

2025

Список препаратов, покрываемых программой Медицинской помощи (Medical Assistance) (фармацевтический справочник)

- Families and Children (Prepaid Medical Assistance Program (Программа медицинской помощи с предоплатной системой расчетов, PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (MSC +)
- 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, Mahnomen, 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, Mahnomen, 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 01.02.2024. 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 в любое время запросить печатную копию данного списка препаратов, покрываемых программой Медицинской помощи (Medical Assistance).

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). ТТУ: 612-676-6810 или 1-800-688-2534 (звонок бесплатный). Часы работы: с 08:00 до 17:00, с понедельника по пятницу. Эти звонки бесплатны. Подробную информацию см. на сайте ucare.org. UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

Дата принятия DHS 06.12.2024.



ОЗНАКОМЬТЕСЬ: В ДОКУМЕНТЕ СОДЕРЖИТСЯ ИНФОРМАЦИЯ О ЛЕКАРСТВАХ, КОТОРЫЕ МЫ ПОКРЫВАЕМ В РАМКАХ ЭТОГО ПЛАНА. 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 nyeem. 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.

ပတ်သည့်ပတ်သားဘဉ်တကွၢ်. ဖဲနမ့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်.ကိးဘဉ် လီတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တကွၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫຼ໌ໝາຍເລກຂ້າງເທິງນີ້.

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.

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ВАЖНАЯ ИНФОРМАЦИЯ

Что такое список покрываемых препаратов?

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

Вносятся ли изменения в список покрываемых препаратов?

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

Примеры некоторых возможных изменений:

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

Как лекарства перечислены в списке покрываемых страховкой препаратов?

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

Поиск по заболеванию

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

Поиск по алфавиту

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

Что такое список предпочтительных препаратов?

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.

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 2025 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 20 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP
ADDERALL XR 25 MG CAP ER 24H, 30 MG CAP ER 24H	2	PA, QL (2 EA PER DAY), NP
ADDERALL XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H	2	PA, QL (4 EA PER DAY), NP
ADZENYS ER	2	PA, QL (48 ML PER DAY), NP
ADZENYS XR-ODT -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP	2	PA, QL (1 EA PER DAY), NP
ADZENYS XR-ODT -ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP	2	PA, QL (2 EA PER DAY), NP
<i>amphet-dextroamphet 3-bead er</i>	1	PA, QL (1 EA PER 1 DAY), NP
AMPHETAMINE ER	1	PA, QL (48 ML PER DAY), NP
<i>amphetamine sulfate 10 mg tab</i>	1	PA, QL (6 EA PER DAY), NP
<i>amphetamine sulfate 5 mg tab</i>	1	PA, QL (4 EA PER DAY), NP
<i>amphetamine-dextroamphet er -20 mg cap 24h</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphet er -er 25 mg cap er, -er 30 mg cap er</i>	1	QL (2 EA PER DAY), P
<i>amphetamine-dextroamphet er -er 5 mg cap er, -er 10 mg cap er, -er 15 mg cap er</i>	1	QL (4 EA PER DAY), P
<i>amphetamine-dextroamphetamine -dextro20 mg tab</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphetamine -dextro30 mg tab</i>	1	QL (2 EA PER DAY), P
<i>amphetamine-dextroamphetamine -dextro5 mg tab, -dextro7.5 mg tab, -dextro10 mg tab, - dextro12.5 mg tab, -dextro15 mg tab</i>	1	QL (4 EA PER DAY), P
<i>dextroamphetamine sulfate 2.5 mg tab, 7.5 mg tab, 15 mg tab, 20 mg tab</i>	1	PA, QL (3 EA PER DAY), NP
<i>dextroamphetamine sulfate 30 mg tab</i>	1	PA, QL (2 EA PER DAY), NP
<i>dextroamphetamine sulfate 5 mg tab, 10 mg tab</i>	1	QL (3 EA PER DAY), P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	PA, QL (60 ML PER DAY), NP
<i>dextroamphetamine sulfate er</i>	1	QL (4 EA PER DAY), P
DYANAVEL XR 2.5 MG/ML SUSP	2	PA, QL (48 ML PER DAY), NP
EVEKEO 10 MG TAB	2	PA, QL (6 EA PER DAY), NP
EVEKEO 5 MG TAB	2	PA, QL (4 EA PER DAY), NP
EVEKEO ODT 10 MG TAB DISP	2	PA, QL (6 EA PER DAY), NP
EVEKEO ODT 20 MG TAB DISP	2	PA, QL (3 EA PER DAY), NP
EVEKEO ODT ODT 5 MG TAB DISP, ODT 15 MG TAB DISP	2	PA, QL (4 EA PER DAY), NP
<i>lisdexamfetamine dimesylate 10 mg cap, 20 mg cap, 30 mg cap</i>	1	QL (2 EA PER DAY), P
<i>lisdexamfetamine dimesylate 10 mg chew tab, 20 mg chew tab, 30 mg chew tab</i>	1	QL (2 EA PER DAY)
<i>lisdexamfetamine dimesylate 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap</i>	1	QL (1 EA PER DAY), P
<i>lisdexamfetamine dimesylate 40 mg chew tab, 50 mg chew tab, 60 mg chew tab</i>	1	QL (1 EA PER DAY)
MYDAYIS	2	PA, QL (1 EA PER DAY), NP
<i>procentra</i>	1	PA, QL (60 ML PER DAY), NP
VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP	1	QL (2 EA PER DAY), P
VYVANSE 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB	2	PA, QL (2 EA PER DAY), NP
VYVANSE 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	1	QL (1 EA PER DAY), P
VYVANSE 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	2	PA, QL (1 EA PER DAY), NP
XELSTRYM	2	PA, QL (1 EA PER DAY), NP
<i>zenzedi 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	1	PA, QL (3 EA PER DAY), NP
<i>zenzedi 30 mg tab</i>	1	PA, QL (2 EA PER DAY), NP
ANALEPTICS		
CAFFEINE-SODIUM BENZOATE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab</i>	1	QL (1 EA PER DAY)
ANTI-OBESITY AGENTS		
ORLISTAT 120 MG CAP	1	PA, QL (3 EA PER DAY), NP
SAXENDA	2	PA, QL (15 ML PER 30 DAYS), P
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	2	PA, QL (3 ML PER 28 DAYS), P
XENICAL	2	PA, QL (3 EA PER DAY), NP
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ, 2.5 MG/0.5ML SOLUTION	2	PA, QL (2 ML PER 28 DAYS; 2 FILLS PER 365 DAYS), NP
ZEPBOUND 5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLUTION, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), 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</i>	1	EDS, P
INTUNIV	2	PA, NP
QELBREE	2	PA, NP
STRATTERA	2	PA, NP
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	PA, QL (1 EA PER DAY)
STIMULANTS - MISC.		
APTENSIO XR	2	PA, QL (2 EA PER DAY), NP
<i>armodafinil</i>	1	QL (1 EA PER DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZSTARYS 26.1-5.2 MG CAP	2	PA, QL (1 EA PER DAY), NP
AZSTARYS 39.2-7.8 MG CAP	2	PA, QL (2 EA PER DAY), NP
AZSTARYS 52.3-10.4 MG CAP	2	PA, QL (3 EA PER DAY), NP
CONCERTA 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER	2	PA, QL (2 EA PER DAY), NP
CONCERTA CONCTA 54 MG TAB	2	PA, QL (1 EA PER DAY), NP
COTEMPLA XR-ODT	2	PA, QL (2 EA PER DAY), NP
DAYTRANA	2	PA, QL (1 EA PER DAY), NP
<i>dexmethylphenidate hcl</i>	1	QL (2 EA PER DAY), P
<i>dexmethylphenidate hcl er er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er</i>	1	QL (1 EA PER DAY), P
<i>dexmethylphenidate hcl er er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er</i>	1	QL (2 EA PER DAY), P
FOCALIN	2	PA, QL (2 EA PER DAY), NP
FOCALIN XR 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	2	PA, QL (1 EA PER DAY), NP
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H	2	PA, QL (2 EA PER DAY), NP
JORNAY PM	2	PA, QL (1 EA PER DAY), NP
METHYLIN 10 MG/5ML SOLUTION	1	QL (30 ML PER DAY), P
METHYLIN 5 MG/5ML SOLUTION	1	QL (60 ML PER DAY), P
<i>methylphenidate</i>	1	PA, QL (1 EA PER DAY), NP
<i>methylphenidate hcl 10 mg chew tab</i>	1	PA, QL (6 EA PER DAY), NP
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	QL (30 ML PER DAY), P
<i>methylphenidate hcl 2.5 mg chew tab, 5 mg chew tab</i>	1	PA, QL (4 EA PER DAY), NP
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	QL (3 EA PER DAY), P
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	QL (60 ML PER DAY), P
<i>methylphenidate hcl er (cd) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er</i>	1	PA, QL (2 EA PER DAY), NP
<i>methylphenidate hcl er (cd) er 40 mg cap er, er 50 mg cap er, er 60 mg cap er</i>	1	PA, QL (1 EA PER DAY), NP
<i>methylphenidate hcl er (la) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er</i>	1	PA, QL (2 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl er (la) er 40 mg cap er, er 60 mg cap er</i>	1	PA, QL (1 EA PER DAY), NP
<i>methylphenidate hcl er (osm) 54 mg tab</i>	1	QL (1 EA PER DAY), P
<i>methylphenidate hcl er (osm) er 18 mg tab er, er 27 mg tab er, er 36 mg tab er</i>	1	QL (2 EA PER DAY), P
<i>methylphenidate hcl er (osm) methylphenidate hcl er (osm) 45 mg tab er, methylphenidate hcl er (osm) 63 mg tab er, methylphenidate hcl er (osm) 72 mg tab er</i>	1	PA, QL (1 EA PER 1 DAY), NP
<i>methylphenidate hcl er (xr)</i>	1	PA, QL (2 EA PER DAY), NP
<i>methylphenidate hcl er 10 mg tab</i>	1	QL (4 EA PER DAY), P
<i>methylphenidate hcl er 20 mg tab</i>	1	QL (3 EA PER DAY), P
METHYLPHENIDATE HCL ER METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, METHYLPHENIDATE HCL ER 18 MG TAB ER, METHYLPHENIDATE HCL ER 27 MG TAB ER, METHYLPHENIDATE HCL ER 27 MG TAB ER 24H, METHYLPHENIDATE HCL ER 36 MG TAB ER 24H, METHYLPHENIDATE HCL ER 36 MG TAB ER	1	QL (2 EA PER DAY), P
METHYLPHENIDATE HCL ER METHYLPHENIDATE HCL ER 54 MG TAB ER, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	QL (1 EA PER DAY), P
<i>modafinil 100 mg tab, 200 mg tab</i>	1	QL (2 EA PER DAY)
QUILLICHEW ER 40 MG CH	2	PA, QL (1 EA PER DAY), NP
QUILLICHEW ER ER 20 MG, ER 30 MG	2	PA, QL (2 EA PER DAY), NP
QUILLIVANT XR	2	PA, QL (12 ML PER DAY), NP
RELEXXII	2	PA, QL (1 EA PER 1 DAY), NP
RITALIN	2	PA, QL (3 EA PER DAY), NP
RITALIN LA 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H	1	QL (2 EA PER DAY), P
RITALIN LA 40 MG CAP ER 24H	1	QL (1 EA PER DAY), P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - C'S

ACTIVATED CHARCOAL	2	OTC
CRANBERRY SUPPLEMENT	2	OTC
<i>cranberry supplement</i>	1	OTC, EDS

ALTERNATIVE MEDICINE - G'S

<i>cvs glucosamine</i>	1	OTC
<i>glucosamine hcl 1500 mg tab</i>	1	OTC
<i>glucosamine sulfate glucosamine sulfate, glucosamine sulfate</i>	2	OTC
<i>sm glucosamine hcl</i>	1	OTC

ALTERNATIVE MEDICINE - M'S

MELATONIN	2	OTC
<i>melatonin</i>	1	OTC, EDS
<i>melatonin / pyridoxine</i>	1	OTC

ALTERNATIVE MEDICINE COMBINATIONS

<i>glucosamine / chondroitin</i>	1	OTC
MELATONIN / PYRIDOXINE	2	OTC

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>amikacin sulfate 1 gm/4ml, 500 mg/2ml</i>	1	
ARIKAYCE	2	PA, LA
BETHKIS	1	QL (8 ML PER DAY), SP, P
<i>gentamicin sulfate 10 mg/ml, 40 mg/ml</i>	1	
KITABIS PAK	1	QL (10 ML PER DAY), SP, P
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paromomycin sulfate 250 mg cap</i>	1	
TOBI	2	PA, QL (10 ML PER DAY), SP, NP
TOBI PODHALER	2	PA, QL (8 EA PER DAY), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (8 ML PER DAY), SP, NP
<i>tobramycin 300 mg/5ml nebu soln</i>	1	QL (10 ML PER DAY), SP, P
<i>tobramycin sulfate 1.2 gm/30ml, 80 mg/2ml</i>	1	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ABRILADA (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ABRILADA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ABRILADA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN) -80 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 180 DAYS), SP, NP
ADALIMUMAB-AATY (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADAZ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBAM (2 PEN) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADBAM (2 PEN) -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBAM (2 SYRINGE) - 10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBAM (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADBAM(CD/UC/HS STRT) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADBAM(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBAM(PS/UV STARTER) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADALIMUMAB-ADBM(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-FKJP (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-FKJP (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-RYVK (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-RYVK (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
AMJEVITA 10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 20 MG/0.4ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
AMJEVITA 40 MG/0.8ML SOLN -INJ	2	PA, QL (1.6 ML PER 28 DAYS), SP, NP
CYLTEZO	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CYLTEZO (2 PEN)	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
CYLTEZO (2 SYRINGE)	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
CYLTEZO-CD/UC/HS STARTER -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
CYLTEZO-CD/UC/HS STARTER -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CYLTEZO-PSORIASIS STARTER	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CYLTEZO-PSORIASIS/UV STARTER	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
HADLIMA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HADLIMA PUSH TOUCH	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HULIO	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HULIO (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HULIO (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HUMIRA	2	PA, QL (2 EA PER 28 DAYS), SP, P
HUMIRA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, P
HUMIRA (2 SYRINGE) RINGE) 40 MG/0.8ML PREF KT	2	PA, QL (2 UNITS PER 28 DAYS), SP, P
HUMIRA-CD/UC/HS STARTER -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (6 EA PER 180 DAYS), SP, P
HUMIRA-CD/UC/HS STARTER -80 MG/0.8ML AUT-IJ KIT	2	PA, QL (3 EA PER 180 DAYS), SP, P
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL (2 EA PER 180 DAYS), SP, P
HUMIRA-PED>/=40KG CROHNS START	2	PA, QL (3 EA PER 180 DAYS), SP, P
HUMIRA-PED>/=40KG UC STARTER	2	PA, QL (4 EA PER 180 DAYS), SP, P
HUMIRA-PS/UV/ADOL HS STARTER	2	PA, QL (4 EA PER 180 DAYS), SP, P
HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, QL (3 EA PER 180 DAYS), SP, P
HYRIMOZ 10 MG/0.1 ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN A-INJ, 40 MG/0.8ML SOLN PRSYR	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HYRIMOZ 80 MG/0.8ML SOLN A-INJ	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HYRIMOZ-CROHNS/UC STARTER	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HYRIMOZ-CROHNS/UC STARTER PACK	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HYRIMOZ-PED CROHNS STARTER - 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	2	PA, QL (2 EA PER 180 DAYS), SP, NP
HYRIMOZ-PED CROHNS STARTER - 80 MG/0.8ML SOLN PRSYR	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HYRIMOZ-PLAQ PSOR/UVEIT START	2	PA, QL (3 EA PER 180 DAYS), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYRIMOZ-PLAQUE PSORIASIS START	2	PA, QL (3 EA PER 180 DAYS), SP, NP
IDACIO 40 MG/0.8ML PEF SY KT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
IDACIO FOR CROHNS DISEASE/UC	2	PA, QL (6 EA PER 180 DAYS), SP, NP
IDACIO FOR PLAQUE PSORIASIS	2	PA, QL (4 EA PER 180 DAYS), SP, NP
SIMLANDI (1 PEN)	2	PA, QL (4 EA PER 28 DAYS), SP, NP
SIMLANDI (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SIMLANDI (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SIMPONI 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, NP
SIMPONI 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP
SIMPONI ARIA	2	PA, SP, NP
YUFLYMA (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 180 DAYS), SP, NP
YUFLYMA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA 2-SYRINGE KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA-CD/UC/HS STARTER	2	PA, QL (3 EA PER 180 DAYS), SP, NP
YUSIMRY	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT	2	PA, QL (30 EA PER 30 DAYS), SP, NP
RINVOQ	2	PA, QL (1 EA PER DAY), SP, NP
RINVOQ LQ	2	PA, QL (30 ML PER 1 DAY), SP, NP
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (10 ML PER DAY), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XELJANZ 5 MG TAB, 10 MG TAB	2	PA, QL (2 EA PER DAY), SP, P
XELJANZ XR	2	PA, QL (1 EA PER DAY), SP, NP
INTERLEUKIN-1 BLOCKERS		
ARCALYST	2	PA, LA, QL (4 EA PER 28 DAYS), NP
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET	2	PA, QL (18.76 ML PER 28 DAYS), SP, NP
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	2	PA, LA, NP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
ACTEMRA 80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION	2	PA, SP, NP
ACTEMRA ACTPEN	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
KEVZARA	2	PA, QL (2.28 ML PER 28 DAYS), SP, NP
TOFIDENCE	2	PA, QL (40 ML PER 28 DAYS), NP
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
TYENNE 80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION	2	PA, QL (40 ML PER 28 DAYS), NP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC	2	PA, NP
<i>cataflam</i>	1	EDS
CELEBREX	2	PA, NP
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	1	EDS, P
DAYPRO	2	PA, NP
<i>diclofenac potassium 50 mg tab</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac sodium 25 mg tab dr, 50 mg tab dr, 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
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	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 25 mg cap, 50 mg cap</i>	1	EDS, P
KETOPROFEN 25 MG CAP	1	P
KETOPROFEN 50 MG CAP, 75 MG CAP	2	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 50 MG CAP, 100 MG CAP	2	PA, NP
<i>mefenamic acid 250 mg cap</i>	1	PA, NP
<i>meloxicam 5 mg cap, 10 mg cap</i>	1	PA, NP
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	EDS, P
MOBIC	2	PA, NP
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	EDS, P
NALFON	2	PA, NP
NAPRELAN	2	PA, NP
<i>naproxen (aleve)</i>	1	PA, OTC, EDS, NP
<i>naproxen 125 mg/5ml suspension</i>	1	EDS
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	EDS, P
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen dr</i>	1	P
NAPROXEN SODIUM	1	OTC, EDS, P
NAPROXEN SODIUM ER	2	PA, NP
<i>naproxen-esomeprazole mg</i>	1	PA, QL (68 UNITS PER 30 DAYS), NP
<i>oxaprozin</i>	1	PA, EDS, NP
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	EDS
<i>relafen</i>	1	EDS, P
RELAFEN DS	2	PA, NP
<i>sulindac 150 mg tab, 200 mg tab</i>	1	EDS, P
ZIPSOR	2	PA, NP
ZORVOLEX	2	PA, NP

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA 10 & 20 & 30 MG TAB THPK	2	PA, QL (55 EA PER 180 DAYS), SP, P
OTEZLA 30 MG TAB	2	PA, QL (2 EA PER DAY), SP, P
OTEZLA 4 X 10 & 51 X20 MG TAB THPK, 20 MG TAB	2	PA, QL (2 EA PER 1 DAY), SP, P

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide 10 mg tab, 20 mg tab</i>	1	EDS
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SELECTIVE COSTIMULATION MODULATORS

ORENCIA 125 MG/ML SOLN PRSYR	2	PA, QL (4 ML PER 28 DAYS), SP, NP
ORENCIA 250 MG RECON SOLN	2	PA, SP, NP
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	PA, QL (1.6 ML PER 28 DAY), SP, NP
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	PA, QL (2.8 ML PER 28 DAY), SP, NP
ORENCIA CLICKJECT	2	PA, QL (4 ML PER 28 DAYS), SP, NP

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL 25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	2	PA, QL (4 ML PER 28 DAYS), SP, P
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL 25 MG/0.5ML SOLUTION	2	PA, QL (2 ML PER 28 DAYS), SP, P
ENBREL MINI	2	PA, QL (4 ML PER 28 DAYS), SP, P
ENBREL SURECLICK	2	PA, QL (4 ML PER 28 DAYS), 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 --50-325-40 mg cap, -- 50-325-40 mg tab</i>	1	
<i>butalbital-aspirin-caffeine --50-325-40 mg cap</i>	1	
BUTALBITAL-ASPIRIN-CAFFEINE -- 50-325-40 MG TAB	2	
<i>esgic 50-325-40 mg cap</i>	1	
<i>zebutal</i>	1	

