

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, Blue Earth, Carlton, Carver, Cass, Cook, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pine, Rice, Rock, Scott, Todd, Washington, Watonwan и Winona.

**Округа, входящие в программу MinnesotaCare:** Aitkin, Anoka, Blue Earth, Carlton, Carver, Cass, Cook, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pine, Rice, Rock, Scott, Todd, Washington, Watonwan и Winona.

**Округа, входящие в программу MSC+:** Aitkin, Anoka, Becker, Blue Earth, Carlton, Carver, Cass, Chippewa, Clay, Cook, Cottonwood, 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, Pine, Polk, Red Lake, Redwood, Rice, Rock, Scott, Swift, Todd, Wabasha, Washington, Watonwan, Winona и Yellow Medicine.

**Округа, входящие в программу UCare Connect:** Aitkin, Anoka, Becker, Blue Earth, Carlton, Carver, Cass, Chippewa, Clay, Cook, Cottonwood, 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, Pine, Polk, Red Lake, Redwood, Rice, Rock, Scott, Swift, Todd, Washington, Watonwan, Wilkin, Winona и Yellow Medicine.

Информация, включенная в этот список покрываемых страховкой препаратов, была верной по состоянию на 01.12.2025. Чтобы получить актуальную информацию, перейдите на сайт [ucare.org](https://ucare.org). Если у вас есть вопросы, позвоните в Службу поддержки клиентов UCare по номеру телефона, указанному на этой странице. Вы можете 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](https://ucare.org). UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

**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](https://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.

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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](mailto:cag@ucare.org)

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

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

## Civil Rights Complaints

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

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

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

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

Contact the OCR directly to file a complaint:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Содержание

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Что такое список покрываемых препаратов?.....	8
Вносятся ли изменения в список покрываемых препаратов? .....	8
Как лекарства перечислены в списке покрываемых страховкой препаратов? .....	8
Что такое список предпочтительных препаратов? .....	9
Что такое непатентованные препараты или биоаналоги?.....	9
Что такое безрецептурные препараты (ОТС)? .....	9
Что делать, если препарат не входит в список покрываемых препаратов? .....	10
Существуют ли какие-либо ограничения в отношении моего покрытия?.....	11
Можно ли запросить исключение из ограничений покрытия? .....	11
Сколько будет стоить рецепт? .....	12
Обозначения списка препаратов (фармацевтического справочника).....	12
Список препаратов (фармацевтический справочник).....	17
Указатель препаратов .....	183

## **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?

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

Если нужен препарат, не входящий в список покрываемых препаратов:

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

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

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

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

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

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

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

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

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

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

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

## **Сколько будет стоить рецепт?**

С 1 января 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](http://ucare.org).

