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 196 EA / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 252 EA / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TYVASO REFILL	2	PA LA NP
TYVASO STARTER	2	PA LA NP
VENTAVIS	2	PA LA NP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	QL 1 EA / DAY PA SP P
<i>bosentan</i>	1	QL 2 EA / DAY PA LA NP
LETAIRIS	2	QL 1 EA / DAY PA LA NP
OPSUMIT	2	QL 1 EA / DAY PA LA NP
TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB)	1	QL 2 EA / DAY PA LA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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TRACLEER 32 MG TAB SOL	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA LA NP
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PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA	2	<ul style="list-style-type: none"> PA SP NP
<i>alyq</i>	1	<ul style="list-style-type: none"> PA SP NP
LIQREV	2	<ul style="list-style-type: none"> PA SP NP
REVATIO (REVATIO 10 MG/ML RECON SUSP, REVATIO 20 MG TAB)	2	<ul style="list-style-type: none"> PA SP NP
<i>sildenafil citrate (sildenafil citrate 10 mg/ml recon susp, sildenafil citrate 20 mg tab)</i>	1	<ul style="list-style-type: none"> PA SP P
<i>tadalafil (pah)</i>	1	<ul style="list-style-type: none"> PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

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"> QL 2 EA / DAY PA LA NP
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PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS	2	<ul style="list-style-type: none"> PA LA NP
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SINUS NODE INHIBITORS

<i>ivabradine hcl 7.5 mg tab</i>	1	
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TRANSTHYRETIN STABILIZERS

VYNDAMAX	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
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VYNDAQEL	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
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CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<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"> P
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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>
<i>cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab)</i>	1	<div data-bbox="1133 1213 1195 1249">PA</div> <div data-bbox="1133 1262 1195 1297">NP</div>
KEFLEX	2	<div data-bbox="1133 1329 1195 1365">PA</div> <div data-bbox="1133 1377 1195 1413">NP</div>

CEPHALOSPORINS - 2ND GENERATION

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 1619 1195 1654">P</div>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFACLOR ER	2	PA NP
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	P
<i>cefuroxime axetil</i>	1	P
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	P
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)</i>	1	PA NP
<i>cefixime 400 mg cap</i>	1	NP
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	1	PA NP
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFTRIAXONE SODIUM IN DEXTROSE	2	
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
<i>tazicef (tazicef 1 gm recon soln, tazicef 2 gm recon soln)</i>	1	
CEPHALOSPORINS - 4TH GENERATION		
<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	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>apri</i>	\$0	EDS
<i>aranelle</i>	\$0	EDS
<i>ashlyna</i>	\$0	EDS
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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 & 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 mg- 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>pimtrea</i>	\$0	EDS
<i>pirmella 1/35</i>	\$0	EDS
<i>pirmella 7/7/7</i>	\$0	EDS
<i>portia-28</i>	\$0	EDS
<i>previfem</i>	\$0	EDS
<i>reclipsen</i>	\$0	EDS
<i>rivelsa</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>tri-mili</i>	\$0	EDS
<i>tri-nymyo</i>	\$0	EDS
<i>tri-previfem</i>	\$0	EDS
<i>tri-sprintec</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>enilloring</i>	\$0	EDS
<i>etonogestrel-ethinyl estradiol</i>	\$0	EDS
<i>haloette</i>	\$0	EDS
EMERGENCY CONTRACEPTIVES		
ELLA	\$0	
<i>levonorgestrel (plan b)</i>	\$0	QL 1 EA / FILL OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	\$0	QL 0.04 ML / DAY
PROGESTIN CONTRACEPTIVES - ORAL		
<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
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<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
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsy, 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)</i>	1	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	EDS
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 4 mg tab thpk, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	
<i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</i>	1	
<i>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)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>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)</i>	1	
<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	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8B4513; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">LA</div> </div>
UCERIS 9 MG TAB ER 24H	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #483D8B; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QL 1 EA / DAY</div> <div style="background-color: #8B4513; color: white; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #FF8C00; color: white; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #800000; color: white; border-radius: 5px; padding: 2px 5px;">EDS</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>dextromethorphan (robitussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>phenylephrine / guaifenesin</i>	1	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
PSEUDOEPHEDRINE / IBUPROFEN	2	OTC
EXPECTORANTS		
GERI-TUSSIN 100 MG/5ML SYRUP	2	OTC
<i>guaifenesin (mucinex)</i>	1	OTC
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride nasal spray</i>	1	OTC EDS
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACANYA	2	PA NP
<i>acutane</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
AVAR-E LS	2	PA NP
<i>avita</i>	1	PA NP
BENZACLIN WITH PUMP	1	P
BENZAMYCIN	2	PA NP
<i>benzoyl peroxide</i>	1	PA OTC NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>benzoyl peroxide pad</i>	2	PA OTC NP
<i>benzoyl peroxide-erythromycin</i>	1	P
<i>bp 10-1</i>	1	PA NP
BPO GEL 4%, 8%	1	OTC P
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
<i>clindacin etz 1 % swab</i>	1	P
<i>clindacin-p</i>	1	P
<i>clindamycin phos-benzoyl perox</i> (<i>clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-5 % gel</i>)	1	P
<i>clindamycin phos-benzoyl perox</i> (<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel</i>)	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate (clindamycin phosphate 1 % gel, 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 (dapsone 5 % gel, dapsone 7.5 % 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
ONEXTON	2	PA NP
RETIN-A	1	P
RETIN-A MICRO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
ANTI-INFLAMMATORY AGENTS - TOPICAL		
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
ANTIBIOTICS - TOPICAL		
<i>bacitracin</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bacitracin / polymyxin b (polysporin)</i>	1	OTC
<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
ANTIFUNGALS - TOPICAL		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	P
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	PA NP
<i>econazole nitrate</i>	1	P
ERTACZO	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MICATIN	2	OTC
<i>miconazole (micatin)</i>	1	OTC P
MICONAZOLE-ZINC OXIDE-PETROLAT	1	PA NP
<i>naftifine hcl (naftifine hcl 1 % gel, naftifine hcl 2 % gel)</i>	1	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 % LOTION	2	PA NP
<i>tavaborole</i>	1	PA NP
<i>terbinafine (lamisil)</i>	1	OTC P
<i>tolnaftate (tinactin)</i>	1	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VUSION	2	PA NP
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine / zinc</i>	1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<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
ANTIPRURITICS - TOPICAL		
<i>anti-itch lotion</i>	1	OTC
ANTIPSORIATICS		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COSENTYX (300 MG DOSE)	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
COSENTYX 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 ml / 28 days PA SP NP
COSENTYX SENSOREADY (300 MG)	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
COSENTYX SENSOREADY PEN	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
COSENTYX UNOREADY	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
ILUMYA	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA LA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHOXSALEN RAPID	2	
<i>methoxsalen rapid</i>	1	
SILIQ	2	<ul style="list-style-type: none"> QL 0.11 ML / DAY PA SP NP
SKYRIZI (150 MG DOSE)	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP
SKYRIZI 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP
SKYRIZI PEN	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP
SOTYKTU	2	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA SP NP
SPEVIGO 450 MG/7.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 15 ML / 365 DAYS PA LA NP
STELARA 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 ml / 84 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STELARA 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 0.5 ML / 84 DAYS PA SP NP
STELARA 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ML / 84 DAYS PA SP NP
TALTZ (TALTZ 20 MG/0.25ML SOLN PRSYR, TALTZ 40 MG/0.5ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA SP NP
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA SP NP
<i>tazarotene (tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	1	<ul style="list-style-type: none"> PA NP
TREMFYA (TREMFYA 100 MG/ML SOLN A-INJ, TREMFYA 200 MG/2ML SOLN A-INJ, TREMFYA 200 MG/2ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
TREMFYA 100 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ml / 56 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTISEBORRHEIC PRODUCTS		
<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	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	PA NP
<i>acyclovir 5 % ointment</i>	1	P
DENAVIR	1	P
<i>penciclovir</i>	1	PA NP
XERESE	2	PA NP
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	2	PA NP
BATH PRODUCTS		
<i>emollient</i>	2	OTC
MOISTURIZING CREAM (VANICREAM)	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CORTICOSTEROIDS - TOPICAL		
<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 % solution)</i>	1	
<i>clobetasol propionate 0.05 % ointment</i>	1	QL 120 UNITS / 30 DAYS
<i>clobetasol propionate e</i>	1	
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	
DIAPER RASH PRODUCTS		
<i>diaper rash products</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ECZEMA AGENTS		
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 SP NP
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	2	QL 2.28 ML / 28 DAYS PA SP P
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	QL 2.68 ml / 28 days PA SP P
DUPIXENT 300 MG/2ML SOLN A-INJ	2	QL 4 ML / 28 DAYS PA SP P
DUPIXENT 300 MG/2ML SOLN PRSYR	2	QL 4 UNITS / 28 DAYS PA SP P
OPZELURA	2	QL 240 GM / 30 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea 10% and 20% (carmol)</i>	1	OTC EDS
EMOLLIENTS		
<i>ammonium lactate (amlactin)</i>	1	OTC
EMOLLIENT	2	OTC
<i>glycerin topical liquid</i>	1	OTC
VITAMIN A	2	OTC
<i>vitamin a / vitamin d</i>	1	OTC
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	1	
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
<i>salicylic acid</i>	1	OTC EDS
SALICYLIC ACID	2	OTC
LINIMENTS		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
LOCAL ANESTHETICS - TOPICAL		
<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	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MISC. TOPICAL		
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
<i>witch hazel</i>	1	OTC
<i>zinc oxide (desitin)</i>	1	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	<ul style="list-style-type: none"> QL 120 GM / 30 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROSACEA AGENTS		
<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	
SCABICIDES PEDICULICIDES		
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	OTC P
SPINOSAD	1	PA NP
TAR PRODUCTS		
<i>coal tar</i>	1	OTC
X-SEB T 10 % SHAMPOO	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WOUND CARE PRODUCTS		
<i>gauze pads and dressings</i>	2	P
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	2	
DIAGNOSTIC TESTS		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC CDS P
ACCU-CHEK SMARTVIEW	\$0	OTC CDS 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 CDS
CONTOUR NEXT TEST	\$0	OTC CDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CONTOUR PLUS TEST	\$0	CDS
CONTOUR TEST	\$0	OTC CDS P
CVS KETONE CARE	\$0	OTC CDS
FORA G20 BLOOD GLUCOSE TEST	\$0	PA OTC CDS NP
FORA GTEL BLOOD KETONE TEST	\$0	OTC CDS
FORA TEST N'GO ADV-VOICE-6 CON	\$0	OTC CDS
FREESTYLE INSULINX TEST	\$0	PA OTC CDS NP
FREESTYLE LITE TEST	\$0	PA OTC CDS NP
FREESTYLE TEST	\$0	PA OTC CDS NP
GLUCOCARD EXPRESSION TEST	\$0	PA OTC CDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GLUCOCARD SHINE TEST	\$0	<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">CDS</div> <div data-bbox="1133 319 1195 350">NP</div>
<i>glucose urine test</i>	\$0	<div data-bbox="1133 380 1195 411">OTC</div> <div data-bbox="1133 428 1195 459">CDS</div>
GOJJI BLOOD KETONE TEST	\$0	<div data-bbox="1133 495 1195 527">OTC</div> <div data-bbox="1133 543 1195 575">CDS</div>
KETO-DIASTIX	\$0	<div data-bbox="1133 604 1195 636">OTC</div> <div data-bbox="1133 653 1195 684">CDS</div>
KETONE TEST	\$0	<div data-bbox="1133 714 1195 745">OTC</div>
KETOSTIX	\$0	<div data-bbox="1133 779 1195 810">OTC</div>
MULTISTIX 10 SG	2	
NOVA MAX PLUS KETONE TEST	\$0	<div data-bbox="1133 909 1195 940">OTC</div> <div data-bbox="1133 957 1195 989">CDS</div>
ONETOUCH ULTRA	\$0	<div data-bbox="1133 1018 1195 1050">PA</div> <div data-bbox="1133 1066 1195 1098">OTC</div> <div data-bbox="1133 1115 1195 1146">CDS</div> <div data-bbox="1133 1163 1195 1194">NP</div>
ONETOUCH ULTRA BLUE TEST	\$0	<div data-bbox="1133 1224 1195 1255">PA</div> <div data-bbox="1133 1272 1195 1304">OTC</div> <div data-bbox="1133 1320 1195 1352">CDS</div> <div data-bbox="1133 1369 1195 1400">NP</div>
ONETOUCH ULTRA TEST	\$0	<div data-bbox="1133 1430 1195 1461">PA</div> <div data-bbox="1133 1478 1195 1509">OTC</div> <div data-bbox="1133 1526 1195 1558">CDS</div> <div data-bbox="1133 1575 1195 1606">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ONETOUCH VERIO STRIP	\$0	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> <div style="background-color: #4169E1; color: white; padding: 2px;">CDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
PRECISION XTRA BLOOD GLUCOSE	\$0	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> <div style="background-color: #4169E1; color: white; padding: 2px;">CDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
PRECISION XTRA KETONE	\$0	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> <div style="background-color: #4169E1; color: white; padding: 2px;">CDS</div> </div>
PRODIGY NO CODING BLOOD GLUC STRIP	\$0	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> <div style="background-color: #4169E1; color: white; padding: 2px;">CDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>
PTS PANELS KETONE TEST	\$0	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> <div style="background-color: #4169E1; color: white; padding: 2px;">CDS</div> </div>
RELION KETONE TEST	\$0	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> </div>
TRUE METRIX BLOOD GLUCOSE TEST	\$0	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px;">PA</div> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> <div style="background-color: #4169E1; color: white; padding: 2px;">CDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px;">NP</div> </div>