ANALGESICS OTHER

<i>acetaminophen (tylenol)</i>	1	OTC, EDS
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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 500 mg tab</i>	1	EDS
<i>salsalate 500 mg tab, 750 mg tab</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CONZIP	2	PA, NP
DURAGESIC-100	2	PA, QL (0.34 EA PER DAY), NP
DURAGESIC-12	2	PA, QL (0.34 EA PER DAY), NP
DURAGESIC-25	2	PA, QL (0.34 EA PER DAY), NP
DURAGESIC-50	2	PA, QL (0.34 EA PER DAY), NP
DURAGESIC-75	2	PA, QL (0.34 EA PER DAY), NP
<i>fentanyl 12 mcg/hr patch, 37.5 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch</i>	1	PA, QL (0.34 EA PER DAY), NP
<i>fentanyl 25 mcg/hr patch, 50 mcg/hr patch</i>	1	PA, QL (0.34 EA PER DAY), P
FENTANYL CITRATE 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	2	PA, QL (4 EA PER 1 DAY)
<i>fentanyl citrate 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	1	PA, QL (4 EA PER DAY)
HYDROCODONE BITARTRATE ER 50 MG CAP 12H	2	PA, QL (2 EA PER DAY), NP
HYDROCODONE BITARTRATE ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H	2	PA, QL (4 EA PER DAY), NP
<i>hydrocodone bitartrate er er 10 mg cap er 12h, er 15 mg cap er 12h, er 20 mg tb24 deter</i>	1	PA, QL (4 EA PER DAY), NP
<i>hydrocodone bitartrate er er 30 mg cap er 12h, er 30 mg tb24 deter, er 40 mg cap er 12h, er 40 mg tb24 deter</i>	1	PA, QL (3 EA PER DAY), NP
HYDROCODONE BITARTRATE ER ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H	2	PA, QL (3 EA PER DAY), NP
<i>hydrocodone bitartrate er er 50 mg cap er 12h, er 60 mg tb24 deter</i>	1	PA, QL (2 EA PER DAY), NP
<i>hydrocodone bitartrate er er 80 mg, er 100 mg, er 120 mg</i>	1	PA, QL (1 EA PER DAY), NP
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL (8 ML PER DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl 2 mg tab</i>	1	QL (6 EA PER DAY)
<i>hydromorphone hcl 4 mg tab</i>	1	QL (5 EA PER DAY)
<i>hydromorphone hcl 8 mg tab</i>	1	QL (2 EA PER DAY)
<i>hydromorphone hcl er</i>	1	PA, QL (1 EA PER DAY), NP
HYDROMORPHONE HCL POWDER	2	
HYSINGLA ER 20 MG TB24 DET	2	PA, QL (4 EA PER DAY), NP
HYSINGLA ER 60 MG TB24 DET	2	PA, QL (2 EA PER DAY), NP
HYSINGLA ER ER 30 MG TB24 DETER, ER 40 MG TB24 DETER	2	PA, QL (3 EA PER DAY), NP
HYSINGLA ER ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER	2	PA, QL (1 EA PER DAY), NP
KADIAN 200 MG CAP ER 24H	2	PA, QL (1 EA PER DAY), NP
<i>methadone hcl 10 mg tab</i>	1	PA, QL (2 EA PER DAY), NP
<i>methadone hcl 10 mg/5ml solution, 10 mg/ml conc</i>	1	QL (10 ML PER DAY)
<i>methadone hcl 5 mg tab</i>	1	PA, QL (4 EA PER DAY), NP
<i>methadone hcl 5 mg/5ml solution</i>	1	QL (20 ML PER DAY)
<i>methadone hcl intensol</i>	1	QL (10 ML PER DAY)
<i>morphine sulfate (concentrate)</i>	1	QL (4.5 ML PER 1 DAY)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL (4.5 ML PER DAY)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL (30 ML PER DAY)
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL (30 ML PER DAY)
MORPHINE SULFATE 15 MG TAB	1	QL (6 EA PER DAY)
<i>morphine sulfate 15 mg tab</i>	1	QL (6 EA PER DAY)
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL (22.5 ML PER DAY)
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	QL (22.5 ML PER DAY)
MORPHINE SULFATE 30 MG TAB	1	QL (3 EA PER DAY)
<i>morphine sulfate 30 mg tab</i>	1	QL (3 EA PER DAY)
<i>morphine sulfate er 15 mg tab</i>	1	PA, QL (4 EA PER DAY), P
MORPHINE SULFATE ER 30 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate er 30 mg cap 24h</i>	1	PA, QL (3 EA PER DAY), NP
<i>morphine sulfate er 30 mg tab</i>	1	PA, QL (3 EA PER DAY), P
MORPHINE SULFATE ER 40 MG CAP 24H	2	PA, QL (2 EA PER DAY), NP
MORPHINE SULFATE ER BEADS 30 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP
MORPHINE SULFATE ER BEADS 45 MG CAP 24H	2	PA, QL (2 EA PER DAY), NP
MORPHINE SULFATE ER BEADS ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H	2	PA, QL (1 EA PER DAY), NP
MORPHINE SULFATE ER ER 10 MG CAP ER 24H, ER 20 MG CAP ER 24H	2	PA, QL (4 EA PER DAY), NP
<i>morphine sulfate er er 10 mg cap er, er 20 mg cap er</i>	1	PA, QL (4 EA PER DAY), NP
MORPHINE SULFATE ER ER 50 MG CAP ER 24H, ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H, ER 100 MG CAP ER 24H	2	PA, QL (1 EA PER DAY), NP
<i>morphine sulfate er er 50 mg cap er, er 60 mg cap er, er 80 mg cap er, er 100 mg cap er</i>	1	PA, QL (1 EA PER DAY), NP
<i>morphine sulfate er er 60 mg tab er, er 100 mg tab er, er 200 mg tab er</i>	1	PA, QL (1 EA PER DAY), P
MS CONTIN 15 MG TAB ER	2	PA, QL (4 EA PER DAY), NP
MS CONTIN 30 MG TAB ER	2	PA, QL (3 EA PER DAY), NP
MS CONTIN 60 MG TAB ER, 100 MG TAB ER, 200 MG TAB ER	2	PA, QL (1 EA PER DAY), NP
NUCYNTA ER ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	2	PA, QL (1 EA PER DAY), NP
NUCYNTA ER ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H	2	PA, QL (2 EA PER DAY), NP
<i>oxycodone hcl 10 mg tab</i>	1	QL (6 EA PER DAY)
<i>oxycodone hcl 100 mg/5ml conc</i>	1	QL (3 ML PER DAY)
<i>oxycodone hcl 15 mg tab</i>	1	QL (4 EA PER DAY)
<i>oxycodone hcl 20 mg tab</i>	1	QL (3 EA PER DAY)
<i>oxycodone hcl 30 mg tab</i>	1	QL (2 EA PER DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl 5 mg cap, 5 mg tab</i>	1	QL (12 EA PER DAY)
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (40 ML PER DAY)
OXYCODONE HCL ER 30 MG TB12 DET	1	PA, QL (2 EA PER DAY), NP
OXYCODONE HCL ER ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER	1	PA, QL (3 EA PER DAY), NP
OXYCODONE HCL ER ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER	1	PA, QL (2 EA PER DAY), NP
OXYCODONE HCL POWDER	2	
OXYCONTIN 10 MG TB12 DETER, 20 MG TB12 DETER	2	PA, QL (3 EA PER 1 DAY), NP
OXYCONTIN 15 MG TB12 DETER	2	PA, QL (3 EA PER DAY), NP
OXYCONTIN 30 MG TB12 DETER	2	PA, QL (2 EA PER DAY), NP
OXYCONTIN 40 MG TB12 DETER	2	PA, QL (2 EA PER 1 DAY), NP
OXYCONTIN 60 MG TB12 DETER, 80 MG TB12 DETER	2	PA, QL (2 EA PER DAY), NP
<i>tramadol hcl (er biphasic)</i>	1	PA, NP
<i>tramadol hcl 50 mg tab</i>	1	QL (8 EA PER DAY)
TRAMADOL HCL ER TRAMADOL HCL ER 100 MG TAB ER 24H, TRAMADOL HCL ER 200 MG TAB ER 24H, TRAMADOL HCL ER 100 MG CAP ER 24H, TRAMADOL HCL ER 200 MG CAP ER 24H, TRAMADOL HCL ER 300 MG CAP ER 24H, TRAMADOL HCL ER 300 MG TAB ER 24H	1	PA, NP
XTAMPZA ER ER 27 MG CP12 DETER, ER 36 MG CP12 DETER	2	PA, QL (2 EA PER DAY), NP
XTAMPZA ER ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER	2	PA, QL (3 EA PER DAY), NP
ZOHYDRO ER 50 MG CAP 12H	2	PA, QL (2 EA PER DAY), NP
ZOHYDRO ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H	2	PA, QL (4 EA PER DAY), NP
ZOHYDRO ER ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H	2	PA, QL (3 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE -120-12 MG/5ML SOLUTION	1	QL (150 ML PER 1 DAY)
<i>acetaminophen-codeine -300-15 mg tab, -300-30 mg tab</i>	1	QL (12 EA PER DAY)
<i>acetaminophen-codeine -300-60 mg tab</i>	1	QL (6 EA PER DAY)
<i>acetaminophen-codeine acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution</i>	1	QL (150 ML PER DAY)
<i>ascomp-codeine</i>	1	QL (6 EA PER DAY)
<i>butalbital-apap-caff-cod ---50-325-40-30 mg cap</i>	1	QL (6 EA PER DAY)
<i>butalbital-asa-caff-codeine</i>	1	QL (6 EA PER DAY)
<i>endocet 10-325 mg tab</i>	1	QL (6 EA PER DAY)
<i>endocet 2.5-325 mg tab, 5-325 mg tab</i>	1	QL (12 EA PER DAY)
<i>endocet 7.5-325 mg tab</i>	1	QL (8 EA PER DAY)
<i>hydrocodone-acetaminophen -10-300 mg tab, -10-325 mg tab</i>	1	QL (9 EA PER DAY)
<i>hydrocodone-acetaminophen -10-325 mg/15ml solution</i>	1	QL (9 ML PER DAY)
<i>hydrocodone-acetaminophen -2.5-108 mg/5ml, -5-217 mg/10ml, -7.5-325 mg/15ml</i>	1	QL (120 ML PER DAY)
<i>hydrocodone-acetaminophen -5-300 mg tab, -5-325 mg tab, -7.5-300 mg tab, -7.5-325 mg tab</i>	1	QL (12 EA PER DAY)
<i>oxycodone-acetaminophen -10-325 mg tab</i>	1	QL (6 EA PER DAY)
<i>oxycodone-acetaminophen -2.5-325 mg tab, -5-325 mg tab</i>	1	QL (12 EA PER DAY)
<i>oxycodone-acetaminophen -7.5-325 mg tab</i>	1	QL (8 EA PER DAY)
<i>tramadol-acetaminophen</i>	1	QL (8 EA PER DAY)
OPIOID PARTIAL AGONISTS		
BELBUCA	1	PA, QL (2 EA PER DAY), P
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	PA, LA, QL (1.28 ML PER 28 DAYS), NP
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	PA, LA, QL (1.92 ML PER 28 DAYS), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	PA, LA, QL (2.56 ML PER 28 DAYS), NP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	PA, LA, QL (0.64 ML PER 28 DAYS), NP
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	PA, LA, QL (0.36 ML PER 28 DAYS), NP
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	PA, LA, QL (0.18 ML PER 28 DAYS), NP
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	PA, LA, QL (0.27 ML PER 28 DAYS), NP
<i>buprenorphine 5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk</i>	1	PA, QL (0.15 EA PER DAY), NP
<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	1	PA, QL (3 EA PER DAY), NP
<i>buprenorphine hcl-naloxone hcl -12-3 mg film</i>	1	PA, QL (2 EA PER DAY), NP
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg film</i>	1	PA, QL (12 EA PER DAY), NP
<i>buprenorphine hcl-naloxone hcl -2-0.5 mg sl tab</i>	1	QL (12 EA PER DAY), P
<i>buprenorphine hcl-naloxone hcl -4-1 mg film</i>	1	PA, QL (6 EA PER DAY), NP
<i>buprenorphine hcl-naloxone hcl -8-2 mg film</i>	1	PA, QL (3 EA PER DAY), NP
<i>buprenorphine hcl-naloxone hcl -8-2 mg sl tab</i>	1	QL (3 EA PER DAY), P
<i>nalbuphine hcl 10 mg/ml, 20 mg/ml</i>	1	QL (2 EA PER DAY)
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (1 EA PER FILL), NP
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	2	PA, LA, QL (1.5 ML PER FILL), NP
SUBOXONE 12-3 MG FILM	1	QL (2 EA PER DAY), P
SUBOXONE 2-0.5 MG FILM	1	QL (12 EA PER DAY), P
SUBOXONE 4-1 MG FILM	1	QL (6 EA PER DAY), P
SUBOXONE 8-2 MG FILM	1	QL (3 EA PER DAY), P
ZUBSOLV 0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB	2	PA, QL (12 EA PER DAY), NP
ZUBSOLV 2.9-0.71 MG SL TAB	2	PA, QL (4 EA PER DAY), NP
ZUBSOLV 5.7-1.4 MG SL TAB	2	PA, QL (3 EA PER DAY), NP
ZUBSOLV 8.6-2.1 MG SL TAB, 11.4-2.9 MG SL TAB	2	PA, QL (2 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol 50 mg cap, 100 mg cap, 200 mg cap</i>	1	
<i>depo-testosterone</i>	1	
TESTIM	1	PA, QL (10 GM PER DAY), P
<i>testosterone 1.62 % gel, 20.25 mg/act (1.62%) gel</i>	1	PA, QL (5 GM PER DAY), P
<i>testosterone 10 mg/act (2%) gel</i>	1	PA, QL (4 GM PER DAY), NP
TESTOSTERONE 10 MG/ACT (2%) GEL	1	PA, QL (4 GM PER 1 DAY), NP
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	PA, QL (1.25 GM PER DAY), NP
<i>testosterone 25 mg/2.5gm (1%) gel</i>	1	PA, QL (2.5 GM PER DAY), NP
<i>testosterone 30 mg/act solution</i>	1	PA, QL (6 ML PER DAY), NP
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	1	PA, QL (5 GM PER DAY), NP
<i>testosterone 50 mg/5gm (1%) gel</i>	1	PA, QL (10 GM PER DAY), NP
TESTOSTERONE 50 MG/5GM (1%) GEL	2	PA, QL (10 GM PER DAY), NP
<i>testosterone cypionate 100 mg/ml, 200 mg/ml</i>	1	
TESTOSTERONE TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	PA, QL (10 GM PER 1 DAY), NP
VOGELXO	2	PA, QL (10 GM PER DAY), NP
VOGELXO PUMP	2	PA, QL (10 GM PER 1 DAY), NP

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>budesonide 2 mg, 2 mg/act</i>	1	PA, NP
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	PA, NP

RECTAL COMBINATIONS

<i>hemorrhoidal cream</i>	1	OTC
<i>hemorrhoidal ointment</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hemorrhoidal suppository</i>	1	OTC
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	OTC
PROCTOFOAM HC	2	
RECTAL LOCAL ANESTHETICS		
<i>pramoxine (procto-foam)</i>	1	OTC
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 25 mg suppos, 30 mg suppos</i>	1	
<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		
<i>sodium bicarbonate</i>	1	OTC, EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (tums)</i>	1	OTC, EDS
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide</i>	1	OTC, EDS
MAGNESIUM OXIDE (ANTACID)	2	OTC
<i>magnesium oxide (antacid)</i>	1	OTC, EDS
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole 200 mg tab</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 600 mg tab</i>	1	
<i>reeses pinworm medicine</i>	1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	
<i>bacitracin 50000 unit recon soln</i>	1	
<i>metronidazole 250 mg tab, 500 mg tab, 500 mg/100ml solution</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	
<i>trimethoprim 100 mg tab</i>	1	
XIFAXAN 200 MG TAB	2	QL (3 EA PER DAY)
XIFAXAN 550 MG TAB	2	PA, QL (2 EA PER DAY)
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multivitamins / minerals</i>	2	OTC, EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamethoxazole-trimethoprim</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone 750 mg/5ml suspension</i>	1	
LAMPIT	2	
CARBAPENEMS		
<i>ertapenem sodium</i>	1	
<i>meropenem</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin</i>	1	
GLYCOPEPTIDES		
VANCOCIN	2	PA, QL (4 EA PER 1 DAY), NP
<i>vancomycin hcl 1 gm soln, 5 gm soln, 10 gm soln, 500 mg soln, 750 mg soln</i>	1	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	QL (4 EA PER 1 DAY), P
LEPROSTATICS		
<i>dapsone 25 mg tab, 100 mg tab</i>	1	EDS
LINCOSAMIDES		
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	1	
MONOBACTAMS		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	PA, LA, NP
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp, 600 mg tab</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate 500000 unit recon soln</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomicin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal 50 mg cap, 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 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	1	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>minitran</i>	1	EDS
NITRO-BID	2	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	1	EDS
<i>nitroglycerin 0.4 mg/spray solution</i>	1	
<i>nitrolingual</i>	1	
ANTIANSXIETY AGENTS		
ANTIANSXIETY AGENTS - MISC.		
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	1	EDS
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYDROXYZINE PAMOATE 100 MG CAP	2	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	EDS
BENZODIAZEPINES		
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam 2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 5 mg/ml solution, 10 mg tab, 10 mg/2ml solution</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 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 100 mg/ml solution</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 150 mg cap, 200 mg cap, 250 mg cap</i>	1	EDS
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dofetilide</i>	1	EDS
<i>pacerone</i>	1	EDS

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR	2	PA, SP, NP
FASENRA 10 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 ML PER 56 DAYS), NP
FASENRA 30 MG/ML SOLN PRSYR	2	PA, LA, QL (1 ML PER 56 DAYS), NP
FASENRA PEN	2	PA, LA, QL (1 ML PER 56 DAYS), NP
NUCALA	2	PA, QL (1 EA PER 28 DAYS), SP, NP
TEZSPIRE	2	PA, QL (1.91 ML PER 28 DAYS), SP, NP
XOLAIR 150 MG RECON SOLN	2	PA, QL (2 EA PER 28 DAYS), SP, P
XOLAIR 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, P
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	2	PA, QL (4 ML PER 28 DAYS), SP, P
XOLAIR 75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, P

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA	2	P
INCRUSE ELLIPTA	2	PA, NP
<i>ipratropium bromide 0.02 % solution</i>	1	EDS, P
SPIRIVA HANDIHALER	1	P
SPIRIVA RESPIMAT	2	P
<i>tiotropium bromide monohydrate</i>	1	PA, EDS, NP
TUDORZA PRESSAIR	2	P
YUPELRI	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEUKOTRIENE MODULATORS		
ACCOLATE	2	PA, NP
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab, 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	PA, QL (0.21 GM PER DAY), NP
ARNUIITY ELLIPTA	2	QL (1 EA PER DAY), P
ASMANEX HFA	2	QL (0.44 GM PER DAY), P
ASMANEX INHALATION POWDER	2	QL (0.04 EA PER DAY), P
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i>	1	EDS, P
<i>budesonide 1 mg/2ml suspension</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
FLUTICASONE PROPIONATE DISKUS	1	PA, QL (2 EA PER DAY), NP
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL (12 GM PER FILL), P
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL (24 GM PER FILL), P
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL (10.6 GM PER FILL), P
PULMICORT	2	PA, NP
PULMICORT FLEXHALER	2	QL (0.04 EA PER DAY), P
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL (0.36 GM PER DAY), P
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL (0.71 GM PER DAY), P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMPATHOMIMETICS		
ADVAIR DISKUS	1	QL (2 EA PER DAY), P
ADVAIR HFA	1	QL (0.4 GM PER DAY), P
AIRDUO RESPICLICK 113/14	2	PA, QL (1 EA PER 1 FILL), NP
AIRDUO RESPICLICK 232/14	2	PA, QL (1 EA PER 1 FILL), NP
AIRDUO RESPICLICK 55/14	2	PA, QL (1 EA PER 1 FILL), NP
AIRSUPRA	2	PA, QL (0.72 GM PER DAY), NP
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	P
<i>albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln</i>	1	EDS, P
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PA, EDS, NP
ALBUTEROL SULFATE ER	2	PA, NP
ALBUTEROL SULFATE HFA	1	PA, QL (1.2 GM PER DAY), NP
<i>albuterol sulfate hfa</i>	1	PA, QL (0.57 GM PER DAY), EDS, NP
ANORO ELLIPTA	2	QL (2 EA PER 1 DAY), P
<i>arformoterol tartrate</i>	1	PA, EDS, NP
BEVESPI AEROSPHERE	2	PA, QL (0.36 GM PER DAY), NP
BREO ELLIPTA	2	PA, QL (2 EA PER DAY), NP
<i>brey-na</i>	1	PA, QL (0.69 GM PER DAY), EDS, NP
BREZTRI AEROSPHERE	2	PA, QL (0.36 GM PER DAY), NP
BROVANA	2	PA, NP
<i>budesonide-formoterol fumarate</i>	1	PA, QL (0.69 GM PER DAY), EDS, NP
COMBIVENT RESPIMAT	2	QL (0.14 GM PER DAY), P
DUAKLIR PRESSAIR	2	PA, QL (0.04 EA PER DAY), NP
DULERA	2	QL (0.87 GM PER DAY), P
FLUTICASONE FUROATE- VILANTEROL	1	PA, QL (2 EA PER DAY), NP
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	1	PA, QL (2 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLUTICASONE-SALMETEROL -45-21 MCG/ACT AEROSOL, -115-21 MCG/ACT AEROSOL, -230-21 MCG/ACT AEROSOL	1	PA, QL (12 GM PER 30 DAYS), NP
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	1	PA, QL (1 EA PER 1 FILL), NP
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA, EDS, NP
<i>ipratropium-albuterol</i>	1	QL (18 ML PER DAY), EDS, P
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	1	PA, EDS, NP
LEVALBUTEROL TARTRATE	1	PA, QL (1 GM PER DAY), NP
PERFOROMIST	2	PA, NP
PROAIR DIGIHALER	2	PA, QL (2 EA PER FILL), NP
PROAIR RESPICLICK	2	PA, QL (2 EA PER FILL), NP
SEREVENT DISKUS	2	QL (2 EA PER DAY), P
STIOLTO RESPIMAT	2	QL (0.14 GM PER DAY), P
STRIVERDI RESPIMAT	2	PA, QL (0.14 GM PER DAY), NP
SYMBICORT	1	QL (0.69 GM PER DAY), P
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	EDS
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	PA, QL (2 EA PER DAY), NP
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	PA, QL (2 EA PER 1 DAY), NP
VENTOLIN HFA	1	QL (1.2 GM PER DAY), P
<i>wixela inhub</i>	1	QL (2 EA PER DAY), EDS
XOPENEX HFA	1	QL (1 GM PER DAY), P
XANTHINES		
<i>theophylline 80 mg/15ml solution</i>	1	EDS
<i>theophylline er er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN	2	PA, NP
<i>jantoven</i>	1	EDS, P
<i>warfarin sodium 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	EDS, P
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
SAVAYSA	2	PA, NP
XARELTO 1 MG/ML RECON SUSP	2	PA, NP
XARELTO 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	2	P
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
<i>fondaparinux sodium</i>	1	PA, NP
FRAGMIN 10000 UNIT/4ML SOLUTION, 95000 UNIT/3.8ML SOLUTION	2	P
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR	2	PA, NP
<i>heparin (porcine) in nacl in 1000-0.9 ut/500ml-% solution</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
<i>heparin na (pork) lock flsh pf 10 unit/ml, 100 unit/ml</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sod (pork) lock flush</i>	1	
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf heparin sodium (porcine) pf 5000 unit/0.5ml solution, heparin sodium (porcine) pf 5000 unit/ml solution, heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
LOVENOX	2	PA, NP
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	1	PA, NP
PRADAXA 20 MG PACKET, 30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET, 150 MG PACKET	2	PA, NP
PRADAXA 75 MG CAP, 110 MG CAP, 150 MG CAP	1	P
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA	2	PA, NP
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam</i>	1	P
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp</i>	1	
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	1	QL (2 EA PER FILL), P
LIBERVANT	2	PA, QL (10 EA PER 30 DAYS), NP
NAYZILAM	2	QL (2 EA PER 1 FILL), P
ONFI	2	PA, NP
SYMPAZAN	2	PA, NP
VALTOCO 10 MG DOSE	2	QL (2 EA PER 1 FILL), P
VALTOCO 15 MG DOSE	2	QL (2 EA PER 1 FILL), P
VALTOCO 20 MG DOSE	2	QL (2 EA PER 1 FILL), P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALTOCO 5 MG DOSE	2	QL (2 EA PER 1 FILL), P
ANTICONVULSANTS - MISC.		
APTIOM	2	PA, NP
BANZEL	2	PA, NP
BRIVIACT 10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	2	PA, NP
<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension</i>	1	EDS, P
CARBAMAZEPINE 200 MG CHEW TAB	1	P
<i>carbamazepine er er 100 mg cap er, er 200 mg cap er, er 300 mg cap er</i>	1	PA, EDS, NP
<i>carbamazepine er er 100 mg tab er, er 200 mg tab er, er 400 mg tab er</i>	1	EDS, P
DIACOMIT	2	PA, LA, NP
EPIDIOLEX	2	PA, SP, NP
<i>epitol</i>	1	EDS, P
EPRONTIA	2	PA, NP
FINTEPLA	2	PA, LA, NP
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap</i>	1	QL (9 EA PER DAY), P
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	1	QL (72 ML PER DAY), P
<i>gabapentin 600 mg tab</i>	1	QL (6 EA PER DAY), P
<i>gabapentin 800 mg tab</i>	1	QL (4.5 EA PER DAY), P
KEPPRA 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	2	PA, NP
KEPPRA XR	2	PA, NP
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	1	
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	P
LAMICTAL	2	PA, NP
LAMICTAL ODT	2	PA, NP
LAMICTAL STARTER	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAMICTAL XR	2	PA, NP
<i>lamotrigine 21 25 mg 7 50 mg, 25 50 100 mg, 42 50 mg 14100 mg</i>	1	PA, NP
<i>lamotrigine 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp</i>	1	PA, EDS, NP
<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	EDS, P
<i>lamotrigine er</i>	1	EDS, P
<i>lamotrigine starter kit-blue</i>	1	PA, NP
<i>lamotrigine starter kit-green</i>	1	PA, NP
<i>lamotrigine starter kit-orange</i>	1	PA, NP
<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	1	EDS, P
<i>levetiracetam er</i>	1	EDS, P
LYRICA 20 MG/ML SOLUTION	2	PA, QL (30 ML PER DAY), NP
LYRICA 225 MG CAP, 300 MG CAP	2	PA, QL (2 EA PER DAY), NP
LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	2	PA, QL (3 EA PER DAY), NP
MOTPOLY XR	2	PA, NP
MYSOLINE	2	PA, NP
NEURONTIN 100 MG CAP, 300 MG CAP, 400 MG CAP	2	PA, QL (9 EA PER DAY), NP
NEURONTIN 250 MG/5ML SOLUTION	2	PA, QL (72 ML PER DAY), NP
NEURONTIN 600 MG TAB	2	PA, QL (6 EA PER DAY), NP
NEURONTIN 800 MG TAB	2	PA, QL (4.5 EA PER DAY), NP
<i>oxcarbazepine</i>	1	EDS, P
OXTELLAR XR	2	PA, NP
<i>pregabalin 20 mg/ml solution</i>	1	PA, QL (30 ML PER DAY), NP
<i>pregabalin 225 mg cap, 300 mg cap</i>	1	QL (2 EA PER DAY), P
<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap</i>	1	QL (3 EA PER DAY), P
PRIMIDONE 125 MG TAB	2	P
<i>primidone 50 mg tab, 250 mg tab</i>	1	EDS, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUDEXY XR	1	P
<i>roweepra</i>	1	EDS, P
<i>roweepra xr</i>	1	EDS, P
<i>rufinamide</i>	1	PA, EDS, NP
SPRITAM	2	PA, NP
<i>subvenite</i>	1	EDS, P
<i>subvenite starter kit-blue</i>	1	PA, NP
<i>subvenite starter kit-green</i>	1	PA, NP
<i>subvenite starter kit-orange</i>	1	PA, NP
TEGRETOL	2	PA, NP
TEGRETOL-XR	2	PA, NP
TOPAMAX	2	PA, NP
TOPAMAX SPRINKLE	2	PA, NP
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	EDS, P
<i>topiramate er er 25 mg cap er, er 50 mg cap er, er 100 mg cap er, er 200 mg cap er</i>	1	PA, NP
<i>topiramate er er 25 mg, er 50 mg, er 100 mg, er 150 mg, er 200 mg</i>	1	PA, NP
TRILEPTAL	2	PA, NP
TROKENDI XR	2	PA, NP
VIMPAT 10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	2	PA, NP
ZONISADE	2	PA, NP
<i>zonisamide 25 mg cap, 50 mg cap, 100 mg cap</i>	1	EDS, P
ZTALMY	2	PA, LA, NP
CARBAMATES		
<i>felbamate</i>	1	EDS, P
FELBATOL 400 MG TAB, 600 MG TAB	2	PA, NP
XCOPRI (250 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), NP
XCOPRI (350 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK, 50 MG TAB, 100 MG TAB	2	PA, QL (1 EA PER DAY), NP
XCOPRI 150 MG TAB, 200 MG TAB	2	PA, QL (2 EA PER DAY), NP
XCOPRI 25 MG TAB	2	PA, QL (1 EA PER 1 DAY), NP
GABA MODULATORS		
SABRIL	2	PA, LA, NP
<i>tiagabine hcl</i>	1	PA, EDS, NP
<i>vigabatrin</i>	1	PA, LA, NP
<i>vigadrone</i>	1	PA, LA, NP
<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 50 mg chew tab, 100 mg/4ml suspension, 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 250 mg cap, 250 mg/5ml solution</i>	1	EDS, P
<i>methsuximide</i>	1	PA, NP
ZARONTIN	2	PA, NP
VALPROIC ACID		
DEPAKOTE	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPAKOTE ER	2	PA, NP
DEPAKOTE SPRINKLES	2	PA, NP
<i>divalproex sodium 125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr</i>	1	EDS, P
<i>divalproex sodium er</i>	1	EDS, P
<i>valproic acid 250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution</i>	1	EDS, P