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

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

<b>PA</b>	Предварительное разрешение	Препараты, которые требуют одобрения UCare, прежде чем вы получите его по рецепту
<b>SP</b>	Специальный препарат	Препараты, которые необходимо получать по рецепту через специализированную аптеку Fairview
<b>QL</b>	Ограничение по количеству	Существуют ограничения на количество препарата, покрываемого в рамках одной выдачи
<b>LA</b>	Ограниченный доступ	Препараты, которые можно приобрести только в определенных аптеках
<b>PV</b>	Профилактика	Препараты для профилактического использования, оплачиваемые по цене 0 долл.США
<b>CDS</b>	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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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
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
ADDERALL XR 20 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP
ADZENYS XR-ODT (12.5 MG TAB ER DISP, 15.7 MG TAB ER DISP, 18.8 MG TAB ER DISP)	2	PA, QL (1 EA PER DAY), NP
ADZENYS XR-ODT (3.1 MG TAB ER DISP, 6.3 MG TAB ER DISP, 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 1.25 MG/ML SUSP	2	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 (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-dextroamphet er 20 mg cap 24h</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab)</i>	1	QL (4 EA PER DAY), P
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL (2 EA PER DAY), P
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1	QL (3 EA PER DAY), P
<i>dextroamphetamine sulfate 30 mg tab</i>	1	QL (2 EA PER DAY), P
<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
DYANAVAL XR (5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER)	2	PA, QL (1 EA PER 1 DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DYANAVEL XR 2.5 MG/ML SUSP	2	PA, QL (8 ML PER 1 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 (ODT 5 MG TAB DISP, ODT 15 MG TAB DISP)	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
<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
<b>ANALEPTICS</b>		
CAFFEINE-SODIUM BENZOATE	2	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>phentermine hcl (15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab)</i>	1	QL (1 EA PER DAY)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTI-OBESITY AGENTS</b>		
<i>liraglutide -weight management</i>	1	PA, QL (15 ML PER 30 DAYS)
ORLISTAT 120 MG CAP	2	PA, QL (3 EA PER DAY), NP
SAXENDA	1	PA, QL (15 ML PER 30 DAYS), P
WEGOVY (0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	2	PA, QL (3 MLPER28 DAYS; 2 FILLSPER180 DAYS), P
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	2	PA, QL (3 ML PER 28 DAYS), P
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA, QL (3 MLPER28 DAYS; 2 FILLSPER180 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 180 DAYS), NP
ZEPBOUND (5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLUTION, 7.5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLUTION, 10 MG/0.5ML SOLUTION, 12.5 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLUTION, 15 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ML PER 28 DAYS), NP
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), NP
ZEPBOUND 15 MG/0.5ML SOLUTION	2	PA, QL (2 ML PER 28 DAYS), NP
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<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
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	2	PA, QL (1 EA PER DAY)
<b>STIMULANTS - MISC.</b>		
APTENSIO XR	2	PA, QL (2 EA PER DAY), NP
<i>armodafinil</i>	1	QL (1 EA PER DAY)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (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 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 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
<i>methylphenidate hcl er (la) (er 40 mg cap er, er 60 mg cap er)</i>	1	PA, QL (1 EA PER DAY), NP
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>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
METHYLPHENIDATE HCL ER (OSM) (ER 45 MG TAB ER, ER 63 MG TAB ER)	2	PA, QL (1 EA PER 1 DAY), NP
<i>methylphenidate hcl er (osm) 54 mg tab</i>	1	QL (1 EA PER DAY), P
<i>methylphenidate hcl er (osm) 72 mg tab</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
<i>modafinil (100 mg tab, 200 mg tab)</i>	1	QL (2 EA PER DAY)
QUILLICHEW ER (ER 20 MG, ER 30 MG)	2	PA, QL (2 EA PER DAY), NP
QUILLICHEW ER 40 MG CH	2	PA, QL (1 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - G'S</b>		
<i>glucosamine sulfate</i>	1	OTC
<b>ALTERNATIVE MEDICINE - M'S</b>		
MELATONIN	2	OTC
<i>melatonin</i>	1	OTC, EDS
<b>ALTERNATIVE MEDICINE COMBINATIONS</b>		
<i>glucosamine / chondroitin</i>	1	OTC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate (1 gm/4ml, 500 mg/2ml)</i>	1	
ARIKAYCE	2	PA, LA, NP
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
<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	
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADALIMUMAB-AACF (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AACF (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AACF(CD/UC/HS STRT)	2	PA, QL (6 EA PER 180 DAYS), SP, NP
ADALIMUMAB-AACF(PS/UV STARTER)	2	PA, QL (4 EA PER 180 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (2 PEN)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY CD/UC/HS START	2	PA, QL (3 EA PER 180 DAYS), SP, NP
ADALIMUMAB-ADAZ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADBM (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBM (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-ADBM (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADBM(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBM(PS/UV STARTER) 40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADALIMUMAB-RYVK (1 PEN)	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 A-INJ	2	PA, QL (1.6 ML PER 28 DAYS), SP, NP
AMJEVITA-PED 15KG TO <30KG	2	PA, QL (2 EA 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 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HULIO (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HUMIRA	2	PA, QL (2 EA PER 28 DAYS), SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HUMIRA (1 PEN)	2	PA, QL (3 EA PER 180 DAYS), SP, P
HUMIRA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, P
HUMIRA (2 SYRINGE) (20 MG/0.2ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	2	PA, QL (2 EA 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	2	PA, QL (2 EA PER 28 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
HYRIMOZ-PLAQUE PSORIASIS START	2	PA, QL (3 EA PER 180 DAYS), SP, NP
IDACIO (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
IDACIO (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
IDACIO-CROHNS/UC STARTER	2	PA, QL (6 EA PER 180 DAYS), SP, NP
IDACIO-PSORIASIS STARTER	2	PA, QL (4 EA PER 180 DAYS), SP, NP
SIMLANDI (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SIMLANDI (1 SYRINGE)	2	PA, QL (2 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)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA (2 PEN)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
YUFLYMA (2 SYRINGE)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
YUFLYMA 2-SYRINGE KIT	2	PA, QL (1 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 (5 MG TAB, 10 MG TAB)	2	PA, QL (2 EA PER DAY), SP, P
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (10 ML PER DAY), SP, NP
XELJANZ XR	2	PA, QL (1 EA PER DAY), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	2	PA, LA, QL (4 EA PER 28 DAYS), NP
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET	2	PA, QL (18.76 ML PER 28 DAYS), SP, NP
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS	2	PA, LA, SP, NP
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, NP
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), 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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
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
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diclofenac-misoprostol</i>	1	PA, EDS, NP
<i>ec-naproxen</i>	1	P
<i>etodolac</i>	1	EDS
<i>etodolac er</i>	1	EDS
FENOPROFEN CALCIUM (400 MG CAP, 600 MG TAB)	2	PA, NP
<i>fenopropfen calcium 400 mg cap</i>	1	PA, NP
<i>flurbiprofen (flurbiprofen 100 mg tab, 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, 75 MG CAP)	2	P
KETOPROFEN 50 MG CAP	2	EDS, P
KETOPROFEN ER	2	PA, NP
<i>ketorolac tromethamine 10 mg tab</i>	1	P
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	2	PA, NP
KIPROFEN	1	P
MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP)	2	PA, EDS, NP
<i>mefenamic acid 250 mg cap</i>	1	PA, NP
<i>meloxicam (5 mg cap, 10 mg cap)</i>	1	PA, QL (30 UNITS PER FILL), NP
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	EDS, P
MOBIC 15 MG TAB	2	PA, QL (30 UNITS PER FILL), NP
MOBIC 7.5 MG TAB	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 (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
<i>naproxen 125 mg/5ml suspension</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen dr</i>	1	P
<i>naproxen sodium</i>	1	PA, OTC, EDS, NP
<i>naproxen-esomeprazole mg</i>	1	PA, 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 18 MG CAP	2	PA, QL (90 UNITS PER 30 DAYS), NP
ZORVOLEX 35 MG CAP	2	PA, QL (90 UNITS PER FILL), NP
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 20 MG TAB)	2	PA, QL (2 EA PER 1 DAY), SP, P
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
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide (10 mg tab, 20 mg tab)</i>	1	EDS
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
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
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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>aspirin / acetaminophen / caffeine (excedrin)</i>	1	OTC
<i>bac (butalbital-acetamin-caff)</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 (tablet, capsule, liquid, suppository)</i>	1	OTC, EDS
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### **SALICYLATES**