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

I-methylfolate	2	
I-methylfolate combinations	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #C71585; color: white; padding: 2px;">OTC</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	P
<i>lactase (lactaid)</i>	1	OTC EDS
PERTZYE	2	PA NP
VIOKACE	2	PA NP
ZENPEP	2	P
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide sodium</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide</i>	1	EDS
AMILORIDE- HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	EDS
<i>triamterene-hctz</i>	1	EDS
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	EDS
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	EDS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<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
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA (ISTURISA 1 MG TAB, ISTURISA 5 MG TAB)	2	QL 2 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BONE DENSITY REGULATORS		
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
ATELVIA	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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
GNRH/LHRH ANTAGONISTS		
ORLISSA 150 MG TAB	2	QL 1 EA / DAY PA
ORLISSA 200 MG TAB	2	QL 2 EA / DAY PA
GROWTH HORMONES		
GENOTROPIN	2	PA SP P
GENOTROPIN MINIQUICK	2	PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	<div data-bbox="1133 197 1195 233">PA</div> <div data-bbox="1133 247 1195 283">SP</div> <div data-bbox="1133 298 1195 333">NP</div>
HUMATROPE 5 MG RECON SOLN	2	<div data-bbox="1133 386 1195 422">PA</div> <div data-bbox="1133 436 1195 472">LA</div> <div data-bbox="1133 487 1195 522">NP</div>
NGENLA	2	<div data-bbox="1133 548 1195 583">PA</div> <div data-bbox="1133 598 1195 634">SP</div> <div data-bbox="1133 648 1195 684">NP</div>
NORDITROPIN FLEXP	2	<div data-bbox="1133 709 1195 745">PA</div> <div data-bbox="1133 760 1195 795">SP</div> <div data-bbox="1133 810 1195 846">P</div>
NUTROPIN AQ NUSPIN 10	2	<div data-bbox="1133 871 1195 907">PA</div> <div data-bbox="1133 921 1195 957">SP</div> <div data-bbox="1133 972 1195 1008">P</div>
NUTROPIN AQ NUSPIN 20	2	<div data-bbox="1133 1033 1195 1068">PA</div> <div data-bbox="1133 1083 1195 1119">SP</div> <div data-bbox="1133 1134 1195 1169">P</div>
NUTROPIN AQ NUSPIN 5	2	<div data-bbox="1133 1194 1195 1230">PA</div> <div data-bbox="1133 1245 1195 1281">SP</div> <div data-bbox="1133 1295 1195 1331">P</div>
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	<div data-bbox="1133 1367 1195 1402">PA</div> <div data-bbox="1133 1417 1195 1453">SP</div> <div data-bbox="1133 1467 1195 1503">NP</div>
SAIZEN	2	<div data-bbox="1133 1556 1195 1591">PA</div> <div data-bbox="1133 1606 1195 1642">SP</div> <div data-bbox="1133 1656 1195 1692">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SAIZENPREP	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
SEROSTIM	2	<div data-bbox="1133 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">LA</div> <div data-bbox="1133 426 1195 462">NP</div>
SKYTROFA	2	<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>
SOGROYA	2	<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>
ZOMACTON	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>
ZOMACTON (FOR ZOMA-JET 10)	2	<div data-bbox="1133 951 1195 987">PA</div> <div data-bbox="1133 999 1195 1035">SP</div> <div data-bbox="1133 1047 1195 1083">NP</div>
ZORBTIVE	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>
HORMONE RECEPTOR MODULATORS		
EVISTA	2	<div data-bbox="1133 1358 1195 1394">PA</div> <div data-bbox="1133 1407 1195 1442">NP</div>
<i>raloxifene hcl</i>	\$0	<div data-bbox="1133 1463 1195 1499">EDS</div> <div data-bbox="1133 1512 1195 1547">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	2	PA SP
LUPRON DEPOT-PED (3-MONTH)	2	PA SP
LUPRON DEPOT-PED (6-MONTH)	2	PA SP
TRIPTODUR	2	PA LA
METABOLIC MODIFIERS		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levocarnitine sf</i>	1	EDS
MYALEPT	2	PA SP
<i>nitisinone</i>	1	SP
OPFOLDA	2	QL 0.29 EA / DAY LA
PALYNZIQ (PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, PALYNZIQ 10 MG/0.5ML SOLN PRSYR)	2	QL 0.5 ML / DAY PA LA
PALYNZIQ 20 MG/ML SOLN PRSYR	2	QL 1 ML / DAY PA LA
RAVICTI	2	PA LA
REVCOVI	2	PA LA
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA SP
STRENSIQ	2	PA LA
NATRIURETIC PEPTIDES		
VOXZOGO	2	QL 1 EA / DAY PA LA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	EDS
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	EDS
SOMATOSTATIC AGENTS		
OCTREOTIDE ACETATE (OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR)	2	LA
<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	LA
SIGNIFOR	2	QL 2 EA / DAY PA LA
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE	2	QL 2 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	EDS
<i>estradiol-norethindrone acet</i>	1	EDS
<i>fyavolv</i>	1	EDS
<i>jinteli</i>	1	EDS
<i>lopreeza</i>	1	EDS
<i>mimvey</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	EDS
ORIAHNN	2	PA
PREMPHASE	2	
ESTROGENS		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	2	PA NP
CIPRO (CIPRO 250 MG TAB, CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG TAB, CIPRO 500 MG/5ML (10%) RECON SUSP)	2	PA NP
<i>ciprofloxacin</i>	1	PA NP
<i>ciprofloxacin hcl (ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	1	P
CIPROFLOXACIN HCL 100 MG TAB	2	P
<i>levofloxacin (levofloxacin 25 mg/ml solution, levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	1	P
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFLAMMATORY BOWEL AGENTS		
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
CIMZIA-STARTER	2	QL 3 EA / 365 DAYS PA SP NP
COLAZAL	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIPENTUM	2	PA NP
ENTYVIO 108 MG/0.68ML SOLN A-INJ	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
<i>mesalamine 800 mg tab dr</i>	1	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sulfasalazine</i>	1	EDS P
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	EDS
<i>generlac</i>	1	EDS
<i>lactulose encephalopathy</i>	1	EDS
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	1	
VIBERZI	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	
PHOSPHATE BINDER AGENTS		
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
RENVELA (RENVELA 0.8 GM PACKET, RENVELA 800 MG TAB)	1	P
RENVELA 2.4 GM PACKET	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i>	1	PA EDS NP
<i>sevelamer carbonate 800 mg tab</i>	1	EDS P
<i>sevelamer hcl</i>	1	PA EDS NP
VELPHORO	2	PA NP
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<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
CYSTINOSIS AGENTS		
CYSTAGON	2	LA
GENITOURINARY IRRIGANTS		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	2	
<i>sodium chloride 0.9 % solution</i>	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	EDS P
AVODART	2	PA NP
CARDURA XL	2	PA NP
<i>dutasteride</i>	1	EDS P
<i>dutasteride-tamsulosin hcl</i>	1	PA EDS NP
ENTADFI	2	PA 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>silodosin</i>	1	PA EDS NP
<i>tamsulosin hcl</i>	1	EDS P
URINARY ANALGESICS		
<i>phenazopyridine (azo)</i>	1	OTC
URINARY STONE AGENTS		
<i>tiopronin 100 mg tab</i>	1	PA SP
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	EDS
GOUT AGENTS		
<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
URICOSURICS		
<i>probenecid</i>	1	EDS
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	2	SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADYNOVATE	2	<div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 218 1195 249">P</div>
AFSTYLA	2	<div data-bbox="1133 279 1195 310">SP</div> <div data-bbox="1133 323 1195 354">P</div>
ALPHANATE	2	<div data-bbox="1133 384 1195 415">SP</div> <div data-bbox="1133 428 1195 459">P</div>
ALPHANATE/VWF COMPLEX/HUMAN	2	<div data-bbox="1133 489 1195 520">SP</div> <div data-bbox="1133 533 1195 564">P</div>
ALPHANINE SD	2	<div data-bbox="1133 594 1195 625">SP</div> <div data-bbox="1133 638 1195 669">P</div>
ALPROLIX	2	<div data-bbox="1133 699 1195 730">SP</div> <div data-bbox="1133 743 1195 774">P</div>
ALTUVIIIO	2	<div data-bbox="1133 804 1195 835">SP</div>
BENEFIX	2	<div data-bbox="1133 909 1195 940">SP</div> <div data-bbox="1133 953 1195 984">P</div>
COAGADEX	2	<div data-bbox="1133 1014 1195 1045">SP</div> <div data-bbox="1133 1058 1195 1089">P</div>
CORIFACT	2	<div data-bbox="1133 1119 1195 1150">SP</div> <div data-bbox="1133 1163 1195 1194">P</div>
ELOCTATE	2	<div data-bbox="1133 1224 1195 1255">SP</div> <div data-bbox="1133 1268 1195 1299">P</div>
ESPEROCT	2	<div data-bbox="1133 1329 1195 1360">SP</div> <div data-bbox="1133 1373 1195 1404">P</div>
FEIBA	2	<div data-bbox="1133 1434 1195 1465">SP</div> <div data-bbox="1133 1478 1195 1509">P</div>
HEMLIBRA	2	<div data-bbox="1133 1539 1195 1570">PA</div> <div data-bbox="1133 1583 1195 1614">SP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEMOFIL M	2	<div data-bbox="1133 174 1195 205" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 222 1195 254" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
HUMATE-P	2	<div data-bbox="1133 279 1195 310" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 327 1195 359" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
IDELVION	2	<div data-bbox="1133 384 1195 415" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 432 1195 464" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
IXINITY	2	<div data-bbox="1133 489 1195 520" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 537 1195 569" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
JIVI	2	<div data-bbox="1133 594 1195 625" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 642 1195 674" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOATE	2	<div data-bbox="1133 699 1195 730" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 747 1195 779" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOATE-DVI	2	<div data-bbox="1133 804 1195 835" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 852 1195 884" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOGENATE FS	2	<div data-bbox="1133 909 1195 940" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 957 1195 989" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
KOVALTRY	2	<div data-bbox="1133 1014 1195 1045" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1062 1195 1094" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
MONONINE	2	<div data-bbox="1133 1119 1195 1150" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1167 1195 1199" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NOVOEIGHT	2	<div data-bbox="1133 1224 1195 1255" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1272 1195 1304" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NOVOSEVEN RT	2	<div data-bbox="1133 1329 1195 1360" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1377 1195 1409" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
NUWIQ	2	<div data-bbox="1133 1434 1195 1465" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1482 1195 1514" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
OBIZUR	2	<div data-bbox="1133 1539 1195 1570" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1587 1195 1619" 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
PROFILNINE	2	SP P
REBINYN	2	SP P
RECOMBINATE	2	SP P
RIXUBIS	2	SP P
SEVENFACT	2	SP P
TRETTEN	2	SP P
VONVENDI	2	SP P
WILATE	2	SP P
XYNTHA	2	SP P
XYNTHA SOLOFUSE	2	SP P
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR	2	PA SP NP
<i>icatibant acetate</i>	1	QL 9 UNITS / day(s) PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMPLEMENT INHIBITORS		
BERINERT	2	PA SP P
CINRYZE	2	QL 16 EA / 28 days PA SP P
HAEGARDA	2	QL 16 EA / 28 days PA LA NP
RUCONEST	2	PA LA NP
TAVNEOS	2	QL 6 EA / DAY PA LA NP
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	EDS
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	2	PA LA NP
ORLADEYO	2	QL 28 EA / 28 days PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAKHZYRO (TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION)	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA LA NP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2 ml / 28 days PA LA NP
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	<ul style="list-style-type: none"> PA EDS NP
BRILINTA	2	P
CABLIVI	2	<ul style="list-style-type: none"> PA SP
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P
<i>clopidogrel bisulfate 75 mg tab</i>	1	<ul style="list-style-type: none"> EDS P
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	1	<ul style="list-style-type: none"> EDS P
EFFIENT	2	<ul style="list-style-type: none"> PA NP
PLAVIX	2	<ul style="list-style-type: none"> PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prasugrel hcl</i>	1	EDS P
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	2	SP
<i>miglustat</i>	1	SP
<i>yargesa</i>	1	SP
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	2	PA SP P
DROXIA	2	P
ENDARI	1	QL 6 EA / 1 DAY PA SP P
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	2	QL 3 EA / DAY PA SP P
OXBRYTA 300 MG TAB SOL	2	QL 5 EA / DAY PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SIKLOS	2	PA NP
COBALAMINS		
b-12 (methylcobalamin)	1	OTC EDS
B-12 1000 MCG TAB DISP	2	OTC
B-12 METHYLCOBALAMIN	2	OTC
<i>vitamin b12</i>	1	OTC EDS
VITAMIN B12	2	OTC
FOLIC ACID/FOLATES		
FOLIC ACID 1 MG	1	OTC EDS
<i>folic acid 400 mcg/800 mcg</i>	\$0	OTC EDS
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	2	PA SP P
DOPTELET	2	QL 2 EA / DAY SP
EPOGEN	2	PA SP P
GRANIX (GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/1.6ML SOLUTION)	2	SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JESDUVROQ	2	<div data-bbox="1133 174 1192 205">PA</div> <div data-bbox="1133 226 1192 258">SP</div> <div data-bbox="1133 279 1192 310">NP</div>
LEUKINE	2	<div data-bbox="1133 331 1192 363">SP</div>
MIRCERA	2	<div data-bbox="1133 401 1192 432">PA</div> <div data-bbox="1133 453 1192 485">NP</div>
NEULASTA	2	<div data-bbox="1133 510 1192 541">SP</div>
NEULASTA ONPRO	2	<div data-bbox="1133 579 1192 611">SP</div>
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	<div data-bbox="1133 688 1192 720">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 877 1192 909">PA</div> <div data-bbox="1133 930 1192 961">SP</div> <div data-bbox="1133 982 1192 1014">P</div>
PROCRIT 40000 UNIT/ML SOLUTION	2	<div data-bbox="1133 1098 1192 1129">PA</div> <div data-bbox="1133 1150 1192 1182">SP</div> <div data-bbox="1133 1203 1192 1234">NP</div>
PROMACTA	2	<div data-bbox="1133 1266 1192 1297">PA</div> <div data-bbox="1133 1318 1192 1350">SP</div>
REBLOZYL	2	<div data-bbox="1133 1373 1192 1404">PA</div> <div data-bbox="1133 1425 1192 1457">LA</div> <div data-bbox="1133 1478 1192 1509">NP</div>
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 40000 UNIT/ML SOLUTION)	2	<div data-bbox="1133 1528 1192 1560">PA</div> <div data-bbox="1133 1581 1192 1612">SP</div> <div data-bbox="1133 1633 1192 1665">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETACRIT (RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	2	PA SP NP
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP
HEMATOPOIETIC MIXTURES		
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEMATOGEN FA	2	
<i>hemetab</i>	2	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	1	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	1	OTC EDS
<i>iron combinations</i>	1	EDS
IRON FOLATE PLUS	2	
<i>iron polysaccharide complex</i>	2	OTC
k-tan plus	1	
<i>multigen folic</i>	2	
<i>multigen plus</i>	2	
MULTIGEN TABLET	2	
<i>multivitamin</i>	1	OTC
<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
IRON		
<i>ferrous gluconate</i>	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FERROUS GLUCONATE	2	OTC
<i>ferrous sulfate</i>	1	OTC EDS
FERROUS SULFATE	1	
<i>polysaccharide iron complex</i>	1	OTC EDS
STEM CELL MOBILIZERS		
<i>plerixafor</i>	1	SP
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	EDS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
<i>acetaminophen / diphenhydramine</i>	1	OTC
DIPHENHYDRAMINE (SLEEP)	2	OTC
DOXYLAMINE (SLEEP)	2	OTC
<i>doxylamine (sleep)</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BARBITURATE HYPNOTICS		
<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	
NON-BARBITURATE HYPNOTICS		
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
LUNESTA	2	QL 1 EA / DAY PA NP
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	QL 2 EA / DAY P
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	QL 1 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY P
<i>zolpidem tartrate er</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
DAYVIGO	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
QUVIVIQ	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA NP
HETLIOZ LQ	2	<ul style="list-style-type: none"> QL 5 ML / DAY PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ramelteon</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
ROZEREM	1	<ul style="list-style-type: none"> QL 1 EA / DAY P
<i>tasimelteon</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP NP
LAXATIVES		
BULK LAXATIVES		
<i>calcium polycarbophil (fiber laxative)</i>	1	<ul style="list-style-type: none"> OTC EDS
<i>cellulose (unifiber)</i>	2	<ul style="list-style-type: none"> OTC
<i>corn dextrin powder</i>	1	<ul style="list-style-type: none"> OTC EDS
HYFIBER WITH FOS	2	<ul style="list-style-type: none"> OTC
METAMUCIL	2	<ul style="list-style-type: none"> OTC
<i>methylcellulose (citrucel)</i>	2	<ul style="list-style-type: none"> OTC EDS
<i>psyllium (metamucil)</i>	1	<ul style="list-style-type: none"> OTC EDS
<i>wheat dextrin powder</i>	1	<ul style="list-style-type: none"> OTC EDS
LAXATIVE COMBINATIONS		
GAVILYTE-C	\$0	<ul style="list-style-type: none"> QL 8000 ML / 365 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	EDS
<i>glycerin suppository</i>	1	OTC
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	EDS
MIRALAX	2	OTC
<i>polyethylene glycol</i>	\$0	OTC EDS
<i>polyethylene glycol packets</i>	1	OTC EDS
<i>sorbitol solution</i>	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUBRICANT LAXATIVES		
<i>mineral oil</i>	1	OTC EDS
SALINE LAXATIVES		
ENEMA	2	OTC
<i>enema</i>	1	OTC
<i>magnesium citrate</i>	\$0	OTC
<i>milk of magnesia</i>	\$0	OTC
STIMULANT LAXATIVES		
<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
SURFACTANT LAXATIVES		
<i>docusate calcium (surfak)</i>	1	OTC EDS
<i>docusate sodium (colace)</i>	1	OTC EDS
PEDIA-LAX LIQUID	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
<i>lidocaine-epinephrine (pf) 1.5 %-1:200000 solution</i>	1	
LOCAL ANESTHETICS - AMIDES		
<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	
LOCAL ANESTHETICS - ESTERS		
<i>chlorprocaine hcl (pf)</i>	1	
MACROLIDES		
AZITHROMYCIN		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZITHROMAX TRI-PAK	2	PA NP
ZITHROMAX Z-PAK	2	PA NP
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	2	PA NP
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	1	P
<i>clarithromycin er</i>	1	PA NP
ERYTHROMYCINS		
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
FIDAXOMICIN		
DIFICID 200 MG TAB	2	QL 2 EA / DAY
DIFICID 40 MG/ML RECON SUSP	2	QL 10 ML / DAY
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
<i>hearing aid batteries</i>	2	OTC
BANDAGES-DRESSINGS-TAPE		
<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	
PROFORE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROFORE LITE	2	
PROFORE WCL 5-1/2"X8"	2	
RA HOT/COLD COMPRESS	2	
RA HOT/COLD GEL SLEEVE	2	
SM DELUXE REUSABLE COMPRESS	2	
SUREPRESS HI COMPRESS BANDAGE	2	
BLOOD PRESSURE DEVICES		
BLOOD PRESSURE MONITORING DEVICE	2	OTC
CONTRACEPTIVES		
CAYA	\$0	
<i>female condoms</i>	\$0	OTC
FEMCAP	\$0	
<i>male condoms</i>	\$0	OTC
WIDE-SEAL DIAPHRAGM	\$0	
DIABETIC SUPPLIES		
<i>blood glucose calibration liquid</i>	\$0	OTC CDS
CONTOUR BLOOD GLUCOSE METER	\$0	OTC CDS P
CONTOUR MONITOR DEVICE	\$0	OTC CDS P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXCOM G6 RECEIVER	\$0	QL 1 UNIT / 365 DAYS CDS P
DEXCOM G6 SENSOR	\$0	QL 3 EA / FILL CDS P
DEXCOM G6 TRANSMITTER	\$0	QL 1 EA / 90 days EDS CDS NP
DEXCOM G7 RECEIVER	\$0	QL 1 UNIT / 365 DAYS CDS
DEXCOM G7 SENSOR	\$0	QL 3 EA / FILL CDS
FREESTYLE LIBRE 14 DAY READER	\$0	QL 1 UNIT / 365 DAYS CDS P
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL 2 EA / FILL CDS P
FREESTYLE LIBRE 2 PLUS SENSOR	\$0	QL 2 EA / 1 FILL CDS
FREESTYLE LIBRE 2 READER	\$0	QL 1 UNIT / 365 DAYS CDS P
FREESTYLE LIBRE 2 SENSOR	\$0	QL 2 EA / FILL CDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FREESTYLE LIBRE 3 PLUS SENSOR	\$0	QL 0.07 EA / 1 DAY CDS
FREESTYLE LIBRE 3 READER	\$0	QL 1 UNIT / 365 DAYS CDS
FREESTYLE LIBRE 3 SENSOR	\$0	QL 2 EA / FILL CDS
FREESTYLE LIBRE READER	\$0	QL 1 UNIT / 365 DAYS CDS
FREESTYLE LIBRE SENSOR SYSTEM	\$0	QL 2 EA / FILL CDS
<i>lancet device</i>	\$0	OTC CDS
<i>lancets</i>	\$0	OTC CDS
NON-PREFERRED BLOOD GLUCOSE METER	\$0	PA OTC CDS NP
OMNIPOD 5 G6 INTRO (GEN 5)	\$0	QL 1 EA / 365 DAYS CDS
OMNIPOD 5 G6 PODS (GEN 5)	\$0	QL 0.5 EA / DAY CDS
OMNIPOD 5 G7 INTRO (GEN 5)	\$0	QL 1 EA / 365 DAYS CDS
OMNIPOD 5 G7 PODS (GEN 5)	\$0	QL 0.5 EA / DAY CDS
OMNIPOD 5 LIBRE2 PLUS G6	\$0	QL 1 EA / 365 DAYS CDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	QL 0.5 EA / DAY CDS
OMNIPOD 5 PACK	\$0	QL 0.5 EA / DAY CDS
OMNIPOD CLASSIC PDM (GEN 3)	\$0	QL 1 EA / 365 DAYS CDS
OMNIPOD DASH INTRO (GEN 4)	\$0	QL 1 EA / 365 DAYS CDS
OMNIPOD DASH PDM (GEN 4)	\$0	QL 1 EA / 365 DAYS CDS
OMNIPOD DASH PODS (GEN 4)	\$0	QL 0.5 EA / DAY CDS
GI-GU OSTOMY & IRRIGATION SUPPLIES		
<i>incontinence supplies</i>	2	OTC
<i>ostomy supplies</i>	2	OTC
INFANT CARE PRODUCTS		
<i>diapers</i>	2	OTC
MISC. DEVICES		
<i>alcohol swabs</i>	\$0	OTC CDS
<i>miscellaneous medical devices</i>	2	OTC
PARENTERAL THERAPY SUPPLIES		
BD INSULIN SYRINGE U-500	\$0	CDS
<i>insulin injection device</i>	\$0	OTC CDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>miscellaneous injection device</i>	2	CDS
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	CDS
NEEDLES AND SYRINGES	2	OTC CDS
<i>needles and syringes</i>	\$0	OTC CDS
<i>sharps container</i>	2	OTC CDS
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	2	OTC CDS
<i>respiratory therapy supplies</i>	2	OTC CDS
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 1 EA / 28 days PA P
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 1 ML / 28 DAYS PA P
AJOVY	2	QL 1.5 ml / 28 days PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EMGALITY (300 MG DOSE)	2	QL 3 ML / 28 DAYS PA
EMGALITY 120 MG/ML SOLN A-INJ	2	QL 1 ml / 28 days PA P
EMGALITY 120 MG/ML SOLN PRSYR	2	QL 1 ML / 28 DAYS PA P
NURTEC	2	QL 16 EA / 28 days PA NP
QULIPTA	2	QL 1 EA / DAY PA NP
UBRELVY	2	QL 20 EA / 30 DAYS PA P
VYEPTI	2	PA LA NP
ZAVZPRET	2	QL 6 EA / 28 DAYS PA NP
MIGRAINE COMBINATIONS		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	QL 18 EA / 30 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TREXIMET	2	<ul style="list-style-type: none"> QL 18 EA / 30 days PA NP
MIGRAINE PRODUCTS		
TRUDHESA	2	<ul style="list-style-type: none"> QL 8 EA / 28 days PA NP
MIGRAINE PRODUCTS - NSAIDS		
ELYXYB	2	<ul style="list-style-type: none"> QL 28.8 ml / 30 days PA NP
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	<ul style="list-style-type: none"> QL 18 EA / 30 days PA NP
AMERGE	2	<ul style="list-style-type: none"> QL 18 EA / 30 DAYS PA NP
<i>eletriptan hydrobromide</i>	1	<ul style="list-style-type: none"> QL 18 EA / 30 DAYS PA NP
FROVA	2	<ul style="list-style-type: none"> QL 18 EA / 30 days PA NP
<i>frovatriptan succinate</i>	1	<ul style="list-style-type: none"> QL 18 EA / 30 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMITREX (IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 18 EA / 30 DAYS
IMITREX 6 MG/0.5ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 8 EA / 30 DAYS
IMITREX STATDOSE REFILL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 8 ML / 30 DAYS
IMITREX STATDOSE SYSTEM	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 8 EA / 30 DAYS
MAXALT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 36 EA / 30 DAYS
MAXALT-MLT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 36 EA / 30 DAYS
<i>naratriptan hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 18 EA / 30 DAYS
RELPAK	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 18 EA / 30 DAYS
REYVOW 100 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 16 EA / 30 DAYS
REYVOW 50 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 8 EA / 30 DAYS
<i>rizatriptan benzoate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div> 36 EA / 30 DAYS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sumatriptan 20 mg/act solution</i>	1	<div data-bbox="1133 170 1192 205">QL</div> 18 EA / 30 DAYS <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
<i>sumatriptan 5 mg/act solution</i>	1	<div data-bbox="1133 325 1192 361">QL</div> 36 EA / 30 DAYS <div data-bbox="1133 373 1192 409">PA</div> <div data-bbox="1133 422 1192 457">NP</div>
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	<div data-bbox="1133 520 1192 556">QL</div> 18 EA / 30 DAYS <div data-bbox="1133 569 1192 604">P</div>
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	<div data-bbox="1133 688 1192 724">QL</div> 8 ML / 30 DAYS <div data-bbox="1133 737 1192 772">PA</div> <div data-bbox="1133 785 1192 821">NP</div>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	<div data-bbox="1133 871 1192 907">QL</div> 8 ML / 30 DAYS <div data-bbox="1133 919 1192 955">PA</div> <div data-bbox="1133 968 1192 1003">NP</div>
<i>sumatriptan succinate refill</i>	1	<div data-bbox="1133 1035 1192 1071">QL</div> 8 ML / 30 DAYS <div data-bbox="1133 1083 1192 1119">PA</div> <div data-bbox="1133 1131 1192 1167">NP</div>
TOSYMRA	2	<div data-bbox="1133 1190 1192 1226">PA</div> <div data-bbox="1133 1239 1192 1274">QL</div> 6 UNITS / FILL; 2 FILLS / 30 DAYS <div data-bbox="1133 1287 1192 1323">NP</div>
ZEMBRACE SYMTOUCH	2	<div data-bbox="1133 1375 1192 1411">PA</div> <div data-bbox="1133 1423 1192 1459">QL</div> 2 UNITS / FILL; 2 FILLS / 30 DAYS <div data-bbox="1133 1472 1192 1507">NP</div>
<i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp)</i>	1	<div data-bbox="1133 1564 1192 1600">QL</div> 18 EA / 30 DAYS <div data-bbox="1133 1612 1192 1648">PA</div> <div data-bbox="1133 1661 1192 1696">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 5 mg tab)</i>	1	QL 18 EA / 30 DAYS P
<i>zomig (zomig 2.5 mg tab, zomig 5 mg solution, zomig 5 mg tab)</i>	1	QL 18 EA / 30 DAYS P
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	2	QL 18 EA / 30 DAYS PA
ZOMIG 2.5 MG SOLUTION	1	QL 18 EA / 30 DAYS PA NP