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine 7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp</i>	1	EDS, P
REMERON	2	PA, NP
REMERON SOLTAB	2	PA, NP

ANTIDEPRESSANT COMBINATIONS

AUVELITY	2	PA, NP
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ANTIDEPRESSANTS - MISC.

APLENZIN	2	PA, QL (1 EA PER DAY), NP
<i>bupropion hcl 75 mg tab, 100 mg tab</i>	1	QL (3 EA PER DAY), EDS, P
<i>bupropion hcl er (smoking det)</i>	\$0	QL (2 EA PER DAY), EDS
<i>bupropion hcl er (sr)</i>	1	QL (2 EA PER DAY), EDS, P
BUPROPION HCL ER (XL) 450 MG TAB 24H	1	PA, QL (1 EA PER DAY), NP
<i>bupropion hcl er (xl) er 150 mg tab er, er 300 mg tab er</i>	1	QL (1 EA PER DAY), EDS, P
FORFIVO XL	2	PA, QL (1 EA PER DAY), NP
WELLBUTRIN SR	2	PA, QL (2 EA PER DAY), NP
WELLBUTRIN XL	2	PA, QL (1 EA PER DAY), NP

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE	2	PA, LA, QL (28 EA PER 30 DAYS)
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MONOAMINE OXIDASE INHIBITORS (MAOIS)

NARDIL	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHENELZINE SULFATE 15 MG TAB	1	
<i>phenelzine sulfate 15 mg tab</i>	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	2	PA, SP
SPRAVATO (84 MG DOSE)	2	PA, SP
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	2	PA, NP
<i>citalopram hydrobromide 10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab</i>	1	EDS, P
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	PA, NP
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	EDS, P
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PA, EDS, NP
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap</i>	1	EDS, P
<i>fluoxetine hcl 10 mg tab</i>	1	PA, QL (30 UNITS PER 30 DAYS), EDS, NP
<i>fluoxetine hcl 20 mg tab, 60 mg tab</i>	1	PA, EDS, NP
FLUOXETINE HCL 60 MG TAB, 90 MG CAP DR	2	PA, NP
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 UNITS PER 30 DAYS), EDS, P
<i>fluvoxamine maleate 25 mg tab</i>	1	QL (30 UNITS PER 30 DAYS), EDS, P
<i>fluvoxamine maleate 50 mg tab</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
<i>fluvoxamine maleate er</i>	1	PA, QL (68 UNITS PER FILL), EDS, NP
LEXAPRO	2	PA, NP
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 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	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PAXIL CR	2	PA, NP
PEXEVA	2	PA, NP
PROZAC	2	PA, NP
SERTRALINE HCL 150 MG CAP, 200 MG CAP	2	PA, NP
<i>sertraline hcl 20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
ZOLOFT	2	PA, NP
SEROTONIN MODULATORS		
NEFAZODONE HCL	1	P
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	1	EDS, P
TRINTELLIX	2	PA, QL (1 EA PER DAY), 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 20 mg dr, 30 mg dr, 60 mg dr</i>	1	EDS, P
<i>duloxetine hcl 40 mg cp dr part</i>	1	PA, EDS, NP
EFFEXOR XR 150 MG CAP ER 24H	2	PA, QL (60 UNITS PER 30 DAYS), NP
EFFEXOR XR 37.5 MG CAP ER 24H	2	PA, QL (30 UNITS PER 30 DAYS), NP
EFFEXOR XR 75 MG CAP ER 24H	2	PA, NP
FETZIMA	2	PA, NP
FETZIMA TITRATION	2	PA, NP
PRISTIQ	2	PA, NP
<i>venlafaxine hcl</i>	1	EDS, P
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	1	EDS, P
<i>venlafaxine hcl er er 37.5 mg tab er, er 75 mg tab er, er 150 mg tab er, er 225 mg tab er</i>	1	PA, EDS, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRICYCLIC AGENTS		
<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	1	EDS
<i>amoxapine</i>	1	EDS
<i>clomipramine hcl 25 mg cap, 50 mg cap, 75 mg cap</i>	1	EDS
<i>desipramine hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	1	EDS
<i>doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	1	EDS
<i>imipramine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
<i>imipramine pamoate</i>	1	EDS
<i>nortriptyline hcl 10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap</i>	1	EDS
<i>protriptyline hcl</i>	1	EDS

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
<i>miglitol</i>	1	PA, EDS, NP
MIGLITOL	2	PA, NP
PRECOSE	2	PA, NP

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 120	2	PA, P
SYMLINPEN 60	2	PA, P

ANTIDIABETIC COMBINATIONS

ALOGLIPTIN-METFORMIN HCL	1	PA, QL (2 EA PER DAY), NP
ALOGLIPTIN-PIOGLITAZONE	1	PA, QL (1 EA PER DAY), NP
DAPAGLIFLOZIN PRO-METFORMIN ER -10-1000 MG TAB 24H	1	PA, QL (1 EA PER DAY), NP
DAPAGLIFLOZIN PRO-METFORMIN ER -5-1000 MG TAB 24H	1	PA, QL (2 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUETACT	2	PA, NP
<i>glipizide-metformin hcl</i>	1	EDS
<i>glyburide-metformin</i>	1	EDS
GLYXAMBI	2	PA, QL (1 EA PER DAY), NP
INVOKAMET	2	PA, QL (2 EA PER DAY), NP
INVOKAMET XR	2	PA, QL (2 EA PER DAY), NP
JANUMET	2	PA, QL (2 EA PER DAY), P
JANUMET XR 100-1000 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), P
JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), P
JENTADUETO	2	PA, QL (2 EA PER DAY), P
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), P
JENTADUETO XR 5-1000 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), P
<i>pioglitazone hcl-glimepiride</i>	1	PA, EDS, NP
<i>pioglitazone hcl-metformin hcl</i>	1	PA, EDS, NP
QTERN	2	PA, QL (1 EA PER DAY), NP
<i>saxagliptin-metformin er</i>	1	PA, QL (2 EA PER DAY), NP
SEGLUROMET	2	PA, QL (2 EA PER DAY), NP
SOLIQUA	2	PA, QL (0.6 ML PER DAY), NP
STEGLUJAN	2	PA, QL (1 EA PER DAY), NP
SYNJARDY	2	PA, QL (2 EA PER DAY), NP
SYNJARDY XR 10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), NP
SYNJARDY XR 5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), NP
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), NP
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), NP
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), NP
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XULTOPHY	2	PA, QL (0.5 ML PER DAY), NP
ZITUVIMET	1	PA, NP
BIGUANIDES		
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	EDS
<i>metformin hcl er</i>	1	EDS
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL (2 EA PER 1 FILL), P
BAQSIMI TWO PACK	2	QL (2 EA PER 1 FILL), P
<i>diazoxide 50 mg/ml suspension</i>	1	
GLUCAGEN HYPOKIT	2	QL (2 EA PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	1	QL (2 EA PER FILL), P
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	PA, QL (2 EA PER FILL), NP
<i>glucose (dextrose)</i>	2	OTC
GVOKE HYPOPEN 1-PACK	2	PA, QL (2 EA PER FILL), NP
GVOKE HYPOPEN 2-PACK	2	PA, QL (2 EA PER FILL), NP
GVOKE KIT	2	PA, QL (2 EA PER FILL), NP
GVOKE PFS	2	PA, QL (2 EA PER FILL), NP
ZEGALOGUE	2	PA, QL (2 EA PER FILL), NP
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	1	PA, QL (1 EA PER DAY), NP
JANUVIA	2	PA, QL (1 EA PER DAY), P
<i>saxagliptin hcl</i>	1	PA, QL (1 EA PER DAY), NP
SITAGLIPTIN	1	PA, NP
TRADJENTA	2	PA, QL (1 EA PER DAY), P
ZITUVIO	2	PA, NP
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	2	PA, QL (3.4 ML PER 28 DAYS), P
BYETTA 10 MCG PEN	2	PA, QL (2.4 ML PER 28 DAYS), P
BYETTA 5 MCG PEN	2	PA, QL (1.2 ML PER 28 DAYS), P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIRAGLUTIDE	1	PA, QL (0.3 ML PER DAY), NP
MOUNJARO	2	PA, QL (2 ML PER 28 DAYS), NP
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/1.5ML SOLN PEN	2	PA, QL (1.5 ML PER 28 DAYS), P
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	2	PA, QL (3 ML PER 28 DAYS), P
OZEMPIC (1 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), P
OZEMPIC (2 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), P
RYBELSUS	2	PA, QL (1 EA PER DAY), NP
TRULICITY	2	PA, QL (2 ML PER 28 DAYS), NP
VICTOZA	1	PA, QL (0.3 ML PER DAY), P
INSULIN		
ADMELOG	2	PA, NP
ADMELOG SOLOSTAR	2	PA, NP
AFREZZA	2	PA, NP
APIDRA	2	PA, NP
APIDRA SOLOSTAR	2	PA, NP
BASAGLAR KWIKPEN	2	PA, NP
BASAGLAR TEMPO PEN	2	PA, NP
FIASP	2	PA, NP
FIASP FLEXTOUCH	2	PA, NP
FIASP PENFILL	2	PA, NP
FIASP PUMPCART	2	PA, NP
HUMALOG 100 UNIT/ML SOLN CART	2	P
HUMALOG 100 UNIT/ML SOLUTION	2	PA, NP
HUMALOG JUNIOR KWIKPEN	2	P
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	2	P
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	2	PA, NP
HUMALOG MIX 50/50	2	P
HUMALOG MIX 50/50 KWIKPEN	2	P
HUMALOG MIX 75/25	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 75/25 KWIKPEN	2	P
HUMALOG TEMPO PEN	2	PA, NP
HUMULIN 70/30	2	OTC, P
HUMULIN 70/30 KWIKPEN	2	OTC, P
HUMULIN N	2	OTC, P
HUMULIN N KWIKPEN	2	PA, OTC, NP
HUMULIN R	2	OTC, P
HUMULIN R U-500 (CONCENTRATED)	2	P
HUMULIN R U-500 KWIKPEN	2	P
INSULIN ASP PROT & ASP FLEXPEN	2	P
INSULIN ASPART	2	P
INSULIN ASPART FLEXPEN	2	P
INSULIN ASPART PENFILL	2	P
INSULIN ASPART PROT & ASPART	2	P
INSULIN DEGLUDEC	2	PA, NP
INSULIN DEGLUDEC FLEXTOUCH	2	PA, NP
INSULIN GLARGINE MAX SOLOSTAR	2	PA, NP
INSULIN GLARGINE-YFGN	2	PA, NP
INSULIN LISPRO	2	P
INSULIN LISPRO (1 UNIT DIAL)	2	P
INSULIN LISPRO JUNIOR KWIKPEN	2	P
INSULIN LISPRO PROT & LISPRO	2	PA, NP
LANTUS	2	P
LANTUS SOLOSTAR	2	P
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLIN N	2	OTC, P
NOVOLIN N FLEXPEN	2	PA, OTC, NP
NOVOLIN N FLEXPEN RELION	2	PA, OTC, NP
NOVOLIN N RELION	2	OTC, P
NOVOLIN R	2	OTC, P
NOVOLIN R FLEXPEN	2	PA, OTC, NP
NOVOLIN R FLEXPEN RELION	2	PA, OTC, NP
NOVOLIN R RELION	2	OTC, P
NOVOLOG	2	P
NOVOLOG 70/30 FLEXPEN RELION	2	P
NOVOLOG FLEXPEN	2	P
NOVOLOG FLEXPEN RELION	2	P
NOVOLOG MIX 70/30	2	P
NOVOLOG MIX 70/30 FLEXPEN	2	P
NOVOLOG MIX 70/30 RELION	2	P
NOVOLOG PENFILL	2	P
NOVOLOG RELION	2	P
REZVOGLAR KWIKPEN	2	PA, NP
SEMGLEE (YFGN)	2	PA, NP
SEMGLEE 100 UNIT/ML SOLUTION	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	PA, QL (1 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FARXIGA	1	QL (1 EA PER DAY), P
INVOKANA	2	QL (1 EA PER DAY), P
JARDIANCE	2	QL (1 EA PER DAY), P
STEGLATRO	2	PA, QL (1 EA PER DAY), NP

SULFONYLUREAS

<i>glimepiride 1 mg tab, 2 mg tab, 4 mg tab</i>	1	EDS
<i>glipizide 5 mg tab, 10 mg tab</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide xl</i>	1	EDS
<i>glyburide 1.25 mg tab, 2.5 mg tab, 5 mg tab</i>	1	EDS

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate</i>	1	OTC
BISMUTH SUBSALICYLATE	2	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
<i>loperamide</i>	1	OTC, EDS
<i>opium</i>	1	QL (2.4 ML PER DAY)

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET	2	
<i>deferasirox 90 mg packet, 180 mg packet, 360 mg packet</i>	1	LA, SP
<i>deferasirox 90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol</i>	1	SP
<i>deferasirox granules</i>	1	LA, SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>activated charcoal</i>	1	OTC
VISTOGARD	2	LA
OPIOID ANTAGONISTS		
KLOXXADO	2	P
NALMEFENE HCL	2	
NALOXONE HCL 0.4 MG/ML SOLN CART	2	QL (2 EA PER 1 FILL), P
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	PA, OTC, NP
NALOXONE HCL NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 4 MG/10ML SOLUTION	1	P
<i>naltrexone hcl 50 mg tab</i>	1	EDS
NARCAN	2	OTC, P
OPVEE	2	PA, NP
ZIMHI	2	PA, NP
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET 50 MG TAB	2	PA, NP
<i>granisetron hcl 1 mg tab</i>	1	PA, QL (14 EA PER FILL), NP
<i>granisetron hcl 1 mg/ml, 4 mg/4ml</i>	1	
<i>ondansetron hcl 4 mg tab, 4 mg/5ml solution, 8 mg tab</i>	1	P
<i>ondansetron hcl 4 mg/2ml, 40 mg/20ml</i>	1	
<i>ondansetron ondansetron 4 mg tab disp, ondansetron 8 mg tab disp, ondansetron 16 mg tab disp</i>	1	P
SANCUSO	2	PA, QL (1 UNIT PER FILL), NP
ZOFRAN	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 300 mg cap</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	PA, NP
BONJESTA	2	PA, NP
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 PER FILL)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>micafungin sodium</i>	1	
ANTIFUNGALS		
AMPHOTERICIN B 50 MG RECON SOLN	2	
ANCOBON	2	PA, NP
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	PA, NP
<i>griseofulvin microsize 125 mg/5ml suspension, 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 74.5 MG CAP, 186 MG CAP	2	PA, NP
DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP	2	PA, NP
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	P
<i>fluconazole in sodium chloride in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%</i>	1	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	1	PA, NP
<i>ketoconazole 200 mg tab</i>	1	PA, NP
NOXAFIL 40 MG/ML SUSPENSION, 100 MG TAB DR	2	PA, NP
<i>posaconazole 40 mg/ml suspension, 100 mg tab dr</i>	1	PA, NP
SPORANOX	2	PA, NP
SPORANOX PULSEPAK	2	PA, NP
TOLSURA	2	PA, NP
VIVJOA	2	PA, NP
<i>voriconazole 40 mg/ml recon susp</i>	1	PA, NP
<i>voriconazole 50 mg tab, 200 mg recon soln, 200 mg tab</i>	1	