<i>aspirin (325mg, 500mg, suppository)</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 (81mg, 325mg, 500mg, suppository)</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>diflunisal 500 mg tab</i>	1	EDS
<i>salsalate (500 mg tab, 750 mg tab)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
CONZIP	2	PA, 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), SUM6 (UCARE MCAID_LONG ACTING OPIOIDS PREF), 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 (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
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 30 mg, er 40 mg)</i>	1	PA, QL (3 EA PER DAY), NP
<i>hydrocodone bitartrate er (er 80 mg, er 100 mg)</i>	1	PA, QL (1 EA PER DAY), NP
HYDROCODONE BITARTRATE ER 120 MG TB24 DET	2	PA, QL (1 EA PER 1 DAY), NP
<i>hydrocodone bitartrate er 20 mg tb24 det</i>	1	PA, QL (4 EA PER DAY), NP
HYDROCODONE BITARTRATE ER 50 MG CAP 12H	2	PA, QL (2 EA PER DAY), NP
<i>hydrocodone bitartrate er 60 mg tb24 det</i>	1	PA, QL (2 EA PER DAY), NP
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL (8 ML PER DAY)
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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
<i>methadone hcl (10 mg/5ml solution, 10 mg/ml conc)</i>	1	QL (10 ML PER DAY)
<i>methadone hcl 10 mg tab</i>	1	PA, QL (2 EA PER DAY), NP
<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	2	QL (4.5 ML PER DAY)
MORPHINE SULFATE 10 MG/5ML SOLUTION	2	QL (30 ML PER DAY)
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL (30 ML PER DAY)
<i>morphine sulfate 15 mg tab</i>	1	QL (6 EA PER DAY)
MORPHINE SULFATE 15 MG TAB	2	QL (6 EA PER DAY)
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	QL (22.5 ML PER 1 DAY)
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL (22.5 ML PER 1 DAY)
MORPHINE SULFATE 30 MG TAB	2	QL (3 EA PER DAY)
<i>morphine sulfate 30 mg tab</i>	1	QL (3 EA PER DAY)
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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), SUM6 (UCARE MCAID_LONG ACTING OPIOIDS PREF), P
<i>morphine sulfate er 15 mg tab</i>	1	PA, QL (4 EA PER DAY), SUM6 (UCARE MCAID_LONG ACTING OPIOIDS PREF), P
MORPHINE SULFATE ER 30 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP
<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), SUM6 (UCARE MCAID_LONG ACTING OPIOIDS PREF), P
MORPHINE SULFATE ER 40 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 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
MS CONTIN (60 MG TAB ER, 100 MG TAB ER, 200 MG TAB ER)	2	PA, QL (1 EA PER DAY), NP
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
<i>oxycodone hcl (5 mg cap, 5 mg tab)</i>	1	QL (12 EA PER DAY)
<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)
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (40 ML PER DAY)
OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER)	2	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)	2	PA, QL (2 EA PER DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
OXYCODONE HCL ER 30 MG TB12 DET	2	PA, QL (2 EA PER DAY), NP
OXYCONTIN (10 MG TB12 DETER, 20 MG TB12 DETER)	2	PA, QL (3 EA PER 1 DAY), NP
OXYCONTIN (60 MG TB12 DETER, 80 MG TB12 DETER)	2	PA, QL (2 EA PER 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
<i>tramadol hcl (er biphasic) (tramadol hcl (er biphasic), tramadol hcl (er biphasic))</i>	1	PA, NP
<i>tramadol hcl 50 mg tab</i>	1	QL (8 EA PER DAY)
TRAMADOL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H)	2	PA, NP
<i>tramadol hcl er (er 100 mg tab er, er 200 mg tab er, er 300 mg tab er)</i>	1	PA, NP
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (120-12 mg/5ml, 300-30 mg/12.5ml)</i>	1	QL (150 ML PER DAY)
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	1	QL (12 EA PER DAY)
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	2	QL (150 ML PER 1 DAY)
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	2	QL (150 ML PER DAY)
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL (6 EA 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 (2.5-325 mg tab, 5-325 mg tab)</i>	1	QL (12 EA PER DAY)
<i>endocet 10-325 mg tab</i>	1	QL (6 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 (2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml)</i>	1	QL (120 ML PER DAY)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 (2.5-325 mg tab, 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 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), SUM6 (UCARE MCAID_LONG ACTING OPIOIDS PREF), 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
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</i>	1	PA, QL (0.15 EA PER DAY), SUM6 (UCARE MCAID_LONG ACTING OPIOIDS PREF), P
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (8.6-2.1 MG SL TAB, 11.4-2.9 MG SL TAB)	2	PA, QL (2 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

## **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
TESTOSTERONE (TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE 50 MG/5GM (1%) GEL)	1	PA, QL (10 GM PER DAY), NP
<i>testosterone 10 mg/act (2%) gel</i>	1	PA, QL (4 GM PER DAY), NP
TESTOSTERONE 10 MG/ACT (2%) GEL	2	PA, QL (4 GM PER 1 DAY), NP
<i>testosterone 12.5 mg/act (1%) gel</i>	1	PA, QL (10 GM PER 1 DAY), NP
TESTOSTERONE 12.5 MG/ACT (1%) GEL	2	PA, QL (10 GM PER 1 DAY), NP
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	2	PA, QL (1.25 GM PER 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>testosterone cypionate (100 mg/ml, 200 mg/ml)</i>	1	
VOGELXO	1	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
PROCTOFOAM HC	2	

### **RECTAL LOCAL ANESTHETICS**

<i>pramoxine (procto-foam)</i>	1	OTC
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### **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	
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## **ANTACIDS**