MINERALS ELECTROLYTES

BICARBONATES

<i>sodium bicarbonate 4.2 % solution</i>	1	
SODIUM BICARBONATE 7.5 % SOLUTION	2	

CALCIUM

<i>calcium / magnesium / zinc</i>	1	OTC EDS
<i>calcium / phosphorus / vitamin d</i>	2	OTC
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
ELECTROLYTE MIXTURES		
<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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>electrolyte solution</i>	1	OTC
IONOSOL-MB IN D5W	2	
ISOLYTE-S	2	
KCL (0.149%) IN NACL 20-0.45 MEQ/L-% SOLUTION	1	
KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION	2	
KCL (0.298%) IN NACL	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	
POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
FLUORIDE		
<i>sodium fluoride</i>	\$0	OTC EDS
MAGNESIUM		
<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</i>	1	
MANGANESE		
MANGANESE SULFATE	2	
MINERAL COMBINATIONS		
MULTI-MINERALS	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PHOSPHATE		
<i>phosphorus supplement</i>	2	OTC
<i>potassium / sodium phosphate</i>	2	EDS
POTASSIUM		
<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
<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 20 meq tab er)</i>	1	EDS
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	2	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium gluconate</i>	1	OTC EDS
POTASSIUM GLUCONATE	2	OTC
SODIUM		
<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	
TRACE MINERALS		
<i>chromium</i>	1	OTC EDS
CHROMIUM	2	OTC
<i>selenium</i>	1	OTC EDS
ZINC		
<i>zinc</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>clovique</i>	1	SP
<i>penicillamine 250 mg tab</i>	1	PA SP
<i>trientine hcl 250 mg cap</i>	1	SP
IMMUNOMODULATORS		
<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
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL	2	PA SP NP
<i>azasan</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>azathioprine (azathioprine 50 mg tab, azathioprine 75 mg tab, azathioprine 100 mg tab)</i>	1	P
CELLCEPT (CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	2	PA SP NP
CELLCEPT 200 MG/ML RECON SUSP	1	SP P
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	P
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	P
ENSPRYNG	2	PA SP NP
ENVARBUS 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA NP
<i>mycophenolate sodium</i>	1	PA NP
<i>mycophenolic acid</i>	1	PA NP
MYFORTIC	2	PA SP NP
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	2	PA SP NP
PROGRAF (PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 5 MG CAP)	2	PA SP NP
RAPAMUNE 1 MG/ML SOLUTION	1	SP P
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP, SANDIMMUNE 100 MG/ML SOLUTION)	2	PA SP NP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZORTRESS	2	PA SP NP
IRRIGATION SOLUTIONS		
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
MISC NATURAL PRODUCTS		
MISCELLANEOUS NATURAL PRODUCTS	2	OTC
<i>miscellaneous natural products</i>	2	OTC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
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
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET)	2	SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluoridex</i>	1	EDS
<i>fluoridex enhanced whitening</i>	1	EDS
FLUORIDEX SENSITIVITY RELIEF	1	
<i>fluorimax 5000</i>	1	EDS
FLUORIMAX 5000 SENSITIVE	1	
<i>fraiche 5000 dental</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
SOD FLUORIDE-POTASSIUM NITRATE	1	EDS
<i>sodium fluoride (sodium fluoride 0.2 % solution, sodium fluoride 1.1 % gel)</i>	1	EDS
<i>sodium fluoride 1.1 % cream</i>	\$0	EDS
SODIUM FLUORIDE 5000 ENAMEL	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	\$0	EDS
SODIUM FLUORIDE 5000 SENSITIVE	1	EDS
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	1	EDS
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	EDS
MULTIVITAMINS		
B-COMPLEX VITAMINS		
<i>vitamin b complex</i>	1	OTC EDS
B-COMPLEX W/ C		
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-COMPLEX W/ FOLIC ACID		
B COMPLEX-C-BIOTIN-E-FA	\$0	OTC
<i>vitamin b complex (\$0)</i>	\$0	OTC EDS
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	2	
VITAMIN B COMPLEX COMBINATIONS	2	
BIOFLAVONOID PRODUCTS		
<i>bioflavonoids</i>	1	OTC EDS
BIOFLAVONOIDS	2	OTC
MULTIPLE VITAMINS W/ CALCIUM		
<i>multivitamins / calcium</i>	1	OTC EDS
MULTIPLE VITAMINS W/ MINERALS		
MULTIVITAMINS / MINERALS	2	OTC
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins / fluoride / iron</i>	1	OTC EDS
<i>pediatric multivitamin combinations</i>	1	OTC EDS
PED MULTIPLE VITAMINS W/ MINERALS		
PEDIATRIC MULTIPLE VITAMINS / MINERALS	2	OTC EDS
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC EDS
PED MV W/ FLUORIDE		
<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
PED MV W/ IRON		
<i>pediatric multiple vitamins / iron</i>	2	OTC EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>pediatric multiple vitamins</i>	1	OTC EDS
PEDIATRIC MULTIPLE VITAMINS	2	OTC
PEDIATRIC VITAMINS		
<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
PRENATAL VITAMINS		
BAL-CARE DHA	2	
INATAL GT	2	
PNV-DHA+DOCUSATE	2	EDS
PNV-OMEGA	2	EDS
PNV-SELECT	2	EDS
PRENATAL VITAMIN	2	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prenatal vitamin</i>	\$0	OTC EDS
VIRT-PN PLUS	2	EDS
ZATEAN-PN PLUS	2	EDS
SPECIALTY VITAMINS PRODUCTS		
<i>specialty vitamins</i>	2	EDS
VITAMINS W/ LIPOTROPICS		
<i>vitamins / lipotropics</i>	1	OTC EDS
VITAMINS / LIPOTROPICS	2	OTC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<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</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone</i>	1	PA NP
DYMISTA	2	PA NP
RYALTRIS	2	PA NP
NASAL AGENTS - MISC.		
SODIUM CHLORIDE NASAL SPRAY	2	OTC
NASAL ANTIALLERGY		
<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
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide 0.03 % solution</i>	1	EDS P
<i>ipratropium bromide 0.06 % solution</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NASAL STEROIDS		
<i>flunisolide</i>	1	QL 2 ML / DAY PA EDS NP
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 1.07 GM / DAY EDS P
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 0.57 GM / DAY P
NASONEX	2	QL 0.57 GM / DAY PA NP
OMNARIS	2	QL 0.42 GM / DAY PA NP
QNASL	2	QL 0.36 ML / DAY PA NP
QNASL CHILDRENS	2	QL 0.23 GM / DAY PA NP
<i>triamcinolone acetonide (nasacort)</i>	1	QL 0.57 ML / DAY OTC EDS
XHANCE	2	QL 1.07 ML / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZETONNA	2	<ul style="list-style-type: none"> QL 0.21 GM / DAY PA NP
SYMPATHOMIMETIC DECONGESTANTS		
<i>oxymetazoline (afrin)</i>	1	OTC
<i>phenylephrine (neo-synephrine)</i>	1	OTC
<i>phenylephrine (sudafed pe)</i>	1	OTC
<i>pseudoephedrine (sudafed)</i>	1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole</i>	1	EDS
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	2	<ul style="list-style-type: none"> QL 6.67 ML / DAY PA LA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose (dextrose 5 % solution, dextrose 10 % solution, dextrose 50 % solution, dextrose 70 % solution)</i>	1	
DEXTROSE 250 MG/ML SOLUTION	2	
LIPIDS		
INTRALIPID	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MISC. NUTRITIONAL SUBSTANCES		
<i>omega-3 fatty acids (fish oil)</i>	1	OTC EDS
OMEGA-3 FATTY ACIDS (FISH OIL)	2	OTC
PROTEINS		
CLINIMIX E/DEXTROSE	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/5)	2	
CLINIMIX/DEXTROSE (5/15)	2	
CLINIMIX/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (6/5)	2	
CLINIMIX/DEXTROSE (8/10)	2	
CLINIMIX/DEXTROSE (8/14)	2	
LEVOCARNITINE (DIETARY) 330 MG TAB	2	OTC
NEPHRAMINE	2	
PROCALAMINE	2	
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
ALCON TEARS	2	OTC
<i>artificial tear drops</i>	1	OTC EDS
<i>dextran 70/he-cell drops (genteal tears)</i>	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENTEAL SEVERE	2	OTC
ISOPTO TEARS	2	OTC
<i>lubricant eye drops</i>	1	OTC EDS
LUBRICANT EYE DROPS	2	OTC
<i>lubricant eye ointment</i>	1	OTC
<i>polyethylene glycol drops</i>	1	
<i>polyvinyl alcohol / povidone drops (refresh)</i>	1	OTC EDS
<i>polyvinyl alcohol drops (hypotears)</i>	1	OTC EDS
PURE & GENTLE LUBRICANT	2	OTC
REFRESH 1.4-0.6 % SOLUTION	2	OTC
REFRESH DIGITAL	2	OTC
REFRESH OPTIVE 0.5-0.9 % SOLUTION	2	OTC
REFRESH OPTIVE ADVANCED	2	OTC
REFRESH OPTIVE PF	2	OTC
REFRESH RELIEVA	2	OTC
REFRESH RELIEVA PF 0.5-0.9 % SOLUTION	2	OTC
REFRESH TEARS PF	2	OTC
SYSTANE BALANCE	2	OTC
SYSTANE COMPLETE	2	OTC
VISTA GEL DRY EYE RELIEF	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	2	PA EDS NP
<i>betaxolol hcl 0.5 % solution</i>	1	PA EDS NP
BETIMOL	2	PA NP
BETOPTIC-S	2	PA NP
<i>brimonidine tartrate-timolol</i>	1	PA EDS NP
CARTEOLOL HCL	2	PA EDS NP
COMBIGAN	1	P
COSOPT	2	PA NP
COSOPT PF	2	PA NP
<i>dorzolamide hcl-timolol mal</i>	1	EDS P
<i>dorzolamide hcl-timolol mal pf</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ISTALOL	2	PA NP
LEVOBUNOLOL HCL	2	PA EDS NP
<i>timolol maleate (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
TIMOPTIC OCUDOSE	2	PA NP
TIMOPTIC-XE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHOLINERGIC AGONISTS		
TYRVAYA	2	QL 0.14 ML / DAY PA NP
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	2	
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	
MIOTICS		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	EDS
OPHTHALMIC ADRENERGIC AGENTS		
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IOPIDINE	2	PA NP
SIMBRINZA	2	PA NP
OPHTHALMIC ANTI-INFECTIVES		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
OCUFLOX	2	PA NP
<i>ofloxacin 0.3 % solution</i>	1	P
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	2	PA NP
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
VIGAMOX	2	PA NP
XDEMVY	2	QL 10 ML / FILL PA LA
ZIRGAN	2	
OPHTHALMIC DECONGESTANTS		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
OPHTHALMIC IMMUNOMODULATORS		
CEQUA	2	QL 2 EA / DAY PA NP
<i>cyclosporine 0.05 % emulsion</i>	1	QL 2 EA / DAY PA EDS NP
RESTASIS	1	QL 2 EA / DAY P
RESTASIS MULTIDOSE	1	QL 2 EA / DAY P
VERKAZIA	2	QL 4 EA / DAY PA NP
VEVYE	2	QL 0.07 ML / DAY PA NP
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	QL 2 EA / DAY P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUREZOL	2	PA NP
EYSUVIS	2	QL 0.6 ML / DAY PA NP
<i>fluorometholone</i>	1	P
ILUVIEN	2	PA LA NP
INVELTYS	2	PA NP
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % OINTMENT, LOTEMAX 0.5 % SUSPENSION)	2	PA NP
LOTEMAX SM	2	PA NP
<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 LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRED FORTE	2	
<i>prednisolone acetate</i>	1	P
PREDNISOLONE ACETATE P-F	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
RETISERT	2	PA LA NP
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	1	
TRIESENCE	2	LA P
XIPERE	2	PA LA NP
YUTIQ	2	PA LA NP
OPHTHALMICS - MISC.		
ACULAR	2	PA NP
ACULAR LS	2	PA NP
ACUVAIL	2	PA NP
ALOMIDE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
MIEBO	2	QL 0.1 ML / DAY PA NP
NEVANAC	2	PA NP
<i>olopatadine</i>	1	QL 0.085 ML / DAY OTC EDS P
PROLENSA	2	PA NP
<i>sodium chloride eye products (muro 128)</i>	1	OTC
TRUSOPT	2	PA NP
ZADITOR	2	PA OTC NP
ZERVIATE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	<ul style="list-style-type: none"> QL 0.085 ML / DAY PA EDS NP
DURYSTA	2	<ul style="list-style-type: none"> PA NP
IDOSE TR	2	<ul style="list-style-type: none"> PA LA NP
IYUZEH	2	<ul style="list-style-type: none"> PA NP
<i>latanoprost</i>	1	<ul style="list-style-type: none"> QL 0.085 ML / DAY EDS P
LUMIGAN	2	<ul style="list-style-type: none"> QL 0.09 ML / DAY PA NP
<i>tafluprost (pf)</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
TRAVATAN Z	1	<ul style="list-style-type: none"> QL 0.085 ML / DAY P
<i>travoprost (bak free)</i>	1	<ul style="list-style-type: none"> QL 0.085 ML / DAY PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VYZULTA	2	QL 0.084 ML / DAY PA NP
XALATAN	2	QL 0.085 ML / DAY PA NP
XELPROS	2	QL 0.084 ML / DAY PA NP
ZIOPTAN	2	QL 1 EA / DAY PA NP
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	1	OTC
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	PA NP
<i>ofloxacin otic soln 0.3%</i>	1	P
OTIC COMBINATIONS		
CIPRO HC	2	P
<i>ciprofloxacin-dexamethasone</i>	1	P
CIPROFLOXACIN-FLUOCINOLONE PF	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CORTISPORIN-TC	2	PA NP
<i>neomycin-polymyxin-hc</i>	1	P
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
OXYTOCICS		
OXYTOCICS		
<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
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUVITRU	2	SP
GAMMAGARD	2	SP
GAMUNEX-C	2	SP
HIZENTRA	2	SP
HYPERTET	2	
PRIVIGEN (PRIVIGEN 10 GM/100ML SOLUTION, PRIVIGEN 20 GM/200ML SOLUTION, PRIVIGEN 40 GM/400ML SOLUTION)	2	SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MONOCLONAL ANTIBODIES		
BEYFORTUS	\$0	LA
SYNAGIS	2	LA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	2	SP
PENICILLINS		
AMINOPENICILLINS		
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NATURAL PENICILLINS		
<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	
PENICILLIN COMBINATIONS		
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
PENICILLINASE-RESISTANT PENICILLINS		
<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	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
NON GELATIN CAPSULES (EMPTY)		
<i>non gelatin capsules</i>	2	OTC
SEMI SOLID VEHICLES		
HYDROPHILIC PETROLATUM	2	OTC
<i>petrolatum (vaseline)</i>	1	OTC
<i>petrolatum ointment</i>	2	OTC
PROGESTINS		
PROGESTINS		
<i>gallifrey</i>	1	EDS
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	EDS NP
NEXPLANON	\$0	LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norethindrone acetate</i>	1	EDS
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	EDS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	1	EDS
<i>disulfiram</i>	1	EDS
ANTIDEMENTIA AGENTS		
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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 & 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
<i>rivastigmine</i>	1	PA EDS NP
<i>rivastigmine tartrate</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA NP
PERPHENAZINE-AMITRIPTYLINE	\$0	
SYMBYAX	\$0	PA NP
FIBROMYALGIA AGENTS		
SAVELLA	2	QL 2 EA / DAY P
SAVELLA TITRATION PACK	2	QL 55 EA / 180 days P
MOVEMENT DISORDER DRUG THERAPY		
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
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	QL 1 EA / 1 DAY PA SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIUMVI	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>
COPAXONE 20 MG/ML SOLN PRSYR	1	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">P</div>
COPAXONE 40 MG/ML SOLN PRSYR	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>
<i>dalfampridine er</i>	1	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 779">NP</div>
<i>dimethyl fumarate</i>	1	<div data-bbox="1133 804 1195 840">SP</div> <div data-bbox="1133 852 1195 888">P</div>
<i>dimethyl fumarate starter pack</i>	1	<div data-bbox="1133 919 1195 955">PA</div> <div data-bbox="1133 968 1195 1003">SP</div> <div data-bbox="1133 1016 1195 1052">NP</div>
EXTAVIA	2	<div data-bbox="1133 1077 1195 1113">PA</div> <div data-bbox="1133 1125 1195 1161">SP</div> <div data-bbox="1133 1173 1195 1209">NP</div>
<i>fingolimod hcl</i>	1	<div data-bbox="1133 1234 1195 1270">PA</div> <div data-bbox="1133 1283 1195 1318">SP</div> <div data-bbox="1133 1331 1195 1367">P</div>
GILENYA 0.25 MG CAP	2	<div data-bbox="1133 1392 1195 1428">PA</div> <div data-bbox="1133 1440 1195 1476">SP</div> <div data-bbox="1133 1488 1195 1524">NP</div>
GILENYA 0.5 MG CAP	1	<div data-bbox="1133 1549 1195 1585">PA</div> <div data-bbox="1133 1598 1195 1633">SP</div> <div data-bbox="1133 1646 1195 1682">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	<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>
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	<div data-bbox="1133 329 1195 361">PA</div> <div data-bbox="1133 378 1195 409">SP</div> <div data-bbox="1133 426 1195 457">NP</div>
<i>glatopa 20 mg/ml soln prsyr</i>	1	<div data-bbox="1133 485 1195 516">PA</div> <div data-bbox="1133 533 1195 564">SP</div> <div data-bbox="1133 581 1195 613">NP</div>
<i>glatopa 40 mg/ml soln prsyr</i>	1	<div data-bbox="1133 640 1195 672">PA</div> <div data-bbox="1133 688 1195 720">SP</div> <div data-bbox="1133 737 1195 768">NP</div>
KESIMPTA	2	<div data-bbox="1133 795 1195 827">PA</div> <div data-bbox="1133 844 1195 875">SP</div> <div data-bbox="1133 892 1195 924">NP</div>
LEMTRADA	2	<div data-bbox="1133 951 1195 982">PA</div> <div data-bbox="1133 999 1195 1031">LA</div> <div data-bbox="1133 1047 1195 1079">NP</div>
MAVENCLAD (10 TABS)	2	<div data-bbox="1133 1106 1195 1138">PA</div> <div data-bbox="1133 1155 1195 1186">SP</div> <div data-bbox="1133 1203 1195 1234">NP</div>
MAVENCLAD (4 TABS)	2	<div data-bbox="1133 1262 1195 1293">PA</div> <div data-bbox="1133 1310 1195 1341">SP</div> <div data-bbox="1133 1358 1195 1390">NP</div>
MAVENCLAD (5 TABS)	2	<div data-bbox="1133 1417 1195 1449">PA</div> <div data-bbox="1133 1465 1195 1497">SP</div> <div data-bbox="1133 1514 1195 1545">NP</div>
MAVENCLAD (6 TABS)	2	<div data-bbox="1133 1581 1195 1612">PA</div> <div data-bbox="1133 1629 1195 1661">SP</div> <div data-bbox="1133 1677 1195 1709">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 176 1195 210">PA</div> <div data-bbox="1133 222 1195 256">SP</div> <div data-bbox="1133 268 1195 302">NP</div>
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 338 1195 371">PA</div> <div data-bbox="1133 384 1195 417">SP</div> <div data-bbox="1133 430 1195 464">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 499 1195 533">PA</div> <div data-bbox="1133 546 1195 579">SP</div> <div data-bbox="1133 592 1195 625">NP</div>
MAYZENT	2	<div data-bbox="1133 661 1195 695">PA</div> <div data-bbox="1133 707 1195 741">SP</div> <div data-bbox="1133 753 1195 787">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 823 1195 856">PA</div> <div data-bbox="1133 869 1195 903">SP</div> <div data-bbox="1133 915 1195 949">NP</div>
OCREVUS	2	<div data-bbox="1133 984 1195 1018">PA</div> <div data-bbox="1133 1031 1195 1064">SP</div> <div data-bbox="1133 1077 1195 1110">NP</div>
PLEGRIDY	2	<div data-bbox="1133 1146 1195 1180">PA</div> <div data-bbox="1133 1192 1195 1226">SP</div> <div data-bbox="1133 1239 1195 1272">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 1308 1195 1341">PA</div> <div data-bbox="1133 1354 1195 1388">SP</div> <div data-bbox="1133 1400 1195 1434">NP</div>
PONVORY	2	<div data-bbox="1133 1467 1195 1501">PA</div> <div data-bbox="1133 1514 1195 1547">SP</div> <div data-bbox="1133 1560 1195 1593">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 1671 1195 1705">PA</div> <div data-bbox="1133 1717 1195 1751">SP</div> <div data-bbox="1133 1764 1195 1797">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REBIF	2	<div data-bbox="1133 174 1192 205">PA</div> <div data-bbox="1133 222 1192 254">SP</div> <div data-bbox="1133 270 1192 302">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 329 1192 361">PA</div> <div data-bbox="1133 378 1192 409">SP</div> <div data-bbox="1133 426 1192 457">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 485 1192 516">PA</div> <div data-bbox="1133 533 1192 564">SP</div> <div data-bbox="1133 581 1192 613">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 640 1192 672">PA</div> <div data-bbox="1133 688 1192 720">SP</div> <div data-bbox="1133 737 1192 768">P</div>
TASCENSO ODT	2	<div data-bbox="1133 795 1192 827">PA</div> <div data-bbox="1133 844 1192 875">LA</div> <div data-bbox="1133 892 1192 924">NP</div>
TECFIDERA	2	<div data-bbox="1133 951 1192 982">PA</div> <div data-bbox="1133 999 1192 1031">SP</div> <div data-bbox="1133 1047 1192 1079">NP</div>
<i>teriflunomide</i>	1	<div data-bbox="1133 1106 1192 1138">PA</div> <div data-bbox="1133 1155 1192 1186">SP</div> <div data-bbox="1133 1203 1192 1234">P</div>
TYSABRI	2	<div data-bbox="1133 1262 1192 1293">PA</div> <div data-bbox="1133 1310 1192 1341">SP</div> <div data-bbox="1133 1358 1192 1390">NP</div>
VUMERITY	2	<div data-bbox="1133 1417 1192 1449">PA</div> <div data-bbox="1133 1465 1192 1497">SP</div> <div data-bbox="1133 1514 1192 1545">NP</div>
ZEPOSIA	2	<div data-bbox="1133 1593 1365 1625">QL 1 EA / DAY</div> <div data-bbox="1133 1642 1192 1673">PA</div> <div data-bbox="1133 1690 1192 1722">SP</div> <div data-bbox="1133 1738 1192 1770">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZEPOSIA 7-DAY STARTER PACK	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP NP
ZEPOSIA STARTER KIT	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP NP
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	2	<ul style="list-style-type: none"> PA NP
LYRICA CR	2	<ul style="list-style-type: none"> PA NP
<i>pregabalin er</i>	1	<ul style="list-style-type: none"> PA NP
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	2	<ul style="list-style-type: none"> PA NP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	2	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	2	<ul style="list-style-type: none"> PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SMOKING DETERRENTS		
CHANTIX	\$0	
CHANTIX CONTINUING MONTH PAK	\$0	
CHANTIX STARTING MONTH PAK	\$0	
<i>nicotine gum</i>	\$0	OTC
<i>nicotine patch</i>	\$0	OTC
NICOTROL	\$0	
<i>varenicline tartrate</i>	\$0	
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate(continue)</i>	\$0	
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE	2	PA NP
<i>paroxetine mesylate</i>	1	PA EDS NP
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	2	<div data-bbox="1133 170 1192 205">QL</div> 4 EA / DAY <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">SP</div>
ORKAMBI (ORKAMBI 75-94 MG PACKET, ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	2	<div data-bbox="1133 338 1192 373">QL</div> 2 EA / DAY <div data-bbox="1133 386 1192 422">PA</div> <div data-bbox="1133 434 1192 470">SP</div>
PULMOZYME	2	<div data-bbox="1133 506 1192 541">SP</div>
SYMDEKO	2	<div data-bbox="1133 569 1192 604">QL</div> 2 EA / DAY <div data-bbox="1133 617 1192 653">PA</div> <div data-bbox="1133 665 1192 701">SP</div>
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK)	2	<div data-bbox="1133 730 1192 766">QL</div> 3 EA / DAY <div data-bbox="1133 779 1192 814">PA</div> <div data-bbox="1133 827 1192 863">SP</div>
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	2	<div data-bbox="1133 892 1192 928">QL</div> 2 EA / DAY <div data-bbox="1133 940 1192 976">PA</div> <div data-bbox="1133 989 1192 1024">SP</div>
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	2	<div data-bbox="1133 1123 1192 1159">QL</div> 9 EA / DAY <div data-bbox="1133 1171 1192 1207">PA</div> <div data-bbox="1133 1220 1192 1255">SP</div>
OFEV	2	<div data-bbox="1133 1285 1192 1320">QL</div> 2 EA / DAY <div data-bbox="1133 1333 1192 1369">PA</div> <div data-bbox="1133 1381 1192 1417">LA</div>
<i>pirfenidone 267 mg tab</i>	1	<div data-bbox="1133 1446 1192 1482">QL</div> 9 EA / DAY <div data-bbox="1133 1495 1192 1530">PA</div> <div data-bbox="1133 1543 1192 1579">SP</div>
<i>pirfenidone 801 mg tab</i>	1	<div data-bbox="1133 1608 1192 1644">QL</div> 3 EA / DAY <div data-bbox="1133 1656 1192 1692">PA</div> <div data-bbox="1133 1705 1192 1740">SP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>doxy 100</i>	1	
<i>doxycycline hyclate (doxycycline hyclate 20 mg tab, doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg recon soln, doxycycline hyclate 100 mg tab)</i>	1	
<i>doxycycline monohydrate (doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)</i>	1	
<i>lymepak</i>	1	
<i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap, minocycline hcl 100 mg cap)</i>	1	
<i>mondoxyne nl 100 mg cap</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	EDS
<i>propylthiouracil</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID HORMONES		
ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 30 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 120 MG TAB)	2	EDS
ADTHYZA (ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 130 MG TAB)	2	
ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 30 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB)	2	EDS
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<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
NIVA THYROID	2	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NP THYROID	2	EDS
THYQUIDITY	2	
THYROID	2	EDS
<i>unithroid</i>	1	EDS
TOXOIDS		
TOXOID COMBINATIONS		
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>atropine sulfate (atropine sulfate 0.4 mg/ml solution, atropine sulfate 0.5 mg/5ml soln prsy, atropine sulfate 1 mg/10ml soln prsy, atropine sulfate 1 mg/ml solution, atropine sulfate 8 mg/20ml solution)</i>	1	
ATROPINE SULFATE (PF)	2	
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>symax-sr</i>	1	EDS
H-2 ANTAGONISTS		
<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	
MISC. ANTI-ULCER		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	EDS
PROTON PUMP INHIBITORS		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC EDS
ACIPHEX	2	QL 30 EA / FILL 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXILANT	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
<i>dexlansoprazole</i>	1	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
<i>eq esomeprazole magnesium</i>	1	<div data-bbox="1133 401 1195 432">OTC</div> <div data-bbox="1133 449 1195 480">EDS</div> <div data-bbox="1133 497 1195 529">P</div>
<i>eq omeprazole magnesium</i>	1	<div data-bbox="1133 556 1195 588">OTC</div> <div data-bbox="1133 604 1195 636">EDS</div>
<i>esomeprazole magnesium (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 40 mg packet)</i>	1	<div data-bbox="1133 699 1195 730">PA</div> <div data-bbox="1133 747 1195 779">NP</div>
<i>esomeprazole magnesium 20 mg cap dr</i>	1	<div data-bbox="1133 842 1195 873">OTC</div> <div data-bbox="1133 890 1195 921">EDS</div> <div data-bbox="1133 938 1195 970">P</div>
<i>esomeprazole magnesium 40 mg cap dr</i>	1	<div data-bbox="1133 1005 1195 1037">EDS</div> <div data-bbox="1133 1054 1195 1085">P</div>
<i>ft acid reducer 20 mg cap dr</i>	1	<div data-bbox="1133 1110 1195 1142">OTC</div> <div data-bbox="1133 1159 1195 1190">EDS</div> <div data-bbox="1133 1207 1195 1239">P</div>
<i>gnp esomeprazole magnesium</i>	1	<div data-bbox="1133 1266 1195 1297">OTC</div> <div data-bbox="1133 1314 1195 1346">EDS</div> <div data-bbox="1133 1362 1195 1394">P</div>
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	<div data-bbox="1133 1430 1195 1461">OTC</div> <div data-bbox="1133 1478 1195 1509">EDS</div>
<i>goodsense esomeprazole</i>	1	<div data-bbox="1133 1543 1195 1575">OTC</div> <div data-bbox="1133 1591 1195 1623">EDS</div> <div data-bbox="1133 1640 1195 1671">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hm esomeprazole magnesium dr</i>	1	<div data-bbox="1133 174 1192 212">OTC</div> <div data-bbox="1133 222 1192 260">EDS</div> <div data-bbox="1133 270 1192 302">P</div>
<i>kls esomeprazole magnesium</i>	1	<div data-bbox="1133 331 1192 369">OTC</div> <div data-bbox="1133 380 1192 417">EDS</div> <div data-bbox="1133 428 1192 459">P</div>
<i>kp omeprazole magnesium</i>	1	<div data-bbox="1133 489 1192 527">OTC</div> <div data-bbox="1133 537 1192 575">EDS</div>
<i>lansoprazole (prevacid)</i>	1	<div data-bbox="1133 604 1192 642">PA</div> <div data-bbox="1133 653 1192 690">OTC</div> <div data-bbox="1133 701 1192 739">EDS</div> <div data-bbox="1133 749 1192 787">NP</div>
LANSOPRAZOLE 15 MG CAP DR	1	<div data-bbox="1133 810 1192 848">OTC</div> <div data-bbox="1133 858 1192 896">EDS</div> <div data-bbox="1133 907 1192 938">P</div>
LANSOPRAZOLE 15 MG TAB DR DISP	1	<div data-bbox="1133 968 1192 1005">PA</div> <div data-bbox="1133 1016 1192 1054">OTC</div> <div data-bbox="1133 1064 1192 1102">NP</div>
LANSOPRAZOLE 30 MG CAP DR	1	<div data-bbox="1133 1125 1192 1163">EDS</div> <div data-bbox="1133 1173 1192 1211">P</div>
LANSOPRAZOLE 30 MG TAB DR DISP	1	<div data-bbox="1133 1236 1192 1274">PA</div> <div data-bbox="1133 1285 1192 1323">NP</div>
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET)	1	<div data-bbox="1133 1423 1192 1461">P</div>
NEXIUM 20 MG CAP DR	2	<div data-bbox="1133 1562 1192 1600">PA</div> <div data-bbox="1133 1610 1192 1648">OTC</div> <div data-bbox="1133 1659 1192 1696">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
PREVACID SOLUTAB 15 MG TAB DR DISP	2	PA NP
PREVACID SOLUTAB 30 MG TAB DR DISP	2	PA NP
PRILOSEC	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i>	1	EDS
ULCER THERAPY COMBINATIONS		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>cvs omeprazole-sod bicarbonate</i>	1	PA OTC EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>goodsense omepr/sod bicarb</i>	1	PA OTC EDS NP
KONVOMEPR	2	PA NP
<i>omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate 20-1680 mg packet, omeprazole-sodium bicarbonate 40-1100 mg cap, omeprazole-sodium bicarbonate 40-1680 mg packet)</i>	1	PA NP
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	PA OTC EDS NP
ZEGERID (ZEGERID 20-1680 MG PACKET, ZEGERID 40-1100 MG CAP, ZEGERID 40-1680 MG PACKET)	2	PA NP
ZEGERID 20-1100 MG CAP	2	PA OTC NP
ZEGERID OTC	2	PA OTC NP