ANTI-HISTAMINES

ANTI-HISTAMINES - ALKYLAMINES

<i>chlorpheniramine</i>	1	OTC
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ANTI-HISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate 4 mg tab</i>	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	2	
<i>clemastine fumarate</i>	1	OTC
CLEMASTINE FUMARATE	1	
<i>diphenhydramine (benadryl)</i>	1	OTC
<i>diphenhydramine (sleep)</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diphenhydramine</i>	1	OTC
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine (zyrtec)</i>	1	OTC, EDS, P
<i>cetirizine chew tab (zyrtec)</i>	1	PA, OTC, EDS, NP
CLARINEX	2	PA, NP
DES Loratadine 2.5 MG TAB DISP, 5 MG TAB DISP	2	PA, NP
<i>desloratadine 5 mg tab</i>	1	PA, EDS, NP
<i>fexofenadine (allegra)</i>	1	OTC
<i>levocetirizine (xyzal)</i>	1	OTC, EDS, P
<i>loratadine (claritin)</i>	1	OTC, EDS, P
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution</i>	1	
<i>promethegan 12.5 mg suppos, 25 mg suppos</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl 2 mg/5ml syrup, 4 mg tab</i>	1	EDS
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA, NP
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	2	PA, LA, NP
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	PA, EDS, NP
NEXLIZET	2	PA, NP
VYTORIN	2	PA, NP
ANTIHYPERLIPIDEMICS - 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 4 gm packet, 4 gm/dose powder</i>	1	EDS, P
<i>cholestyramine light</i>	1	EDS, P
<i>colesevelam hcl</i>	1	PA, EDS, NP
COLESTID 1 GM TAB	2	PA, NP
<i>colestipol hcl</i>	1	EDS, P
<i>prevalite</i>	1	EDS, P
QUESTRAN	2	PA, NP
QUESTRAN LIGHT	2	PA, NP
WELCHOL	2	PA, NP
FIBRIC ACID DERIVATIVES		
ANTARA	2	PA, NP
<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	1	EDS, P
FENOFIBRATE FENOFIBRATE 120 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 150 MG CAP, FENOFIBRATE 40 MG TAB	1	PA, NP
FENOFIBRATE MICRONIZED 30 MG CAP, 90 MG CAP	1	PA, NP
<i>fenofibrate micronized 43 mg cap, 130 mg cap</i>	1	PA, EDS, NP
<i>fenofibrate micronized 67 mg cap, 134 mg cap, 200 mg cap</i>	1	EDS, P
FENOFIBRIC ACID 35 MG TAB, 105 MG TAB	1	PA, NP
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	1	PA, EDS, NP
FENOGLIDE	2	PA, NP
FIBRICOR	1	PA, NP
<i>gemfibrozil 600 mg tab</i>	1	EDS, P
LIPOFEN	2	PA, NP
LOPID	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRICOR	2	PA, NP
TRILIPIX	2	PA, NP
HMG COA REDUCTASE INHIBITORS		
ALTOPREV	2	PA, NP
ATORVALIQ	2	PA, NP
<i>atorvastatin calcium 10 mg tab, 20 mg tab</i>	\$0	EDS, P
<i>atorvastatin calcium 40 mg tab, 80 mg tab</i>	1	EDS, P
CRESTOR	2	PA, NP
EZALLOR SPRINKLE	2	PA, NP
<i>fluvastatin sodium</i>	\$0	PA, NP
<i>fluvastatin sodium er</i>	\$0	PA, NP
LESCOL XL	2	PA, QL (34 UNITS PER FILL), NP
LIPITOR	2	PA, NP
LIVALO	2	PA, NP
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0	EDS, P
<i>pravastatin sodium</i>	\$0	EDS, P
<i>rosuvastatin calcium 20 mg tab, 40 mg tab</i>	1	EDS, P
<i>rosuvastatin calcium 5 mg tab, 10 mg tab</i>	\$0	EDS, P
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0	EDS, P
<i>simvastatin 80 mg tab</i>	1	EDS, P
ZOCOR	2	PA, NP
ZYPITAMAG 2 MG TAB, 4 MG TAB	2	PA, NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	2	PA, NP
PRALUENT	2	PA, QL (2 EA PER 28 DAYS), NP
REPATHA	2	PA, QL (2 EA PER 28 DAYS), NP
REPATHA PUSHTRONEX SYSTEM	2	PA, QL (3.5 ML PER 28 DAYS), NP
REPATHA SURECLICK	2	PA, QL (2 EA PER 28 DAYS), NP

ANTIHYPERTENSIVES

ACE INHIBITORS

ACCUPRIL	2	PA, NP
ALTACE	2	PA, NP
<i>benazepril hcl 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	1	EDS, P
<i>captopril 12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
<i>enalapril maleate 1 mg/ml solution</i>	1	PA, EDS, NP
<i>enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	1	EDS, P
EPANED	2	PA, NP
<i>fosinopril sodium</i>	1	EDS, P
<i>lisinopril 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	EDS, P
LOTENSIN	2	PA, NP
<i>moexipril hcl</i>	1	EDS, P
<i>perindopril erbumine</i>	1	EDS, P
PERINDOPRIL ERBUMINE 2 MG TAB	1	P
PERINDOPRIL ERBUMINE 8 MG TAB	2	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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VASOTEC	2	PA, NP
ZESTRIL	2	PA, NP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	2	PA, NP
AVAPRO	2	PA, NP
BENICAR	2	PA, NP
<i>candesartan cilexetil</i>	1	PA, EDS, NP
COZAAR	2	PA, NP
DIOVAN	2	PA, NP
EDARBI	2	PA, NP
EPROSARTAN MESYLATE	2	PA, NP
<i>irbesartan</i>	1	EDS, P
<i>losartan potassium 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
MICARDIS	2	PA, NP
<i>olmesartan medoxomil 5 mg tab, 20 mg tab, 40 mg tab</i>	1	EDS, P
<i>telmisartan</i>	1	PA, EDS, NP
VALSARTAN 4 MG/ML SOLUTION	1	P
<i>valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab</i>	1	EDS, P
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA	2	PA, NP
<i>clonidine</i>	1	EDS
<i>clonidine hcl 0.1 mg tab, 0.2 mg tab, 0.3 mg tab</i>	1	EDS
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab</i>	1	QL (30 UNITS PER 30 DAYS), EDS, P
<i>doxazosin mesylate 8 mg tab</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
<i>guanfacine hcl</i>	1	EDS
<i>methyldopa</i>	1	EDS
<i>prazosin hcl 1 mg cap, 2 mg cap, 5 mg cap</i>	1	EDS
<i>terazosin hcl 1 mg cap, 5 mg cap</i>	1	QL (30 UNITS PER 30 DAYS), EDS, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terazosin hcl 10 mg cap</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
<i>terazosin hcl 2 mg cap</i>	1	EDS, P
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	EDS, P
<i>amlodipine besylate-valsartan</i>	1	EDS, P
<i>amlodipine-olmesartan</i>	1	PA, EDS, NP
<i>amlodipine-valsartan-hctz</i>	1	P
ATACAND HCT	2	PA, NP
<i>atenolol-chlorthalidone</i>	1	PA, EDS, NP
AVALIDE	2	PA, NP
AZOR	2	PA, NP
<i>benazepril-hydrochlorothiazide</i>	1	EDS, P
BENICAR HCT	2	PA, NP
<i>bisoprolol-hydrochlorothiazide</i>	1	PA, EDS, NP
<i>candesartan cilexetil-hctz</i>	1	PA, EDS, NP
CAPTOPRIL- HYDROCHLOROTHIAZIDE	2	P
DIOVAN HCT	2	PA, NP
EDARBYCLOR	2	PA, NP
<i>enalapril-hydrochlorothiazide</i>	1	EDS, P
EXFORGE	2	PA, NP
EXFORGE HCT	2	PA, NP
<i>fosinopril sodium-hctz</i>	1	EDS, P
HYZAAR	2	PA, NP
<i>irbesartan-hydrochlorothiazide</i>	1	EDS, P
<i>lisinopril-hydrochlorothiazide</i>	1	EDS, P
<i>losartan potassium-hctz</i>	1	EDS, P
LOTENSIN HCT	2	PA, NP
LOTREL	2	PA, NP
<i>metoprolol-hydrochlorothiazide</i>	1	PA, NP
MICARDIS HCT	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olmesartan medoxomil-hctz</i>	1	EDS, P
<i>olmesartan-amlodipine-hctz</i>	1	PA, NP
PROPRANOLOL-HCTZ	1	P
<i>quinapril-hydrochlorothiazide</i>	1	EDS, P
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB	1	P
TEKTURNA HCT	2	P
<i>telmisartan-amlodipine</i>	1	PA, NP
TELMISARTAN-AMLODIPINE	2	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
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 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS
<i>hydralazine hcl 20 mg/ml solution</i>	1	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	EDS
COARTEM	2	
ANTIMALARIALS		
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	EDS
<i>mefloquine hcl</i>	1	
<i>pyrimethamine 25 mg tab</i>	1	PA, LA
<i>quinine sulfate 324 mg cap</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	2	PA, LA
NEOSTIGMINE METHYLSULFATE 3 MG/3ML SOLUTION, 5 MG/5ML SOLUTION	2	
<i>neostigmine methylsulfate 5 mg/10ml, 10 mg/10ml</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER	2	
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup, 100 mg tab, 300 mg tab</i>	1	
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide 500 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rifabutin</i>	1	
<i>rifampin 150 mg cap, 300 mg cap, 600 mg recon soln</i>	1	
SIRTURO	2	LA

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide 1 gm soln, 2 gm soln, 500 mg soln</i>	1	LA
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, 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</i>	1	QL (56 UNITS PER FILL), SP
<i>capecitabine 500 mg</i>	1	SP
<i>fluorouracil 2.5 gm/50ml, 5 gm/100ml</i>	1	
<i>mercaptopurine 50 mg tab</i>	1	EDS
<i>methotrexate sodium (pf) 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB	1	EDS
ONUREG	2	PA, QL (1 EA PER DAY), SP
TABLOID	2	SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	2	PA, QL (84 EA PER 28 DAYS), SP
FRUZAQLA 5 MG CAP	2	PA, QL (21 EA PER 28 DAYS), SP
INLYTA 1 MG TAB	2	PA, QL (8 EA PER 1 DAY), SF, SP
INLYTA 5 MG TAB	2	PA, QL (4 EA PER DAY), SF, SP
LENVIMA (10 MG DAILY DOSE)	2	PA, QL (1 EA PER DAY), SF, SP
LENVIMA (12 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
LENVIMA (14 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
LENVIMA (18 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
LENVIMA (20 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
LENVIMA (24 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
LENVIMA (4 MG DAILY DOSE)	2	PA, QL (1 EA PER DAY), SF, SP
LENVIMA (8 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA	2	PA, QL (4 EA PER DAY), SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA	2	PA, LA
VENCLEXTA STARTING PACK	2	PA, LA
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	1	PA, QL (1 EA PER DAY), SP
<i>erlotinib hcl 25 mg tab</i>	1	PA, QL (3 EA PER DAY), SP
<i>gefitinib</i>	1	PA, QL (1 EA PER DAY), SP
GILOTRIF	2	PA, LA, QL (1 EA PER DAY)
LAZCLUZE 240 MG TAB	2	PA, QL (1 EA PER DAY), SP
LAZCLUZE 80 MG TAB	2	PA, QL (2 EA PER DAY), SP
TAGRISSE	2	PA, QL (1 EA PER DAY), SF, SP
VIZIMPRO	2	PA, QL (1 EA PER 1 DAY), SF, SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	2	PA, QL (1 EA PER 1 DAY), SF, SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAURISMO 25 MG TAB	2	PA, QL (2 EA PER 1 DAY), SF, SP
ERIVEDGE	2	PA, QL (1 EA PER DAY), SF, SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	PA, QL (4 EA PER DAY), SP
<i>abiraterone acetate 500 mg tab</i>	1	PA, QL (2 EA PER DAY), SP
AKEEGA	2	PA, QL (1 EA PER 1 DAY), SF, SP
<i>anastrozole 1 mg tab</i>	\$0	EDS
<i>bicalutamide</i>	1	EDS
EMCYT	2	SP
ERLEADA 240 MG TAB	2	PA, QL (1 EA PER DAY), SP
ERLEADA 60 MG TAB	2	PA, QL (4 EA PER DAY), SP
<i>exemestane</i>	\$0	EDS
<i>flutamide</i>	1	LA, EDS
<i>letrozole 2.5 mg tab</i>	1	EDS
LEUPROLIDE ACETATE (3 MONTH)	2	PA, SP
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	SP
<i>megestrol acetate 20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	1	EDS, P
<i>nilutamide</i>	1	SP
NUBEQA	2	PA, QL (4 EA PER DAY), SF, SP
ORGOVYX	2	PA, QL (1 EA PER DAY), SP
ORSERDU 345 MG TAB	2	PA, QL (1 EA PER DAY), SF, SP
ORSERDU 86 MG TAB	2	PA, QL (3 EA PER DAY), SF, SP
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	\$0	EDS
<i>toremifene citrate</i>	1	SP
XTANDI 40 MG CAP, 40 MG TAB	2	PA, QL (4 EA PER DAY), SF, SP
XTANDI 80 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	2	PA, QL (3 EA PER DAY), SF, SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	2	PA, LA, QL (1 EA PER DAY)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	2	PA, LA, QL (1 EA PER DAY)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (20 EA PER FILL)
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 20 TAB THPK	2	PA, LA, QL (16 EA PER FILL)
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (12 EA PER FILL)
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	2	PA, LA, QL (24 EA PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (16 EA PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	2	PA, LA, QL (32 EA PER FILL)
ANTINEOPLASTIC COMBINATIONS		
INQOVI	2	PA, LA, QL (1 EA PER DAY)
KISQALI FEMARA (200 MG DOSE)	2	PA, QL (3.25 EA PER DAY), SP
KISQALI FEMARA (400 MG DOSE)	2	PA, QL (3.25 EA PER DAY), SP
KISQALI FEMARA (600 MG DOSE)	2	PA, QL (3.25 EA PER DAY), SP
LONSURF	2	PA, LA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	2	PA, QL (8 EA PER DAY), SF, SP
ALUNBRIG 30 MG TAB	2	PA, QL (4 EA PER DAY), SP
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	2	PA, QL (1 EA PER DAY), SP
AUGTYRO 160 MG CAP	2	PA, QL (2 EA PER 1 DAY), SP
AUGTYRO 40 MG CAP	2	PA, QL (8 EA PER DAY), SP
BALVERSA 3 MG TAB	2	PA, QL (3 EA PER DAY), SF, SP
BALVERSA 4 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
BALVERSA 5 MG TAB	2	PA, QL (1 EA PER DAY), SF, SP
BOSULIF 100 MG CAP	2	PA, QL (4 EA PER DAY), SP
BOSULIF 100 MG TAB	2	PA, QL (4 EA PER 1 DAY), SF, SP
BOSULIF 400 MG TAB, 500 MG TAB	2	PA, QL (1 EA PER 1 DAY), SF, SP
BOSULIF 50 MG CAP	2	PA, QL (1 EA PER DAY), SP
BRAFTOVI	2	PA, QL (6 EA PER DAY), SP
BRUKINSA	2	PA, QL (4 EA PER DAY), SF, SP
CABOMETYX	2	PA, LA, QL (1 EA PER DAY)
CALQUENCE 100 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
CAPRELSA 100 MG TAB	2	PA, LA, QL (2 EA PER 1 DAY)
CAPRELSA 300 MG TAB	2	PA, LA, QL (1 EA PER 1 DAY)
COMETRIQ (100 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
COMETRIQ (140 MG DAILY DOSE)	2	PA, QL (4 EA PER DAY), SF, SP
COMETRIQ (60 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
COPIKTRA	2	PA, QL (2 EA PER DAY), SF, SP
COTELLIC	2	PA, QL (3 EA PER DAY), SP
<i>dasatinib 20 mg tab, 50 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	1	PA, QL (1 EA PER 1 DAY), SF, SP
<i>dasatinib 70 mg tab</i>	1	PA, QL (2 EA PER 1 DAY), SF, SP
<i>everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab</i>	1	PA, QL (1 EA PER DAY), SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FOTIVDA	2	PA, LA, QL (1 EA PER DAY)
GAVRETO	2	PA, LA, QL (4 EA PER 1 DAY)
IBRANCE	2	PA, QL (1 EA PER DAY), SP
ICLUSIG	2	PA, QL (1 EA PER DAY), SF, SP
IDHIFA	2	PA, LA, QL (1 EA PER DAY)
<i>imatinib mesylate</i>	1	PA, SP
IMBRUVICA 140 MG CAP	2	PA, LA, QL (4 EA PER 1 DAY)
IMBRUVICA 70 MG CAP, 140 MG TAB, 420 MG TAB	2	PA, LA, QL (1 EA PER DAY)
IMBRUVICA 70 MG/ML SUSPENSION	2	PA, LA, QL (6 ML PER DAY)
JAKAFI	2	PA, QL (2 EA PER DAY), SF, SP
JAYPIRCA	2	PA, QL (2 EA PER 1 DAY), SF, SP
KISQALI (200 MG DOSE)	2	PA, QL (2.25 EA PER DAY), SP
KISQALI (400 MG DOSE)	2	PA, QL (2.25 EA PER DAY), SP
KISQALI (600 MG DOSE)	2	PA, QL (2.25 EA PER DAY), SP
KOSELUGO 10 MG CAP	2	PA, QL (8 EA PER DAY), SP
KOSELUGO 25 MG CAP	2	PA, QL (4 EA PER DAY), SP
KRAZATI	2	PA, LA, QL (6 EA PER DAY)
<i>lapatinib ditosylate</i>	1	PA, SP
LORBRENA 100 MG TAB	2	PA, QL (1 EA PER 1 DAY), SF, SP
LORBRENA 25 MG TAB	2	PA, QL (3 EA PER 1 DAY), SF, SP
LUMAKRAS 120 MG TAB	2	PA, QL (8 EA PER DAY), SF, SP
LUMAKRAS 240 MG TAB	2	PA, QL (4 EA PER 1 DAY), SF, SP
LUMAKRAS 320 MG TAB	2	PA, QL (3 EA PER DAY), SF, SP
LYNPARZA	2	PA, QL (4 EA PER DAY), SF, SP
LYTGOBI (12 MG DAILY DOSE)	2	PA, LA, QL (5 EA PER DAY)
LYTGOBI (16 MG DAILY DOSE)	2	PA, LA, QL (5 EA PER DAY)
LYTGOBI (20 MG DAILY DOSE)	2	PA, LA, QL (5 EA PER DAY)
MEKINIST 0.05 MG/ML RECON SOLN	2	PA, QL (40 ML PER DAY), SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MEKINIST 0.5 MG TAB	2	PA, QL (3 EA PER DAY), SP
MEKINIST 2 MG TAB	2	PA, QL (1 EA PER DAY), SP
MEKTOVI	2	PA, QL (6 EA PER DAY), SP
NERLYNX	2	PA, QL (6 EA PER DAY), SF, SP
NINLARO	2	PA, SP
OGSIVEO 100 MG TAB, 150 MG TAB	2	PA, QL (2 EA PER DAY)
OGSIVEO 50 MG TAB	2	PA, QL (6 EA PER DAY)
OJEMDA 100 MG TAB	2	PA, QL (24 EA PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	2	PA, QL (96 ML PER 28 DAYS)
OJJAARA	2	PA, QL (1 EA PER DAY), SP
<i>pazopanib hcl</i>	1	PA, SF, SP
PEMAZYRE	2	PA, QL (1 EA PER DAY), SP
PIQRAY (200 MG DAILY DOSE)	2	PA, SP
PIQRAY (250 MG DAILY DOSE)	2	PA, SP
PIQRAY (300 MG DAILY DOSE)	2	PA, SP
QINLOCK	2	PA, LA, QL (3 EA PER DAY)
RETEVMO 40 MG CAP	2	PA, QL (3 EA PER DAY), SF, SP
RETEVMO 40 MG TAB	2	PA, QL (3 EA PER 1 DAY), SF, SP
RETEVMO 80 MG CAP	2	PA, QL (2 EA PER DAY), SF, SP
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	2	PA, QL (2 EA PER 1 DAY), SF, SP
REZLIDHIA	2	PA, QL (2 EA PER 1 DAY), SF, SP
ROZLYTREK 100 MG CAP, 200 MG CAP	2	PA, QL (3 EA PER DAY), SF, SP
ROZLYTREK 50 MG PACKET	2	PA, LA, QL (6 EA PER DAY), SP
RUBRACA	2	PA, QL (4 EA PER DAY), SF, SP
RYDAPT	2	PA, QL (2 EA PER DAY), SP
SCEMBLIX 100 MG TAB	2	PA, QL (120 EA PER FILL), SP
SCEMBLIX 20 MG TAB	2	PA, QL (4 EA PER DAY), SP
SCEMBLIX 40 MG TAB	2	PA, QL (2 EA PER DAY), SP
<i>sorafenib tosylate</i>	1	PA, SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STIVARGA	2	PA, QL (4 EA PER DAY), SP
<i>sunitinib malate</i>	1	PA, QL (1 EA PER DAY), SP
TABRECTA	2	PA, QL (4 EA PER DAY), SP
TAFINLAR 10 MG TAB SOL	2	PA, QL (30 ML PER DAY), SP
TAFINLAR 50 MG CAP, 75 MG CAP	2	PA, QL (4 EA PER DAY), SF, SP
TALZENNA	2	PA, QL (1 EA PER 1 DAY), SF, SP
TASIGNA	2	PA, QL (4 EA PER DAY), SF, SP
TAZVERIK	2	PA, LA, QL (8 EA PER DAY)
TEPMETKO	2	PA, QL (2 EA PER DAY), SF, SP
TIBSOVO	2	PA, LA, QL (2 EA PER DAY)
<i>torpenz</i>	1	PA, QL (1 EA PER DAY), SP
TRUQAP	2	PA, QL (64 EA PER 28 DAYS), SP
TURALIO 125 MG CAP	2	PA, LA, QL (4 EA PER DAY)
VANFLYTA	2	PA, QL (60 EA PER 30 DAYS), SP
VERZENIO	2	PA, QL (2 EA PER DAY), SF, SP
VITRAKVI 100 MG CAP	2	PA, LA, QL (2 EA PER DAY)
VITRAKVI 20 MG/ML SOLUTION	2	PA, LA, QL (10 ML PER DAY)
VITRAKVI 25 MG CAP	2	PA, LA, QL (6 EA PER DAY)
VONJO	2	PA, LA, QL (4 EA PER DAY)
XALKORI	2	PA, QL (2 EA PER 1 DAY), SF, SP
XOSPATA	2	PA, QL (3 EA PER 1 DAY), SF, SP
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	2	PA, QL (1 EA PER DAY), SP
ZELBORAF	2	PA, QL (8 EA PER DAY), SP
ZOLINZA	2	QL (4 EA PER DAY), SF, SP
ZYDELIG	2	PA, LA
ZYKADIA	2	PA, QL (3 EA PER DAY), SF, SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA, SP
<i>hydroxyurea 500 mg cap</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tretinoin 10 mg cap</i>	1	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	2	PA, QL (8 EA PER DAY)
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	1	
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 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>benztropine mesylate 1 mg/ml solution</i>	1	
<i>trihexyphenidyl hcl</i>	1	EDS
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	EDS
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	1	EDS, P
ONGENTYS	2	PA, QL (1 EA PER DAY), NP
TASMAR	2	PA, NP
<i>tolcapone</i>	1	PA, NP
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 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 -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	2	P
<i>carbidopa-levodopa er</i>	1	EDS, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa-levodopa-entacapone</i>	1	EDS, P
CARBIDOPA-LEVODOPA- ENTACAPONE --12.5-50-200 MG TAB	1	NP
CARBIDOPA-LEVODOPA- ENTACAPONE --18.75-75-200 MG TAB, --37.5-150-200 MG TAB	1	P
DHIVY	2	PA, NP
GOCOVRI	2	PA, LA, NP
INBRIJA	2	PA, LA, NP
KYNMOBI	2	PA, SP, NP
MIRAPEX ER	2	PA, NP
NEUPRO	2	PA, NP
<i>pramipexole dihydrochloride</i>	1	EDS, P
<i>pramipexole dihydrochloride er</i>	1	PA, NP
REQUIP XL	2	PA, NP
<i>ropinirole hcl</i>	1	EDS, P
<i>ropinirole hcl er</i>	1	PA, EDS, NP
RYTARY	2	PA, NP
SINEMET	2	PA, NP
STALEVO 100	2	PA, NP
STALEVO 125	2	PA, NP
STALEVO 150	1	PA, NP
STALEVO 200	2	PA, NP
STALEVO 50	1	PA, NP
STALEVO 75	2	PA, NP