### **ANTACID COMBINATIONS**

<i>magnesium carbonate / aluminum hydroxide chew tab</i>	1	OTC
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	1	OTC
<b>ANTACIDS - ALUMINUM SALTS</b>		
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	2	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate</i>	1	OTC, EDS
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (tums)</i>	1	OTC, EDS
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide</i>	1	OTC, EDS
<i>magnesium oxide (antacid)</i>	1	OTC, EDS
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole 200 mg tab</i>	1	
BENZNIDAZOLE	2	LA
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel 600 mg tab</i>	1	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<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	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>multivitamins / minerals</i>	2	OTC, EDS
<i>sulfamethoxazole-trimethoprim</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	1	
LAMPIT	2	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1	
<i>meropenem (1 gm soln, 500 mg soln)</i>	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	1	
<b>GLYCOPEPTIDES</b>		
VANCOGIN	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
VANCOMYCIN HCL 750 MG RECON SOLN	2	
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	EDS
<b>LINCOSAMIDES</b>		
<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	
<b>MONOBACTAMS</b>		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	PA, LA, QL (84 UNITS PER 30 DAYS), NP
<b>OXAZOLIDINONES</b>		
<i>linezolid (100 mg/5ml recon susp, 600 mg tab)</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate 500000 unit recon soln</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin 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	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	EDS
<b>NITRATES</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	EDS
ISOSORBIDE MONONITRATE	2	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</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	
<b>ANTIANSIETY AGENTS</b>		
<b>ANTIANSIETY AGENTS - MISC.</b>		
<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	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HYDROXYZINE PAMOATE 100 MG CAP	2	
<b>BENZODIAZEPINES</b>		
<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	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	EDS
<i>procainamide hcl (100 mg/ml, 500 mg/ml)</i>	1	
<i>quinidine gluconate er</i>	1	EDS
QUINIDINE SULFATE	2	EDS
<i>quinidine sulfate</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	EDS
<i>dofetilide</i>	1	EDS
<i>pacerone</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
<b>ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES</b>		
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/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
XOLAIR 150 MG RECON SOLN	2	PA, QL (2 EA PER 28 DAYS), SP, P
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	QL (26 UNITS PER 30 DAYS), P
INCRUSE ELLIPTA	2	PA, QL (1 UNIT PER 30 DAYS), NP
<i>ipratropium bromide 0.02 % solution</i>	1	EDS, P
SPIRIVA HANDIHALER	1	P
SPIRIVA RESPIMAT	2	P
<i>tiotropium bromide</i>	1	PA, EDS, NP
TUDORZA PRESSAIR	2	PA, NP
YUPELRI	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>LEUKOTRIENE MODULATORS</b>		
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
<b>PHOSPHODIESTERASE 3 &amp; 4 (PDE3 &amp; PDE4) INHIBITORS</b>		
OHTUVAYRE	2	PA, LA, QL (5 ML PER 1 DAY), NP
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP 250 MCG TAB	2	PA, QL (30 UNITS PER 30 DAYS), NP
DALIRESP 500 MCG TAB	2	PA, NP
<i>roflumilast</i>	1	P
<b>STEROID INHALANTS</b>		
ALVESCO	2	PA, QL (0.21 GM PER DAY), NP
ARNUIITY ELLIPTA	1	QL (1 EA PER DAY), P
ASMANEX (120 METERED DOSES)	2	QL (0.04 EA PER DAY), P
ASMANEX (14 METERED DOSES)	2	QL (0.04 EA PER DAY), P
ASMANEX (30 METERED DOSES)	1	QL (0.04 EA PER DAY), P
ASMANEX (60 METERED DOSES)	2	QL (0.04 EA PER DAY), P
ASMANEX (7 METERED DOSES)	1	QL (0.04 EA PER DAY), P
ASMANEX HFA (100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	1	QL (0.44 GM PER DAY), P
ASMANEX HFA 50 MCG/ACT AEROSOL	2	QL (0.44 GM PER DAY), P
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	EDS, P
FLUTICASONE PROPIONATE DISKUS	2	PA, QL (2 EA PER DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION)	2	PA, NP
PULMICORT 1 MG/2ML SUSPENSION	2	PA, QL (60 UNITS PER 30 DAYS), NP
PULMICORT FLEXHALER	1	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
<b>SYMPATHOMIMETICS</b>		
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
<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, 8 mg/20ml syrup)</i>	1	EDS, P
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	1	PA, EDS, NP
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	P
ALBUTEROL SULFATE ER	2	PA, NP
<i>albuterol sulfate hfa</i>	1	QL (0.57 GM PER DAY), EDS, P
ALBUTEROL SULFATE HFA (VENTOLIN GENERIC)	2	PA, QL (1.2 GM PER DAY), NP
ANORO ELLIPTA	1	QL (2 EA PER 1 DAY), P
<i>arformoterol tartrate</i>	1	PA, EDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL)	2	QL (0.87 GM PER DAY), P
DULERA 200-5 MCG/ACT AEROSOL	1	QL (0.87 GM PER DAY), P
FLUTICASONE FUROATE- VILANTEROL	2	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), EDS, NP
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	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)	2	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	2	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SYMBICORT	1	QL (0.69 GM PER DAY), P
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	EDS
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	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
UMECLIDINIUM-VILANTEROL	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