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	1	PA EDS NP
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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 (oxybutynin chloride er 5 mg tab er 24h, oxybutynin chloride er 10 mg tab er 24h, oxybutynin chloride er 15 mg tab er 24h)</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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VESICARE	2	PA NP
VESICARE LS	2	PA NP
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	2	PA NP
MYRBETRIQ (MYRBETRIQ 8 MG/ML SRER, MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	2	PA NP
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	EDS
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	PA EDS NP
VACCINES		
BACTERIAL VACCINES		
ACTHIB	\$0	
BCG VACCINE	\$0	
BEXSERO	\$0	
BIOTHRAX	\$0	
CAPVAXIVE	\$0	
HIBERIX	\$0	
MENACTRA	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENQUADFI	\$0	
MENVEO (MENVEO RECON SOLN, MENVEO SOLUTION)	\$0	
PEDVAX HIB	\$0	
PENBRAYA	\$0	
PNEUMOVAX 23	\$0	
PREVNAR 13	\$0	
PREVNAR 20	\$0	
TRUMENBA	\$0	
TYPHIM VI	\$0	
VAXCHORA	\$0	
VAXNEUVANCE	\$0	
VIVOTIF	\$0	
VIRAL VACCINES		
ABRYSVO	\$0	
ACAM2000	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AFLURIA QUADRIVALENT	\$0	
AREXVY	\$0	
AUDENZ	\$0	
COMIRNATY	\$0	
DENGVAXIA	\$0	
ENGERIX-B	\$0	
ERVEBO	\$0	
FLUAD	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUAD QUADRIVALENT	\$0	
FLUARIX	\$0	
FLUARIX QUADRIVALENT	\$0	
FLUBLOK	\$0	
FLUBLOK QUADRIVALENT	\$0	
FLUCELVAX	\$0	
FLUCELVAX QUADRIVALENT	\$0	
FLULAVAL	\$0	
FLULAVAL QUADRIVALENT	\$0	
FLUMIST	\$0	
FLUMIST QUADRIVALENT	\$0	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PFIZER-BIONTECH COVID-19 VACC	\$0	
PREHEVBRIO	\$0	
PRIORIX	\$0	
PROQUAD	\$0	
RABAVERT	\$0	
RECOMBIVAX HB	\$0	
ROTARIX	\$0	
ROTATEQ	\$0	
SHINGRIX	\$0	
SPIKEVAX	\$0	
SPIKEVAX COVID-19 VACCINE	\$0	
STAMARIL	\$0	
TICOVAC	\$0	
TWINRIX	\$0	
VAQTA	\$0	
VARIVAX	\$0	
YF-VAX	\$0	
ZOSTAVAX	\$0	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
<i>vaginal contraceptive foam</i>	\$0	OTC
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate 2 % cream</i>	1	
<i>clotrimazole (gyne-lotrimin)</i>	1	OTC P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
VAGINAL ESTROGENS		
<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
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q	2	QL 2 EA / FILL PA CDS NP
<i>epinephrine (anaphylaxis)</i>	1	CDS
<i>epinephrine (epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i>	1	QL 2 EA / fill PA MFG CDS NP
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QL 2 EA / FILL PA MFG CDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	<ul style="list-style-type: none"> QL 2 EA / fill MFG CDS P
EPIPEN 2-PAK	1	<ul style="list-style-type: none"> QL 2 EA / fill CDS P
EPIPEN JR 2-PAK	1	<ul style="list-style-type: none"> QL 2 EA / fill CDS P
SYMJEPI	1	<ul style="list-style-type: none"> QL 2 EA / fill CDS P
EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION)	2	
<i>epinephrine 1 mg/10ml soln prsy</i>	1	
EPINEPHRINE PF	2	
<i>midodrine hcl</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	1	<ul style="list-style-type: none"> OTC EDS
BETA-CAROTENE	2	<ul style="list-style-type: none"> OTC
<i>phytonadione 5 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vitamin a</i>	1	OTC EDS
<i>vitamin d</i>	1	OTC EDS
VITAMIN D	2	OTC
<i>vitamin e</i>	1	OTC EDS
WATER SOLUBLE VITAMINS		
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VITAMIN C	2	OTC
<i>vitamin c</i>	1	OTC

Index

A					
A+D FIRST AID	224	acid reducer	332	adhesive tape	267
a+d first aid	224	ACIPHEX	332	ADLARITY	317
abacavir sulfate	166	acitretin	214	ADLYXIN	104
abacavir sulfate-lamivudine	166	ACTEMRA	38	ADLYXIN STARTER PACK	105
abacavir-lamivudine- zidovudine	166	ACTEMRA ACTPEN	38	ADMELOG	105
ABILIFY	165	ACTHIB	339	ADMELOG SOLOSTAR	105
ABILIFY ASIMTUFII	165	ACTIVATED CHARCOAL	26	adrucil	135
ABILIFY MAINTENA	165	activated charcoal	112	ADTHYZA	329
ABILIFY MYCITE	165	ACTONEL	232	ADVAIR DISKUS	72
abiraterone acetate	139	ACULAR	307	ADVAIR HFA	72
ABRILADA (1 PEN)	28	ACULAR LS	307	advanced lubricant	303
ABRILADA (2 PEN)	29	ACUVAIL	307	ADVATE	248
ABRILADA (2 SYRINGE)	29	acyclovir	174,218	ADYNOVATE	249
ABRYSSVO	340	acyclovir sodium	174	ADZENYS ER	15
ACAM2000	340	ADACEL	330	ADZENYS XR-ODT	15
acamprosate calcium	317	ADAKVEO	254	afirmelle	190
ACANYA	205	ADALIMUMAB-AATY (1 PEN)	29	AFLURIA PRESERVATIVE FREE	340
acarbose	97	ADALIMUMAB-AATY (2 SYRINGE)	29	AFLURIA QUADRIVALENT	340
ACCOLATE	69	ADALIMUMAB-ADAZ	29	AFREZZA	105
Accu-Chek Blood Glucose Meter	226	ADALIMUMAB-ADBM (2 PEN)	29,30	AFSTYLA	249
ACCU-CHEK SMARTVIEW	226	ADALIMUMAB-ADBM (2 SYRINGE)	30	AIMOVIG	273
ACCUPRIL	125	ADALIMUMAB- ADBM(CD/UC/HS STRT)	30	AIRDUO DIGIHALER	72
accutane	205	ADALIMUMAB-ADBM(PS/UV STARTER)	30	AIRDUO RESPICLICK 113/14	72
acebutolol hcl	176	ADALIMUMAB-FKJP (2 PEN)	31	AIRDUO RESPICLICK 232/14	72
acetaminophen (tylenol)	45	ADALIMUMAB-FKJP (2 SYRINGE)	31	AIRDUO RESPICLICK 55/14	72
acetaminophen / caffeine / pyrilamine (midol)	44	adapalene	205	AIRSUPRA	72
acetaminophen / diphenhydramine	259	adapalene treatment	205	AJOVY	273
acetaminophen-codeine	54	adapalene-benzoyl peroxide	206	ak-poly-bac	302
ACETAMINOPHEN- CODEINE	54	ADBRY	221	AKEEGA	139
acetazolamide	230	ADCIRCA	186	AKYNZEO	114
acetazolamide er	230	ADDERALL XR	15	albendazole	62
acetazolamide sodium	230	adefovir dipivoxil	170	ALBUSTIX	226
acetic acid	246,311	ADEMPAS	187	ALBUTEROL SULFATE	72
acetylcysteine	205	ADHANSIA XR	21	albuterol sulfate	72,73
				ALBUTEROL SULFATE ER	73
				ALBUTEROL SULFATE HFA	73
				albuterol sulfate hfa	73
				alcohol swabs	272
				ALCON TEARS	297
				ALECENSA	143

alendronate sodium	232	amethia lo	190	AMPICILLIN-SULBACTAM	
alfuzosin hcl er	247	amethyst	190	SODIUM	315
aliskiren fumarate	133	amikacin sulfate	27	AMPYRA	320
allopurinol	248	amiloride hcl	231	AMZEEQ	206
allopurinol sodium	248	amiloride-		anagrelide hcl	253
almotriptan malate	275	hydrochlorothiazide	230	anastrozole	139
ALOGLIPTIN BENZOATE	102	AMILORIDE-		ANCOBON	115
ALOGLIPTIN-METFORMIN		HYDROCHLOROTHIAZIDE	230	ANORO ELLIPTA	73
HCL	98	aminoacetic acid	246	ANTACID	61
ALOGLIPTIN-		amiodarone hcl	68	ANTARA	121
PIOGLITAZONE	98	amitriptyline hcl	97	anti-dandruff shampoo	218
ALOMIDE	307	AMJEVITA	31	anti-itch lotion	214
alosetron hcl	245	amlodipine besy-benazepril		anucort-hc	60
ALPHAGAN P	301	hcl	129	anusol-hc	60
ALPHANATE	249	amlodipine besylate	178	ANZEMET	113
ALPHANATE/VWF		amlodipine besylate-		APIDRA	105
COMPLEX/HUMAN	249	valsartan	129	APIDRA SOLOSTAR	105
ALPHANINE SD	249	amlodipine-atorvastatin	183	APLENZIN	91
alprazolam	66	amlodipine-olmesartan	129	APLICARE POVIDONE-IODINE	
ALPROLIX	249	amlodipine-valsartan-hctz	129	10 % GEL	166
ALREX	305	ammonium lactate (amlactin)	222	APRACLONIDINE HCL	301
altacaine	305	amnesteem	206	apraclonidine hcl	301
ALTACE	125	amoxapine	97	aprepitant	115
altavera	190	AMOXICILLIN	313	APRETUDE	166
ALTOPREV	122	amoxicillin	313	apri	191
ALTRENO	206	AMOXICILLIN-POT		APRISO	242
ALTUVIIIO	249	CLAVULANATE	314	APTENSIO XR	21
aluminum hydroxide		amoxicillin-pot clavulanate	314	APTIOM	81
(alternagel)	61	AMOXICILLIN-POT		APTIVUS	166
ALUNBRIG	144	CLAVULANATE ER	314	aquastat	283
ALVESCO	70	AMPHETAMINE ER	15	aquastat sfr	283
alyacen 1/35	190	amphetamine sulfate	15,16	aranelle	191
alyacen 7/7/7	190	amphetamine-dextroamphet		ARANESP (ALBUMIN FREE)	255
alyq	186	er	16	ARAZLO	206
amabelz	239	amphetamine-		ARCALYST	37
amantadine hcl	157	dextroamphetamine	16	AREXVY	340
AMBIEN	260	AMPHOTERICIN B	115	arformoterol tartrate	73
AMBIEN CR	260	ampicillin	313	argyle sterile saline	246
ambrisentan	185	ampicillin sodium	313	ARICEPT	317
AMERGE	275	AMPICILLIN SODIUM	313	ARIKAYCE	27
amethia	190	ampicillin-sulbactam sodium	314	aripiprazole	165

ARISTADA.....	165	ATRALIN.....	206	azelastine-fluticasone.....	294
ARISTADA INITIO.....	165	ATROPINE SULFATE.....	301	azithromycin.....	265
ARIXTRA.....	77	atropine sulfate.....	301,331	AZOPT.....	308
armodafinil.....	21	ATROPINE SULFATE (PF).....	331	AZOR.....	129
ARMONAIR DIGIHALER.....	70	ATROVENT HFA.....	69	AZSTARYS.....	21,22
ARMOUR THYROID.....	329	AUBAGIO.....	320	aztreonam.....	64
ARNUITY ELLIPTA.....	70	aubra.....	191	AZULFIDINE.....	242
ARTHROTEC.....	39	aubra eq.....	191	AZULFIDINE EN-TABS.....	242
artificial tear drops.....	297	AUDENZ.....	340	azurette.....	191
ASACOL HD.....	242	AUGTYRO.....	144		
ascomp-codeine.....	54	aurovela 1.5/30.....	191	B	
asenapine maleate.....	162	aurovela 1/20.....	191	B COMPLEX-C-BIOTIN-E-FA.....	290
ashlyna.....	191	aurovela 24 fe.....	191	B-12.....	255
ASMANEX HFA.....	71	aurovela fe 1.5/30.....	191	b-12 (methylcobalamin).....	255
ASMANEX INHALATION		aurovela fe 1/20.....	191	B-12 METHYLCOBALAMIN.....	255
POWDER.....	71	AURYXIA.....	245	bac.....	44
aspirin.....	45	AUSTEDO.....	319	baciiim.....	62
aspirin (81 mg chew tab).....	45	AUSTEDO XR.....	319,320	bacitra-neomycin-polymyxin-	
aspirin (81 mg tab dr).....	45	AUSTEDO XR PATIENT		hc.....	305
aspirin / acetaminophen /		TITRATION.....	320	BACITRACIN.....	62,302
caffeine (excedrin).....	44	AUVELITY.....	91	bacitracin.....	62,210
aspirin / buffers (bufferin).....	45	AUVI-Q.....	344	bacitracin / polymyxin b	
aspirin / sodium bicarb / citric		AVALIDE.....	129	(polysporin).....	211
acid (alka-seltzer).....	45	AVAPRO.....	126	bacitracin zinc.....	211
aspirin 325 mg delayed		avar cleanser.....	206	bacitracin-polymyxin b.....	302
release.....	45	avar-e emollient.....	206	baclofen.....	293
aspirin 500 mg.....	45	avar-e green.....	206	BACTERIOSTATIC	
aspirin suppository.....	45	AVAR-E LS.....	206	WATER(BENZ ALC).....	315
aspirin-dipyridamole er.....	253	aviane.....	191	BAFIERTAM.....	320
ASTAGRAF XL.....	284	avita.....	206	BAL-CARE DHA.....	292
ATACAND.....	126	AVODART.....	247	balanced salt.....	308
ATACAND HCT.....	129	AVONEX PEN.....	320	balsalazide disodium.....	242
atazanavir sulfate.....	167	AVONEX PREFILLED.....	320	BALVERSA.....	144
ATELVIA.....	232	AVSOLA.....	242	balziva.....	191
atenolol.....	176	ayuna.....	191	bandages.....	267
atenolol-chlorthalidone.....	129	AYVAKIT.....	141	BANZEL.....	81
atomoxetine hcl.....	20	azasan.....	284	BAQSIMI ONE PACK.....	101
ATORVALIQ.....	122	AZASITE.....	302	BAQSIMI TWO PACK.....	102
atorvastatin calcium.....	122	azathioprine.....	285	BARACLUDGE.....	170
atovaquone.....	63	azelaic acid.....	225	BASAGLAR KWIKPEN.....	105
atovaquone-proguanil hcl.....	133	azelastine hcl.....	294,308	BASAGLAR TEMPO PEN.....	105

BAXDELA.....	240	betamethasone valerate.....	219	blood glucose calibration	
BCG VACCINE.....	339	BETAPACE.....	177	liquid.....	268
bd heparin posiflush.....	77	BETAPACE AF.....	177	blood pressure monitoring	
BD INSULIN SYRINGE U-		BETASERON.....	320	device.....	268
500.....	272	betaxolol hcl.....	176,299	BONIVA.....	232
bd posiflush.....	283	BETAXOLOL HCL.....	299	BONJESTA.....	114
bd posiflush safescrub.....	283	bethanechol chloride.....	339	BOOSTRIX.....	330
bekyree.....	191	BETHKIS.....	27	bosentan.....	185
BELBUCA.....	55	BETIMOL.....	299	BOSULIF.....	144,145
BELSOMRA.....	261	BETOPTIC-S.....	299	bp 10-1.....	207
benazepril hcl.....	125	BEVESPI AEROSPHERE.....	73	BPO gel 4%, 8%.....	207
benazepril-		bexarotene.....	155,214	BRAFTOVI.....	145
hydrochlorothiazide.....	130	BEXSERO.....	339	BREO ELLIPTA.....	73
BENEFIX.....	249	BEYFORTUS.....	313	BREXAFEMME.....	115
BENICAR.....	126	bicalutamide.....	139	breyana.....	73
BENICAR HCT.....	130	BICARSIM FORTE 125 MG		BREZTRI AEROSPHERE.....	73
BENLYSTA.....	288	TAB.....	241	briellyn.....	191
BENZAACLIN WITH PUMP.....	206	BIKTARVY.....	167	BRILINTA.....	253
BENZAMYCIN.....	206	bimatoprost.....	310	brimonidine tartrate.....	301
BENZNIDAZOLE.....	62	BIMZELX.....	214	brimonidine tartrate-timolol.....	299
benzoin tincture.....	224	bioflavonoids.....	291	brinzolamide.....	308
benzonatate.....	203	BIOFLAVONOIDS.....	291	BRISDELLE.....	326
benzoyl peroxide.....	206	BIOTHRAX.....	339	BRIUMVI.....	321
benzoyl peroxide cleanser		biotin.....	346	BRIVIACT.....	81
6%.....	206	bis subcit-metronid-tetracyc.....	336	BRIXADI.....	56
benzoyl peroxide pad.....	207	bisacodyl.....	264	BRIXADI (WEEKLY).....	55,56
benzoyl peroxide-		bisacodyl 10 mg suppository.....	264	bromfed dm.....	203
erythromycin.....	207	bisacodyl enema.....	264	bromfenac sodium.....	308
benztropine mesylate.....	156	BISMUTH SUBSALICYLATE.....	111	bromfenac sodium (once-	
bepotastine besilate.....	308	bismuth subsalicylate.....	111	daily).....	308
BEPREVE.....	308	bismuth subsalicylate (pepto-		bromocriptine mesylate.....	157
BERINERT.....	252	bismol).....	111	brompheniramine /	
BESIVANCE.....	302	bismuth/metronidaz/tetracyclin.....	36	phenylephrine.....	203
beta-carotene.....	345	36		brompheniramine /	
BETA-CAROTENE.....	345	bisoprolol fumarate.....	176	pseudoephedrine.....	203
betamethasone		bisoprolol-		BROMSITE.....	308
dipropionate.....	219	hydrochlorothiazide.....	130	BROVANA.....	74
betamethasone dipropionate		BLEPHAMIDE.....	305	BRUKINSA.....	145
aug.....	219	blisovi 24 fe.....	191	budesonide.....	60,71,200
BETAMETHASONE		blisovi fe 1.5/30.....	191	budesonide er.....	200
DIPROPIONATE AUG.....	219	blisovi fe 1/20.....	191		

budesonide-formoterol fumarate	74	calcium / magnesium / zinc	278	CANASA	242
bumetanide	230,231	calcium / phosphorus / vitamin d	278	candesartan cilexetil	127
buprenorphine	56	calcium / vitamin c / vitamin d	278	candesartan cilexetil-hctz	130
buprenorphine hcl	56	calcium / vitamin d / vitamin k	278	capecitabine	135,136
buprenorphine hcl-naloxone hcl	57	CALCIUM / VITAMIN D / VITAMIN K	278	CAPLYTA	160
bupropion hcl	91	calcium acetate	245	CAPRELSA	145
bupropion hcl er (smoking det)	91	calcium acetate (phos binder)	245	capsaicin (zostrix)	223
bupropion hcl er (sr)	91	calcium ascorbate	346	captopril	125
bupropion hcl er (xl)	91	calcium carbonate	278	CAPTOPRIL-HYDROCHLOROTHIAZIDE	130
BUPROPION HCL ER (XL)	91	CALCIUM CARBONATE	278	CAPVAXIVE	339
buspiron hcl	66	calcium carbonate (tums)	61	carbamazepine	81
butalbital-acetaminophen	44	calcium carbonate / folic acid / vitamin d	279	carbamazepine er	81
butalbital-apap-caff-cod	54	calcium carbonate / magnesium hydroxide (mylanta supreme)	61	carbamide peroxide (debrox)	311
butalbital-apap-caffeine	44	calcium carbonate / vitamin d	279	CARBATROL	81
butalbital-asa-caff-codeine	54	calcium carbonate / vitamin d / minerals	279	carbidopa-levodopa	157
BUTALBITAL-ASPIRIN-CAFFEINE	44	calcium citrate	279	CARBIDOPA-LEVODOPA	157
BYDUREON BCISE	103	CALCIUM CITRATE	279	carbidopa-levodopa er	157
BYETTA 10 MCG PEN	103	calcium citrate / vitamin d	279	carbidopa-levodopa-entacapone	157
BYETTA 5 MCG PEN	103	CALCIUM CITRATE / VITAMIN D	279	CARBIDOPA-LEVODOPA-ENTACAPONE	157
C		calcium carbonate / vitamin d / minerals	279	carbinoxamine maleate	117
CABENUVA	167	calcium carbonate / vitamin d / minerals	279	CARBINOXAMINE MALEATE	117
cabergoline	238	calcium citrate	279	CARDIZEM	178
CABLIVI	253	CALCIUM CITRATE	279	CARDIZEM CD	178
CABOMETYX	145	calcium citrate / vitamin d	279	CARDIZEM LA	178
CABTREO	207	CALCIUM CITRATE / VITAMIN D	279	CARDURA	128
CADUET	183	calcium panthothenate	346	CARDURA XL	247
CAFFEINE-SODIUM BENZOATE	19	calcium polycarbophil (fiber laxative)	262	carglumic acid	236
calamine	224	CALQUENCE	145	CARTEOLOL HCL	299
calamine / zinc oxide	224	camila	199	cartia xt	178
CALAN SR	178	camphor / menthol / methyl salicylate (salonpas)	222	carvedilol	175
calcipotriene	214	camrese	191	carvedilol phosphate er	175
CALCIPOTRIENE	214	camrese lo	191	cataflam	39
calcitonin (salmon)	232	CAMZYOS	182	CATHFLO ACTIVASE	254
calcitriol	236			cavarest	288
				CAYA	268
				CAYSTON	64
				caziant	191
				CEFACLOR	188