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl 5 mg cap, 5 mg tab</i>	1	EDS
XADAGO	2	PA, NP

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium</i>	\$0	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap</i>	\$0	EDS
<i>lithium carbonate er</i>	\$0	EDS
ANTIPSYCHOTICS - MISC.		
CAPLYTA	\$0	PA, NP
EQUETRO	\$0	PA, NP
GEODON	\$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
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	\$0	PA, NP
RISPERDAL CONSTA	\$0	P
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab, 3 mg tab, 4 mg tab</i>	\$0	EDS, P
<i>risperidone microspheres er</i>	\$0	
<i>risperidone risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp</i>	\$0	P
RYKINDO	\$0	PA, NP
UZEDY	\$0	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BUTYROPHENONES		
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0	EDS
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</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
CLOZAPINE 12.5 MG TAB DISP	\$0	P
<i>clozapine 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp</i>	\$0	EDS, P
CLOZARIL	\$0	PA, NP
<i>loxapine succinate</i>	\$0	EDS
<i>olanzapine 10 mg recon soln</i>	\$0	P
<i>olanzapine 15 mg tab disp, 20 mg tab disp</i>	\$0	PA, QL (30 UNITS PER 30 DAYS), EDS, NP
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	\$0	EDS, P
<i>olanzapine 5 mg tab disp, 10 mg tab disp</i>	\$0	PA, QL (60 UNITS PER 30 DAYS), EDS, NP
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 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 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG RECON SOLN, 10 MG TAB, 15 MG TAB	\$0	PA, NP
ZYPREXA 20 MG TAB	\$0	PA, EDS, NP
ZYPREXA RELPREVV	\$0	PA, NP
ZYPREXA ZYDIS	\$0	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHENOTHIAZINES		
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	\$0	EDS
<i>chlorpromazine hcl 25 mg/ml, 50 mg/2ml</i>	\$0	
<i>compro</i>	\$0	
<i>fluphenazine decanoate 25 mg/ml solution</i>	\$0	EDS
<i>fluphenazine hcl 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0	EDS
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC	\$0	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	\$0	EDS
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution</i>	\$0	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	\$0	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0	EDS
<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 1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	\$0	EDS, P
<i>aripiprazole 10 mg tab disp, 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		
ANTISEPTICS & DISINFECTANTS		
<i>hydrogen peroxide</i>	1	OTC
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate</i>	1	OTC
HIBICLENS 4 % LIQUID	2	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</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
APRETUDE	\$0	
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BIKTARVY	2	
CABENUVA	2	
CIMDUO	2	
COMPLERA	2	
CRIXIVAN	2	
DELSTRIGO	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	PV
DIDANOSINE 250 MG CAP DR, 400 MG CAP DR	2	
DOVATO	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EDURANT	2	
EFAVIRENZ 50 MG CAP, 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 -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	1	
<i>emtricitabine-tenofovir df -200-300 mg</i>	\$0	
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1	
GENVOYA	2	
INTELENCE 25 MG TAB	2	
INVIRASE	2	
ISENTRESS 25 MG CHEW TAB, 100 MG CHEW TAB, 400 MG TAB	2	
ISENTRESS HD	2	
JULUCA	2	
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	2	
NORVIR 80 MG/ML SOLUTION, 100 MG PACKET	2	
ODEFSEY	2	
PIFELTRO	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZCOBIX	2	
PREZISTA	2	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY 20 MG/ML SOLUTION	2	
<i>stavudine</i>	1	
STRIBILD	2	
SUNLENCA	2	
SYMTUZA	2	
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
VIRACEPT	2	
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	2	SP
<i>zidovudine</i>	1	
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	QL (20 EA PER FILL)
PAXLOVID (300/100)	2	QL (30 EA PER FILL)
CMV AGENTS		
<i>foscarnet sodium</i>	1	
PREVYMIS 240 MG TAB	2	QL (1 TAB PER 1 DAY; 200 TABS PER 365 DAYS)
PREVYMIS 240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION	2	
PREVYMIS 480 MG TAB	2	QL (1 UNIT PER 1 DAY; 100 TABS PER 6 MONTHS)
<i>valganciclovir hcl</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	1	PA, SP, NP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP, P
BARACLUDE 0.5 MG TAB, 1 MG TAB	2	PA, QL (1 EA PER DAY), SP, NP
<i>entecavir</i>	1	QL (1 EA PER DAY), EDS, P
EPCLUSA 150-37.5 MG PACKET, 200-50 MG PACKET, 400-100 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
EPCLUSA 200-50 MG TAB	2	PA, QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP
EPIVIR HBV 100 MG TAB	1	SP, P
EPIVIR HBV 5 MG/ML SOLUTION	2	SP, P
HARVONI 33.75-150 MG PACKET	2	PA, QL (28 UNITS PER FILL; 56 UNITS PER 365 DAYS), SP, NP
HARVONI 45-200 MG PACKET, 45-200 MG TAB	2	PA, QL (56 UNITS PER FILL; 112 UNITS PER 365 DAYS), SP, NP
HARVONI 90-400 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
HEPSERA	1	SP, P
<i>lamivudine 100 mg tab</i>	1	EDS, SP, P
LEDIPASVIR-SOFOSBUVIR	1	PA, QL (84 EA PER 365 DAYS), QL (28 UNITS PER FILL; 56 UNITS PER 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER), SP, NP
MAVYRET 100-40 MG TAB	2	PA, QL (168 EA PER 365 DAYS), SP, P
MAVYRET 50-20 MG PACKET	2	QL (336 EA PER 365 DAYS), SP, P
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (0.08 ML PER DAY), SP, P
PEGASYS 180 MCG/ML SOLUTION	2	QL (0.15 ML PER DAY), SP, P
RIBAVIRIN 200 MG TAB	2	SP, P
<i>ribavirin ribavirin 200 mg cap, ribavirin 200 mg tab, ribavirin 200 mg cap</i>	1	SP, P
SOFOSBUVIR-VELPATASVIR	1	PA, QL (84 EA PER 365 DAYS), QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOVALDI 150 MG PACKET, 400 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
SOVALDI 200 MG PACKET, 200 MG TAB	2	PA, QL (168 EA PER 365 DAYS), SP, NP
VEMLIDY	2	PA, SP, NP
VOSEVI	2	PA, QL (84 EA PER 365 DAYS), SP, NP
ZEPATIER	2	PA, QL (84 EA PER 365 DAYS), SP, NP

HERPES AGENTS

<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 800 mg tab</i>	1	P
<i>acyclovir 400 mg tab</i>	1	EDS, P
<i>acyclovir sodium</i>	1	
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	PA, EDS, NP
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	EDS, P
VALTREX	2	PA, NP

INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg cap</i>	1	QL (20 EA PER FILL), P
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	QL (10 EA PER FILL), P
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (250 ML PER FILL), P
RELENZA DISKHALER	2	QL (0.67 GM PER DAY), P
RIMANTADINE HCL	2	
TAMIFLU 30 MG CAP	2	PA, QL (20 EA PER FILL), NP
TAMIFLU 45 MG CAP, 75 MG CAP	2	PA, QL (10 EA PER FILL), NP
TAMIFLU 6 MG/ML RECON SUSP	2	PA, QL (250 ML PER FILL), NP
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	2	PA, QL (1 EA PER FILL), NP
XOFLUZA (40 MG DOSE) OFLUZA 20 TAB THPK	2	PA, QL (2 EA PER FILL), NP
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	2	PA, QL (1 EA PER FILL), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISC. ANTIVIRALS		
LAGEVRIO	2	QL (40 EA PER FILL)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	EDS, P
<i>carvedilol phosphate er</i>	1	PA, NP
COREG	2	PA, NP
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	EDS, P
LABETALOL HCL 400 MG TAB	1	P
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	PA, EDS, NP
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	PA, EDS, NP
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	1	EDS, P
KAPSPARGO SPRINKLE	2	PA, NP
LOPRESSOR	2	PA, NP
<i>metoprolol succinate er</i>	1	EDS, P
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	EDS, P
<i>nebivolol hcl</i>	1	PA, EDS, NP
TENORMIN	2	PA, NP
TOPROL XL	2	PA, NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	EDS, P
<i>pindolol</i>	1	EDS, P
<i>propranolol hcl 10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	EDS, P
PROPRANOLOL HCL 40 MG/5ML SOLUTION	2	EDS, P
<i>propranolol hcl er</i>	1	EDS, P
<i>sorine</i>	1	EDS, P
<i>sotalol hcl</i>	1	EDS, P
<i>sotalol hcl (af)</i>	1	EDS, P
SOTYLIZE	2	PA, NP
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA, EDS, NP

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	EDS, P
CALAN SR	2	PA, NP
CARDIZEM	2	PA, NP
CARDIZEM CD	2	PA, NP
CARDIZEM LA	2	PA, NP
<i>cartia xt</i>	1	EDS, P
<i>dilt-xr</i>	1	EDS, P
<i>diltiazem hcl 25 mg/5ml, 50 mg/10ml, 125 mg/25ml</i>	1	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	1	EDS, P
<i>diltiazem hcl er beads</i>	1	EDS, P
<i>diltiazem hcl er coated beads</i>	1	EDS, P
<i>diltiazem hcl er er 120 mg tab er, er 180 mg tab er, er 240 mg tab er, er 300 mg tab er, er 360 mg tab er, er 420 mg tab er</i>	1	PA, EDS, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl er er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h</i>	1	EDS, P
<i>felodipine er</i>	1	EDS, P
<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 20 mg cap, 30 mg cap</i>	1	PA, NP
<i>nicardipine hcl nicardipine hcl 2.5 mg/ml solution, nicardipine hcl 2.5 mg/ml solution</i>	1	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	EDS, P
<i>nifedipine er</i>	1	EDS, P
<i>nifedipine er osmotic release</i>	1	EDS, P
<i>nimodipine 30 mg cap</i>	1	PA, NP
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	2	PA, NP
<i>nisoldipine er er 8.5 mg tab er, er 17 mg tab er, er 34 mg tab er</i>	1	PA, NP
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 40 mg tab, 80 mg tab, 120 mg tab</i>	1	EDS, P
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	1	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>verapamil hcl er er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er</i>	1	EDS, P
VERELAN PM	2	PA, NP

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digitek</i>	1	EDS
<i>digox</i>	1	EDS
<i>digoxin 0.05 mg/ml solution, 125 mcg tab, 250 mcg tab</i>	1	EDS
<i>digoxin 0.25 mg/ml solution</i>	1	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS	2	PA, LA, QL (1 EA PER DAY)
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine-atorvastatin</i>	1	PA, NP
CADUET	2	PA, NP
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	2	QL (2 EA PER DAY), P
ENTRESTO 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK	2	QL (4 EA PER 1 DAY), P
OPSYNVI	2	PA, QL (1 EA PER 1 DAY), NP

CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS

INPEFA	2	PA, QL (1 EA PER DAY), NP
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PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium</i>	1	LA
ORENITRAM	2	PA, LA, NP
ORENITRAM MONTH 1	2	PA, LA, NP
ORENITRAM MONTH 2	2	PA, LA, NP
ORENITRAM MONTH 3	2	PA, LA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYVASO	2	PA, LA, NP
TYVASO DPI INSTITUTIONAL KIT	2	PA, LA, QL (4 EA PER DAY), NP
TYVASO DPI MAINTENANCE KIT KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER	2	PA, LA, QL (4 EA PER DAY), NP
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	PA, LA, QL (196 EA PER 28 DAYS), NP
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	PA, LA, QL (252 EA PER 28 DAYS), NP
TYVASO REFILL	2	PA, LA, NP
TYVASO STARTER	2	PA, LA, NP

PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR

WINREVAIR	2	PA, QL (1 KIT PER 21 DAYS)
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PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan</i>	1	PA, QL (1 EA PER DAY), SP, P
<i>bosentan</i>	1	PA, LA, QL (2 EA PER DAY), NP
LETAIRIS	2	PA, LA, QL (1 EA PER DAY), NP
OPSUMIT	2	PA, LA, QL (1 EA PER DAY), NP
TRACLEER 32 MG TAB SOL	2	PA, LA, QL (4 EA PER DAY), NP
TRACLEER 62.5 MG TAB, 125 MG TAB	1	PA, LA, QL (2 EA PER DAY), P

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA	2	PA, SP, NP
<i>alyq</i>	1	PA, SP, NP
LIQREV	2	PA, SP, NP
REVATIO 10 MG/ML RECON SUSP, 20 MG TAB	2	PA, SP, NP
<i>sildenafil citrate 10 mg/ml recon susp, 20 mg tab</i>	1	PA, SP, P
<i>tadalafil (pah)</i>	1	PA, SP, NP
TADLIQ	2	PA, QL (10 ML PER 1 DAY), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	2	PA, LA, QL (2 EA PER DAY), NP
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	2	PA, LA, NP
SINUS NODE INHIBITORS		
<i>ivabradine hcl</i>	1	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	2	PA, QL (1 EA PER DAY), SP
VYNDAQEL	2	PA, QL (4 EA PER DAY), SP
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFADROXIL 1 GM TAB	2	PA, NP
<i>cefadroxil 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp</i>	1	P
<i>cefazolin sodium 1 gm soln, 10 gm soln, 500 mg soln</i>	1	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM/50ML-% SOLUTION	2	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap</i>	1	P
<i>cephalexin 250 mg tab, 500 mg tab</i>	1	PA, NP
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR	2	P
CEFACLOR ER	2	PA, NP
<i>cefoxitin sodium</i>	1	
<i>cefprozil</i>	1	P
<i>cefuroxime axetil</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir</i>	1	P
<i>cefixime 100 mg/5ml, 200 mg/5ml</i>	1	PA, NP
<i>cefixime 400 mg cap</i>	1	P
<i>cefpodoxime proxetil</i>	1	PA, NP
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	1	
<i>ceftriaxone sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	1	
SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 500 MG/5ML RECON SUSP	2	PA, NP
<i>tazicef 1 gm soln, 2 gm soln</i>	1	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl 1 gm soln, 2 gm soln</i>	1	
CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION	2	
CHEMICALS		
BULK CHEMICALS		
NATAPRES	2	
POLYETHYLENE GLYCOL 600 (BULK)	2	
BULK CHEMICALS - A'S		
MAGNASWEET 110	2	
MAGNASWEET 135	2	
BULK CHEMICALS - B'S		
BACITRACIN MICRONIZED	2	
BENZOCAINE	2	OTC
BIOTIN POWDER	2	OTC
BIOTIN-D	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BULK CHEMICALS - C'S		
CELLULOSE CRYSTALS	2	OTC
BULK CHEMICALS - L'S		
LIDOCAINE BASE	2	
LIDOCAINE CRYSTALS, POWDER	2	
LIDOCAINE HCL MONOHYDRATE	2	
LIDOCAINE HCL POWDER	2	
BULK CHEMICALS - N'S		
NYSTATIN POWDER	2	
BULK CHEMICALS - P'S		
PRILOCAINE	2	
PRILOCAINE HCL	2	
PROGESTERONE MICRONIZED POWDER	2	
PROGESTERONE MILLED	2	
PROGESTERONE POWDER	2	
PROGESTERONE ULTRA MICRONIZED	2	
PROGESTERONE WETTABLE	2	
PROGESTERONE WETTABLE (SOY)	2	
BULK CHEMICALS - S'S		
NICE PURE BAKING SODA	2	OTC
SODIUM BICARBONATE POWDER	2	OTC
STEVIA EXTRACT 90 % POWDER	2	OTC
BULK CHEMICALS - T'S		
TETRACAINE	2	
TETRACAINE HCL POWDER	2	
BULK CHEMICALS - Z'S		
ZINC OXIDE POWDER	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIQUIDS		
BENZYL BENZOATE	2	OTC
GLYCERIN SOLUTION	2	
SOLIDS		
CITRIC ACID	2	OTC
CITRIC ACID ANHYDROUS POWDER	2	OTC
CITRIC ACID MONOHYDRATE POWDER	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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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</i>	\$0	EDS
<i>levora 0.15/30 (28)</i>	\$0	EDS
<i>lillow</i>	\$0	EDS
<i>lo-zumandimine</i>	\$0	EDS
<i>loestrin 1.5/30 (21)</i>	\$0	EDS
<i>loestrin 1/20 (21)</i>	\$0	EDS
<i>loestrin fe 1.5/30</i>	\$0	EDS
<i>loestrin fe 1/20</i>	\$0	EDS
<i>lojaimiess</i>	\$0	EDS
<i>loryna</i>	\$0	EDS
<i>low-ogestrel</i>	\$0	EDS
<i>lutra</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS
<i>melodetta 24 fe</i>	\$0	EDS
<i>merzee</i>	\$0	EDS
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mili</i>	\$0	EDS
<i>mono-lynyah</i>	\$0	EDS
<i>necon 0.5/35 (28)</i>	\$0	EDS
<i>nikki</i>	\$0	EDS
<i>norethin ace-eth estrad-fe</i>	\$0	EDS
<i>norethin-eth estradiol-fe</i>	\$0	EDS
<i>norethindron-ethinyl estrad-fe</i>	\$0	EDS
<i>norethindrone acet-ethinyl est</i>	\$0	EDS
<i>norgestim-eth estrad triphasic</i>	\$0	EDS
<i>norgestimate-eth estradiol</i>	\$0	EDS
<i>nortrel 0.5/35 (28)</i>	\$0	EDS
<i>nortrel 1/35 (21)</i>	\$0	EDS
<i>nortrel 1/35 (28)</i>	\$0	EDS
<i>nortrel 7/7/7</i>	\$0	EDS
<i>nylia 1/35</i>	\$0	EDS
<i>nylia 7/7/7</i>	\$0	EDS
<i>nymyo</i>	\$0	EDS
<i>ocella</i>	\$0	EDS
<i>orsythia</i>	\$0	EDS
<i>philith</i>	\$0	EDS
<i>pimtrea</i>	\$0	EDS
<i>pirmella 1/35</i>	\$0	EDS
<i>pirmella 7/7/7</i>	\$0	EDS
<i>portia-28</i>	\$0	EDS
<i>previfem</i>	\$0	EDS
<i>reclipsen</i>	\$0	EDS
<i>rivelsa</i>	\$0	EDS
<i>setlakin</i>	\$0	EDS
<i>simliya</i>	\$0	EDS
<i>simpesse</i>	\$0	EDS
<i>sprintec 28</i>	\$0	EDS
<i>sronyx</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
<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 PER FILL), OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate 150 mg/ml susp prsy, 150 mg/ml suspension</i>	\$0	QL (0.04 ML PER 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 0.35 mg tab</i>	\$0	EDS
<i>norlyda</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norlyroc</i>	\$0	EDS
<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	PA, QL (1 EA PER DAY), NP
CORTISONE ACETATE 25 MG TAB	2	
<i>decadron</i>	1	
<i>dexamethasone 0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 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	
<i>dexamethasone sodium phosphate 20 mg/5ml solution, dexamethasone sodium phosphate 100 mg/10ml solution, dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution, dexamethasone sodium phosphate 10 mg/ml solution, dexamethasone sodium phosphate 120 mg/30ml solution</i>	1	
ENTOCORT EC	1	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	1	EDS
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab</i>	1	
<i>methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml, 15 mg/5ml, 25 mg/5ml</i>	1	
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
SOLU-CORTEF	2	
SOLU-MEDROL (PF)	2	
SOLU-MEDROL -2 GM RECON SOLN	2	
TARPEYO	2	PA, LA
UCERIS 9 MG TAB 24H	2	PA, QL (1 EA PER DAY), NP
MINERALOCORTICIDS		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	EDS
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>dextromethorphan (robatussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1	
<i>bromphen-pseudoeph-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
<i>chlorpheniramine / pseudoephedrine</i>	1	OTC
CLARINEX-D 12 HOUR	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextromethorphan / phenylephrine / acetaminophen</i>	1	OTC
<i>doxylamine / dextromethorphan</i>	2	
<i>guaifenesin / codeine</i>	1	QL (60 ML PER 1 DAY), OTC
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	1	OTC
<i>guaifenesin / dextromethorphan / phenylephrine</i>	1	OTC
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	2	OTC
GUAIFENESIN/ DEXTROMETHORPHAN/ PHENYLEPHRINE	2	OTC
<i>loratadine / pseudoephedrine (claritin – d)</i>	1	OTC, P
MUCINEX DM	1	OTC
<i>phenylephrine / acetaminophen</i>	1	OTC
<i>phenylephrine / bropheniramine / dextromethorphan</i>	1	OTC
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	1	OTC
<i>phenylephrine / dextromethorphan</i>	1	OTC
<i>phenylephrine / guaifenesin</i>	1	OTC
PHENYLEPHRINE / GUAIFENESIN	2	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
<i>pseudoephedrine / ibuprofen</i>	1	OTC
EXPECTORANTS		
<i>guaifenesin (mucinex)</i>	1	OTC
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride nasal spray</i>	1	OTC, EDS
MUCOLYTICS		
<i>acetylcysteine 10 %, 20 %</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DERMATOLOGICALS		
ACNE PRODUCTS		
ACANYA	2	PA, NP
<i>acutane</i>	1	
<i>adapalene 0.1 % cream, 0.3 % gel</i>	1	PA, NP
<i>adapalene 0.1 % gel</i>	1	OTC, P
<i>adapalene treatment</i>	1	OTC, P
<i>adapalene-benzoyl peroxide -0.1-2.5 % gel</i>	1	PA, NP
ALTRENO	2	PA, NP
<i>amnesteem</i>	1	
AMZEEQ	2	PA, NP
ARAZLO	2	PA, NP
ATRALIN	2	PA, NP
<i>avar cleanser</i>	1	PA, NP
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
AVAR-E LS	2	PA, NP
<i>avita</i>	1	PA, NP
BENZAACLIN WITH PUMP	1	P
BENZAMYCIN	2	PA, NP
<i>benzoyl peroxide</i>	1	PA, OTC, NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA, OTC, NP
<i>benzoyl peroxide pad</i>	2	PA, OTC, NP
<i>benzoyl peroxide-erythromycin</i>	1	P
<i>bp 10-1</i>	1	PA, NP
BPO GEL 4%, 8%	1	OTC, P
CABTREO	2	PA, NP
<i>claravis</i>	1	
CLENIA PLUS	2	PA, NP
CLEOCIN-T -1 % GEL	2	PA, NP
<i>clindacin</i>	1	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindacin etz 1 % swab</i>	1	P
<i>clindacin-p</i>	1	P
<i>clindamycin phos-benzoyl perox -1-5 % gel, -1.2-5 % gel</i>	1	P
<i>clindamycin phos-benzoyl perox -1.2-2.5 % gel, -1.2-3.75 % gel</i>	1	PA, NP
<i>clindamycin phosphate 1 % foam</i>	1	PA, NP
<i>clindamycin phosphate 1 % gel, 1 % lotion, 1 % solution, 1 % swab</i>	1	P
<i>clindamycin-tretinoin</i>	1	PA, NP
<i>cvs adapalene</i>	1	OTC, P
<i>dapsone 5 % gel, 7.5 % gel</i>	1	PA, NP
ERY	2	
<i>erythromycin 2 % gel, 2 % solution</i>	1	P
FABIOR	1	PA, NP
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	
<i>myorisan</i>	1	
<i>neuac 1.2-5 % gel</i>	1	PA, NP
NEUAC 1.2-5 % KIT	2	PA, NP
ONEXTON	2	PA, NP
RETIN-A	1	P
RETIN-A MICRO	2	PA, NP
RETIN-A MICRO PUMP	2	PA, NP
<i>sss 10-5 --% cream</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium-sulfur -10-4 % pad, -10-5 % cream</i>	1	
<i>sulfacetamide sodium-sulfur -10-5 % liquid, -10-5 % lotion</i>	1	P
<i>sulfacetamide sodium-sulfur -8-4 % suspension, -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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfamez wash</i>	1	PA, NP
TAZAROTENE 0.1 % FOAM	1	PA, NP
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream</i>	1	PA, NP
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	PA, NP
<i>tretinoin microsphere 0.08 % gel</i>	1	
<i>tretinoin microsphere pump</i>	1	PA, NP
VELTIN	2	PA, NP
WINLEVI	2	PA, NP
<i>zenatane</i>	1	
ZIANA	2	PA, NP