## **ANTICOAGULANTS**

### **COUMARIN ANTICOAGULANTS**

<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 (2.5 MG TAB, 5 MG TAB)	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
<i>rivaroxaban 2.5 mg tab</i>	1	
SAVAYSA	2	PA, NP
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	2	P
XARELTO 1 MG/ML RECON SUSP	2	PA, NP
XARELTO 2.5 MG TAB	1	P
XARELTO STARTER PACK	2	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA	2	PA, NP
<i>bd heparin posiflush</i>	1	
<i>enoxaparin sodium</i>	1	P
<i>fondaparinux sodium</i>	1	PA, NP
FRAGMIN (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
HEPARIN (PORCINE) IN NAACL (1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION)	2	
<i>heparin (porcine) in nacl (in 1000-0.9 ut/500ml-%, in 2000-0.9 unit/l-%)</i>	1	
<i>heparin na (pork) lock flsh pf (10 unit/ml, 100 unit/ml)</i>	1	
<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 (1000 unit/ml, 5000 unit/0.5ml)</i>	1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	2	
LOVENOX	2	PA, NP
<b>THROMBIN INHIBITORS</b>		
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA	2	PA, NP
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<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 (5 EA PER FILL), P
VALTOCO 15 MG DOSE	2	QL (5 EA PER FILL), P
VALTOCO 20 MG DOSE	2	QL (5 EA PER FILL), P
VALTOCO 5 MG DOSE	2	QL (5 EA PER FILL), P
<b>ANTICONVULSANTS - MISC.</b>		
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	P
LAMICTAL	2	PA, NP
LAMICTAL ODT	2	PA, NP
LAMICTAL STARTER	2	PA, NP
LAMICTAL XR	2	PA, NP
<i>lamotrigine (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
LEVETIRACETAM 250 MG TAB	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>levetiracetam er</i>	1	EDS, P
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
LYRICA 20 MG/ML SOLUTION	2	PA, QL (30 ML 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 (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
<i>pregabalin 20 mg/ml solution</i>	1	PA, QL (30 ML PER DAY), NP
<i>primidone (50 mg tab, 250 mg tab)</i>	1	EDS, P
PRIMIDONE 125 MG TAB	2	P
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TOPAMAX SPRINKLE	2	PA, NP
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 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 (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, NP
VIMPAT 10 MG/ML SOLUTION	2	PA
ZONISADE	2	PA, NP
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	EDS, P
ZTALMY	2	PA, LA, NP
<b>CARBAMATES</b>		
<i>felbamate</i>	1	EDS, P
FELBATOL (400 MG TAB, 600 MG TAB)	2	PA, NP
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X 200 MG TAB THPK, 14 X 50 MG & 14 X 100 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 (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
XCOPRI 25 MG TAB	2	PA, QL (1 EA PER 1 DAY), NP
<b>GABA MODULATORS</b>		
SABRIL	2	PA, LA, NP
<i>tiagabine hcl</i>	1	PA, EDS, NP
<i>vigabatrin</i>	1	PA, SP, NP
<i>vigadrone</i>	1	PA, SP, NP
<i>vigpoder</i>	1	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>HYDANTOINS</b>		
DILANTIN 100 MG CAP	1	P
DILANTIN 125 MG/5ML SUSPENSION	2	PA, NP
DILANTIN 30 MG CAP	2	P
DILANTIN INFATABS	2	PA, NP
DILANTIN-125	2	PA, NP
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	EDS, P
<i>phenytoin (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
<b>SUCCINIMIDES</b>		
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
<b>VALPROIC ACID</b>		
DEPAKOTE	2	PA, NP
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
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
REMERON	2	PA, NP
REMERON SOLTAB	2	PA, NP
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	2	PA, NP
<b>ANTIDEPRESSANTS - MISC.</b>		
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
<i>bupropion hcl er (xl) (er 150 mg tab er, er 300 mg tab er)</i>	1	QL (1 EA PER DAY), EDS, P
BUPROPION HCL ER (XL) 450 MG TAB 24H	2	PA, QL (1 EA PER DAY), NP
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
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE	2	PA, LA, QL (28 EA PER 30 DAYS), NP
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
NARDIL	2	
PHENELZINE SULFATE 15 MG TAB	2	
<i>phenelzine sulfate 15 mg tab</i>	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	2	PA, QL (8 EA PER 28 DAYS), SP
SPRAVATO (84 MG DOSE)	2	PA, QL (12 EA PER 28 DAYS), SP
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA	2	PA, QL (30 UNITS PER 30 DAYS), NP
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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, 10 mg/10ml)</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, 20 mg tab, 60 mg tab)</i>	1	PA, EDS, NP
FLUOXETINE HCL 60 MG TAB	2	PA, NP
FLUOXETINE HCL 90 MG CAP DR	2	PA, QL (4 UNITS PER 28 DAYS), NP
<i>fluvoxamine maleate</i>	1	EDS, P
<i>fluvoxamine maleate er</i>	1	PA, EDS, NP
LEXAPRO (5 MG TAB, 20 MG TAB)	2	PA, QL (30 UNITS PER 30 DAYS), NP
LEXAPRO 10 MG TAB	2	PA, NP
<i>paroxetine hcl (10 mg tab, 40 mg tab)</i>	1	QL (30 UNITS PER 30 DAYS), EDS, P
<i>paroxetine hcl (20 mg tab, 30 mg tab)</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
PAROXETINE HCL 10 MG/5ML SUSPENSION	2	PA, NP
<i>paroxetine hcl er</i>	1	PA, QL (60 UNITS PER 30 DAYS), EDS, NP
PAXIL (10 MG TAB, 40 MG TAB)	2	PA, QL (30 UNITS PER 30 DAYS), NP
PAXIL (20 MG TAB, 30 MG TAB)	2	PA, QL (60 UNITS PER 30 DAYS), NP
PAXIL 10 MG/5ML SUSPENSION	2	PA, NP
PAXIL CR	2	PA, QL (60 UNITS PER 30 DAYS), NP
PROZAC (20 MG CAP, 40 MG CAP)	2	PA, NP
PROZAC 10 MG CAP	2	PA, QL (30 UNITS PER 30 DAYS), NP
SERTRALINE HCL (150 MG CAP, 200 MG CAP)	2	PA, NP
<i>sertraline hcl (150 mg cap, 200 mg cap)</i>	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	EDS, P
ZOLOFT	2	PA, NP
<b>SEROTONIN MODULATORS</b>		
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	QL (30 UNITS PER 30 DAYS), P
<i>vilazodone hcl</i>	1	PA, EDS, NP
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA	2	PA, NP
DESVENLAFAXINE ER	2	QL (34 UNITS PER FILL), P
<i>desvenlafaxine succinate er</i>	1	EDS, P
DRIZALMA SPRINKLE (20 MG CAP DR, 60 MG CAP DR)	2	PA, QL (60 UNITS PER 30 DAYS), NP
DRIZALMA SPRINKLE 30 MG CAP	2	PA, QL (30 UNITS PER 30 DAYS), NP
DRIZALMA SPRINKLE 40 MG CAP	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	2	PA, NP
FETZIMA	2	PA, NP
FETZIMA TITRATION	2	PA, NP
PRISTIQ	2	PA, NP
<i>venlafaxine hcl</i>	1	QL (90 UNITS PER 30 DAYS), 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
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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, EDS, NP
PRECOSE	2	PA, NP

### **ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 120	2	PA, QL (21.6 UNITS PER FILL), SUM6 (UCARE MCAID_PREF SYMLIN_V2), P
SYMLINPEN 60	2	PA, QL (9 UNITS PER FILL), SUM6 (UCARE MCAID_PREF SYMLIN_V2), P

### **ANTIDIABETIC COMBINATIONS**

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS- ENHANCERS V2), P
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	2	PA, QL (2 EA PER DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS- ENHANCERS V2), P
JANUMET XR 100-1000 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS- ENHANCERS V2), P
JENTADUETO	2	PA, QL (2 EA PER DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS- ENHANCERS V2), P
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS- ENHANCERS V2), P
JENTADUETO XR 5-1000 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS- ENHANCERS V2), 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
SITAGLIPTIN BASE-METFORMIN HCL	2	PA, NP
SOLQUA	2	PA, QL (0.6 ML PER DAY), NP
STEGLUJAN	2	PA, QL (1 EA PER DAY), NP
SYNJARDY	2	QL (2 EA PER DAY), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 EA PER DAY), P
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 EA PER DAY), P
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 (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 EA PER DAY), P
XIGDUO XR 10-1000 MG TAB ER 24H	1	QL (1 EA PER DAY), P
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL (2 EA PER DAY), P
XIGDUO XR 5-1000 MG TAB ER 24H	1	QL (2 EA PER DAY), P
XULTOPHY	2	PA, QL (0.5 ML PER DAY), NP
ZITUVIMET	2	PA, NP
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	EDS
<i>metformin hcl er</i>	1	EDS
<b>DIABETIC OTHER</b>		
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	PA, QL (2 EA PER FILL), NP
<i>glucagon emergency 1 mg recon soln</i>	1	QL (2 EA PER FILL), P
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	PA, QL (2 EA PER FILL), NP
<i>glucose / vitamin c chew tab</i>	2	OTC
<i>glucose 4mg chew tab</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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
GVOKE PFS	2	PA, QL (2 EA PER FILL), NP
ZEGALOGUE	2	PA, QL (2 EA PER FILL), NP
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN BENZOATE	2	PA, QL (1 EA PER DAY), NP
JANUVIA	2	PA, QL (1 EA PER DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS-ENHANCERS V2), P
<i>saxagliptin hcl</i>	1	PA, QL (1 EA PER DAY), NP
SITAGLIPTIN	2	PA, NP
TRADJENTA	2	PA, QL (1 EA PER DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS-ENHANCERS V2), P
ZITUVIO	2	PA, NP
<b>INCRETIN MIMETIC AGENTS</b>		
EXENATIDE 10 MCG/0.04ML SOLN PEN	2	PA, QL (2.4 ML PER 28 DAYS), NP
EXENATIDE 5 MCG/0.02ML SOLN PEN	2	PA, QL (2.4 ML PER 28 DAYS), NP
<i>liraglutide</i>	1	PA, QL (0.3 ML PER 1 DAY), NP
MOUNJARO	2	PA, QL (2 ML PER 28 DAYS), NP
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS-ENHANCERS V2), P
OZEMPIC (1 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS-ENHANCERS V2), P
OZEMPIC (2 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS-ENHANCERS V2), P
RYBELSUS	2	PA, QL (1 EA PER DAY), NP
TRULICITY	2	PA, QL (2 ML PER 28 DAYS), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS-ENHANCERS V2), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VICTOZA	1	PA, QL (0.3 ML PER 1 DAY), SUM6 (UCARE MCAID_PREF INCRETIN MIMETICS- ENHANCERS V2), P
<b>INSULIN</b>		
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	2	P
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
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
LYUMJEV TEMPO PEN	2	PA, NP
NOVOLIN 70/30	2	PA, OTC, NP
NOVOLIN 70/30 FLEXPEN	2	PA, OTC, NP
NOVOLIN 70/30 FLEXPEN RELION	2	PA, OTC, NP
NOVOLIN 70/30 RELION	2	PA, OTC, NP
NOVOLIN N	2	OTC, P
NOVOLIN N FLEXPEN	2	PA, OTC, NP
NOVOLIN N FLEXPEN RELION	2	PA, OTC, NP
NOVOLIN N RELION	2	OTC, P
NOVOLIN R	2	OTC, P
NOVOLIN R FLEXPEN	2	PA, OTC, NP
NOVOLIN R FLEXPEN RELION	2	PA, OTC, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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## **MEGLITINIDE ANALOGUES**