CEFACLOR ER.....	189	CHANTIX.....	326	chlorpheniramine /	
cefadroxil.....	187	CHANTIX CONTINUING		pseudoephedrine.....	203
CEFADROXIL.....	188	MONTH PAK.....	326	chlorpromazine hcl.....	164
cefazolin sodium.....	188	CHANTIX STARTING MONTH		chlorthalidone.....	231
CEFAZOLIN SODIUM.....	188	PAK.....	326	chlorzoxazone.....	293
CEFAZOLIN SODIUM-		charlotte 24 fe.....	191	cholestyramine.....	120
DEXTROSE.....	188	chateal.....	192	cholestyramine light.....	120
cefdinir.....	189	chateal eq.....	192	chromium.....	283
cefepime hcl.....	190	CHEMET.....	112	CHROMIUM.....	283
CEFEPIME HCL.....	190	CHEMSTRIP 10 MD.....	226	ciclodan.....	211
cefixime.....	189	CHEMSTRIP 10/SG.....	226	ciclopirox.....	211
cefotetan disodium.....	189	CHEMSTRIP 2 GP.....	226	ciclopirox olamine.....	211
cefoxitin sodium.....	189	CHEMSTRIP 5 OB.....	226	cilostazol.....	253
CEFOXITIN SODIUM-		CHEMSTRIP 7.....	226	CILOXAN.....	302
DEXTROSE.....	189	CHEMSTRIP 9.....	226	CIMDUO.....	167
cefpodoxime proxetil.....	189	CHEMSTRIP K.....	226	cimetidine.....	332
cefprozil.....	189	CHEMSTRIP MICRAL.....	226	CIMZIA.....	242
ceftazidime.....	189	CHEMSTRIP UGK.....	226	CIMZIA (2 SYRINGE).....	242
ceftriaxone sodium.....	189	CHERRY.....	316	CIMZIA-STARTER.....	242
CEFTRIAZONE SODIUM IN		CHERRY CONCENTRATE.....	316	cinacalcet hcl.....	236
DEXTROSE.....	190	CHILDRENS ADVIL.....	39	CINRYZE.....	252
CEFTRIAZONE SODIUM-		CHILDRENS COLD-		CIPRO.....	240
DEXTROSE.....	190	ALLERGY.....	203	CIPRO HC.....	311
cefuroxime axetil.....	189	CHILDRENS TYLENOL.....	45	ciprofloxacin.....	240
cefuroxime sodium.....	189	CHLORAMPHENICOL SOD		ciprofloxacin hcl.....	240,302
CELEBREX.....	39	SUCCINATE.....	63	CIPROFLOXACIN HCL.....	240,311
celecoxib.....	39	CHLORDIAZEPOXIDE-		ciprofloxacin-dexamethasone.....	311
CELEXA.....	92	AMITRIPTYLINE.....	319	CIPROFLOXACIN-	
CELLCEPT.....	285	chlorhexidine gluconate.....	166,288	FLUOCINOLONE PF.....	311
cellulose (unifiber).....	262	chloroprocaine hcl (pf).....	265	italopram hydrobromide.....	92
CELONTIN.....	89	chloroquine phosphate.....	133	CITALOPRAM	
CENTANY.....	211	chlorpheniramine.....	117	HYDROBROMIDE.....	92
CENTANY AT.....	211	chlorpheniramine /		claravis.....	207
cephalexin.....	188	phenylephrine.....	203	CLARINEX.....	118
CEQUA.....	304	chlorpheniramine /		CLARINEX-D 12 HOUR.....	203
CERDELGA.....	254	phenylephrine /		CLARITHROMYCIN.....	266
cetirizine (zyrtec).....	117	acetaminophen.....	203	clarithromycin.....	266
cetirizine / pseudoephedrine		chlorpheniramine /		clarithromycin er.....	266
(zyrtec – d).....	203	phenylephrine / aspirin.....	203	CLEMASTINE FUMARATE.....	117
cetirizine chew tab (zyrtec).....	118	CHLORPHENIRAMINE /		clemastine fumarate.....	117
cevimeline hcl.....	290	PSEUDOEPHEDRINE.....	203	CLENIA PLUS.....	207

CLEOCIN-T	207	clotrimazole-betamethasone	212	CORGARD	177
clindacin	207	CLOTRIMAZOLE-		CORIFACT	249
clindacin etz	207	BETAMETHASONE	212	corn dextrin powder	262
clindacin-p	207	clovique	284	CORTISONE ACETATE	200
clindamycin hcl	64	clozapine	162	CORTISPORIN-TC	312
clindamycin palmitate hcl	64	CLOZAPINE	162	COSENTYX	215
clindamycin phos-benzoyl		CLOZARIL	162	COSENTYX (300 MG DOSE)	215
perox	207	COAGADEX	249	COSENTYX SENSOREADY (300	
clindamycin		coal tar	225	MG)	215
phosphate	64,208,343	COARTEM	133	COSENTYX SENSOREADY	
clindamycin-tretinoin	208	COLAZAL	242	PEN	215
CLINIMIX E/DEXTROSE	297	colchicine	248	COSENTYX UNOREADY	215
CLINIMIX/DEXTROSE		colchicine-probenecid	248	COSOFT	299
(4.25/10)	297	colesevelam hcl	120	COSOFT PF	299
CLINIMIX/DEXTROSE		COLESTID	120	COTELLIC	146
(4.25/5)	297	colestipol hcl	120	COTEMPLA XR-ODT	22
CLINIMIX/DEXTROSE		colistimethate sodium (cba)	65	COUMADIN	77
(5/15)	297	COMBIGAN	299	COZAAR	127
CLINIMIX/DEXTROSE		COMBIVENT RESPIMAT	74	cranberry supplement	26
(5/20)	297	COMETRIQ (100 MG DAILY		CRANBERRY SUPPLEMENT	26
CLINIMIX/DEXTROSE (6/5)	297	DOSE)	145	CREON	230
CLINIMIX/DEXTROSE		COMETRIQ (140 MG DAILY		CRESEMBA	116
(8/10)	297	DOSE)	145	CRESTOR	122
CLINIMIX/DEXTROSE		COMETRIQ (60 MG DAILY		CRIVIVAN	167
(8/14)	297	DOSE)	146	cromolyn (nasalcrom)	294
clinpro 5000	288	COMIRNATY	340	cromolyn sodium	68,241
clobazam	79,80	COMPLERA	167	CROMOLYN SODIUM	308
clobetasol prop emollient		compro	164	CROTAN	225
base	219	CONCERTA	22	cryselle-28	192
clobetasol propionate	219	constulose	263	CRYSVITA	236
clobetasol propionate e	219	Contour Blood Glucose		curity sterile saline	246
clomipramine hcl	97	Meter	268	CUVITRU	312
clonazepam	80	CONTOUR MONITOR		cvs adapalene	208
clonidine	128	DEVICE	268	cvs esomeprazole	
clonidine hcl	128	CONTOUR NEXT TEST	226	magnesium	332
clonidine hcl er	20	CONTOUR PLUS TEST	227	CVS EYE	267
clopidogrel bisulfate	253	CONTOUR TEST	227	CVS GLUCOS-CHONDROIT	
clorazepate dipotassium	67	CONZIP	46	TRIPLE ST	27
clotrimazole	288	COPAXONE	321	cvs glucosamine	26
clotrimazole (gyne-lotrimin)	343	COPIKTRA	146	CVS KETONE CARE	227
clotrimazole (lotrimin)	211	COREG	175	cvs multi-purpose	224

cvs omeprazole	332	daptomycin	63	DETROL	338
cvs omeprazole magnesium	332	darifenacin hydrobromide er	337	dexamethasone	200
cvs omeprazole-sod bicarbonate	336	dasatinib	146	DEXAMETHASONE	200
cvs pinworm treatment	62	dasetta 1/35	192	DEXAMETHASONE INTENSOL	200
cyclafem 1/35	192	dasetta 7/7/7	192	DEXAMETHASONE SOD PHOS +RFID	200
cyclafem 7/7/7	192	DAURISMO	139	dexamethasone sod phosphate pf	200
cyclobenzaprine hcl	293	DAYPRO	39	dexamethasone sodium phosphate	201
cyclophosphamide	135	daysee	192	DEXAMETHASONE SODIUM PHOSPHATE	305
CYCLOPHOSPHAMIDE	135	DAYTRANA	22	DEXCOM G4 PLAT PED RCV/SHARE	269
cyclosporine	285,304	DAYVIGO	261	DEXCOM G4 PLAT PED RECEIVER	269
cyclosporine modified	285	deblitane	199	DEXCOM G4 PLATINUM RCV/SHARE	269
CYLTEZO	31	decadron	200	DEXCOM G4 PLATINUM RECEIVER	269
CYLTEZO (2 PEN)	31	deferasirox	112	DEXCOM G4 PLATINUM TRANSMITTER	269
CYLTEZO (2 SYRINGE)	31	deferasirox granules	112	DEXCOM G5 MOB/G4 PLAT SENSOR	269
CYLTEZO-CD/UC/HS STARTER	32	deferiprone	112	DEXCOM G5 MOBILE RECEIVER	269
CYLTEZO-PSORIASIS STARTER	32	DELSTRIGO	167	DEXCOM G5 MOBILE TRANSMITTER	269
CYLTEZO-PSORIASIS/UV STARTER	32	delyla	192	DEXCOM G6 RECEIVER	270
CYMBALTA	95	DENAVIR	218	DEXCOM G6 SENSOR	270
cyproheptadine hcl	119	DENG VAXIA	340	DEXCOM G6 TRANSMITTER	270
cyred	192	denta 5000 plus	288	DEXCOM G7 RECEIVER	270
cyred eq	192	DENTA 5000 PLUS SENSITIVE	288	DEXCOM G7 SENSOR	270
CYSTAGON	246	dentagel	288	DEXILANT	333
CYSTARAN	308	DEPAKOTE	90	dexlansoprazole	333
cytra-2	246	DEPAKOTE ER	90	dexmethylphenidate hcl	22
		DEPAKOTE SPRINKLES	90	dexmethylphenidate hcl er	22
		DEPO-PROVERA	139	DEXTENZA	305
		depo-testosterone	58		
		dermamed	224		
		DESCOVY	167		
D		desipramine hcl	97		
dabigatran etexilate mesylate	79	DESLORATADINE	118		
dalfampridine er	321	desloratadine	118		
DALIRESP	70	desmopressin ace spray			
danazol	58	refrig	237		
dantrolene sodium	294	desmopressin acetate	238		
DAPAGLIFLOZIN PRO-METFORMIN ER	98	desmopressin acetate pf	238		
DAPAGLIFLOZIN PROPANEDIOL	110	desmopressin acetate spray	238		
dapsone	64,208	desogestrel-ethinyl estradiol	192		
DAPTACEL	330	desonide	219		
		desvenlafaxine succinate er	95		

dextran 70/he-cell drops (genteal tears).....	297	digitek.....	182	dofetilide.....	68
dextroamphetamine sulfate.....	16,17	digox.....	182	dolishale.....	192
dextroamphetamine sulfate er.....	17	digoxin.....	182	donepezil hcl.....	317
dextromethorphan (robitussin).....	203	DILANTIN.....	89	DOPTELET.....	255
dextromethorphan / phenylephrine / acetaminophen.....	203	DILANTIN INFATABS.....	89	dorzolamide hcl.....	308
dextrose.....	296	DILANTIN-125.....	89	dorzolamide hcl-timolol mal.....	299
DEXTROSE.....	296	dilt-xr.....	179	dorzolamide hcl-timolol mal pf.....	299
dextrose in lactated ringers.....	279	diltiazem hcl.....	179	dotti.....	239
DEXTROSE-SODIUM CHLORIDE.....	279	DILTIAZEM HCL.....	179	DOVATO.....	167
dextrose-sodium chloride.....	279	diltiazem hcl er.....	179	doxazosin mesylate.....	128
DEXYCU.....	305	diltiazem hcl er beads.....	179	doxepin hcl.....	97
DHIVY.....	157	diltiazem hcl er coated beads.....	179	doxy 100.....	328
DIACOMIT.....	81	dimenhydrinate (dramamine).....	114	doxycycline hyclate.....	328
diaper rash products.....	220	DIMETHICONE.....	224	DOXYLAMINE (SLEEP).....	259
diapers.....	272	DIMETHICONE CREAM.....	224	doxylamine (sleep).....	259
diazepam.....	67	dimethyl fumarate.....	321	doxylamine / dextromethorphan.....	203
DIAZEPAM.....	67,80	dimethyl fumarate starter pack.....	321	doxylamine-pyridoxine.....	115
diazepam intensol.....	67	DIOVAN.....	127	DRAMAMINE.....	114
diazoxide.....	102	DIOVAN HCT.....	130	DRIZALMA SPRINKLE.....	95
DICLEGIS.....	115	DIPENTUM.....	243	dronabinol.....	115
DICLOFENAC EPOLAMINE.....	210	diphenhydramine (benadryl).....	117	drosipren-eth estrad- levomefol.....	192
diclofenac potassium.....	39	diphenhydramine (sleep).....	117	drosiprenone-ethinyl estradiol.....	192
diclofenac sodium.....	39,214,308	DIPHENHYDRAMINE (SLEEP).....	259	DROXIA.....	254
diclofenac sodium 1 % gel.....	210	diphenhydramine / zinc.....	214	DRYSOL.....	224
diclofenac sodium er.....	39	diphenoxylate-atropine.....	111	DUAKLIR PRESSAIR.....	74
diclofenac-misoprostol.....	39	DIPHENOXYLATE- ATROPINE.....	111	DUETACT.....	98
dicloxacillin sodium.....	315	diphenhydramine.....	117	DULERA.....	74
dicyclomine hcl.....	331	DIPHThERIA-TETANUS TOXOIDS DT.....	330	duloxetine hcl.....	95,96
DIDANOSINE.....	167	dipyridamole.....	253	DUPIXENT.....	221
DIFICID.....	267	disopyramide phosphate.....	67	DURAGESIC-100.....	46
DIFLUCAN.....	116	disulfiram.....	317	DURAGESIC-12.....	46
diflunisal.....	45	DITROPAN XL.....	338	DURAGESIC-25.....	46
difluprednate.....	305	divalproex sodium.....	90	DURAGESIC-50.....	46
		divalproex sodium er.....	90	DURAGESIC-75.....	46
		docusate calcium (surfak).....	264	DUREZOL.....	306
		docusate sodium (colace).....	264	DURYSTA.....	310
				dutasteride.....	247
				dutasteride-tamsulosin hcl.....	247

DYANAVEL XR.....	17	emtricitabine-tenofovir df.....	167	EPOGEN.....	255
DYMISTA.....	294	EMTRIVA.....	167	epoprostenol sodium.....	183
E		emzahn.....	199	EPRONTIA.....	82
E.E.S. GRANULES.....	266	ENABLEX.....	338	EPROSARTAN MESYLATE..	127
ec-naproxen.....	39	enalapril maleate.....	125	eq esomeprazole magnesium	333
econazole nitrate.....	212	enalapril-hydrochlorothiazide	130	eq omeprazole magnesium..	333
ed-spaz.....	331	ENBREL.....	43,44	EQUETRO.....	160
EDARBI.....	127	ENBREL MINI.....	44	ERGOLOID MESYLATES....	325
EDARBYCLOR.....	130	ENBREL SURECLICK.....	44	ERIVEDGE.....	139
EDLUAR.....	260	ENDARI.....	254	ERLEADA.....	139,140
EDURANT.....	167	endocet.....	54	erlotinib hcl.....	138
EFAVIRENZ.....	167	ENEMA.....	264	errin.....	199
efavirenz.....	167	enema.....	264	ERTACZO.....	212
efavirenz-emtricitab-tenofo		ENGERIX-B.....	340	ertapenem sodium.....	63
df.....	167	enilloring.....	199	ERVEBO.....	340
efavirenz-lamivudine-		enoxaparin sodium.....	77	ERY.....	208
tenofovir.....	167	enpresse-28.....	192	ery-tab.....	266
EFFEXOR XR.....	96	enskyce.....	192	ERYPED 200.....	266
EFFIENT.....	253	ENSPRYNG.....	285	ERYPED 400.....	266
ELECTROLYTE		entacapone.....	156	ERYTHROCIN STEARATE..	266
SOLUTION.....	279	ENTADFI.....	247	erythromycin.....	208,266,302
electrolyte solution.....	280	entecavir.....	170	erythromycin base.....	267
ELEPSIA XR.....	81	ENTRESTO.....	183	ERYTHROMYCIN BASE....	267
eletriptan hydrobromide...	275	ENTYVIO.....	243	erythromycin ethylsuccinate	267
elinest.....	192	enulose.....	245	ESBRIET.....	327
ELIQUIS.....	77	ENVARBUS XR.....	285	escitalopram oxalate.....	93
ELIQUIS DVT/PE STARTER		EPANED.....	125	esgic.....	44
PACK.....	77	EPCLUSA.....	171	esomeprazole magnesium...	333
ELLA.....	199	EPIDIOLEX.....	81	ESPEROCT.....	249
ELOCTATE.....	249	epinastine hcl.....	308	estarylla.....	192
eluryng.....	198	epinephrine.....	344,345	estradiol.....	239,344
ELYXYB.....	275	EPINEPHRINE.....	344,345	estradiol valerate.....	239
EMCYT.....	139	epinephrine (anaphylaxis)...	344	estradiol-norethindrone acet	239
EMGALITY.....	274	epinephrine 0.3 mg/0.3ml soln a-		eszopiclone.....	260
EMGALITY (300 MG		inj (mylan).....	345	ethambutol hcl.....	134
DOSE).....	274	EPINEPHRINE PF.....	345	ethosuximide.....	89
emollient.....	218	EPIPEN 2-PAK.....	345	ethynodiol diac-eth estradiol	192
EMOLLIENT.....	222	EPIPEN JR 2-PAK.....	345	etodolac.....	39
emoquette.....	192	epitol.....	82	etodolac er.....	39
emtricitabine.....	167	EPIVIR HBV.....	171	etonogestrel-ethinyl estradiol	199
		eplerenone.....	133	ETOPOSIDE.....	156

etravirine.....	167	femynor.....	193	finasteride.....	247
EUCRISA.....	224	FENOFIBRATE.....	121	fingolimod hcl.....	321
euthyrox.....	329	fenofibrate.....	121	FINTEPLA.....	82
EVEKEO.....	17	FENOFIBRATE		finzala.....	193
EVEKEO ODT.....	17	MICRONIZED.....	121	FIRAZYR.....	251
EVENITY.....	232	fenofibrate micronized.....	121	FIRDAPSE.....	134
everolimus.....	146,285	FENOFIBRIC ACID.....	121	flac.....	312
EVISTA.....	235	fenofibric acid.....	121	flavor syrup.....	316
EVKEEZA.....	119	FENOGLIDE.....	121	flavoxate hcl.....	339
EVOTAZ.....	168	FENOPROFEN CALCIUM.....	39	flecainide acetate.....	67
EVRYSDI.....	296	FENORTHO.....	40	FLECTOR.....	210
EXELON.....	317	fentanyl.....	46	FLOMAX.....	247
exemestane.....	140	fentanyl citrate.....	47	FLUAD.....	340
EXFORGE.....	131	FENTANYL CITRATE.....	47	FLUAD QUADRIVALENT.....	341
EXFORGE HCT.....	131	ferraplus 90.....	257	FLUARIX.....	341
EXTAVIA.....	321	FERREX.....	257	FLUARIX QUADRIVALENT..	341
eyelid cleansers.....	224	FERREX 150 FORTE.....	257	FLUBLOK.....	341
EYSUVIS.....	306	ferrex 150 forte plus.....	257	FLUBLOK QUADRIVALENT..	341
EZALLOR SPRINKLE.....	122	ferrex 28.....	257	FLUCELVAX.....	341
ezetimibe.....	124	ferrous fumarate / folic acid..	257	FLUCELVAX	
ezetimibe-simvastatin.....	119	ferrous fumarate / vitamin b12 /		QUADRIVALENT.....	341
		vitamin c.....	257	fluconazole.....	116
		ferrous fumarate / vitamin c /		fluconazole in sodium	
		vitamin b12 / folic acid.....	257	chloride.....	116
F		FERROUS FUMARATE		FLUCONAZOLE IN SODIUM	
FABIOR.....	208	POLYSACCHARIDE		CHLORIDE.....	116
falmina.....	192	COMPLEX.....	257	flucytosine.....	115
famciclovir.....	174	ferrous fumarate polysaccharide		fludrocortisone acetate.....	202
famotidine (pepcid).....	332	complex.....	257	FLULAVAL.....	341
FAMOTIDINE PREMIXED..	332	ferrous gluconate.....	258	FLULAVAL QUADRIVALENT..	341
FANAPT.....	160	FERROUS GLUCONATE.....	259	FLUMIST.....	341
FANAPT TITRATION PACK	160	ferrous sulfate.....	259	FLUMIST QUADRIVALENT..	341
FARXIGA.....	110	FERROUS SULFATE.....	259	flunisolide.....	295
FASENRA.....	68	fesoterodine fumarate er.....	338	fluocinolone acetonide... 220,312	
FASENRA PEN.....	68	FETZIMA.....	96	fluocinolone acetonide body..	220
fayosim.....	193	FETZIMA TITRATION.....	96	fluocinolone acetonide scalp..	220
febuxostat.....	248	FIASP.....	105	fluocinonide.....	220
FEIBA.....	249	FIASP FLEXTOUCH.....	105	fluoridex.....	289
felbamate.....	87	FIASP PENFILL.....	105	fluoridex enhanced whitening..	289
FELBATOL.....	87	FIASP PUMPCART.....	105	FLUORIDEX SENSITIVITY	
felodipine er.....	179	FIBRICOR.....	122	RELIEF.....	289
female condoms.....	268				
FEMCAP.....	268				

fluorimax 5000.....	289	FOLIC ACID 1 MG.....	255	FREESTYLE LIBRE 3	
FLUORIMAX 5000		folic acid 400 mcg/800 mcg.....	255	READER.....	271
SENSITIVE.....	289	FOLIVANE-F.....	257	FREESTYLE LIBRE 3	
fluorometholone.....	306	FOLIVANE-PLUS.....	257	SENSOR.....	271
fluorouracil.....	136,214	fondaparinux sodium.....	78	FREESTYLE LIBRE	
FLUOROURACIL.....	214	FORA G20 BLOOD GLUCOSE		READER.....	271
fluoxetine hcl.....	93	TEST.....	227	FREESTYLE LIBRE SENSOR	
FLUOXETINE HCL.....	93	FORA GTEL BLOOD KETONE		SYSTEM.....	271
FLUOXETINE HCL (PMDD).....	325	TEST.....	227	FREESTYLE LITE TEST.....	227
fluphenazine decanoate.....	164	FORA TEST N'GO ADV-VOICE-		FREESTYLE TEST.....	227
fluphenazine hcl.....	164	6 CON.....	227	FROVA.....	275
FLUPHENAZINE HCL.....	164	FORFIVO XL.....	91	frovatriptan succinate.....	275
flurbiprofen.....	40	formoterol fumarate.....	75	FRUZAQLA.....	136
FLURBIPROFEN SODIUM.....	309	FORTEO.....	232	ft acid reducer.....	333
FLUTAMIDE.....	140	FOSAMAX.....	232	ft eye drops advanced relief.....	303
flutamide.....	140	FOSAMAX PLUS D.....	232	furosemide.....	231
FLUTICASONE FUROATE-		fosamprenavir calcium.....	168	FUROSEMIDE.....	231
VILANTEROL.....	74	foscarnet sodium.....	170	fyavolv.....	239
fluticasone propionate.....	220,295	fosfomycin tromethamine.....	65	FYCOMPA.....	79
FLUTICASONE PROPIONATE		fosinopril sodium.....	125		
DISKUS.....	71	fosinopril sodium-hctz.....	131	G	
FLUTICASONE PROPIONATE		fosphenytoin sodium.....	89	gabapentin.....	82
HFA.....	71	FOSRENOL.....	245	GABITRIL.....	88
fluticasone-salmeterol.....	74	FOTIVDA.....	146	galantamine hydrobromide.....	317
FLUTICASONE-		FRAGMIN.....	78	GALANTAMINE	
SALMETEROL.....	74,75	fraiche 5000 dental.....	289	HYDROBROMIDE.....	317
fluvastatin sodium.....	122	fraiche rinse.....	289	galantamine hydrobromide er.....	317
fluvastatin sodium er.....	123	FREESTYLE INSULINX		gallifrey.....	316
fluvoxamine maleate.....	93	TEST.....	227	GAMMAGARD.....	312
fluvoxamine maleate er.....	94	FREESTYLE LIBRE 14 DAY		GAMUNEX-C.....	312
FLUZONE.....	341	READER.....	270	GARDASIL 9.....	341
FLUZONE HIGH-DOSE.....	341	FREESTYLE LIBRE 14 DAY		gatifloxacin.....	302
FLUZONE HIGH-DOSE		SENSOR.....	270	gauze pads and dressings.....	226
QUADRIVALENT.....	341	FREESTYLE LIBRE 2 PLUS		GAVILYTE-C.....	262
FLUZONE		SENSOR.....	270	gavilyte-g.....	263
QUADRIVALENT.....	341	FREESTYLE LIBRE 2		gavilyte-n with flavor pack.....	263
FOCALIN.....	22	READER.....	270	GAVRETO.....	146
FOCALIN XR.....	23	FREESTYLE LIBRE 2		gefitinib.....	138
folic acid / vitamin b6 / vitamin		SENSOR.....	270	GEL-KAM.....	289
b12 / omega-3.....	257	FREESTYLE LIBRE 3 PLUS		GELOCAST 3"X10YD.....	267
folic acid / vitamin d.....	257	SENSOR.....	271	gemfibrozil.....	122