ANTI-INFLAMMATORY AGENTS - TOPICAL

DICLOFENAC EPOLAMINE	1	PA, QL (2 EA PER DAY), NP
<i>diclofenac sodium 1 % gel</i>	1	QL (16.6 GM PER DAY), OTC, EDS, P
FLECTOR	2	PA, QL (2 EA PER DAY), NP
LICART	2	PA, QL (1 EA PER DAY), NP

ANTIBIOTICS - TOPICAL

<i>bacitracin</i>	1	OTC
<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 0.1 % cream, 0.1 % ointment</i>	1	
<i>mupirocin 2 % ointment</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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	P
<i>ciclopirox 0.77 % gel, 1 % shampoo</i>	1	PA, NP
<i>ciclopirox 8 % solution</i>	1	P
<i>ciclopirox olamine 0.77 % cream, 0.77 % suspension</i>	1	P
<i>clotrimazole (lotrimin)</i>	1	PA, OTC, NP
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	1	P
CLOTRIMAZOLE-BETAMETHASONE CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION, CLOTRIMAZOLE- BETAMETHASONE 1-0.05 % LOTION	1	PA, NP
<i>econazole nitrate 1 % cream</i>	1	P
ERTACZO	2	PA, NP
JUBLIA	2	PA, NP
KERYDIN	2	PA, NP
<i>ketconazole 2 % cream, 2 % shampoo</i>	1	P
<i>ketconazole 2 % foam</i>	1	PA, NP
<i>ketodan 2 % foam</i>	1	PA, NP
<i>klayesta</i>	1	P
LOPROX	2	PA, NP
LULICONAZOLE	1	PA, QL (60 GM PER 30 DAYS), NP
LUZU	2	PA, QL (60 GM PER 30 DAYS), NP
MICATIN	2	OTC
<i>miconazole (micatin)</i>	1	OTC, P
MICONAZOLE-ZINC OXIDE- PETROLAT	1	PA, NP
<i>naftifine hcl 1 % gel, 2 % gel</i>	1	PA, NP
NAFTIN	2	PA, NP
<i>nyamyc</i>	1	P
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder</i>	1	P
<i>nystatin-triamcinolone -100000-0.1 unit/gm-% cream</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
VUSION	2	PA, NP

ANTIHISTAMINES-TOPICAL

<i>diphenhydramine / zinc</i>	1	OTC
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ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene 1 % gel</i>	1	PA, SP
<i>diclofenac sodium 3 % gel</i>	1	PA, QL (300 GM PER 30 DAYS)
FLUOROURACIL 2 % SOLUTION	2	
<i>fluorouracil 5 % cream, 5 % solution</i>	1	
VALCHLOR	2	LA, QL (240 GM PER 30 DAYS)

ANTIPRURITICS - TOPICAL

<i>anti-itch lotion</i>	1	OTC
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ANTIPSORIATICS

<i>acitretin</i>	1	SP
BIMZELX	2	PA, QL (2 EA PER 56 DAYS), SP, NP
<i>calcipotriene 0.005 % cream, 0.005 % solution</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	2	
COSENTYX (300 MG DOSE)	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX 125 MG/5ML SOLUTION	2	PA, QL (12 ML PER 28 DAYS), SP, NP
COSENTYX 150 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SENSOREADY (300 MG)	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX SENSOREADY PEN	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX UNOREADY	2	PA, QL (2 ML PER 28 DAYS), SP, NP
ILUMYA	2	PA, LA, QL (1 EA PER 84 DAYS), SP, NP
<i>methoxsalen rapid</i>	1	
METHOXSALEN RAPID	2	
SILIQ	2	PA, QL (0.11 ML PER DAY), SP, NP
SKYRIZI (150 MG DOSE)	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SKYRIZI PEN	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SOTYKTU	2	PA, QL (30 EA PER 30 DAYS), SP, NP
SPEVIGO 150 MG/ML SOLN PRSYR	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, LA, QL (15 ML PER 365 DAYS), NP
STELARA 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
STELARA 45 MG/0.5ML SOLUTION	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
STELARA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
TALTZ 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP
TALTZ 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, NP
<i>tazarotene 0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel</i>	1	PA, NP
TREMFYA 100 MG/ML SOLN A-INJ, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREMFYA 100 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 56 DAYS), SP, NP
ANTISEBORRHEIC PRODUCTS		
<i>anti-dandruff shampoo</i>	1	OTC, EDS
OVACE PLUS 10 % CREAM, 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 5 % CREAM, 5 % OINTMENT	2	PA, NP
BATH PRODUCTS		
<i>emollient</i>	2	OTC
MOISTURIZING CREAM (VANICREAM)	2	OTC
BURN PRODUCTS		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	1	
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	2	
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	QL (120 UNITS PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam, 0.05 % gel, 0.05 % solution</i>	1	
<i>clobetasol propionate e</i>	1	
<i>desonide 0.05 % cream, 0.05 % ointment</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	
<i>hydrocortisone</i>	1	OTC, EDS
HYDROCORTISONE ACE-PRAMOXINE -2.5-1 % CREAM	1	
<i>mometasone furoate 0.1 % cream, 0.1 % ointment, 0.1 % solution</i>	1	
<i>triamcinolone acetonide 0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment</i>	1	
<i>triderm</i>	1	
DIAPER RASH PRODUCTS		
<i>diaper rash products</i>	1	OTC
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	2	PA, QL (4 EA PER 28 DAYS), SP, NP
ADBRY DBRY 300 MG/2ML SOLN - INJ	2	PA, QL (4 ML PER 28 DAYS), SP, NP
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (2.68 ML PER 28 DAYS), SP, P
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	2	PA, QL (2.28 ML PER 28 DAYS), SP, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUPIXENT 300 MG/2ML SOLN A-INJ	2	PA, QL (4 ML PER 28 DAYS), SP, P
DUPIXENT 300 MG/2ML SOLN PRSYR	2	PA, QL (4 UNITS PER 28 DAYS), SP, P
OPZELURA	2	PA, QL (240 GM PER 30 DAYS), NP

EMOLLIENT/KERATOLYTIC AGENTS

<i>urea 10% and 20% (carmol)</i>	1	OTC, EDS
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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	
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

<i>pimecrolimus</i>	1	
<i>tacrolimus 0.03 %, 0.1 %</i>	1	

KERATOLYTIC/ANTIMITOTIC AGENTS

PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
SALICYLIC ACID	2	OTC
<i>salicylic acid</i>	1	OTC, EDS

LINIMENTS

<i>camphor / menthol / methyl salicylate (salonpas)</i>	1	OTC
<i>methyl salicylate / menthol</i>	1	OTC
<i>trolamine salicylate</i>	1	OTC
<i>trolamine salicylate (myoflex)</i>	1	OTC
TROLAMINE SALICYLATE (MYOFLEX)	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin (zostrix)</i>	1	OTC, EDS
<i>glydo</i>	1	
LIDOCAINE 5 % OINTMENT	1	QL (107 GM PER 30 DAYS)
LIDOCAINE 5 % PATCH	1	PA, QL (3 EA PER DAY), NP
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
LIDOCAINE PATCH 4%	1	QL (3 EA PER 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
MISC. TOPICAL		
<i>a+d first aid</i>	1	OTC
A+D FIRST AID	2	OTC
<i>a+d prevent original</i>	1	OTC
<i>benzoin tincture</i>	2	OTC
<i>calamine</i>	2	OTC
<i>calamine / zinc oxide</i>	2	OTC
<i>cvs multi-purpose -15.5-53.4 % ointment</i>	1	OTC
<i>dermamed</i>	1	OTC
<i>dimethicone</i>	2	OTC
DIMETHICONE CREAM	2	OTC
DRYSOL	2	
<i>eyelid cleansers</i>	2	OTC
<i>isopropyl alcohol (skin cleanser)</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	1	OTC
MENTHOL / ZINC OXIDE	2	OTC
<i>menthol / zinc oxide</i>	1	OTC
MINERAL OIL	2	OTC
SODIUM CHLORIDE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>witch hazel</i>	1	OTC
<i>zinc oxide (desitin)</i>	1	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	PA, QL (120 GM PER 30 DAYS), NP
ZORYVE 0.15 % CREAM	2	PA, QL (120 GM PER 30 DAYS), NP
ROSACEA AGENTS		
<i>azelaic acid 15 % gel</i>	1	
<i>metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion</i>	1	
<i>rosadan 0.75 % cream, 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
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	1	P
DIAGNOSTIC TESTS		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC, CDS, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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
GLUCOCARD SHINE TEST	\$0	PA, OTC, CDS, NP
<i>glucose urine test</i>	\$0	OTC, CDS
GOJJI BLOOD KETONE TEST	\$0	OTC, CDS
KETO-DIASTIX	\$0	OTC, CDS
KETONE TEST	\$0	OTC
KETOSTIX	\$0	OTC
MULTISTIX 10 SG	2	
NOVA MAX PLUS KETONE TEST	\$0	OTC, CDS
ONETOUCH ULTRA	\$0	PA, OTC, CDS, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONETOUCH ULTRA BLUE TEST	\$0	PA, OTC, CDS, NP
ONETOUCH ULTRA TEST	\$0	PA, OTC, CDS, NP
ONETOUCH VERIO STRIP	\$0	PA, OTC, CDS, NP
PRECISION XTRA BLOOD GLUCOSE	\$0	PA, OTC, CDS, NP
PRECISION XTRA KETONE	\$0	OTC, CDS
PRODIGY NO CODING BLOOD GLUC STRIP	\$0	PA, OTC, CDS, NP
PTS PANELS KETONE TEST	\$0	OTC, CDS
RELION KETONE TEST	\$0	OTC
TRUE METRIX BLOOD GLUCOSE TEST	\$0	PA, OTC, CDS, NP

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

<i>l-methylfolate</i>	2	
<i>l-methylfolate combinations</i>	2	OTC

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 125 mg tab, 250 mg tab</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide sodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 0.25 mg/ml solution</i>	1	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>furosemide 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	1	EDS
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl 5 mg tab</i>	1	EDS
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	EDS
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
<i>indapamide</i>	1	EDS
<i>metolazone</i>	1	EDS
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA 1 MG TAB, 5 MG TAB	2	PA, LA, QL (12 EA PER 1 DAY)
BONE DENSITY REGULATORS		
ACTONEL	2	PA, NP
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg/75ml solution</i>	1	EDS, P
<i>alendronate sodium 70 mg tab</i>	1	QL (4 UNITS PER 30 DAYS), EDS, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<i>risedronate sodium 5 mg tab, 35 mg tab, 35 mg tab dr, 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	PA, QL (1 EA PER DAY)
ORLISSA 200 MG TAB	2	PA, QL (2 EA PER DAY)
GROWTH HORMONES		
GENOTROPIN	2	PA, SP, P
GENOTROPIN MINIQUICK	2	PA, SP, P
HUMATROPE 5 MG RECON SOLN	2	PA, LA, NP
HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	2	PA, SP, NP
NGENLA	2	PA, SP, NP
NORDITROPIN FLEXPPO	2	PA, SP, P
NUTROPIN AQ NUSPIN 10	2	PA, SP, P
NUTROPIN AQ NUSPIN 20	2	PA, SP, P
NUTROPIN AQ NUSPIN 5	2	PA, SP, P
OMNITROPE	2	PA, SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SAIZEN	2	PA, SP, NP
SAIZENPREP	2	PA, SP, NP
SEROSTIM	2	PA, LA, NP
SKYTROFA	2	PA, SP, NP
SOGROYA	2	PA, SP, NP
ZOMACTON	2	PA, SP, NP
ZOMACTON (FOR ZOMA-JET 10)	2	PA, SP, NP
ZORBTIVE	2	PA, SP, NP
HORMONE RECEPTOR MODULATORS		
EVISTA	2	PA, NP
<i>raloxifene hcl</i>	\$0	EDS, P
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 0.25 mcg cap, 0.5 mcg cap, 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	PA, LA, QL (36 ML PER 28 DAYS)
CRYSVITA 20 MG/ML SOLUTION	2	PA, LA, QL (18 ML PER 28 DAYS)
CRYSVITA 30 MG/ML SOLUTION	2	PA, LA, QL (12 ML PER 28 DAYS)
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	1	EDS
<i>levocarnitine sf</i>	1	EDS
MYALEPT	2	PA, SP
OPFOLDA	2	LA, QL (0.29 EA PER DAY)
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 ML PER DAY)
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, LA, QL (1 ML PER DAY)
RAVICTI	2	PA, LA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVCIVI	2	PA, LA
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA, SP
STRENSIQ	2	PA, LA
NATRIURETIC PEPTIDES		
VOXZOGO	2	PA, LA, QL (1 EA PER DAY)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate 0.1 mg tab, 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 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	2	LA
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	1	LA
SIGNIFOR	2	PA, LA, QL (2 EA PER DAY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	2	PA, LA, QL (2 EA PER DAY)
<i>tolvaptan</i>	1	PA, QL (2 EA PER 1 DAY), SP
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	EDS
<i>lyllana</i>	1	EDS

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA 450 MG TAB	2	PA, NP
CIPRO	2	PA, NP
<i>ciprofloxacin 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	1	PA, NP
CIPROFLOXACIN HCL 100 MG TAB	2	P
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	P
<i>levofloxacin 25 mg/ml solution, 250 mg tab, 500 mg tab, 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.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY	2	PA, NP
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE	2	PA, NP
ANTIFLATULENTS		
BICARSIM FORTE 125 MG TAB	2	OTC
<i>simethicone (mylicon)</i>	1	OTC, EDS
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA	2	LA, QL (1 EA PER DAY)
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol 250 mg tab, 300 mg cap, 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, P
GASTROINTESTINAL STIMULANTS		
GIMOTI	2	PA, LA, NP
METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP	2	PA, NP
<i>metoclopramide hcl 5 mg tab, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg/10ml solution</i>	1	
HEPATOTROPICS		
REZDIFFRA	2	PA, QL (1 EA PER DAY)
INFLAMMATORY BOWEL AGENTS		
APRISO	1	P
ASACOL HD	2	PA, NP
AVSOLA	2	PA, SP, NP
AZULFIDINE	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZULFIDINE EN-TABS	2	PA, NP
<i>balsalazide disodium</i>	1	P
CANASA	2	PA, NP
CIMZIA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA-STARTER	2	PA, QL (3 EA PER 365 DAYS), SP, NP
COLAZAL	1	PA, NP
DIPENTUM	2	PA, NP
ENTYVIO 108 MG/0.68ML SOLN A-INJ	2	PA, QL (2 EA PER 28 DAYS), 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 1000 mg suppos</i>	1	P
<i>mesalamine 4 gm enema, 400 mg cap dr</i>	1	PA, NP
<i>mesalamine 800 mg tab dr</i>	1	PA, EDS, NP
<i>mesalamine er</i>	1	PA, NP
<i>mesalamine-cleanser</i>	1	PA, NP
OMVOH 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
OMVOH 300 MG/15ML SOLUTION	2	PA, QL (15 ML PER 28 DAYS), SP, 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	PA, QL (1.2 ML PER 28 DAYS), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA, QL (2.4 ML PER 28 DAYS), SP, NP
SKYRIZI 600 MG/10ML SOLUTION	2	PA, QL (10ML PER 28 DAYS; 30MLPER180 DAYS), SP, NP
STELARA 130 MG/26ML SOLUTION	2	PA, SP, NP
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	EDS, P
VELSIPITY	2	PA, QL (1 EA PER 1 DAY), SP, NP
ZYMFENTRA (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ZYMFENTRA (2 PEN)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
ZYMFENTRA (2 SYRINGE)	2	PA, QL (1 EA PER 28 DAYS), SP, NP

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	PA, NP
IBSRELA	2	PA, NP
LINZESS	2	P
LOTRONEX	2	PA, NP
VIBERZI	2	PA, NP

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

MOVANTIK	2	PA, NP
RELISTOR	2	PA, NP
SYMPROIC	2	PA, NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lanthanum carbonate</i>	1	PA, NP
RENVELA 0.8 GM PACKET, 800 MG TAB	1	P
RENVELA 2.4 GM PACKET	2	PA, NP
<i>sevelamer carbonate 0.8 gm packet, 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
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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	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dutasteride 0.5 mg cap</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
<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, 100 mg tab dr, 300 mg tab dr</i>	1	PA, SP
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	EDS
GOUT AGENTS		
<i>allopurinol 100 mg tab, 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
ADYNOVATE	2	SP, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AFSTYLA	2	SP, P
ALPHANATE	2	SP, P
ALPHANINE SD	2	SP, P
ALPROLIX	2	SP, P
ALTUVIIIIO	2	SP
BENEFIX	2	SP, P
COAGADEX	2	SP, P
CORIFACT	2	SP, P
ELOCTATE	2	SP, P
ESPEROCT	2	SP, P
FEIBA	2	SP, P
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP, P
HUMATE-P	2	SP, P
IDELVION	2	SP, P
IXINITY	2	SP, P
JIVI	2	SP, P
KOATE	2	SP, P
KOATE-DVI	2	SP, P
KOGENATE FS	2	SP, P
KOVALTRY	2	SP, P
MONONINE	2	SP, P
NOVOEIGHT	2	SP, P
NOVOSEVEN RT	2	SP, P
NUWIQ	2	SP, P
OBIZUR	2	SP, P
PROFILNINE	2	SP, P
REBINYN	2	SP, P
RECOMBINATE	2	SP, P
RIXUBIS	2	SP, P
SEVENFACT	2	SP, P
TRETTEN	2	SP, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	PA, QL (9 UNITS PER DAY(S)), SP, P

COMPLEMENT INHIBITORS

BERINERT	2	PA, SP, P
CINRYZE	2	PA, QL (16 EA PER 28 DAYS), SP, P
HAEGARDA	2	PA, LA, QL (16 EA PER 28 DAYS), NP
RUCONEST	2	PA, LA, NP
TAVNEOS	2	PA, LA, QL (6 EA PER DAY), NP

HEMATORHEOLOGIC AGENTS

<i>pentoxifylline er</i>	1	EDS
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PLASMA KALLIKREIN INHIBITORS

KALBITOR	2	PA, LA, NP
ORLADEYO	2	PA, LA, QL (28 EA PER 28 DAYS), NP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, LA, QL (2 ML PER 28 DAYS), NP
TAKHZYRO 300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION	2	PA, LA, QL (4 ML PER 28 DAYS), NP

PLATELET AGGREGATION INHIBITORS

<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	PA, EDS, NP
BRILINTA	2	P
CABLIVI	2	PA, SP
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clopidogrel bisulfate 75 mg tab</i>	1	EDS, P
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	EDS, P
EFFIENT	2	PA, NP
PLAVIX	2	PA, NP
<i>prasugrel hcl</i>	1	EDS, P

THROMBOLYTIC ENZYMES

CATHFLO ACTIVASE	2	
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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	PA, QL (6 EA PER 1 DAY), SP, P
<i>l-glutamine -gutamine 5 gm packet</i>	1	PA, QL (6 EA PER 1 DAY), SP, NP
OXBRYTA 300 MG TAB SOL	2	PA, QL (5 EA PER DAY), SP, P
OXBRYTA 300 MG TAB, 500 MG TAB	2	PA, QL (3 EA PER DAY), SP, P
SIKLOS	2	PA, NP

COBALAMINS

<i>b-12 (methylcobalamin)</i>	1	OTC, EDS
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	2	PA, SP, P
DOPTELET	2	QL (2 EA PER DAY), SP
EPOGEN	2	PA, SP, P
GRANIX 300 MCG/ML SOLUTION, 480 MCG/1.6ML SOLUTION	2	SP
JESDUVROQ	2	PA, SP, NP
LEUKINE	2	SP
NEULASTA	2	SP
NEULASTA ONPRO	2	SP
NIVESTYM 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	2	SP
PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	2	PA, SP, P
PROCRIT 40000 UNIT/ML SOLUTION	2	PA, SP, NP
PROMACTA	2	PA, SP
REBLOZYL	2	PA, LA, NP
RETACRIT	2	PA, SP, P
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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		
ANTI-HISTAMINE HYPNOTICS		
<i>acetaminophen / diphenhydramine</i>	1	OTC
DIPHENHYDRAMINE (SLEEP)	2	OTC
<i>doxylamine (sleep)</i>	1	OTC
DOXYLAMINE (SLEEP)	2	OTC
BARBITURATE HYPNOTICS		
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN	2	PA, QL (1 EA PER DAY), NP
AMBIEN CR	2	PA, QL (1 EA PER DAY), NP
EDLUAR	2	PA, QL (1 EA PER DAY), NP
<i>eszopiclone</i>	1	QL (1 EA PER DAY), P
LUNESTA	2	PA, QL (1 EA PER DAY), NP
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	QL (2 EA PER DAY), P
ZOLPIDEM TARTRATE 1.75 MG SL TAB, 3.5 MG SL TAB	2	PA, QL (1 EA PER DAY), NP
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	1	QL (1 EA PER DAY), P
<i>zolpidem tartrate er</i>	1	PA, QL (1 EA PER DAY), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 7.5 mg cap, zolpidem tartrate 3.5 mg sl tab</i>	1	PA, QL (1 EA PER DAY), NP