<i>nateglinide</i>	1	EDS, P
<i>repaglinide</i>	1	EDS, P

## **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

DAPAGLIFLOZIN PROPANEDIOL	2	PA, QL (1 EA PER DAY), NP
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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 (tablets, chewable, suspension)</i>	1	OTC
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### ANTIPERISTALTIC AGENTS

<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	2	
<i>loperamide (tablet, capsule, oral liquid)</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</i>	1	SP
<i>deferasirox granules</i>	1	SP

### ANTIDOTES AND SPECIFIC ANTAGONISTS

<i>activated charcoal (liquid/suspension)</i>	1	OTC
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### OPIOID ANTAGONISTS

<i>ft naloxone hcl</i>	1	OTC
<i>gnp naloxone hcl</i>	1	OTC
KLOXXADO	2	P
NALMEFENE HCL	2	
<i>naloxone hcl (0.4 mg/ml soln prsy, 0.4 mg/ml solution, 2 mg/2ml soln prsy, 4 mg/10ml solution)</i>	1	P
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naltrexone hcl 50 mg tab</i>	1	EDS
NARCAN	1	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/ml, 4 mg/4ml)</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	PA, QL (14 EA PER FILL), NP
<i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp, ondansetron 16 mg tab disp)</i>	1	P
<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 hcl +rfid</i>	1	
SANCUSO	2	PA, QL (0.15 EA PER DAY), NP

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>dimenhydrinate tablet</i>	1	OTC
<i>meclizine 12.5 mg and 25 mg</i>	1	OTC
<i>scopolamine</i>	1	PA, NP
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)
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>micafungin sodium</i>	1	
<b>ANTIFUNGALS</b>		
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 (125 mg tab, 250 mg tab)</i>	1	PA, NP
GRISEOFULVIN ULTRAMICROSIZE 165 MG TAB	2	PA, NP
<i>nystatin 500000 unit tab</i>	1	PA, NP
<i>terbinafine hcl 250 mg tab</i>	1	P
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA (74.5 MG CAP, 186 MG CAP)	2	PA, NP
DIFLUCAN	2	PA, NP
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	P
<i>fluconazole 150 mg tab</i>	1	QL (2 UNITS PER FILL), 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 10 MG/ML SOLUTION	2	PA, NP
SPORANOX 100 MG CAP	2	PA, QL (30 UNITS PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SPORANOX PULSEPAK	2	PA, QL (30 UNITS PER 30 DAYS), NP
TOLSURA	2	PA, NP
VFEND	2	PA, NP
VIVJOA	2	PA, NP
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1	P
<i>voriconazole 200 mg recon soln</i>	1	
<i>voriconazole 40 mg/ml recon susp</i>	1	PA, NP

## **ANTIHISTAMINES**

### **ANTIHISTAMINES - ALKYLAMINES**

<i>chlorpheniramine</i>	1	OTC
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### **ANTIHISTAMINES - ETHANOLAMINES**

<i>carbinoxamine maleate 4 mg tab</i>	1	
<i>diphenhydramine (sleep)</i>	1	OTC
<i>diphenhydramine tablet, capsule, oral liquid</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 (tablet, suspension)</i>	1	OTC, P
<i>levocetirizine</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 tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	1	
<i>promethegan 25 mg suppos</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTI-HISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	EDS
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA, NP
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	2	PA, LA, NP
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA, EDS, NP
NEXLIZET	2	PA, NP
VYTORIN	2	PA, NP
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	1	PA, EDS, NP
<i>omega-3-acid ethyl esters</i>	1	EDS, P
<b>BILE ACID SEQUESTRANTS</b>		
<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
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA	2	PA, NP
<i>fenofibrate (40 mg tab, 120 mg tab)</i>	1	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FENOFIBRATE (50 MG CAP, 150 MG CAP)	2	PA, NP
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	2	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)	2	PA, EDS, NP
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	PA, EDS, NP
FENOGLIDE	2	PA, NP
FIBRICOR	2	PA, EDS, NP
<i>gemfibrozil 600 mg tab</i>	1	EDS, P
LIPOFEN	2	PA, NP
LOPID	2	PA, NP
TRICOR	2	PA, NP
TRILIPIX	2	PA, NP