gemmily.....	193	glyburide-metformin.....	98
GEMTESA.....	339	glycerin suppository.....	263
generlac.....	245	glycerin topical liquid.....	222
gengraf.....	285	glycine.....	246
GENOTROPIN.....	233	glycine urologic.....	247
GENOTROPIN MINIQUICK.....	233	glycopyrrolate.....	331
GENTAMICIN IN SALINE.....	27	glydo.....	223
gentamicin sulfate.....	27,211,302	GLYXAMBI.....	98
GENTEAL SEVERE.....	298	gnp esomeprazole.....	333
GENVOYA.....	168	magnesium.....	333
GEODON.....	160	gnp omeprazole.....	333
GERI-TUSSIN 100 MG/5ML.....	205	GOCOVRI.....	158
SYRUP.....	205	GOJJI BLOOD KETONE.....	228
gianvi.....	193	TEST.....	228
GILENYA.....	321	goodsense esomeprazole.....	333
GILOTRIF.....	138	goodsense omeprazole/sod bicarb.....	337
GIMOTI.....	241	GRALISE.....	325
glatiramer acetate.....	322	granisetron hcl.....	113
glatopa.....	322	GRANIX.....	255
GLEOSTINE.....	135	griseofulvin microsize.....	115
glimepiride.....	111	griseofulvin ultramicrosize.....	115
glipizide.....	111	guaifenesin (mucinex).....	205
glipizide er.....	111	guaifenesin / codeine.....	203
glipizide xl.....	111	guaifenesin / dextromethorphan.....	204
glipizide-metformin hcl.....	98	(mucinex dm).....	204
glitch advanced relief.....	303	guaifenesin / dextromethorphan.....	204
GLUCAGEN DIAGNOSTIC.....	226	/ phenylephrine.....	204
GLUCAGEN HYPOKIT.....	102	guaifenesin / dextromethorphan.....	204
GLUCAGON EMERGENCY.....	102	/ pseudoephedrine.....	204
GLUCAGON HCL.....	226	guaifenesin dac.....	204
(DIAGNOSTIC).....	226	GUAIFENESIN/.....	204
GLUCOCARD EXPRESSION.....	227	DEXTROMETHORPHAN/.....	204
TEST.....	227	PHENYLEPHRINE.....	204
GLUCOCARD SHINE.....	228	guanfacine hcl.....	128
TEST.....	228	guanfacine hcl er.....	20
glucosamine / chondroitin.....	27	GUANIDINE HCL.....	134
glucosamine hcl.....	26	GVOKE HYPOPEN 1-PACK.....	102
glucosamine sulfate.....	26	GVOKE HYPOPEN 2-PACK.....	102
glucose (dextrose).....	102	GVOKE KIT.....	102
glucose urine test.....	228	GVOKE PFS.....	102
glyburide.....	111		

H

HADLIMA.....	32
HADLIMA PUSHTOUCH.....	32
HAEGARDA.....	252
hailey 1.5/30.....	193
hailey 24 fe.....	193
hailey fe 1.5/30.....	193
hailey fe 1/20.....	193
halobetasol propionate.....	220
haloette.....	199
haloperidol.....	162
haloperidol decanoate.....	162
haloperidol lactate.....	162
HARVONI.....	171
HAVRIX.....	341
hearing aid batteries.....	267
heather.....	199
HEMANGEOL.....	177
HEMATOGEN FA.....	258
hemetab.....	258
HEMLIBRA.....	249
hemmorex-hc.....	60
HEMOFIL M.....	250
hemorrhoidal cream.....	60
hemorrhoidal ointment.....	60
hemorrhoidal suppository.....	60
heparin (porcine) in nacl.....	78
heparin na (pork) lock flush pf.....	78
HEPARIN NA (PORK) LOCK.....	78
FLSH PF.....	78
HEPARIN SOD (PORCINE) IN.....	78
D5W.....	78
heparin sod (pork) lock flush.....	78
heparin sodium (porcine).....	78
heparin sodium (porcine) pf.....	79
HEPLISAV-B.....	341
HEPSERA.....	171
HETLIOZ.....	261
HETLIOZ LQ.....	261
HIBERIX.....	339

HIBICLENS 4 % LIQUID	166	HUMULIN R	106	HYRIMOZ-PLAQ PSOR/UVEIT	
HIZENTRA	312	HUMULIN R U-500		START	35
hm esomeprazole magnesium		(CONCENTRATED)	107	HYRIMOZ-PLAQUE PSORIASIS	
dr	334	HUMULIN R U-500		START	35
HOMATROPAIRE	301	KWIKPEN	107	HYSINGLA ER	48,49
HORIZANT	325	hydralazine hcl	133	HYZAAR	131
HULIO	32	hydrochlorothiazide	231		
HULIO (2 PEN)	32	HYDROCODONE BITARTRATE			
HULIO (2 SYRINGE)	33	ER	47,48	ibandronate sodium	232
HUMALOG	106	hydrocodone bitartrate er	47,48	IBRANCE	147
HUMALOG JUNIOR		hydrocodone-acetaminophen	55	ibuprofen (motrin)	40
KWIKPEN	106	hydrocortisone	60,201,220	ibuprofen-famotidine	40
HUMALOG KWIKPEN	106	hydrocortisone (perianal)	60	icatibant acetate	251
HUMALOG MIX 50/50	106	HYDROCORTISONE ACE-		iclevia	193
HUMALOG MIX 50/50		PRAMOXINE	220	ICLUSIG	147
KWIKPEN	106	hydrocortisone acetate	60	icosapent ethyl	119
HUMALOG MIX 75/25	106	hydrocortisone sod suc (pf)	201	IDACIO	35
HUMALOG MIX 75/25		hydrocortisone-acetic acid	312	IDACIO FOR CROHNS	
KWIKPEN	106	hydrogen peroxide	166	DISEASE/UC	35
HUMALOG TEMPO PEN	106	hydromorphone hcl	48	IDACIO FOR PLAQUE	
HUMATE-P	250	hydromorphone hcl er	48	PSORIASIS	35
HUMATROPE	234	HYDROPHILIC		IDELVION	250
HUMIRA	33	PETROLATUM	316	IDHIFA	147
HUMIRA (2 PEN)	33	hydroxychloroquine sulfate	133	IDOSE TR	310
HUMIRA (2 SYRINGE)	33	hydroxyurea	155	ILARIS	38
HUMIRA-CD/UC/HS		hydroxyzine hcl	66	ILEVRO	309
STARTER	33	hydroxyzine pamoate	66	ILUMYA	215
HUMIRA-PED<40KG CROHNS		HYDROXYZINE PAMOATE	66	ILUVIEN	306
STARTER	33	HYFIBER WITH FOS	262	imatinib mesylate	147
HUMIRA-PED>=40KG		hyoscyamine sulfate	331	IMBRUVICA	147
CROHNS START	34	hyoscyamine sulfate er	331	imipramine hcl	97
HUMIRA-PED>=40KG UC		hyosyne	331	imipramine pamoate	97
STARTER	34	HYPERTET	312	imiquimod	222
HUMIRA-PS/UV/ADOL HS		HYQVIA	313	IMITREX	276
STARTER	34	HYRIMOZ	34	IMITREX STATDOSE	
HUMIRA-PSORIASIS/UVEIT		HYRIMOZ-CROHNS/UC		REFILL	276
STARTER	34	STARTER	34	IMITREX STATDOSE	
HUMULIN 70/30	106	HYRIMOZ-CROHNS/UC		SYSTEM	276
HUMULIN 70/30 KWIKPEN	106	STARTER PACK	35	IMOVAX RABIES	341
HUMULIN N	106	HYRIMOZ-PED CROHNS		IMURAN	285
HUMULIN N KWIKPEN	106	STARTER	35	INATAL GT	292

INBRIJA.....	158	INTEGRA F.....	258	isosorbide dinitrate.....	65
incassia.....	199	INTEGRA PLUS.....	258	isosorbide mononitrate.....	66
incontinence supplies.....	272	INTELENCE.....	168	isosorbide mononitrate er.....	66
INCRUSE ELLIPTA.....	69	INTRALIPID.....	296	isotretinoin.....	208
indapamide.....	231	INTRON A.....	155	isradipine.....	180
INDERAL LA.....	177	introvale.....	193	ISTALOL.....	300
INDERAL XL.....	177	INTUNIV.....	20	ISTURISA.....	231
indomethacin.....	40	INVEGA.....	161	itraconazole.....	116
INFANRIX.....	330	INVEGA HAFYERA.....	161	IV PREP WIPES.....	166
INFLECTRA.....	243	INVEGA SUSTENNA.....	161	ivabradine hcl.....	187
INFLIXIMAB.....	243	INVEGA TRINZA.....	161	ivermectin.....	62
INLYTA.....	136	INVELTYS.....	306	IWILFIN.....	155
INNOPRAN XL.....	177	INVIRASE.....	168	IXCHIQ.....	341
INPEFA.....	183	INVOKAMET.....	99	IXIARO.....	341
INQOVI.....	143	INVOKAMET XR.....	99	IXINITY.....	250
INSULIN ASP PROT & ASP		INVOKANA.....	110	IYUZEH.....	310
FLEXPEN.....	107	IONOSOL-MB IN D5W.....	280		
INSULIN ASPART.....	107	IOPIDINE.....	302	J	
INSULIN ASPART		IPOL.....	341	J & J EYE PADS OVAL	
FLEXPEN.....	107	ipratropium bromide.....	69,294	SMALL.....	267
INSULIN ASPART		ipratropium-albuterol.....	75	J & J OVAL EYE PADS.....	267
PENFILL.....	107	irbesartan.....	127	J & J STERILE EYE PADS.....	267
INSULIN ASPART PROT &		irbesartan-		jaimiess.....	193
ASPART.....	107	hydrochlorothiazide.....	131	JAKAFI.....	147
INSULIN DEGLUDEC.....	107	iron / folic acid / vitamin c /		JALYN.....	247
INSULIN DEGLUDEC		vitamin b6 / vitamin b12 /		JANSSEN COVID-19	
FLEXTOUCH.....	107	zinc.....	258	VACCINE.....	341
INSULIN GLARGINE.....	107	iron / vitamin c / vitamin b12 /		jantoven.....	77
INSULIN GLARGINE MAX		folic acid.....	258	JANUMET.....	99
SOLOSTAR.....	107	iron combinations.....	258	JANUMET XR.....	99
INSULIN GLARGINE		IRON FOLATE PLUS.....	258	JANUVIA.....	103
SOLOSTAR.....	107	iron polysaccharide complex.....	258	JARDIANCE.....	111
INSULIN GLARGINE-YFGN	107	ISENTRESS.....	168	jasmiel.....	193
insulin injection device.....	272	ISENTRESS HD.....	168	JAYPIRCA.....	147
INSULIN LISPRO.....	107	isibloom.....	193	jencycla.....	199
INSULIN LISPRO (1 UNIT		ISOLYTE-S.....	280	JENTADUETO.....	99
DIAL).....	107	ISONIAZID.....	134	JENTADUETO XR.....	99
INSULIN LISPRO JUNIOR		isoniazid.....	134	JESDUVROQ.....	256
KWIKPEN.....	107	isopropyl alcohol (skin		jinteli.....	239
INSULIN LISPRO PROT &		cleanser).....	224	JIVI.....	250
LISPRO.....	107	ISOPTO TEARS.....	298		

JOHNSONS STERILE EYE PADS	267	ketoconazole	116,212	KOVALTRY	250
jolessa	193	ketodan	212	kp omeprazole magnesium	334
JORNAY PM	23	KETONE TEST	228	KRAZATI	148
joyeaux	193	KETOPROFEN	40	kurvelo	194
JUBLIA	212	KETOPROFEN ER	40	KYNMOBI	158
juleber	193	ketorolac tromethamine	40,309	L	
JULUCA	168	KETOROLAC		l-methylfolate	229
junel 1.5/30	193	TROMETHAMINE	40	l-methylfolate combinations	229
junel 1/20	193	KETOSTIX	228	labetalol hcl	175
junel fe 1.5/30	193	ketotifen drops (zaditor)	309	lacosamide	82
junel fe 1/20	193	KEVZARA	38	lactase (lactaid)	230
junel fe 24	193	KINERET	38	lactated ringers	280
just right 5000	289	KINRIX	330	lactulose	263
JYNARQUE	238	KIPROFEN	40	lactulose encephalopathy	245
JYNNEOS	341	KISQALI (200 MG DOSE)	148	LAGEVRIO	175
		KISQALI (400 MG DOSE)	148	LAMICTAL	82
		KISQALI (600 MG DOSE)	148	LAMICTAL ODT	83
		KISQALI FEMARA (200 MG DOSE)	143	LAMICTAL STARTER	83
k-tan plus	258	KISQALI FEMARA (400 MG DOSE)	143	LAMICTAL XR	83
KADIAN	49	KISQALI FEMARA (600 MG DOSE)	143	lamivudine	168,172
kaitlib fe	193	KITABIS PAK	27	lamivudine-zidovudine	168
KALBITOR	252	KLARITY-A	302	lamotrigine	83
kalliga	194	klayesta	212	lamotrigine er	83
KALYDECO	326	klor-con	282	lamotrigine starter kit-blue	83
KAPSPARGO SPRINKLE	176	klor-con 10	282	lamotrigine starter kit-green	83
kariva	194	klor-con m10	282	lamotrigine starter kit-orange	83
KATERZIA	180	klor-con m15	282	LAMPIT	63
KAZANO	99	klor-con m20	282	lancet device	271
KCL (0.149%) IN NACL	280	klor-con sprinkle	282	lancets	271
KCL (0.298%) IN NACL	280	KLOXXADO	112	lanolin/mineral oil/white petrolatum (eucerin)	224
kcl in dextrose-nacl	280	klis esomeprazole magnesium	334	lansoprazole (prevacid)	334
KCL-LACTATED RINGERS-D5W	280	KOATE	250	LANSOPRAZOLE 15 MG CAP DR	334
KEFLEX	188	KOATE-DVI	250	LANSOPRAZOLE 15 MG TAB DR DISP	334
kelnor 1/35	194	KOGENATE FS	250	LANSOPRAZOLE 30 MG CAP DR	334
kelnor 1/50	194	KOMBIGLYZE XR	99	LANSOPRAZOLE 30 MG TAB DR DISP	334
KEPPRA	82	KONVOMEF	337		
KEPPRA XR	82	KOSELUGO	148		
KERYDIN	212				
KESIMPTA	322				
KETO-DIASTIX	228				

lanthanum carbonate	245	LEUKINE	256	lidocaine hcl (pf)	265
LANTUS	108	leuprolide acetate	140	LIDOCAINE HCL	
LANTUS SOLOSTAR	108	LEUPROLIDE ACETATE (3		URETHRAL/MUCOSAL	223
lapatinib ditosylate	148	MONTH)	140	lidocaine hcl urethral/mucosal	223
larin 1.5/30	194	levabuterol hcl	75	LIDOCAINE PATCH 4%	223
larin 1/20	194	LEVABUTEROL TARTRATE	75	lidocaine viscous hcl	288
larin 24 fe	194	LEVAMLODIPINE		lidocaine-epinephrine (pf)	265
larin fe 1.5/30	194	MALEATE	180	lidocaine-prilocaine	223
larin fe 1/20	194	LEVEMIR	108	lidocaine-prilocaine cream kit	223
larissia	194	LEVEMIR FLEXPEN	108	LILETTA (52 MG)	316
latanoprost	310	LEVEMIR FLEXTOUCH	108	lillow	195
LATUDA	160	levetiracetam	84	LINDANE	225
layolis fe	194	levetiracetam er	84	linezolid	65
LEDIPASVIR-		levo-t	329	LINEZOLID IN SODIUM	
SOFOSBUVIR	172	LEVOBUNOLOL HCL	300	CHLORIDE	65
leena	194	levocarnitine	236	liothyronine sodium	329
leflunomide	43	LEVOCARNITINE		LIPITOR	123
LEMTRADA	322	(DIETARY)	297	LIPOFEN	122
lenalidomide	284	levocarnitine sf	237	LIQREV	186
LENVIMA (10 MG DAILY		levocetirizine (xyzal)	118	LIRAGLUTIDE	103
DOSE)	137	levofloxacin	240	lisdexamfetamine dimesylate	18
LENVIMA (12 MG DAILY		levonest	194	lisinopril	125
DOSE)	137	levonorg-eth estrad triphasic	194	lisinopril-hydrochlorothiazide	131
LENVIMA (14 MG DAILY		levonorgest-eth est & eth est	194	lithium	159
DOSE)	137	levonorgest-eth estrad 91-		lithium carbonate	159
LENVIMA (18 MG DAILY		day	194	lithium carbonate er	159
DOSE)	137	levonorgest-eth estradiol-		LIVALO	123
LENVIMA (20 MG DAILY		iron	194	lo-zumandimine	195
DOSE)	137	levonorgestrel (plan b)	199	loestrin 1.5/30 (21)	195
LENVIMA (24 MG DAILY		levonorgestrel-ethinyl estrad	194	loestrin 1/20 (21)	195
DOSE)	137	levora 0.15/30 (28)	194	loestrin fe 1.5/30	195
LENVIMA (4 MG DAILY		levothyroxine sodium	329	loestrin fe 1/20	195
DOSE)	137	levoxyl	329	lojaimiess	195
LENVIMA (8 MG DAILY		LEXAPRO	94	LONSURF	143
DOSE)	137	LEXIVA	168	LOPERAMIDE	111
LEQVIO	124	LIALDA	243	loperamide	112
LESCOL XL	123	LIBERVANT	80	LOPID	122
lessina	194	LICART	210	lopinavir-ritonavir	168
LETAIRIS	185	LIDOCAINE 5 % OINTMENT	223	lopreeza	239
letrozole	140	LIDOCAINE 5 % PATCH	223	LOPRESSOR	176
leucovorin calcium	155	lidocaine hcl	223,265	LOPROX	212

loratadine (claritin).....	118	lymepak.....	328	MAVENCLAD (10 TABS).....	322
loratadine / pseudoephedrine (claritin – d).....	204	LYNPARZA.....	149	MAVENCLAD (4 TABS).....	322
lorazepam.....	67	LYRICA.....	84	MAVENCLAD (5 TABS).....	322
lorazepam intensol.....	67	LYRICA CR.....	325	MAVENCLAD (6 TABS).....	322
LORBRENA.....	148	LYTGOBI (12 MG DAILY DOSE).....	149	MAVENCLAD (7 TABS).....	323
loryna.....	195	LYTGOBI (16 MG DAILY DOSE).....	149	MAVENCLAD (8 TABS).....	323
losartan potassium.....	127	LYTGOBI (20 MG DAILY DOSE).....	149	MAVYRET.....	172
losartan potassium-hctz.....	131	LYUMJEV.....	108	MAXALT.....	276
LOTEMAX.....	306	LYUMJEV KWIKPEN.....	108	MAXALT-MLT.....	276
LOTEMAX SM.....	306	lyza.....	199	MAYZENT.....	323
LOTENSIN.....	125	M		MAYZENT STARTER PACK.....	323
LOTENSIN HCT.....	131	M-CLEAR WC.....	204	meclizine.....	114
loteprednol etabonate.....	306	M-M-R II.....	342	MECLOFENAMATE SODIUM.....	40
LOTREL.....	131	magnesium.....	281	medroxyprogesterone acetate.....	199,316
lovastatin.....	123	MAGNESIUM.....	281	mefenamic acid.....	40
LOVAZA.....	119	magnesium carbonate / aluminum hydroxide (gaviscon).....	61	mefloquine hcl.....	133
LOVENOX.....	79	magnesium chloride.....	281	megestrol acetate.....	140
low-ogestrel.....	195	MAGNESIUM CHLORIDE.....	281	MEGESTROL ACETATE.....	316
loxapine succinate.....	162	magnesium citrate.....	264	MEKINIST.....	149
lubiprostone.....	241	magnesium gluconate.....	281	MEKTOVI.....	149
lubricant eye drops.....	298	MAGNESIUM GLUCONATE.....	281	MELATONIN.....	26
LUBRICANT EYE DROPS.....	298	magnesium hydroxide / aluminum hydroxide / simethicone (mylanta).....	61	melatonin.....	26
lubricant eye ointment.....	298	MAGNESIUM OXIDE.....	61	melatonin / pyridoxine.....	26
LUGOLS STRONG IODINE.....	166	(antacid).....	62	MELATONIN / PYRIDOXINE.....	27
LULICONAZOLE.....	212	magnesium oxide (antacid).....	62	melodetta 24 fe.....	195
LUMAKRAS.....	148,149	MAGNESIUM SULFATE.....	281	meloxicam.....	40,41
LUMIGAN.....	310	malathion.....	225	memantine hcl.....	318
LUNESTA.....	260	male condoms.....	268	memantine hcl er.....	318
LUPRON DEPOT-PED (1- MONTH).....	236	MANGANESE SULFATE.....	281	MENACTRA.....	339
LUPRON DEPOT-PED (3- MONTH).....	236	maraviroc.....	168	MENQUADFI.....	340
LUPRON DEPOT-PED (6- MONTH).....	236	marlissa.....	195	MENTHOL / ZINC OXIDE.....	224
lurasidone hcl.....	160	matzim la.....	180	menthol / zinc oxide.....	224
lutra.....	195			MENVEO.....	340
LUZU.....	212			mercaptapurine.....	136
LYBALVI.....	319			meropenem.....	63
lyleq.....	199			merzee.....	195
lyllana.....	239			mesalamine.....	243
				mesalamine er.....	243
				mesalamine-cleanser.....	244