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA	2	PA, QL (1 EA PER DAY), NP
DAYVIGO	2	PA, QL (1 EA PER DAY), NP
QUVIVIQ	2	PA, QL (1 EA PER DAY), NP

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ	2	PA, LA, QL (1 EA PER DAY), NP
HETLIOZ LQ	2	PA, LA, QL (5 ML PER DAY), NP
<i>ramelteon</i>	1	PA, QL (1 EA PER DAY), NP
ROZEREM	1	QL (1 EA PER DAY), P
<i>tasimelteon</i>	1	PA, QL (1 EA PER DAY), SP, NP

LAXATIVES

BULK LAXATIVES

<i>calcium polycarbophil (fiber laxative)</i>	1	OTC, EDS
<i>cellulose (unifiber)</i>	2	OTC
<i>corn dextrin powder</i>	1	OTC, EDS
METAMUCIL	2	OTC
<i>methylcellulose (citrucel)</i>	2	OTC, EDS
<i>psyllium (metamucil)</i>	1	OTC, EDS
<i>wheat dextrin powder</i>	1	OTC, EDS

LAXATIVE COMBINATIONS

GAVILYTE-C	\$0	QL (8000 ML PER 365 DAYS)
<i>gavilyte-g</i>	\$0	
<i>gavilyte-n with flavor pack</i>	\$0	QL (8000 ML PER 365 DAYS)
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	QL (8000 ML PER 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 PER 365 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	EDS
<i>glycerin suppository</i>	1	OTC
<i>lactulose 10 gm/15ml, 20 gm/30ml</i>	1	EDS
<i>polyethylene glycol</i>	\$0	OTC, EDS
<i>polyethylene glycol packets</i>	1	OTC, EDS
<i>sorbitol solution</i>	2	OTC
LUBRICANT LAXATIVES		
<i>cvs mineral oil enema</i>	1	
<i>enema mineral oil</i>	1	
<i>ft enema mineral oil</i>	1	
<i>hm enema mineral oil</i>	1	
<i>mineral oil</i>	1	OTC, EDS
<i>sm mineral oil enema</i>	1	
SALINE LAXATIVES		
<i>enema</i>	1	OTC
ENEMA	2	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>sennosides</i>	1	OTC, EDS
SURFACTANT LAXATIVES		
<i>docusate calcium (surfak)</i>	1	OTC, EDS
<i>docusate sodium (colace)</i>	1	OTC, EDS
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
<i>lidocaine-epinephrine (pf) -1.5 %-1:200000 solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOCAL ANESTHETICS - AMIDES		
<i>lidocaine hcl (pf) 1 %, 1.5 %, 2 %, 4 %</i>	1	
<i>lidocaine hcl 0.5 %, 1 %, 2 %</i>	1	
LOCAL ANESTHETICS - ESTERS		
<i>chlorprocaine hcl (pf)</i>	1	
PROCAINE HCL CRYSTALS	2	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin 500 mg recon soln</i>	1	
<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	1	P
ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG TAB	2	PA, NP
ZITHROMAX TRI-PAK	2	PA, NP
ZITHROMAX Z-PAK	2	PA, NP
CLARITHROMYCIN		
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	2	PA, NP
<i>clarithromycin 250 mg tab, 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 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERYTHROMYCIN BASE 250 MG CP DR PART	1	P
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	PA, NP
<i>erythromycin ethylsuccinate 200 mg/5ml, 400 mg/5ml</i>	1	PA, NP
FIDAXOMICIN		
DIFICID 200 MG TAB	2	QL (2 EA PER DAY)
DIFICID 40 MG/ML RECON SUSP	2	QL (10 ML PER 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	
<i>gauze pads and dressings</i>	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	
PROFORE LITE	2	
PROFORE WCL 5-1/2"X8"	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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
DEXCOM G4 PLAT PED RCV/SHARE	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLAT PED RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLATINUM RCV/SHARE	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLATINUM RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLATINUM TRANSMITTER	\$0	QL (1 EA PER 90 DAYS), EDS, CDS
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0	PA, QL (3 EA PER FILL), CDS, NP
DEXCOM G5 MOBILE RECEIVER	\$0	PA, QL (1 UNIT PER 365 DAYS), CDS, NP
DEXCOM G5 MOBILE TRANSMITTER	\$0	PA, QL (1 EA PER 90 DAYS), EDS, CDS, NP
DEXCOM G5 RECEIVER KIT	\$0	PA, QL (1 UNIT PER 365 DAYS), CDS, NP
DEXCOM G6 RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
DEXCOM G6 SENSOR	\$0	QL (3 EA PER FILL), CDS, P
DEXCOM G6 TRANSMITTER	\$0	QL (1 EA PER 90 DAYS), EDS, CDS, NP
DEXCOM G7 RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
DEXCOM G7 SENSOR	\$0	QL (3 EA PER FILL), CDS, P
FREESTYLE LIBRE 14 DAY READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 2 PLUS SENSOR	\$0	QL (2 EA PER 1 FILL), CDS
FREESTYLE LIBRE 2 READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
FREESTYLE LIBRE 2 SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 3 PLUS SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 3 READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
FREESTYLE LIBRE 3 SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE READER	\$0	QL (1 UNIT PER 365 DAYS), 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 DEXG7G6 PODS GEN 5	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 G6 INTRO (GEN 5)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 G6 PODS (GEN 5)	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 G7 INTRO (GEN 5)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 G7 PODS (GEN 5)	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 LIBRE2 PLUS G6	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 PACK	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD CLASSIC PDM (GEN 3)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD DASH INTRO (GEN 4)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD DASH PDM (GEN 4)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD DASH PODS (GEN 4)	\$0	QL (0.5 EA PER 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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
MULTI-DRAW NEEDLE -21G MISC, - 22G MISC	2	CDS
<i>needles and syringes</i>	\$0	OTC, CDS
NEEDLES AND SYRINGES	2	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 IMOVIG 140 MG/ML SOLN - INJ	2	PA, QL (1 EA PER 28 DAYS), P
AIMOVIG IMOVIG 70 MG/ML SOLN - INJ	2	PA, QL (1 ML PER 28 DAYS), P
AJOVY	2	PA, QL (1.5 ML PER 28 DAYS), P
EMGALITY (300 MG DOSE)	2	PA, QL (3 ML PER 28 DAYS)
EMGALITY 120 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), P
EMGALITY EMGLITY 120 MG/ML SOLN -INJ	2	PA, QL (1 ML PER 28 DAYS), P
NURTEC	2	PA, QL (16 EA PER 28 DAYS), NP
QULIPTA	2	PA, QL (1 EA PER DAY), NP
UBRELVY	2	PA, QL (20 EA PER 30 DAYS), P
VYEPTI	2	PA, LA, NP
ZAVZPRET	2	PA, QL (6 EA PER 28 DAYS), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIGRAINE COMBINATIONS		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	PA, QL (18 EA PER 30 DAYS), NP
TREXIMET	2	PA, QL (18 EA PER 30 DAYS), NP
MIGRAINE PRODUCTS		
TRUDHESA	2	PA, QL (8 EA PER 28 DAYS), NP
MIGRAINE PRODUCTS - NSAIDS		
ELYXYB	2	PA, QL (28.8 ML PER 30 DAYS), NP
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	PA, QL (18 EA PER 30 DAYS), NP
AMERGE	2	PA, QL (18 EA PER 30 DAYS), NP
<i>eletriptan hydrobromide</i>	1	PA, QL (18 EA PER 30 DAYS), NP
FROVA	2	PA, QL (18 EA PER 30 DAYS), NP
<i>frovatriptan succinate</i>	1	PA, QL (18 EA PER 30 DAYS), NP
IMITREX 25 MG TAB, 50 MG TAB, 100 MG TAB	2	PA, QL (18 EA PER 30 DAYS), NP
IMITREX 6 MG/0.5ML SOLUTION	1	QL (8 EA PER 30 DAYS), P
IMITREX STATDOSE REFILL	1	QL (8 ML PER 30 DAYS), P
IMITREX STATDOSE SYSTEM	1	QL (8 EA PER 30 DAYS), P
MAXALT	2	PA, QL (36 EA PER 30 DAYS), NP
MAXALT-MLT	2	PA, QL (36 EA PER 30 DAYS), NP
<i>naratriptan hcl</i>	1	PA, QL (18 EA PER 30 DAYS), NP
RELPAX	1	QL (18 EA PER 30 DAYS), P
REYVOW 100 MG TAB	2	PA, QL (16 EA PER 30 DAYS), NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYVOW 50 MG TAB	2	PA, QL (8 EA PER 30 DAYS), NP
<i>rizatriptan benzoate</i>	1	QL (36 EA PER 30 DAYS), P
<i>sumatriptan 20 mg/act solution</i>	1	PA, QL (18 EA PER 30 DAYS), NP
<i>sumatriptan 5 mg/act solution</i>	1	PA, QL (36 EA PER 30 DAYS), NP
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (18 EA PER 30 DAYS), P
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	1	PA, QL (8 ML PER 30 DAYS), NP
<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, sumatriptan succinate 6 mg/0.5ml soln prsy</i>	1	PA, QL (8 ML PER 30 DAYS), NP
TOSYMRA	2	PA, QL (6 UNITS PER FILL; 2 FILLS PER 30 DAYS), NP
ZEMBRACE SYMTOUCH	2	PA, QL (2 UNITS PER FILL; 2 FILLS PER 30 DAYS), NP
<i>zolmitriptan 2.5 mg tab, 5 mg tab</i>	1	QL (18 EA PER 30 DAYS), P
<i>zolmitriptan zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp, zolmitriptan 2.5 mg solution</i>	1	PA, QL (18 EA PER 30 DAYS), NP
ZOMIG 2.5 MG SOLUTION	1	PA, QL (18 EA PER 30 DAYS), NP
ZOMIG 2.5 MG TAB, 5 MG TAB	2	PA, QL (18 EA PER 30 DAYS)
<i>zomig zomig 5 mg solution, zomig 2.5 mg tab, zomig 5 mg tab</i>	1	QL (18 EA PER 30 DAYS), P

MINERALS ELECTROLYTES

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
CALCIUM CARBONATE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcium carbonate</i>	1	OTC, EDS
<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
CALCIUM CITRATE	2	OTC
<i>calcium citrate</i>	1	OTC, EDS
CALCIUM CITRATE / VITAMIN D	2	OTC
<i>calcium citrate / vitamin d</i>	1	OTC, EDS
ELECTROLYTE MIXTURES		
<i>dextrose in lactated ringers</i>	1	
<i>dextrose-sodium chloride -2.5-0.45 %, -5-0.225 %, -5-0.3 %, -5-0.33 %</i>	1	
ELECTROLYTE SOLUTION	2	OTC
<i>electrolyte solution</i>	1	OTC
ISOLYTE-S	2	
KCL (0.149%) IN NACL	1	
<i>kcl in dextrose-nacl in -10-5-0.45 meq/l-%-%, in -20-5-0.2 meq/l-%-%, in -20-5-0.45 meq/l-%-%, in -20-5-0.9 meq/l-%-%, in -30-5-0.45 meq/l-%-%, in -40-5-0.45 meq/l-%-%, in -40-5-0.9 meq/l-%-%</i>	1	
KCL-LACTATED RINGERS-D5W	2	
LACTATED RINGERS LACTATED RINGERS, LACTATED RINGERS	1	
NORMOSOL-M IN D5W	2	
POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	
<i>potassium chloride in nacl 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>ringers</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLUORIDE		
<i>sodium fluoride</i>	\$0	OTC, EDS
MAGNESIUM		
MAGNESIUM	2	OTC
<i>magnesium</i>	1	OTC, EDS
<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 2 gm/50ml, 4 gm/100ml, 4 gm/50ml, 20 gm/500ml, 40 gm/1000ml</i>	1	
PHOSPHATE		
<i>phosphorus supplement</i>	2	OTC
<i>potassium / sodium phosphate</i>	1	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 10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution</i>	1	EDS
<i>potassium chloride 2 meq/ml, 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	1	
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er</i>	1	EDS
POTASSIUM GLUCONATE	2	OTC
<i>potassium gluconate</i>	1	OTC, EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SODIUM		
<i>aquastat</i>	1	
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	
<i>bd posiflush safesclub</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		
CHROMIUM	2	OTC
<i>chromium</i>	1	OTC, EDS
<i>selenium</i>	1	OTC, EDS
ZINC		
<i>zinc</i>	1	OTC
<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	PA, QL (1 EA PER DAY), SP
REVLIMID	2	PA, LA, QL (1 EA PER DAY)
REZUROCK	2	PA, QL (1 EA PER DAY), SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID	2	LA
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL	2	PA, SP, NP
<i>azasan</i>	1	PA, NP
<i>azathioprine 50 mg tab</i>	1	EDS, P
<i>azathioprine 75 mg tab, 100 mg tab</i>	1	P
CELLCEPT 200 MG/ML RECON SUSP	1	SP, P
CELLCEPT 250 MG CAP, 500 MG TAB	2	PA, SP, NP
<i>cyclosporine 25 mg cap, 100 mg cap</i>	1	P
<i>cyclosporine modified</i>	1	P
ENSPRYNG	2	PA, SP, NP
ENVARUSUS XR	2	PA, SP, NP
<i>everolimus 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab</i>	1	PA, NP
<i>gengraf</i>	1	P
IMURAN	2	PA, NP
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA, NP
<i>mycophenolate mofetil 250 mg cap, 500 mg tab</i>	1	P
<i>mycophenolate sodium</i>	1	PA, NP
<i>mycophenolic acid</i>	1	PA, NP
MYFORTIC	2	PA, SP, NP
NEORAL	2	PA, SP, NP
PROGRAF 0.5 MG CAP, 1 MG CAP, 5 MG CAP	2	PA, SP, NP
RAPAMUNE 1 MG/ML SOLUTION	1	SP, P
SANDIMMUNE 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	2	PA, SP, NP
<i>sirolimus 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab</i>	1	P
<i>tacrolimus 0.5 mg cap, 1 mg cap, 5 mg cap</i>	1	P
UPLIZNA	2	PA, SP, NP
ZORTRESS	2	PA, SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IRRIGATION SOLUTIONS		
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
MISC NATURAL PRODUCTS		
<i>miscellaneous natural products</i>	2	OTC
MISCELLANEOUS NATURAL PRODUCTS	2	OTC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE 200 & 50 MG TAB THPK	2	PA, QL (2 EA PER DAY), SP
VIJOICE 50 MG PACKET	2	PA, QL (1 EA PER 1 DAY), SP
VIJOICE 50 MG TAB THPK, 125 MG TAB THPK	2	PA, QL (1 EA PER DAY), SP
POTASSIUM REMOVING AGENTS		
LOKELMA	2	
<i>sodium polystyrene sulfonate powder</i>	1	
PROGERIA TREATMENT AGENTS		
ZOKINVY	2	PA, LA, QL (4 EA PER DAY)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	2	PA, QL (4 EA PER 28 DAYS), 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	EDS
<i>paroex</i>	1	EDS
<i>periogard</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<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
<i>just right 5000</i>	1	EDS
<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 0.2 % solution, 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 1.1 % cream</i>	\$0	EDS
<i>sodium fluoride 5000 ppm 5000 1.1 % gel, 5000 1.1 % paste</i>	1	EDS
SODIUM FLUORIDE 5000 SENSITIVE	1	EDS
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	1	EDS
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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 PEDIATRIC MULTIPLE VITAMINS MINERALS, PEDIATRIC MULTIPLE VITAMINS MINERALS	2	OTC, EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC, EDS
PED MV W/ FLUORIDE		
<i>multivitamin (\$0)</i>	\$0	OTC, EDS
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	\$0	
PED MV W/ IRON		
<i>pediatric multiple vitamins / iron</i>	2	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS		
PEDIATRIC MULTIPLE VITAMINS	2	OTC
<i>pediatric multiple vitamins</i>	1	OTC, EDS
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		
INATAL GT	2	
<i>prenatal vitamin</i>	\$0	OTC, EDS
PRENATAL VITAMIN	2	OTC, EDS
VITAMINS W/ LIPOTROPICS		
<i>vitamins / lipotropics</i>	1	OTC, EDS
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	
<i>chlorzoxazone 250 mg tab, 500 mg tab</i>	1	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	1	
<i>metaxalone 800 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 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 0.1 %, 0.15 %, 137 mcg/spray</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
NASAL STEROIDS		
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	PA, QL (2 ML PER DAY), EDS, NP
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL (1.07 GM PER DAY), EDS, P
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL (0.57 GM PER DAY), P
NASONEX	2	PA, QL (0.57 GM PER DAY), NP
OMNARIS	2	PA, QL (0.42 GM PER DAY), NP
QNASL	2	PA, QL (0.36 ML PER DAY), NP
QNASL CHILDRENS	2	PA, QL (0.23 GM PER DAY), NP
<i>triamcinolone acetonide (nasacort)</i>	1	QL (0.57 ML PER DAY), OTC, EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XHANCE	2	PA, QL (1.07 ML PER DAY), NP
ZETONNA	2	PA, QL (0.21 GM PER DAY), 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
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SPINAL MUSCULAR ATROPHY AGENTS (SMA)

EVRYSDI	2	PA, LA, QL (6.67 ML PER DAY)
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NUTRIENTS

CARBOHYDRATES

DEXTROSE 250 MG/ML SOLUTION	2	
<i>dextrose 5 %, 50 %</i>	1	

LIPIDS

INTRALIPID	2	
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MISC. NUTRITIONAL SUBSTANCES

<i>omega-3 fatty acids (fish oil)</i>	1	OTC, EDS
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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	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINIMIX/DEXTROSE (8/14)	2	
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
GENTEAL SEVERE	2	OTC
ISOPTO TEARS	2	OTC
LUBRICANT EYE DROPS	2	OTC
<i>lubricant eye drops</i>	1	OTC, EDS
<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 1-0.9 % GEL	1	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, 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, 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
ISTALOL	2	PA, NP
LEVOBUNOLOL HCL	2	PA, NP
<i>timolol hemihydrate</i>	1	P
<i>timolol maleate (once-daily)</i>	1	PA, EDS, NP
<i>timolol maleate 0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 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
CHOLINERGIC AGONISTS		
TYRVAYA	2	PA, QL (0.14 ML PER DAY), NP
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	
MIOTICS		
PHOSPHOLINE IODIDE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pilocarpine hcl 1 %, 2 %, 4 %</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 0.1 %, 0.2 %</i>	1	EDS, P
<i>brimonidine tartrate 0.15 % solution</i>	1	PA, EDS, NP
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 0.5 % solution</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	PA, QL (15 ML PER FILL), NP
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
OCUFLOX	2	PA, NP
<i>ofloxacin 0.3 % solution</i>	1	P
<i>polycin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	PA, LA, QL (10 ML PER FILL)
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
<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	PA, QL (2 EA PER DAY), NP
<i>cyclosporine 0.05 % emulsion</i>	1	PA, QL (2 EA PER DAY), EDS, NP
RESTASIS	1	QL (2 EA PER DAY), P
RESTASIS MULTIDOSE	1	QL (2 EA PER DAY), P
VERKAZIA	2	PA, NP
VEVYE	2	PA, QL (0.07 ML PER DAY), NP

OPHTHALMIC INTEGRIN ANTAGONISTS

XIIDRA	2	QL (2 EA PER DAY), P
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OPHTHALMIC KINASE INHIBITORS

RHOPRESSA	2	PA, NP
ROCKLATAN	2	PA, NP

OPHTHALMIC LOCAL ANESTHETICS

<i>altacaine</i>	1	
<i>proparacaine hcl 0.5 % solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tetracaine hcl 0.5 % solution</i>	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	2	PA, LA, QL (7 UNITS PER FILL; 8 FILLS PER LIFETIME)
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
DUREZOL	2	PA, NP
EYSUVIS	2	PA, QL (0.6 ML PER DAY), NP
<i>fluorometholone</i>	1	P
INVELTYS	2	PA, NP
LOTEMAX	2	PA, NP
LOTEMAX SM	2	PA, NP
<i>loteprednol etabonate</i>	1	PA, NP
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	2	
OZURDEX	2	PA, LA, NP
PRED FORTE	2	
<i>prednisolone acetate 1 % suspension</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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost 0.03 % solution</i>	1	PA, QL (0.085 ML PER DAY), EDS, NP
DURYSTA	2	PA, NP
IYUZEH	2	PA, NP
<i>latanoprost 0.005 % solution</i>	1	QL (0.085 ML PER DAY), EDS, P
LUMIGAN	2	PA, QL (0.09 ML PER DAY), NP
<i>tafluprost (pf)</i>	1	PA, QL (1 EA PER DAY), NP
TRAVATAN Z	1	QL (0.085 ML PER DAY), P
<i>travoprost (bak free)</i>	1	PA, QL (0.085 ML PER DAY), EDS, NP
VYZULTA	2	PA, QL (0.084 ML PER DAY), NP
XALATAN	2	PA, QL (0.085 ML PER DAY), NP
XELPROS	2	PA, QL (0.084 ML PER DAY), NP
ZIOPTAN	2	PA, QL (1 EA PER DAY), NP

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

<i>acetic acid 2 % solution</i>	1	
<i>carbamide peroxide (debrox)</i>	1	OTC

OTIC ANTI-INFECTIVES

<i>ciprofloxacin hcl 0.2 % solution</i>	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 PER DAY), QL (28 UNITS PER FILL; 1 FILL PER 365 DAYS)
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL (4 EA PER DAY), QL (28 UNITS PER FILL; 1 FILL PER 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 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION	2	SP

MONOCLONAL ANTIBODIES

BEYFORTUS	\$0	LA
SYNAGIS	2	LA

PASSIVE IMMUNIZING AGENTS - COMBINATIONS

HYQVIA	2	SP
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	2	
<i>amoxicillin 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM 1 GM RECON SOLN	2	
<i>ampicillin sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	1	
NATURAL PENICILLINS		
<i>penicillin g potassium</i>	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	2	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE - 200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	2	PA, NP
<i>amoxicillin-pot clavulanate -200-28.5 mg/5ml recon susp, -250-125 mg tab, -250-62.5 mg/5ml recon susp, -400-57 mg/5ml recon susp, -500-125 mg tab, -600-42.9 mg/5ml recon susp, -875-125 mg tab</i>	1	P
AMOXICILLIN-POT CLAVULANATE ER	2	PA, NP
<i>ampicillin-sulbactam sodium</i>	1	
<i>piperacillin sod-tazobactam so -3-0.375 gm ln, -4-0.5 gm ln, -40.5 (36-4.5) gm ln, -2.25 (2-0.25) gm ln, -3.375 (3-0.375) gm ln, -4.5 (4-0.5) gm ln</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM 1 GM RECON SOLN, 2 GM RECON SOLN	2	
NAFCILLIN SODIUM IN DEXTROSE	2	
<i>oxacillin sodium</i>	1	