### **HMG COA REDUCTASE INHIBITORS**

ALTOPREV	2	PA, QL (34 UNITS PER FILL), 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
EZALLOR SPRINKLE	2	PA, NP
FLOLIPID	2	PA, NP
<i>fluvastatin sodium 20 mg cap</i>	\$0	PA, QL (34 UNITS PER FILL), NP
<i>fluvastatin sodium 40 mg cap</i>	\$0	PA, QL (68 UNITS PER FILL), NP
<i>fluvastatin sodium er</i>	\$0	PA, QL (34 UNITS PER FILL), NP
LESCOL XL	2	PA, NP
LIPITOR	2	PA, NP
LIVALO	2	PA, NP
<i>lovastatin 10 mg tab</i>	\$0	QL (30 UNITS PER 30 DAYS), EDS, P
<i>lovastatin 20 mg tab</i>	\$0	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lovastatin 40 mg tab</i>	\$0	QL (60 UNITS PER 30 DAYS), EDS, P
<i>pitavastatin calcium</i>	1	PA, NP
<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	PA, NP

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe</i>	1	EDS, P
ZETIA	2	PA, QL (30 UNITS PER 30 DAYS), NP

### **NICOTINIC ACID DERIVATIVES**

<i>niacin er (antihyperlipidemic)</i>	1	EDS, P
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### **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**

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 (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>enalapril maleate 1 mg/ml solution</i>	1	PA, EDS, NP
EPANED	2	PA, NP
<i>fosinopril sodium</i>	1	EDS, P
<i>lisinopril (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	PA, EDS, NP
<i>ramipril</i>	1	EDS, P
<i>trandolapril</i>	1	EDS, P
VASOTEC	2	PA, NP
ZESTRIL	2	PA, NP

## **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND	2	PA, NP
AVAPRO	2	PA, NP
BENICAR	2	PA, NP
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	EDS, P
<i>valsartan 4 mg/ml solution</i>	1	P
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CARDURA (2 MG TAB, 4 MG TAB)	2	PA, QL (30 UNITS PER 30 DAYS), NP
CARDURA 1 MG TAB	2	PA, NP
CARDURA 8 MG TAB	2	PA, QL (60 UNITS PER 30 DAYS), 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, 8 mg tab)</i>	1	EDS, P
<i>guanfacine hcl</i>	1	EDS
<i>methyldopa 250 mg tab</i>	1	
<i>methyldopa 500 mg tab</i>	1	EDS
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	1	EDS
<i>terazosin hcl</i>	1	EDS, P
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	EDS, P
<i>amlodipine besylate-valsartan</i>	1	EDS, P
<i>amlodipine-olmesartan</i>	1	PA, EDS, NP
<i>amlodipine-valsartan-hctz</i>	1	P
ATACAND HCT	2	PA, NP
<i>atenolol-chlorthalidone</i>	1	PA, EDS, NP
AVALIDE	2	PA, NP
AZOR	2	PA, NP
<i>benazepril-hydrochlorothiazide</i>	1	EDS, P
BENICAR HCT	2	PA, NP
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS, P
<i>candesartan cilexetil-hctz</i>	1	PA, EDS, NP
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	P

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	PA, NP
TEKTURNA	2	PA, NP
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	EDS
<b>VASODILATORS</b>		
<i>hydralazine hcl (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
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	EDS
COARTEM	2	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate 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, QL (3 EA PER DAY)
<i>quinine sulfate 324 mg cap</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	2	PA, LA
<i>neostigmine methylsulfate (5 mg/10ml, 10 mg/10ml)</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<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	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	1	
SIRTURO	2	LA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide (1 gm recon soln, 2 gm recon soln, 25 mg cap, 50 mg cap, 500 mg recon soln)</i>	1	
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	2	
GLEOSTINE	2	PA, SUM6 (UCARE MCAID_GLEOSTINE), SP
MYLERAN	2	SP
<i>temozolomide</i>	1	SP
<b>ANTIMETABOLITES</b>		
<i>capecitabine</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	
<i>methotrexate sodium 2.5 mg tab</i>	1	EDS
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	2	EDS
ONUREG	2	PA, QL (1 EA PER DAY), SP
TABLOID	2	SP

### **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
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### **ANTINEOPLASTIC - BCL-2 INHIBITORS**

VENCLEXTA 10 MG TAB	2	PA, LA, QL (56 UNITS PER 30 DAYS)
VENCLEXTA 100 MG TAB	2	PA, LA, QL (180 UNITS PER 30 DAYS)
VENCLEXTA 50 MG TAB	2	PA, LA, QL (28 UNITS PER 30 DAYS)
VENCLEXTA STARTING PACK	2	PA, LA, QL (42 UNITS PER 365 DAYS)

### **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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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
<i>abirtega</i>	1	PA, QL (4 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>letrozole 2.5 mg tab</i>	\$0	EDS
LEUPROLIDE ACETATE (3 MONTH)	2	PA, SP
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	SP
LUTRATE DEPOT	2	PA, 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	2	PA, QL (3 EA PER DAY), SF, SP
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	2	PA, LA, QL (1 EA PER DAY)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	2	PA, LA, QL (1 EA PER DAY)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
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) 10 TAB THPK	2	PA, LA, QL (16 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)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XPOVIO (80 MG TWICE WEEKLY)	2	PA, LA, QL (32 EA PER FILL)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
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
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	PA, QL (8 EA PER DAY), SF, SP
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	PA, QL (1 EA PER DAY), SP
ALUNBRIG 30 MG TAB	2	PA, QL (4 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 (400 MG TAB, 500 MG TAB)	2	PA, QL (1 EA PER 1 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 50 MG CAP	2	PA, QL (1 EA PER DAY), SP
BRAFTOVI	2	PA, QL (6 EA PER DAY), SP
BRUKINSA 80 MG CAP	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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 (100 mg tab, 400 mg tab)</i>	1	PA, SUM6 (UCARE MCAID_GLEEVEC), SP
IMBRUVICA (70 MG CAP, 140 MG TAB, 420 MG TAB)	2	PA, LA, QL (1 EA PER DAY)
IMBRUVICA 140 MG CAP	2	PA, LA, QL (4 EA PER 1 DAY)
IMBRUVICA 70 MG/ML SUSPENSION	2	PA, LA, QL (6 ML PER DAY)
ITOVEBI 3 MG TAB	2	PA, QL (2 EA PER DAY), SP
ITOVEBI 9 MG TAB	2	PA, QL (1 EA PER DAY), SP
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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
<i>nilotinib hcl</i>	1	PA, QL (4 EA PER 1 DAY), SF, SP
NINLARO	2	PA, SP
OGSIVEO (100 MG TAB, 150 MG TAB)	2	PA, LA, QL (2 EA PER DAY)
OGSIVEO 50 MG TAB	2	PA, LA, QL (6 EA PER DAY)
OJEMDA 100 MG TAB	2	PA, LA, QL (24 EA PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	2	PA, LA, 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
PHYRAGO 80 MG TAB	2	PA, QL (1 EA PER DAY), SF
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 (80 MG TAB, 120 MG TAB, 160 MG TAB)	2	PA, QL (2 EA PER 1 DAY), SF, SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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, 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
SCSEMBLIX 100 MG TAB	2	PA, QL (120 EA PER FILL), SP
SCSEMBLIX 20 MG TAB	2	PA, QL (4 EA PER DAY), SP
SCSEMBLIX 40 MG TAB	2	PA, QL (2 EA PER DAY), SP
<i>sorafenib tosylate</i>	1	PA, SP
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 (50 MG CAP, 75 MG CAP)	2	PA, QL (4 EA PER DAY), SP
TAFINLAR 10 MG TAB SOL	2	PA, QL (30 ML PER DAY), SP
TALZENNA	2	PA, QL (1 EA PER 1 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)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VONJO	2	PA, LA, QL (4 EA PER DAY)
VORANIGO 10 MG TAB	2	PA, QL (2 EA PER DAY), SP
VORANIGO 40 MG TAB	2	PA, QL (1 EA PER DAY), SP
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
<i>tretinoin 10 mg cap</i>	1	SP