mesna	155	metoclopramide hcl	241	MIRAPEX ER	158
MESNEX	156	metolazone	231	MIRCERA	256
METAMUCIL	262	metoprolol succinate er	176	mirtazapine	90
metaxalone	293	metoprolol tartrate	176	miscellaneous injection	
metformin hcl	101	metoprolol-		device	273
metformin hcl er	101	hydrochlorothiazide	131	miscellaneous medical	
methadone hcl	49	metronidazole	62,225	devices	272
methadone hcl intensol	49	mexiletine hcl	67	MISCELLANEOUS NATURAL	
methenamine hippurate	65	mibelas 24 fe	195	PRODUCTS	287
methergine	312	micafungin sodium	115	miscellaneous natural	
methimazole	328	MICARDIS	127	products	287
methocarbamol	293	MICARDIS HCT	131	misoprostol	336
methotrexate sodium	136	MICATIN	213	MOBIC	41
METHOTREXATE SODIUM	136	miconazole (micatin)	213	modafinil	25
methotrexate sodium (pf)	136	miconazole (monistat)	344	MODERNA COVID-19 BIVAL	
METHOXSALEN RAPID	216	MICONAZOLE 3 200 MG		6M-5Y	342
methoxsalen rapid	216	SUPPOSITORY	344	MODERNA COVID-19 BIVAL	
methscopolamine bromide	331	MICONAZOLE-ZINC OXIDE-		BOOSTER	342
METHYL SALICYLATE /		PETROLAT	213	MODERNA COVID-19	
MENTHOL	223	MICROCLENS WIPES	166	BIVALENT	342
methyl salicylate / menthol	223	microgestin 1.5/30	195	MODERNA COVID-19 VAC	
methylcellulose (citrucel)	262	microgestin 1/20	195	(BOOSTER)	342
methylidopa	128	microgestin 24 fe	195	MODERNA COVID-19 VAC 6M-	
methylergonovine maleate	312	microgestin fe 1.5/30	195	11Y	342
METHYLIN	23	microgestin fe 1/20	195	MODERNA COVID-19 VACC 6-	
methylphenidate	23	midodrine hcl	345	11Y	342
methylphenidate hcl	23,24	MIEBO	309	MODERNA COVID-19 VACC	
METHYLPHENIDATE HCL		mifepristone	238	6M-5Y	342
ER	24	MIGERGOT	274	MODERNA COVID-19	
methylphenidate hcl er	25	MIGLITOL	97	VACCINE	342
methylphenidate hcl er (cd)	24	miglitol	97	moexipril hcl	125
methylphenidate hcl er (la)	24	miglustat	254	MOISTURIZING CREAM	
methylphenidate hcl er (osm)	25	mili	195	(VANICREAM)	218
METHYLPHENIDATE HCL ER		milk of magnesia	264	mometasone furoate	220,295
(OSM)	25	mimvey	239	mondoxylene nl	328
methylphenidate hcl er (xr)	25	MINERAL OIL	224	mono-lynyah	195
methylprednisolone	201	mineral oil	264	monoject flush syringe	283
methylprednisolone acetate	201	minitran	66	monoject sodium chloride	
methylprednisolone sodium		minocycline hcl	328	flush	283
succ	201	minoxidil	133	MONONINE	250
METOCLOPRAMIDE HCL	241	MIRALAX	263	montelukast sodium	70

morgidox.....	328	MYLERAN.....	135	NATROBA.....	225
morphine sulfate.....	49	myorisan.....	208	NAYZILAM.....	80
MORPHINE SULFATE.....	49	MYRBETRIQ.....	339	nebivolol hcl.....	176
morphine sulfate (concentrate).....	49	MYSOLINE.....	84	necon 0.5/35 (28).....	195
morphine sulfate er.....	49,50	N		NEEDLES AND SYRINGES.....	273
MORPHINE SULFATE		nabumetone.....	41	needles and syringes.....	273
ER.....	50,51	nadolol.....	177	NEFAZODONE HCL.....	95
MORPHINE SULFATE ER		nafcillin sodium.....	315	neo-polycin.....	303
BEADS.....	51	NAFCILLIN SODIUM.....	315	neo-polycin hc.....	306
MOTPOLY XR.....	84	NAFCILLIN SODIUM IN		neomycin / bacitracin / polymixin (neosporin).....	211
MOUNJARO.....	104	DEXTROSE.....	315	neomycin / bacitracin / polymixin / pramoxine (neosporin plus).....	211
MOVANTIK.....	245	naftifine hcl.....	213	neomycin sulfate.....	27
moxifloxacin hcl.....	240,302	NAFTIN.....	213	neomycin-bacitracin zn- polymyx.....	303
MOXIFLOXACIN HCL (2X DAY).....	302	nalbuphine hcl.....	57	NEOMYCIN-POLYMYXIN B GU.....	247
MRESVIA.....	342	NALFON.....	41	neomycin-polymyxin- dexameth.....	306
MS CONTIN.....	51	NALMEFENE HCL.....	112	NEOMYCIN-POLYMYXIN- GRAMICIDIN.....	303
MUCINEX D MAX		NALOXONE HCL.....	113	NEOMYCIN-POLYMYXIN-HC306 neomycin-polymyxin-hc.....	312
STRENGTH.....	204	naloxone hcl.....	113	NEORAL.....	286
MUCINEX DM.....	204	naltrexone hcl.....	113	NEOSTIGMINE METHYLSULFATE.....	134
MULTI-DRAW NEEDLE.....	273	NAMENDA.....	318	neostigmine methylsulfate.....	134
MULTI-MINERALS.....	281	NAMENDA TITRATION PAK.....	318	NEPHRAMINE.....	297
multigen folic.....	258	NAMENDA XR.....	318	NERLYNX.....	150
multigen plus.....	258	NAMENDA XR TITRATION PACK.....	318	NESINA.....	103
MULTIGEN TABLET.....	258	NAMZARIC.....	318	neuac.....	208
MULTISTIX 10 SG.....	228	naphazoline /pheniramine drops (naphcon-a).....	304	NEUAC.....	208
multivitamin.....	258	NAPRELAN.....	41	NEULASTA.....	256
multivitamin (\$0).....	291	naproxen.....	41	NEULASTA ONPRO.....	256
multivitamins / calcium.....	291	naproxen (aleve).....	41	NEUPRO.....	158
multivitamins / minerals.....	63	naproxen dr.....	41	NEURONTIN.....	84,85
MULTIVITAMINS / MINERALS.....	291	NAPROXEN SODIUM.....	41	NEVANAC.....	309
mupirocin.....	211	NAPROXEN SODIUM ER.....	41	nevirapine.....	168
mupirocin calcium.....	211	naproxen-esomeprazole mg.....	41	NEVIRAPINE.....	168
MYALEPT.....	237	naratriptan hcl.....	276	NEXIUM.....	334,335
mycophenolate mofetil.....	285,286	NARCAN.....	113		
mycophenolate sodium.....	286	NARDIL.....	92		
mycophenolic acid.....	286	NASONEX.....	295		
MYDAYIS.....	18	NATACYN.....	302		
MYFORTIC.....	286	nateglinide.....	110		

NEXIUM 24HR.....	335	Non-Preferred Blood Glucose Meter.....	271	NOVOLIN 70/30 FLEXPEN	
NEXIUM 24HR CLEAR		nora-be.....	199	RELION.....	108
MINIS.....	335	NORDITROPIN FLEXPRO..	234	NOVOLIN 70/30 RELION.....	108
NEXIUM I.V.....	335	NOREL AD.....	204	NOVOLIN N.....	108
NEXLETOL.....	119	norelgestromin-eth estradiol..	198	NOVOLIN N FLEXPEN.....	108
NEXLIZET.....	119	norethin ace-eth estrad-fe...	196	RELION.....	108
NEXPLANON.....	316	norethin-eth estradiol-fe.....	196	NOVOLIN N RELION.....	109
NGENLA.....	234	norethindron-ethinyl estrad- fe.....	196	NOVOLIN R.....	109
niacin.....	346	norethindrone.....	199	NOVOLIN R FLEXPEN.....	109
NIACIN.....	346	norethindrone acet-ethinyl est.....	196	NOVOLIN R FLEXPEN	
NIACIN (ANTHYPERLIPIDEMIC).....	124	norethindrone acetate.....	317	RELION.....	109
niacin er (antihyperlipidemic).....	124	norethindrone-eth estradiol..	239	NOVOLIN R RELION.....	109
niacinamide.....	346	norgestim-eth estrad triphasic.....	196	NOVOLOG.....	109
NIACOR.....	124	norgestimate-eth estradiol..	196	NOVOLOG 70/30 FLEXPEN	
NIASPAN.....	124	NORLIQVA.....	181	RELION.....	109
nicardipine hcl.....	180	norlyda.....	199	NOVOLOG FLEXPEN.....	109
nicotine gum.....	326	norlyroc.....	200	NOVOLOG FLEXPEN	
nicotine patch.....	326	normal saline flush.....	283	RELION.....	109
Nicotrol.....	326	NORMOSOL-M IN D5W.....	280	NOVOLOG MIX 70/30.....	109
nifedipine.....	180	NORMOSOL-R.....	280	NOVOLOG MIX 70/30 FLEXPEN.....	109
nifedipine er.....	180	NORMOSOL-R IN D5W.....	280	NOVOLOG RELION.....	109
nifedipine er osmotic release.....	180	NORMOSOL-R PH 7.4.....	280	NOVOSEVEN RT.....	250
nikki.....	195	nortrel 0.5/35 (28).....	196	NOXAFIL.....	116
nilutamide.....	140	nortrel 1/35 (21).....	196	NP THYROID.....	330
nimodipine.....	180	nortrel 1/35 (28).....	196	NUBEQA.....	140
NINLARO.....	150	nortrel 7/7/7.....	196	NUCALA.....	68
NISOLDIPINE ER.....	180	nortriptyline hcl.....	97	NUCYNTA ER.....	51,52
nisoldipine er.....	180	NORVASC.....	181	nulev.....	331
nitisinone.....	237	NORVIR.....	168	NULYTELY LEMON-LIME.....	263
NITRO-BID.....	66	NOURIANZ.....	156	NULYTELY WITH FLAVOR	
nitrofurantoin macrocrystal.....	65	NOVA MAX PLUS KETONE		PACKS.....	263
nitrofurantoin monohyd macro.....	65	TEST.....	228	NUPLAZID.....	160
nitroglycerin.....	66	NOVAVAX COVID-19		NURTEC.....	274
NIVA THYROID.....	329	VACCINE.....	342	NUTROPIN AQ NUSPIN 10..	234
NIVESTYM.....	256	NOVOEIGHT.....	250	NUTROPIN AQ NUSPIN 20..	234
NIZATIDINE.....	332	NOVOLIN 70/30.....	108	NUTROPIN AQ NUSPIN 5...	234
non gelatin capsules.....	316	NOVOLIN 70/30 FLEXPEN..	108		

NUWIQ	250	OMNI GEL	289	ORENCIA	43
nyamyc	213	OMNIPOD 5 G6 INTRO (GEN	271	ORENCIA CLICKJECT	43
nylia 1/35	196	5)		ORENITRAM	183
nylia 7/7/7	196	OMNIPOD 5 G6 PODS (GEN	271	ORENITRAM MONTH 1	184
NYMALIZE	181	5)		ORENITRAM MONTH 2	184
nymyo	196	OMNIPOD 5 G7 INTRO (GEN	271	ORENITRAM MONTH 3	184
nystatin	115,213,288	5)		ORGOVYX	140
nystatin-triamcinolone	213	OMNIPOD 5 G7 PODS (GEN	271	ORIAHNN	239
nystop	213	5)		ORLISSA	233
		OMNIPOD 5 LIBRE2 PLUS		ORKAMBI	327
		G6	271	ORLADEYO	252
OBIZUR	250	OMNIPOD 5 LIBRE2 PLUS G6		ORLISTAT	19
OCALIVA	241	PODS	272	orphenadrine citrate	293
ocella	196	OMNIPOD 5 PACK	272	orphenadrine citrate er	293
OCREVUS	323	OMNIPOD CLASSIC PDM		ORSERDU	140,141
OCTREOTIDE ACETATE	238	(GEN 3)	272	orsythia	196
octreotide acetate	238	OMNIPOD DASH INTRO (GEN	272	oscimin	331
OCUFLOX	303	4)		oscimin sr	331
ODEFSEY	168	OMNIPOD DASH PDM (GEN	272	oseltamivir phosphate	174
OFEV	327	4)		OSENI	100
OFLOXACIN	240	OMNIPOD DASH PODS (GEN	272	ostomy supplies	272
ofloxacin	240,303	4)		OTEZLA	42
ofloxacin otic soln 0.3%	311	OMNITROPE	234	OVACE PLUS	218
OGSIVEO	150	ondansetron	114	OVIDE	225
OJJAARA	150	ondansetron hcl	114	oxacillin sodium	315
olanzapine	162,163	ONETOUCH ULTRA	228	OXACILLIN SODIUM IN	
olanzapine-fluoxetine hcl	319	ONETOUCH ULTRA BLUE		DEXTROSE	315
olmesartan medoxomil	127	TEST	228	oxaprozin	42
olmesartan medoxomil-hctz	131	ONETOUCH ULTRA TEST	228	oxazepam	67
olmesartan-amlodipine-hctz	131	ONETOUCH VERIO	229	OXBRYTA	254
olopatadine	309	ONEXTON	208	oxcarbazepine	85
OLUMIANT	37	ONFI	80	oxcarbazepine er	85
omega-3 fatty acids (fish oil)	297	ONGENTYS	156	OXERVATE	305
OMEGA-3 FATTY ACIDS (Fish		ONGLYZA	103	oxiconazole nitrate	213
oil)	297	ONUREG	136	OXISTAT	213
omega-3-acid ethyl esters	120	OPFOLDA	237	OXTELLAR XR	85
omeprazole (prilosec)	335	OPILL	200	oxybutynin chloride	338
omeprazole magnesium	335	opium	112	oxybutynin chloride er	338
omeprazole-sodium		OPSUMIT	185	oxycodone hcl	52
bicarbonate	337	OPVEE	113	OXYCODONE HCL ER	52
OMNARIS	295	OPZELURA	221	oxycodone-acetaminophen	55

OXYCONTIN.....	52,53	pediatric multivitamin combinations.....	291	PFIZER COVID-19 BIVAL 6MO-4YR.....	342
oxymetazoline (afrin).....	296	PEDIATRIC MULTIVITAMIN COMBINATIONS.....	291	PFIZER COVID-19 VAC BIVAL 5-11.....	342
OXYTROL.....	338	PEDIATRIC MULTIPLE VITAMINS / IRON.....	292	PFIZER COVID-19 VAC BIVALENT.....	342
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	104	pediatric vitamins.....	292	PFIZER COVID-19 VAC-TRIS 5-11Y.....	342
OZEMPIC (1 MG/DOSE).....	104	PEDVAX HIB.....	340	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	342
OZEMPIC (2 MG/DOSE).....	104	peg 3350-kcl-na bicarb-nacl.....	263	PFIZER-BIONT COVID-19 VAC-TRIS.....	342
OZURDEX.....	306	peg-3350/electrolytes.....	263	PFIZER-BIONTECH COVID-19 VACC.....	343
P		PEG-PREP.....	263	phenazopyridine (azo).....	248
pacerone.....	68	PEGASYS.....	172	PHENELZINE SULFATE.....	92
PALFORZIA.....	26	PEGINTRON.....	172	phenobarbital.....	260
paliperidone er.....	161	PEMAZYRE.....	150	phentermine hcl.....	19
PALYNZIQ.....	237	PENBRAYA.....	340	phenylephrine (neo-synephrine).....	296
pantoprazole sodium.....	335	peniclovir.....	218	phenylephrine (sudafed pe).....	296
paroex.....	288	penicillamine.....	284	phenylephrine / acetaminophen.....	204
paromomycin sulfate.....	27	penicillin g potassium.....	314	phenylephrine / bropheniramine / dextromethorphan.....	204
paroxetine hcl.....	94	PENICILLIN G PROCAINE.....	314	phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen.....	204
paroxetine hcl er.....	94	PENICILLIN G SODIUM.....	314	PHENYLEPHRINE / DEXTROMETHORPHAN.....	204
paroxetine mesylate.....	326	PENICILLIN V POTASSIUM.....	314	phenylephrine / guaifenesin.....	204
PAXIL.....	94	penicillin v potassium.....	314	phenylephrine / shark liver / petrolatum (preparation h).....	60
PAXIL CR.....	94	PENTACEL.....	330	phenytek.....	89
PAXLOVID (150/100).....	170	pentamidine isethionate.....	62	phenytoin.....	89
PAXLOVID (300/100).....	170	PENTASA.....	244	phenytoin infatabs.....	89
pazopanib hcl.....	150	pentoxifylline er.....	252	phenytoin sodium extended.....	89
PEAK FLOW METER.....	273	PERFOROMIST.....	75		
PEDIA-LAX LIQUID.....	264	perindopril erbumine.....	126		
PEDIARIX.....	330	PERINDOPRIL ERBUMINE.....	126		
pediatric multiple vitamins.....	292	periogard.....	288		
PEDIATRIC MULTIPLE VITAMINS.....	292	periomed.....	289		
pediatric multiple vitamins / fluoride / iron.....	291	permethrin (nix).....	225		
pediatric multiple vitamins / iron.....	292	perphenazine.....	164		
PEDIATRIC MULTIPLE VITAMINS / MINERALS.....	291	PERPHENAZINE-AMITRIPTYLINE.....	319		
pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride.....	292	PERSERIS.....	161		
		PERTZYE.....	230		
		petrolatum (vaseline).....	316		
		petrolatum ointment.....	316		
		PEXEVA.....	94		

philitic.....	196	polyethylene glycol drops.....	298	prasugrel hcl.....	254
PHOSPHOLINE IODIDE.....	301	polyethylene glycol packets.....	263	pravastatin sodium.....	123
phosphorus supplement.....	282	polymyxin b sulfate.....	65	praziquantel.....	62
phytonadione.....	345	polymyxin b-trimethoprim.....	303	prazosin hcl.....	128
PIFELTRO.....	168	polysaccharide iron complex.....	259	PRECISION XTRA BLOOD	
pilocarpine hcl.....	290,301	polyvinyl alcohol / povidone		GLUCOSE.....	229
pimecrolimus.....	222	drops (refresh).....	298	PRECISION XTRA KETONE.....	229
pimtree.....	196	polyvinyl alcohol drops		PRECOSE.....	98
pin-away.....	62	(hypotears).....	298	PRED FORTE.....	307
pindolol.....	177	POMALYST.....	141	prednisolone.....	201
pinworm medicine.....	62	PONVORY.....	323	prednisolone acetate.....	307
pioglitazone hcl.....	110	PONVORY STARTER		PREDNISOLONE ACETATE P-	
pioglitazone hcl-glimepiride.....	100	PACK.....	323	F.....	307
pioglitazone hcl-metformin		portia-28.....	196	prednisolone sodium	
hcl.....	100	posaconazole.....	116	phosphate.....	202
piperacillin sod-tazobactam		potassium / sodium		PREDNISOLONE SODIUM	
so.....	315	phosphate.....	282	PHOSPHATE.....	307
piperonyl / pyrethrins (rid).....	225	potassium chloride.....	282	prednisone.....	202
PIQRAY (200 MG DAILY		potassium chloride crys er.....	282	PREDNISONE.....	202
DOSE).....	150	potassium chloride er.....	282	PREDNISONE INTENSOL.....	202
PIQRAY (250 MG DAILY		POTASSIUM CHLORIDE		pregabalin.....	85
DOSE).....	150	ER.....	282	pregabalin er.....	325
PIQRAY (300 MG DAILY		POTASSIUM CHLORIDE IN		PREHEVBRIO.....	343
DOSE).....	150	DEXTROSE.....	280	PREMPHASE.....	239
pirfenidone.....	327	potassium chloride in		prenatal vitamin.....	292,293
pirmella 1/35.....	196	dextrose.....	280	PRETOMANID.....	134
pirmella 7/7/7.....	196	potassium chloride in nacl.....	281	PREVACID 24HR 15 MG CAP	
piroxicam.....	42	potassium citrate.....	246	DR.....	335
PLAVIX.....	253	potassium citrate / sodium		PREVACID 30 MG CAP DR.....	335
PLEGRIDY.....	323	citrate (cytra-3).....	246	PREVACID SOLUTAB 15 MG	
PLEGRIDY STARTER		potassium citrate er.....	246	TAB DR DISP.....	335
PACK.....	323	potassium gluconate.....	283	PREVACID SOLUTAB 30 MG	
plerixafor.....	259	POTASSIUM GLUCONATE.....	283	TAB DR DISP.....	335
PNEUMOVAX 23.....	340	povidone-iodine (betadine).....	166	prevalite.....	120
PNV-DHA+DOCUSATE.....	292	PRADAXA.....	79	previfem.....	196
PNV-OMEGA.....	292	PRALUENT.....	124	PREVNAR 13.....	340
PNV-SELECT.....	292	pramipexole dihydrochloride.....	158	PREVNAR 20.....	340
PODOFILOX.....	222	pramipexole dihydrochloride		PREVYMIS.....	170
podofilox.....	222	er.....	158	PREZCOBIX.....	169
polycin.....	303	pramoxine (procto-foam).....	60	PREZISTA.....	169
polyethylene glycol.....	263	pramoxine / calamine.....	223	PRIFTIN.....	135

PRILOSEC.....	335	propranolol hcl er.....	177	QUESTRAN LIGHT.....	120
primidone.....	85	PROPRANOLOL-HCTZ.....	131	quetiapine fumarate.....	163
PRIMIDONE.....	85	propylthiouracil.....	328	quetiapine fumarate er.....	163
PRINIVIL.....	126	PROQUAD.....	343	QUILLICHEW ER.....	25
PRIORIX.....	343	PROSCAR.....	247	QUILLIVANT XR.....	25
PRISTIQ.....	96	PROTONIX.....	336	quinapril hcl.....	126
PRIVIGEN.....	312	protriptyline hcl.....	97	quinapril-hydrochlorothiazide.....	132
PROAIR DIGIHALER.....	75	PROZAC.....	94	quinidine gluconate er.....	67
PROAIR RESPICLICK.....	75	pseudoeph-bromphen-dm.....	205	QUINIDINE SULFATE.....	67
probenecid.....	248	pseudoephedrine (sudafed).....	296	quinidine sulfate.....	67
procainamide hcl.....	67	pseudoephedrine /		quinine sulfate.....	133
PROCAINAMIDE HCL.....	67	guaifenesin.....	205	QULIPTA.....	274
PROCALAMINE.....	297	PSEUDOEPHEDRINE /		QUVIVIQ.....	261
PROCARDIA.....	181	IBUPROFEN.....	205	QVAR REDIHALER.....	71
PROCARDIA XL.....	181	psyllium (metamucil).....	262		
procentra.....	18	PTS PANELS KETONE		R	
prochlorperazine.....	164	TEST.....	229	ra esomeprazole magnesium.....	336
prochlorperazine edisylate.....	164	PULMICORT.....	71	RA HOT/COLD COMPRESS.....	268
prochlorperazine maleate.....	164	PULMICORT FLEXHALER.....	71	RA HOT/COLD GEL SLEEVE.....	268
PROCRIT.....	256	PULMOZYME.....	327	RABAVERT.....	343
procto-med hc.....	61	PURE & GENTLE		rabeprazole sodium.....	336
PROCTOFOAM HC.....	60	LUBRICANT.....	298	raloxifene hcl.....	235
proctosol hc.....	61	purevit dualfe plus.....	258	ramelteon.....	262
proctozone-hc.....	61	pyrazinamide.....	135	ramipril.....	126
PRODIGY NO CODING		pyridostigmine bromide.....	134	ranolazine er.....	65
BLOOD GLUC.....	229	pyridoxine (vitamin b6).....	346	RAPAFLO.....	247
PROFILNINE.....	251	pyrimethamine.....	133	RAPAMUNE.....	286
PROFORE.....	267	Q		RASPBERRY SYRUP.....	316
PROFORE LITE.....	268	QBRELIS.....	126	RAVICTI.....	237
PROFORE WCL 5-1/2"X8".....	268	qc esomeprazole		REBIF.....	324
progesterone.....	317	magnesium.....	336	REBIF REBIDOSE.....	324
PROGRAF.....	286	qc omeprazole magnesium.....	336	REBIF REBIDOSE TITRATION	
PROLENSA.....	309	QELBREE.....	21	PACK.....	324
PROLIA.....	232	QINLOCK.....	150	REBIF TITRATION PACK.....	324
PROMACTA.....	256	QNASL.....	295	REBINYN.....	251
promethazine hcl.....	118	QNASL CHILDRENS.....	295	REBLOZYL.....	256
promethegan.....	118	QTERN.....	100	reclipsen.....	196
propafenone hcl.....	68	QUADRACEL.....	330	RECOMBINATE.....	251
proparacaine hcl.....	305	QUDEXY XR.....	85	RECOMBIVAX HB.....	343
propranolol hcl.....	177	QUESTRAN.....	120	RECTIV.....	61
PROPRANOLOL HCL.....	177			reeses pinworm medicine.....	62