PHARMACEUTICAL ADJUVANTS

ANTIMICROBIAL AGENTS

BENZYL ALCOHOL	2	OTC
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FLAVORING AGENTS

ALFALFA FLAVOR	2	OTC
ALMOND OIL BITTER FLAVOR	2	OTC
ANISE EXTRACT	2	OTC
ANISE FLAVOR	2	OTC
APPLE FLAVOR	2	OTC
APPLE FLAVOR WATER MISCIBLE	2	OTC
APRICOT FLAVOR	2	OTC
BACON FLAVOR	2	OTC
BANANA CONCENTRATE	2	OTC
BANANA CREAM FLAVOR	2	OTC
BANANA CREME FLAVOR	2	OTC
BANANA FLAVOR	2	OTC
BEEF (GRILLED) FLAVOR OIL SOL	2	OTC
BEEF BRAISED NATURAL FLAVOR	2	OTC
BEEF FLAVOR	2	OTC
BEEF TYPE FLAVOR NATURAL	2	OTC
BEEF TYPE FLAVOR OS	2	OTC
BEEF-ADE	2	OTC
BITTER STOP FLAVOR	2	OTC
BITTER-BLOC PURE	2	OTC
BITTER-BLOC WS	2	OTC
BITTER-BLOC WS CONCENTRATE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BITTER-BLOC WS/OS LIQUID	2	OTC
BITTERNESS MASK FLAVOR	2	OTC
BITTERNESS REDUCING AGENT	2	OTC
BITTERNESS SUPPRESSOR FLAVOR LIQUID	2	OTC
BLACKBERRY FLAVOR	2	OTC
BLOOD ORANGE OS	2	OTC
BLUEBERRY FLAVOR	2	OTC
BUBBLE GUM CONCENTRATE	2	OTC
BUBBLE GUM FLAVOR	2	OTC
BUBBLE GUM OS	2	OTC
BUBBLE GUM WS	2	OTC
BUTTER FLAVOR	2	OTC
BUTTER RUM FLAVOR	2	OTC
BUTTERSCOTCH FLAVOR	2	OTC
CARAMEL FLAVOR	2	OTC
CARAMEL OS	2	OTC
CHEESE-ADE FLAVOR	2	OTC
CHEESECAKE FLAVOR	2	OTC
CHERRY FLAVOR	2	OTC
CHERRY-ADE FLAVOR	2	OTC
CHICKEN (GRILLED) FLAVOR	2	OTC
CHICKEN BROTH FLAVOR	2	OTC
CHICKEN CONC FLAVOR	2	OTC
CHICKEN FLAVOR	2	OTC
CHICKEN FLAVOR OIL MISCIBLE	2	OTC
CHICKEN FLAVOR OIL SOLUBLE	2	OTC
CHICKEN FLAVOR WATER MISCIBLE	2	OTC
CHICKEN ROASTED CONCENTRATE	2	OTC
CHOCOLATE CONCENTRATE	2	OTC
CHOCOLATE FLAVOR	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHOCOLATE HAZELNUT FLAVOR	2	OTC
CHOCOLATE NATURAL & ARTIFICIAL	2	OTC
CINNAMON FLAVOR	2	OTC
COCONUT FLAVOR	2	OTC
COFFEE FLAVOR	2	OTC
COLA FLAVOR	2	OTC
COTTON CANDY FLAVOR	2	OTC
CRAN-RASPBERRY FLAVOR	2	OTC
CREME DE MENTHE FLAVOR	2	OTC
CREME DEMENTHE FLAVOR	2	OTC
CREME OS	2	OTC
ENGLISH TOFFEE FLAVOR	2	OTC
EUCALYPTUS FLAVOR	2	OTC
EUGENOL FLAVOR	2	OTC
FISH FLAVOR	2	OTC
FLAVOR CONC-CHLORHEXIDINE	2	OTC
FLAVORX	2	OTC
GRAPE CONCORD OS	2	OTC
GRAPE FLAVOR	2	OTC
GRAPEFRUIT FLAVOR	2	OTC
GREEN APPLE OS	2	OTC
GUAVA FLAVOR	2	OTC
HAM FLAVOR	2	OTC
HONEY FLAVOR	2	OTC
KAHLUA FLAVOR	2	OTC
LEMON EXTRACT	2	OTC
LEMON FLAVOR	2	OTC
LEMON-LIME SD	2	OTC
LEMONADE FLAVOR	2	OTC
LICORICE FLAVOR	2	OTC
LIME FLAVOR	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIVER CONCENTRATE	2	OTC
LIVER FLAVOR	2	OTC
MANGO FLAVOR	2	OTC
MANGO FLAVOR SWEETENED	2	OTC
MANGO PASSION FRUIT OS	2	OTC
MAPLE FLAVOR	2	OTC
MARSHMALLOW ARTIFICIAL FLAVOR	2	OTC
MARSHMALLOW FLAVOR	2	OTC
MARSHMALLOW OS	2	OTC
MARSHMALLOW WS	2	OTC
MINT CHOCOLATE CHIP FLAVOR	2	OTC
MOLASSES FLAVOR	2	OTC
NATURAL CARAMEL	2	OTC
ORANGE CONCENTRATE	2	OTC
ORANGE CREAM FLAVOR	2	OTC
ORANGE FLAVOR	2	OTC
ORANGE OIL FLAVOR	2	OTC
PASSION FRUIT FLAVOR	2	OTC
PASSION FRUIT FLAVOR SWEETENED	2	OTC
PCCA SWEETNESS ENHANCER	2	OTC
PEACH FLAVOR	2	OTC
PEANUT BUTTER FLAVOR	2	OTC
PEANUT BUTTER OS	2	OTC
PEPPERMINT BURST OS	2	OTC
PEPPERMINT FLAVOR	2	OTC
PINA COLADA FLAVOR	2	OTC
PINEAPPLE FLAVOR	2	OTC
PRALINES AND CREAM FLAVOR	2	OTC
PUMPKIN FLAVOR	2	OTC
RASPBERRY CONCENTRATE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RASPBERRY FLAVOR	2	OTC
RASPBERRY FLAVOR ARTIFICIAL	2	OTC
RASPBERRY OS	2	OTC
ROOT BEER FLAVOR	2	OTC
SARDINE FLAVOR	2	OTC
SHRIMP FLAVOR	2	OTC
SPEARMINT FLAVOR	2	OTC
SPEARMINT OS	2	OTC
STEVIA GLYCERITE EXTRACT	2	OTC
STRAWBERRY FLAVOR	2	OTC
STRAWBERRY OS	2	OTC
SUPER SYNERSWEET FLAVOR	2	OTC
SWEET CORN FLAVOR	2	OTC
SWEET DROPS	2	OTC
SWEETENING ENHANCER	2	OTC
TANGERINE FLAVOR	2	OTC
TANGERINE FLAVOR SWEETENED	2	OTC
TEABERRY FLAVOR	2	OTC
TRITTAB PEPPERMINT ICE	2	OTC
TROPICAL FUSION OS	2	OTC
TROPICAL FUSION WS	2	OTC
TROPICAL PUNCH FLAVOR	2	OTC
TUNA FLAVOR	2	OTC
TUNA TYPE FLAVOR OS	2	OTC
TUTTI FRUTTI CONCENTRATE	2	OTC
TUTTI FRUTTI FLAVOR	2	OTC
TUTTI-FRUTTI FLAVOR	2	OTC
VANILLA BUTTERNUT FLAVOR	2	OTC
VANILLA FLAVOR	2	OTC
VANILLA OS	2	OTC
VANILLIN FLAVOR	2	OTC
VERY BERRY OS	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITAMIN/IRON MASKING AGENT	2	OTC
WATERMELON FLAVOR	2	OTC
WILD CHERRY FLAVOR	2	OTC
WILD CHERRY OS	2	OTC
WILD CHERRY SD FLAVOR	2	OTC
INTERNAL VEHICLE INGREDIENTS/AGENTS		
THICK-IT - POWDER	2	OTC
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC)	2	
CHERRY	2	OTC
CHERRY CONCENTRATE SYRUP	2	OTC
CUSTOM POLYGLYCOL TROCHE BASE	2	
<i>flavor syrup</i>	2	OTC
<i>saline bacteriostatic</i>	1	
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile water for injection</i>	1	
STERILE WATER FOR INJECTION	2	
NON GELATIN CAPSULES (EMPTY)		
<i>non gelatin capsules</i>	2	OTC
PHARMACEUTICAL EXCIPIENTS		
BITTER DRUG	2	
CAPSORAL W/DYNAMIC STATIC GRD	2	
CAPSUBLEND-H	2	
CAPSUBLEND-P	2	
CAPSUBLEND-S	2	
COCOA BUTTER MISC	2	OTC
ECTOSEAL P2G	2	
FAGRON CAPFILL PRO	2	
FAGRON DISPERSAPRO	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FREEDOM SIMPLECAP	2	
LOXORAL BASE	2	
MAGNESIUM STEARATE	2	OTC
METHYLCELLULOSE POWDER	2	
NAT BITTERNESS	2	
PROCAP 90 CAPSULE EXCIPIENT	2	
STEARIC ACID POWDER	2	OTC

SEMI SOLID VEHICLES

<i>petrolatum (vaseline)</i>	1	OTC
<i>petrolatum ointment petrolatum, petrolatum</i>	2	OTC

PROGESTINS

PROGESTINS

<i>gallifrey</i>	1	EDS
LILETTA (52 MG)	\$0	LA
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	EDS
<i>megestrol acetate 625 mg/5ml suspension</i>	1	PA, EDS, NP
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	PA, NP
NEXPLANON	\$0	LA
<i>norethindrone acetate 5 mg tab</i>	1	EDS
<i>progesterone 100 mg cap, 200 mg cap</i>	1	EDS

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium</i>	1	EDS
<i>disulfiram 250 mg tab</i>	1	EDS

ANTIDEMENTIA AGENTS

ADLARITY	2	PA, NP
ARICEPT	2	PA, NP
<i>donepezil hcl 23 mg tab</i>	1	PA, EDS, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	1	EDS, P
EXELON	2	PA, NP
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	1	PA, EDS, NP
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	2	PA, NP
<i>galantamine hydrobromide er</i>	1	PA, EDS, NP
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	1	PA, EDS, NP
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	1	PA, NP
<i>memantine hcl 5 mg tab, 10 mg tab</i>	1	EDS, P
<i>memantine hcl er</i>	1	PA, EDS, NP
NAMENDA	2	PA, NP
NAMENDA TITRATION PAK	2	PA, NP
NAMENDA XR	2	PA, NP
NAMENDA XR TITRATION PACK	2	PA, NP
NAMZARIC	2	PA, NP
<i>rivastigmine</i>	1	PA, EDS, NP
<i>rivastigmine tartrate</i>	1	PA, EDS, NP
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 PER DAY), P
SAVELLA TITRATION PACK	2	QL (55 EA PER 180 DAYS), P
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO	2	PA, QL (4 EA PER DAY), SP
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	2	PA, QL (1 EA PER 1 DAY), SP
AUSTEDO XR 6 MG TAB ER 24H	2	PA, QL (3 EA PER DAY), SP
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	2	PA, QL (1 EA PER 1 DAY), SP
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	2	PA, QL (42 EA PER 28 DAYS), 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
BRIUMVI	2	PA, LA, NP
COPAXONE 20 MG/ML SOLN PRSYR	1	PA, SP, P
COPAXONE 40 MG/ML SOLN PRSYR	2	PA, SP, NP
<i>dalfampridine er</i>	1	PA, SP, NP
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	1	SP, P
<i>dimethyl fumarate starter pack</i>	1	PA, SP, NP
EXTAVIA	2	PA, SP, NP
<i>fingolimod hcl</i>	1	PA, SP, P
GILENYA 0.25 MG CAP	2	PA, SP, NP
GILENYA 0.5 MG CAP	1	PA, SP, NP
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatopa 20 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatopa 40 mg/ml soln prsyr</i>	1	PA, SP, NP
KESIMPTA	2	PA, SP, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEMTRADA	2	PA, LA, NP
MAVENCLAD (10 TABS)	2	PA, SP, NP
MAVENCLAD (4 TABS)	2	PA, SP, NP
MAVENCLAD (5 TABS)	2	PA, SP, NP
MAVENCLAD (6 TABS)	2	PA, SP, NP
MAVENCLAD (7 TABS)	2	PA, SP, NP
MAVENCLAD (8 TABS)	2	PA, SP, NP
MAVENCLAD (9 TABS)	2	PA, SP, NP
MAYZENT	2	PA, SP, NP
MAYZENT STARTER PACK	2	PA, SP, NP
OCREVUS	2	PA, SP, NP
PLEGRIDY	2	PA, SP, NP
PLEGRIDY STARTER PACK	2	PA, SP, NP
PONVORY	2	PA, SP, NP
PONVORY STARTER PACK	2	PA, SP, NP
REBIF	2	PA, SP, P
REBIF REBIDOSE	2	PA, SP, P
REBIF REBIDOSE TITRATION PACK	2	PA, SP, P
REBIF TITRATION PACK	2	PA, SP, P
TASCENSO ODT	2	PA, LA, NP
TECFIDERA	2	PA, SP, NP
<i>teriflunomide</i>	1	PA, SP, P
TYSABRI	2	PA, SP, NP
VUMERITY	2	PA, SP, NP
ZEPOSIA	2	PA, QL (1 EA PER DAY), SP, NP
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (1 EA PER DAY), SP, NP
ZEPOSIA STARTER KIT	2	PA, QL (1 EA PER DAY), SP, NP
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE 300 MG TAB, 450 MG TAB, 600 MG TAB, 750 MG TAB, 900 MG TAB	2	PA, NP
LYRICA CR	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin er</i>	1	PA, NP
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	2	PA, NP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES 1 MG TAB	2	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT	2	PA, NP
SMOKING DETERRENTS		
<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 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB	2	PA, QL (2 EA PER DAY), SP
KALYDECO 5.8 MG PACKET	2	PA, QL (56 EA PER 28 DAYS), SP
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	2	PA, QL (4 EA PER DAY), SP
ORKAMBI 75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET	2	PA, QL (2 EA PER DAY), SP
PULMOZYME	2	SP
SYMDEKO	2	PA, QL (2 EA PER DAY), SP
TRIKAFTA 50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK	2	PA, QL (3 EA PER DAY), SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	2	PA, QL (2 EA PER DAY), SP
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	2	PA, QL (9 EA PER DAY), SP
OFEV	2	PA, LA, QL (2 EA PER DAY)
<i>pirfenidone 267 mg tab</i>	1	PA, QL (9 EA PER DAY), SP
<i>pirfenidone 801 mg tab</i>	1	PA, QL (3 EA PER DAY), SP
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
TETRACYCLINES		
TETRACYCLINES		
<i>doxy 100</i>	1	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab</i>	1	
<i>doxycycline monohydrate 50 mg cap, 100 mg cap</i>	1	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	1	
<i>mondoxylene nl 100 mg cap</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	EDS
<i>propylthiouracil 50 mg tab</i>	1	EDS
THYROID HORMONES		
ADTHYZA 15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 130 MG TAB	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	2	
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	EDS
NIVA THYROID	2	
NP THYROID	2	
THYQUIDITY	2	
THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	2	
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SULFATE (PF)	2	
<i>atropine sulfate 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr, 1 mg/ml solution, 8 mg/20ml solution</i>	1	
<i>dicyclomine hcl 10 mg cap, 10 mg/5ml solution, 20 mg tab</i>	1	EDS
<i>ed-spaz</i>	1	EDS
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	EDS
<i>hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution</i>	1	EDS
<i>hyoscyamine sulfate er</i>	1	EDS
<i>hyosyne</i>	1	EDS
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	EDS
<i>nulev</i>	1	EDS
<i>oscimin</i>	1	EDS
<i>oscimin sr</i>	1	EDS
<i>symax-sl</i>	1	EDS
<i>symax-sr</i>	1	EDS
H-2 ANTAGONISTS		
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	1	EDS
<i>famotidine (pepcid)</i>	1	OTC, EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE 15 MG/ML SOLUTION, 300 MG CAP	2	
<i>nizatidine 150 mg cap</i>	1	EDS
MISC. ANTI-ULCER		
<i>sucralfate 1 gm tab, 1 gm/10ml suspension</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTON PUMP INHIBITORS		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
ACIPHEX	2	PA, QL (30 EA PER FILL), NP
<i>cvs esomeprazole magnesium</i>	1	OTC, EDS, P
<i>cvs omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>cvs omeprazole magnesium</i>	1	OTC, EDS
DEXILANT	2	PA, NP
<i>dexlansoprazole</i>	1	PA, NP
<i>eq esomeprazole magnesium</i>	1	OTC, EDS, P
<i>eq omeprazole magnesium</i>	1	OTC, EDS
<i>esomeprazole magnesium 10 mg packet, 20 mg packet, 40 mg packet</i>	1	PA, NP
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC, EDS, P
<i>esomeprazole magnesium 40 mg cap dr</i>	1	EDS, P
<i>ft acid reducer 20 mg cap dr</i>	1	OTC, EDS, P
<i>gnp esomeprazole magnesium</i>	1	OTC, EDS, P
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>goodsense esomeprazole</i>	1	OTC, EDS, P
<i>hm esomeprazole magnesium dr</i>	1	OTC, EDS, P
<i>kls esomeprazole magnesium</i>	1	OTC, EDS, P
<i>kp omeprazole magnesium</i>	1	OTC, EDS
<i>lansoprazole (prevacid)</i>	1	PA, OTC, EDS, NP
LANSOPRAZOLE 15 MG CAP DR	1	OTC, EDS, P
LANSOPRAZOLE 15 MG TAB DR DISP	1	PA, OTC, NP
LANSOPRAZOLE 30 MG CAP DR	1	EDS, P
LANSOPRAZOLE 30 MG TAB DR DISP	1	PA, NP
NEXIUM 2.5 MG PACKET, 5 MG PACKET, 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	1	P
NEXIUM 20 MG CAP DR, 40 MG CAP DR	2	PA, NP
NEXIUM I.V.	2	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 20 mg tab dr, 40 mg tab dr</i>	1	EDS, P
<i>pantoprazole sodium 40 mg packet</i>	1	PA, 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
PROTONIX 20 MG TAB DR, 40 MG PACKET, 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 100 mcg tab, 200 mcg tab</i>	1	EDS
ULCER THERAPY COMBINATIONS		
<i>cvs omeprazole-sod bicarbonate</i>	1	PA, OTC, EDS, NP
<i>goodsense omep/sod bicarb</i>	1	PA, OTC, EDS, NP
KONVOMEF	2	PA, NP
<i>omeprazole-sodium bicarbonate -20-1100 mg cap</i>	1	PA, OTC, EDS, NP
<i>omeprazole-sodium bicarbonate -20-1680 mg packet, -40-1100 mg cap, -40-1680 mg packet</i>	1	PA, NP
ZEGERID 20-1100 MG CAP	2	PA, OTC, NP
ZEGERID 20-1680 MG PACKET, 40-1100 MG CAP, 40-1680 MG PACKET	2	PA, NP
ZEGERID OTC	2	PA, OTC, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	1	PA, EDS, NP
DETROL	2	PA, NP
DITROPAN XL	2	PA, NP
ENABLEX	2	PA, NP
<i>fesoterodine fumarate er</i>	1	PA, NP
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	1	EDS, P
<i>oxybutynin chloride er</i>	1	EDS, P
OXYTROL	2	P
<i>solifenacin succinate</i>	1	EDS, P
<i>tolterodine tartrate</i>	1	EDS, P
<i>tolterodine tartrate er</i>	1	EDS, P
TOVIAZ	1	P
<i>tropium chloride</i>	1	PA, EDS, NP
<i>tropium chloride er</i>	1	PA, EDS, NP
VESICARE	2	PA, NP
VESICARE LS	2	PA, NP

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA	2	PA, NP
<i>mirabegron er</i>	1	
MYRBETRIQ	2	PA, NP

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl</i>	1	PA, EDS, NP
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VACCINES		
BACTERIAL VACCINES		
ACTHIB	\$0	
BCG VACCINE	\$0	
BEXSERO	\$0	
CAPVAXIVE	\$0	
HIBERIX	\$0	
MENACTRA	\$0	
MENQUADFI	\$0	
MENVEO	\$0	
PEDVAX HIB	\$0	
PENBRAYA	\$0	
PNEUMOVAX 23	\$0	
PREVNAR 13	\$0	
PREVNAR 20	\$0	
TRUMENBA	\$0	
TYPHIM VI	\$0	
VAXCHORA	\$0	
VAXNEUVANCE	\$0	
VIRAL VACCINES		
ABRYSVO	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AREXVY	\$0	
COMIRNATY	\$0	
DENGVAXIA	\$0	
ENGERIX-B	\$0	
ERVEBO	\$0	
FLUAD	\$0	
FLUARIX	\$0	
FLUARIX QUADRIVALENT	\$0	

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

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

VAGINAL AND RELATED PRODUCTS

SPERMICIDES

<i>vaginal contraceptive foam</i>	\$0	OTC
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VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	1	
<i>clotrimazole (gyne-lotrimin)</i>	1	OTC, P
<i>miconazole (monistat)</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MICONAZOLE 3 200 MG SUPPOSITORY	2	
<i>terconazole</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 PER DAY), EDS
<i>yuvafem</i>	1	QL (0.7 EA PER DAY), EDS

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

AUVI-Q	2	PA, QL (2 EA PER FILL), CDS, NP
<i>epinephrine (anaphylaxis)</i>	1	CDS
<i>epinephrine 0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln</i>	1	PA, QL (2 EA PER FILL), MFG, CDS, NP
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	PA, QL (2 EA PER FILL), MFG, CDS, NP
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	QL (2 EA PER FILL), MFG, CDS, P
EPIPEN 2-PAK	1	QL (2 EA PER FILL), CDS, P
EPIPEN JR 2-PAK	1	QL (2 EA PER FILL), CDS, P
NEFFY	2	QL (2 EA PER FILL)
SYMJEPI	1	QL (2 EA PER FILL), CDS, P
<i>midodrine hcl</i>	1	

VITAMINS

OIL SOLUBLE VITAMINS

<i>beta-carotene</i>	1	OTC, EDS
BETA-CAROTENE	2	OTC
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin a</i>	1	OTC, EDS
<i>vitamin d</i>	1	OTC, EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
NIACIN	2	OTC, P
<i>niacin</i>	1	OTC, EDS, 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
<i>vitamin c</i>	1	OTC, EDS
VITAMIN C	2	OTC

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