REFRESH 1.4-0.6 % SOLUTION.....	298	REYVOW.....	276	ROZEREM.....	262
REFRESH DIGITAL.....	298	REZLIDHIA.....	151	ROZLYTREK.....	151
REFRESH OPTIVE.....	298	REZUROCK.....	284	RUBRACA.....	151
REFRESH OPTIVE ADVANCED.....	298	REZVOGLAR KWIKPEN.....	109	RUCONEST.....	252
REFRESH OPTIVE PF.....	298	RHOPRESSA.....	305	rufinamide.....	86
REFRESH RELIEVA.....	298	ribavirin.....	172	RUKOBIA.....	169
REFRESH RELIEVA PF.....	298	RIBAVIRIN.....	172	RYALTRIS.....	294
REFRESH TEARS PF.....	298	riboflavin (vitamin b2).....	346	RYBELSUS.....	104
relafen.....	42	rifabutin.....	135	RYDAPT.....	152
RELAFEN DS.....	42	rifampin.....	135	RYKINDO.....	161
RELENZA DISKHALER.....	174	RIFATER.....	134	RYTARY.....	159
RELION KETONE TEST.....	229	riluzole.....	296	S	
RELPAK.....	276	RIMANTADINE HCL.....	174	SABRIL.....	88
REMERON.....	90	ringers.....	281	SAIZEN.....	234
REMERON SOLTAB.....	90	ringers irrigation.....	287	SAIZENPREP.....	235
REMICADE.....	244	RINVOQ.....	37	salicylic acid.....	222
RENFLEXIS.....	244	risedronate sodium.....	233	SALICYLIC ACID.....	222
RENVELA.....	245	RISPERDAL.....	161	saline bacteriostatic.....	316
repaglinide.....	110	RISPERDAL CONSTA.....	161	saline flush.....	283
REPATHA.....	124	risperidone.....	161	saline flush zr.....	283
REPATHA PUSHTRONEX SYSTEM.....	124	risperidone microspheres er.....	161	salsalate.....	45
REPATHA SURECLICK.....	124	RITALIN.....	25	SANCUSO.....	114
REQUIP XL.....	158	RITALIN LA.....	26	SANDIMMUNE.....	286
respirtatory therapy supplies.....	273	ritonavir.....	169	SAPHRIS.....	163
RESTASIS.....	304	rivastigmine.....	318	SAVAYSA.....	77
RESTASIS MULTIDOSE.....	304	rivastigmine tartrate.....	318	SAVELLA.....	319
RETACRIT.....	256,257	rivelsa.....	196	SAVELLA TITRATION PACK.....	319
RETEVMO.....	151	RIVIVE.....	113	saxagliptin hcl.....	103
RETIN-A.....	208	RIXUBIS.....	251	saxagliptin-metformin er.....	100
RETIN-A MICRO.....	208	rizatriptan benzoate.....	276	SAXENDA.....	19
RETIN-A MICRO PUMP.....	209	ROCKLATAN.....	305	SCSEMBLIX.....	152
RETISERT.....	307	roflumilast.....	70	scopolamine.....	114
REVATIO.....	186	ropinirole hcl.....	158	se-tan plus.....	258
REVCOVI.....	237	ropinirole hcl er.....	158	SECUADO.....	163
REVLIMID.....	284	rosadan.....	225	SEGLUROMET.....	100
REXTOVY.....	113	rosuvastatin calcium.....	123	selegiline hcl.....	159
REXULTI.....	165	ROTARIX.....	343	selenium.....	283
		ROTATEQ.....	343	SELZENTRY.....	169
		ROWASA.....	244	SEMGLEE.....	109
		roweepra.....	85	SEMGLEE (YFGN).....	110
		roweepra xr.....	85		

senna / docusate sodium (peri- colace).....	263	SM DELUXE REUSABLE COMPRESS.....	268	SOLU-MEDROL (PF).....	202
sennosides.....	264	sm esomeprazole		sorafenib tosylate.....	152
SEREVENT DISKUS.....	75	magnesium.....	336	sorbitol solution.....	263
SEROQUEL.....	163	sm glucosamine hcl.....	26	sorine.....	178
SEROQUEL XR.....	163	sod citrate-citric acid.....	246	sotalol hcl.....	178
SEROSTIM.....	235	SOD FLUORIDE-POTASSIUM NITRATE.....	289	sotalol hcl (af).....	178
SERTRALINE HCL.....	94	SODIUM BICARBONATE.....	61,278	SOTYKTU.....	216
sertraline hcl.....	94	sodium bicarbonate.....	61,278	SOTYLIZE.....	178
setlakin.....	197	SODIUM CHLORIDE.....	224	SOVALDI.....	173
sevelamer carbonate.....	246	sodium chloride.....	247,283	specialty vitamins.....	293
sevelamer hcl.....	246	sodium chloride		SPEVIGO.....	216
SEVENFACT.....	251	bacteriostatic.....	316	SPIKEVAX.....	343
sf.....	289	sodium chloride eye products		SPIKEVAX COVID-19 VACCINE.....	343
sf 5000 plus.....	289	(muro 128).....	309	SPINOSAD.....	225
SFROWASA.....	244	sodium chloride flush.....	283	SPIRIVA HANDIHALER.....	69
sharobel.....	200	sodium chloride nasal spray.....	205	SPIRIVA RESPIMAT.....	69
sharps container.....	273	SODIUM CHLORIDE NASAL SPRAY.....	294	spironolactone.....	231
SHINGRIX.....	343	sodium fluoride.....	281,289	spironolactone-hctz.....	230
SIGNIFOR.....	238	SODIUM FLUORIDE 5000 ENAMEL.....	289	SPORANOX.....	116
SIKLOS.....	255	sodium fluoride 5000 plus.....	289	SPORANOX PULSEPAK.....	117
sildenafil citrate.....	186	sodium fluoride 5000 ppm.....	289,290	SPRAVATO (56 MG DOSE).....	92
SILIQ.....	216	SODIUM FLUORIDE 5000 ENAMEL.....	289	SPRAVATO (84 MG DOSE).....	92
silodosin.....	248	sodium fluoride 5000 plus.....	289	sprintec 28.....	197
silver sulfadiazine.....	219	sodium fluoride 5000 ppm.....	289,290	SPRITAM.....	86
SIMBRINZA.....	302	SODIUM FLUORIDE 5000 SENSITIVE.....	290	sronyx.....	197
simethicone (mylicon).....	241	sodium phenylbutyrate.....	237	ssd.....	219
simliya.....	197	sodium polystyrene		sss 10-5.....	209
simpesse.....	197	sulfonate.....	287	STALEVO 100.....	159
SIMPONI.....	36	sodium sulfacetamide wash.....	218	STALEVO 125.....	159
SIMPONI ARIA.....	36	SODIUM SULFACETAMIDE- BAKUCHIOL.....	218	STALEVO 150.....	159
simvastatin.....	123	SOFOSBUVIR- VELPATASVIR.....	173	STALEVO 200.....	159
SINEMET.....	159	SOGROYA.....	235	STALEVO 50.....	159
SINGULAIR.....	70	solifenacin succinate.....	338	STALEVO 75.....	159
sirolimus.....	286	SOLQUA.....	100	STAMARIL.....	343
SIRTURO.....	135	SOLU-CORTEF.....	202	stavudine.....	169
SITAVIG.....	174	SOLU-MEDROL.....	202	STEGLATRO.....	111
SKYRIZI.....	216,244			STEGLUJAN.....	100
SKYRIZI (150 MG DOSE).....	216			STELARA.....	216,217,244
SKYRIZI PEN.....	216			sterile water for injection.....	316
SKYTROFA.....	235			STIOLTO RESPIMAT.....	76

STIVARGA.....	152	SUPRAX.....	190	TASCENSO ODT.....	324
STRATTERA.....	21	SUREPRESS HI COMPRESS		TASIGNA.....	153
STRENSIQ.....	237	BANDAGE.....	268	tasimelteon.....	262
STRIBILD.....	169	swabflush saline flush.....	283	TASMAR.....	156
STRIVERDI RESPIMAT.....	76	syeda.....	197	tavaborole.....	213
SUBLOCADE.....	57	symax-sl.....	331	TAVNEOS.....	252
SUBOXONE.....	57,58	symax-sr.....	332	taysofy.....	197
subvenite.....	86	SYMBICORT.....	76	TAZAROTENE.....	209
subvenite starter kit-blue.....	86	SYMBYAX.....	319	tazarotene.....	217
subvenite starter kit-green.....	86	SYMDEKO.....	327	tazicef.....	190
subvenite starter kit-orange.....	86	SYMJEPI.....	345	taztia xt.....	181
sucralfate.....	332	SYMLINPEN 120.....	98	TAZVERIK.....	153
SULAR.....	181	SYMLINPEN 60.....	98	TDVAX.....	330
sulfacetamide sodium.....	218,303	SYMPAZAN.....	80	TECFIDERA.....	324
SULFACETAMIDE		SYMTUZA.....	169	TEGRETOL.....	86
SODIUM.....	303	SYNAGIS.....	313	TEGRETOL-XR.....	86
sulfacetamide sodium		SYNJARDY.....	100	TEKTURNA.....	133
(acne).....	209	SYNJARDY XR.....	100,101	TEKTURNA HCT.....	132
sulfacetamide sodium-sulfur	209	SYSTANE BALANCE.....	298	telmisartan.....	127
SULFACETAMIDE SODIUM-		SYSTANE COMPLETE.....	298	TELMISARTAN-	
SULFUR.....	209			AMLODIPINE.....	132
SULFACETAMIDE-		T		telmisartan-amlodipine.....	132
PREDNISOLONE.....	307	TABLOID.....	136	telmisartan-hctz.....	132
sulfacleanse 8/4.....	209	TABRECTA.....	152	temazepam.....	260
sulfadiazine.....	328	tacrolimus.....	222,286	TEMIXYS.....	169
sulfamethoxazole-		tadalafil (pah).....	186	temozolomide.....	135
trimethoprim.....	63	TAFINLAR.....	152	TENIVAC.....	330
sulfamez wash.....	209	tafluprost (pf).....	310	tenofovir disoproxil fumarate.....	169
sulfasalazine.....	245	TAGRISSO.....	138	TENORETIC 100.....	132
sulfatrim pediatric.....	63	TAKHZYRO.....	253	TENORETIC 50.....	132
sulindac.....	42	TALTZ.....	217	TENORMIN.....	176
sumatriptan.....	277	TALZENNA.....	153	TEPMETKO.....	153
sumatriptan succinate.....	277	TAMIFLU.....	174,175	terazosin hcl.....	128
SUMATRIPTAN		tamoxifen citrate.....	141	terbinafine (lamisil).....	213
SUCCINATE.....	277	tamsulosin hcl.....	248	terbinafine hcl.....	115
sumatriptan succinate refill.....	277	tandem plus.....	258	terbutaline sulfate.....	76
sumatriptan-naproxen		tarina 24 fe.....	197	terconazole.....	344
sodium.....	274	tarina fe 1/20.....	197	teriflunomide.....	324
sunitinib malate.....	152	tarina fe 1/20 eq.....	197	teriparatide.....	233
SUNLENCA.....	169	taron forte.....	258	teriparatide (recombinant).....	233
SUNOSI.....	21	TARPEYO.....	202		

TERIPARATIDE (RECOMBINANT)	233	tiopronin	248	TRANSDERM SCOP (1.5 MG)	114
TESTIM	58	tiotropium bromide monohydrate	69	TRANSDERM-SCOP	114
testosterone	58,59	tis-u-sol	287	tranylcypramine sulfate	92
TESTOSTERONE	58,59	TIVICAY	169	TRAVATAN Z	310
testosterone cypionate	59	TIVICAY PD	169	travoprost (bak free)	310
TESTOSTERONE CYPIONATE	59	tizanidine hcl	293	trazodone hcl	95
TETANUS-DIPHTHERIA		TOBI	28	TRELEGY ELLIPTA	76
TOXOIDS TD	330	TOBI PODHALER	28	TREMFYA	217
tetrabenazine	320	tobramycin	28,303	TRESIBA	110
tetracaine hcl	305	TOBRAMYCIN	28	TRESIBA FLEXTOUCH	110
tetracycline hcl	328	tobramycin sulfate	28	tretinoin	155,209
tetrahydrazoline drops (visine)	304	TOBRAMYCIN SULFATE	28	tretinoin microsphere	209,210
THALOMID	284	tobramycin-dexamethasone	307	tretinoin microsphere pump	210
theophylline	76	tolcapone	157	TRETTEN	251
theophylline er	76	tolnaftate (tinactin)	213	TREXIMET	275
thiamine (vitamin b1)	346	TOLSURA	117	tri femynor	197
thioridazine hcl	164	tolterodine tartrate	338	tri-estarylla	197
thiotepa	135	tolterodine tartrate er	338	tri-legest fe	197
thiothixene	165	TOPAMAX	86	tri-linyah	197
THYQUIDITY	330	TOPAMAX SPRINKLE	86	tri-lo-estarylla	197
THYROID	330	topiramate	86	tri-lo-marzia	197
tiadylt er	181	topiramate er	86	tri-lo-mili	197
tiagabine hcl	88	TOPROL XL	176	tri-lo-sprintec	197
TIAZAC	181	toremifene citrate	141	tri-mili	197
TIBSOVO	153	torpenz	153	tri-nymyo	197
TICOVAC	343	torsemide	231	tri-previfem	197
TIGER BALM MUSCLE RUB	223	TOSYMRA	277	tri-sprintec	197
tilia fe	197	TOUJEO MAX SOLOSTAR	110	TRI-VI-SOL A/C/D	292
timolol maleate	178,300	TOUJEO SOLOSTAR	110	tri-vylibra	198
timolol maleate (once-daily)	300	TOVIAZ	338	tri-vylibra lo	198
timolol maleate ocudose	300	TRACLEER	185,186	triamcinolone acetonide	220
timolol maleate pf	300	TRADJENTA	103	triamcinolone acetonide (nasacort)	295
TIMOPTIC	300	tramadol hcl	53	triamterene-hctz	230
TIMOPTIC OCUDOSE	300	tramadol hcl (er biphasic)	53	triazolam	260
TIMOPTIC-XE	300	TRAMADOL HCL ER	53	TRIBENZOR	132
tinidazole	62	tramadol-acetaminophen	55	TRICOR	122
tioconazole (vagistat)	344	trandolapril	126	TRICOR	122
		TRANVOLAPRIL-VERAPAMIL HCL ER	132	triderm	220
		tranexamic acid	259	trientine hcl	284
				TRIESENCE	307

trifluoperazine hcl.....	165	TYSABRI.....	324	VAQTA.....	343
trihexyphenidyl hcl.....	156	TYVASO.....	184	varenicline tartrate.....	326
TRIHEXYPHENIDYL HCL.....	156	TYVASO DPI INSTITUTIONAL		varenicline tartrate (starter).....	326
TRIJARDY XR.....	101	KIT.....	184	varenicline tartrate(continue).....	326
TRIKAFTA.....	327	TYVASO DPI MAINTENANCE		VARIVAX.....	343
TRILEPTAL.....	87	KIT.....	184	VASCEPA.....	120
TRILIPIX.....	122	TYVASO DPI TITRATION		VASERETIC.....	132
trilyte.....	263	KIT.....	184	VASOTEC.....	126
trimethobenzamide hcl.....	114	TYVASO REFILL.....	185	VAXCHORA.....	340
trimethoprim.....	62	TYVASO STARTER.....	185	VAXELIS.....	330
TRINTELLIX.....	95			VAXNEUVANCE.....	340
TRIPTODUR.....	236	U		VELPHORO.....	246
TRIUMEQ.....	169	UBRELVY.....	274	VELTASSA.....	287
TRIUMEQ PD.....	169	UCERIS.....	60,202	VELTIN.....	210
trivora (28).....	198	UDENYCA.....	257	VEMLIDY.....	173
TROKENDI XR.....	87	UNI-SOLVE.....	166	VENCLEXTA.....	138
trolamine salicylate.....	223	unithroid.....	330	VENCLEXTA STARTING	
TROLAMINE SALICYLATE		UPLIZNA.....	286	PACK.....	138
(MYOFLEX).....	223	UPTRAVI.....	187	venlafaxine hcl.....	96
trolamine salicylate		urea 10% and 20% (carmol).....	222	venlafaxine hcl er.....	96
(myoflex).....	223	ursodiol.....	241	VENTAVIS.....	185
tropium chloride.....	338	UZEDY.....	161	VENTOLIN HFA.....	76
tropium chloride er.....	338	V		verapamil hcl.....	181
TRUDHESA.....	275	vaginal contraceptive foam.....	343	verapamil hcl er.....	181
TRUE METRIX BLOOD		valacyclovir hcl.....	174	VERAPAMIL HCL ER.....	182
GLUCOSE TEST.....	229	VALCHLOR.....	214	VERELAN PM.....	182
TRULICITY.....	104	valganciclovir hcl.....	170	VERKAZIA.....	304
TRUMENBA.....	340	valproic acid.....	90	VERSACLOZ.....	163
TRUQAP.....	153	valsartan.....	127	VERZENIO.....	154
TRUSOPT.....	309	VALSARTAN.....	127	VESICARE.....	339
TUDORZA PRESSAIR.....	69	valsartan-		VESICARE LS.....	339
TUKYSA.....	138	hydrochlorothiazide.....	132	vestura.....	198
tulana.....	200	VALTOCO 10 MG DOSE.....	80	VEVYE.....	304
TURALIO.....	153	VALTOCO 15 MG DOSE.....	80	VIBERZI.....	245
turqoz.....	198	VALTOCO 20 MG DOSE.....	80	VICTOZA.....	104
TWINRIX.....	343	VALTOCO 5 MG DOSE.....	80	VIEKIRA PAK.....	173
tydemy.....	198	VALTrex.....	174	vienna.....	198
TYENNE.....	38	VANCOCIN.....	64	vigabatrin.....	88
TYMLOS.....	233	vancomycin hcl.....	64	vigadrone.....	88
TYPHIM VI.....	340	VANFLYTA.....	153	VIGAMOX.....	303
TYRVAYA.....	301			vigpoder.....	89

VIIBRYD.....	95	VITAMIN D.....	346	WIDE-SEAL DIAPHRAGM... ..	268
VIJOICE.....	287	vitamin e.....	346	WILATE.....	251
vilazodone hcl.....	95	vitamins / lipotropics.....	293	WINLEVI.....	210
VIMPAT.....	87	VITAMINS / LIPOTROPICS.....	293	witch hazel.....	224
VIOKACE.....	230	VITRAKVI.....	154	wixela inhub.....	76
viorele.....	198	VITRON-C.....	258	wymzya fe.....	198
VIRACEPT.....	169	VIVJOA.....	117		
VIREAD.....	169	VIVOTIF.....	340	X	
VIRT-FEFA PLUS.....	258	VIZIMPRO.....	138	X-SEB T 10 % SHAMPOO... ..	225
VIRT-PN PLUS.....	293	VOGELXO.....	59	XADAGO.....	159
visine red eye hydrating		VOGELXO PUMP.....	60	XALATAN.....	311
comf.....	304	volnea.....	198	XALKORI.....	154
VISTA GEL DRY EYE		VONJO.....	154	XARELTO.....	77
RELIEF.....	298	VONVENDI.....	251	XARELTO STARTER PACK... ..	77
VISTOGARD.....	112	voriconazole.....	117	XCOPRI.....	88
VITAMIN A.....	222	VOSEVI.....	173	XCOPRI (250 MG DAILY	
vitamin a.....	346	VOTRIENT.....	154	DOSE).....	87
vitamin a / vitamin d.....	222	VOXZOGO.....	237	XCOPRI (350 MG DAILY	
VITAMIN A-C-D INFANT... ..	292	VRAYLAR.....	160	DOSE).....	88
VITAMIN A/C/D/		VUMERITY.....	324	XDEMVY.....	303
INFANT/TODDLER.....	292	VUSION.....	214	XELJANZ.....	37
vitamin b complex.....	290	VYEPTI.....	274	XELJANZ XR.....	37
VITAMIN B COMPLEX.....	290	vyfemla.....	198	XELPROS.....	311
vitamin b complex (\$0).....	290	vylibra.....	198	XELSTRYM.....	19
vitamin b complex / vitamin c /		VYNDAMAX.....	187	XENICAL.....	20
biotin / minerals / folic acid.....	290	VYNDAQEL.....	187	XENLETA.....	65
vitamin b complex / vitamin c /		VYTORIN.....	119	XEPI.....	211
calcium.....	290	VYVANSE.....	18,19	XERESE.....	218
vitamin b complex / vitamin c /		VYZULTA.....	311	XHANCE.....	295
vitamin e / zinc.....	290			XIFAXAN.....	63
vitamin b complex / vitamin c /		W		XIGDUO XR.....	101
zinc / folic acid.....	291	WAL-TUSSIN COUGH		XIIDRA.....	304
vitamin b complex		RELIEF.....	203	XIPERE.....	307
combinations.....	290	warfarin sodium.....	77	XOFLUZA (40 MG DOSE)... ..	175
VITAMIN B COMPLEX		WEGOVI.....	19,20	XOFLUZA (80 MG DOSE)... ..	175
COMBINATIONS.....	291	WELCHOL.....	120	XOLAIR.....	68,69
vitamin b12.....	255	WELIREG.....	141	XOPENEX HFA.....	76
VITAMIN B12.....	255	WELLBUTRIN SR.....	91	XOSPATA.....	154
VITAMIN C.....	347	WELLBUTRIN XL.....	92	XPOVIO (100 MG ONCE	
vitamin c.....	347	wera.....	198	WEEKLY).....	142
vitamin d.....	346	wheat dextrin powder.....	262		

XPOVIO (40 MG ONCE WEEKLY)	142	ZAVZPRET	274	ZOFRAN	114
XPOVIO (40 MG TWICE WEEKLY)	142	zebupal	45	ZOHYDRO ER	54
XPOVIO (60 MG ONCE WEEKLY)	142	ZEGALOGUE	102	ZOKINVY	288
XPOVIO (60 MG TWICE WEEKLY)	142	ZEGERID	337	ZOLINZA	155
XPOVIO (80 MG ONCE WEEKLY)	143	ZEGERID OTC	337	zolmitriptan	277,278
XPOVIO (80 MG TWICE WEEKLY)	143	ZEJULA	154	ZOLOFT	95
XTAMPZA ER	53	ZELBORAF	154	ZOLPIDEM TARTRATE	260
XTANDI	141	ZEMBRACE SYMTOUCH	277	zolpidem tartrate	261
xulane	198	zenatane	210	zolpidem tartrate er	261
XULTOPHY	101	ZENPEP	230	ZOMACTON	235
XYNTHA	251	zenzedi	19	ZOMACTON (FOR ZOMA-JET 10)	235
XYNTHA SOLOFUSE	251	ZEPATIER	173	zomig	278
		ZEPBOUND	20	ZOMIG	278
		ZEPOSIA	324	ZONEGRAN	87
		ZEPOSIA 7-DAY STARTER PACK	325	ZONISADE	87
		ZEPOSIA STARTER KIT	325	zonisamide	87
		ZERVIATE	309	ZORBTIVE	235
		ZESTORETIC	132	ZORTRESS	287
		ZESTRIL	126	ZORVOLEX	42
		ZETIA	124	ZOSTAVAX	343
		ZETONNA	296	zovia 1/35 (28)	198
		ZIAC	132	zovia 1/35e (28)	198
		ZIANA	210	ZOVIRAX	218
		zidovudine	169	ZTALMY	87
		ZIEXTENZO	257	ZTLIDO 1.8 % PATCH	223
		zileuton er	70	ZUBSOLV	58
		ZIMHI	113	zumandimine	198
		zinc	283	ZURZUVAE	92
		zinc gluconate	284	ZYDELIG	155
		zinc oxide (desitin)	224	ZYFLO	70
		zinc sulfate	284	ZYKADIA	155
		ZIOPTAN	311	ZYPITAMAG	123
		ziprasidone hcl	160	ZYPREXA	163
		ziprasidone mesylate	160	ZYPREXA RELPREVV	163
		ZIPSOR	42	ZYPREXA ZYDIS	164
		ZIRGAN	303		
		ZITHROMAX	265		
		ZITHROMAX TRI-PAK	266		
		ZITHROMAX Z-PAK	266		
		ZOCOR	123		



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