### **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

IWILFIN	2	PA, LA, QL (8 EA PER DAY)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>mesna 400 mg tab</i>	1	

### **MITOTIC INHIBITORS**

ETOPOSIDE 50 MG CAP	2	
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### **ANTIPARKINSON AND RELATED THERAPY AGENTS**

#### **ANTIPARKINSON ADJUNCTIVE THERAPY**

NOURIANZ	2	PA, SP, NP
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#### **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 (2 mg tab, 5 mg tab)</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	EDS
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<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
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<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
<i>carbidopa-levodopa er</i>	1	EDS, P
<i>carbidopa-levodopa-entacapone</i>	1	EDS, P
CARBIDOPA-LEVODOPA-ENTACAPONE (18.75-75-200 MG TAB, 37.5-150-200 MG TAB)	1	P
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB	1	NP
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
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
STALEVO 150	2	PA, NP
STALEVO 200	2	PA, NP
STALEVO 50	2	PA, NP
STALEVO 75	2	PA, NP
VYALEV	2	PA, LA, 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	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap, lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 600 mg cap)</i>	\$0	EDS
<i>lithium carbonate er</i>	\$0	EDS

#### **ANTIPSYCHOTICS - MISC.**

CAPLYTA	\$0	PA, NP
EQUETRO	\$0	PA, NP
GEODON (20 MG CAP, 40 MG CAP, 60 MG CAP)	\$0	PA, QL (60 UNITS PER 30 DAYS), NP
GEODON (20 MG RECON SOLN, 80 MG CAP)	\$0	PA, NP
LATUDA	\$0	PA, NP
<i>lurasidone hcl</i>	\$0	EDS, P
NUPLAZID	\$0	PA, SP, NP
VRAYLAR	\$0	PA, NP
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap)</i>	\$0	QL (60 UNITS PER 30 DAYS), EDS, P
<i>ziprasidone hcl 80 mg cap</i>	\$0	EDS, P
<i>ziprasidone mesylate</i>	\$0	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BENZISOXAZOLES</b>		
ERZOFRI	\$0	PA, NP
FANAPT	\$0	PA, QL (68 UNITS PER FILL), NP
FANAPT TITRATION PACK A	\$0	PA, QL (8 UNITS PER FILL), NP
FANAPT TITRATION PACK B	\$0	PA, NP
FANAPT TITRATION PACK C	\$0	PA, NP
INVEGA	\$0	PA, NP
INVEGA HAFYERA	\$0	P
INVEGA SUSTENNA	\$0	P
INVEGA TRINZA	\$0	P
<i>paliperidone er</i>	\$0	EDS, P
RISPERDAL (0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	\$0	PA, QL (60 UNITS PER 30 DAYS), NP
RISPERDAL 1 MG/ML SOLUTION	\$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 (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	QL (60 UNITS PER 30 DAYS), P
<i>risperidone microspheres er</i>	\$0	PA, NP
RYKINDO	\$0	PA, NP
UZEDY	\$0	PA, NP
<b>BUTYROPHENONES</b>		
<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	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	\$0	PA, EDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clozapine (clozapine 25 mg tab, clozapine 50 mg tab, clozapine 12.5 mg tab disp, clozapine 25 mg tab disp, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	\$0	EDS, P
<b>CLOZARIL</b>	\$0	PA, NP
<i>loxapine succinate</i>	\$0	EDS
<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, 15 mg tab disp, 20 mg tab disp)</i>	\$0	PA, EDS, NP
<i>olanzapine 10 mg recon soln</i>	\$0	P
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 150 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	\$0	EDS, P
<i>quetiapine fumarate er</i>	\$0	EDS, P
<b>SAPHRIS</b>	\$0	PA, NP
<b>SECUADO</b>	\$0	PA, QL (30 UNITS PER 30 DAYS), NP
<b>SEROQUEL (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB)</b>	\$0	PA, NP
<b>SEROQUEL (300 MG TAB, 400 MG TAB)</b>	\$0	PA, QL (60 UNITS PER 30 DAYS), NP
<b>SEROQUEL XR</b>	\$0	PA, NP
<b>VERSACLOZ</b>	\$0	PA, NP
<b>ZYPREXA (2.5 MG TAB, 5 MG TAB, 10 MG RECON SOLN, 10 MG TAB)</b>	\$0	PA, NP
<b>ZYPREXA 15 MG TAB</b>	\$0	PA, QL (30 UNITS PER 30 DAYS), NP
<b>ZYPREXA 20 MG TAB</b>	\$0	PA, EDS, NP
<b>ZYPREXA 7.5 MG TAB</b>	\$0	PA, QL (60 UNITS PER 30 DAYS), NP
<b>ZYPREXA RELPREVV</b>	\$0	PA, NP
<b>ZYPREXA ZYDIS (15 MG TAB DISP, 20 MG TAB DISP)</b>	\$0	PA, QL (30 UNITS PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ZYPREXA ZYDIS (5 MG TAB DISP, 10 MG TAB DISP)	\$0	PA, QL (60 UNITS PER 30 DAYS), NP
<b>MUSCARINIC AGENTS</b>		
COBENFY	\$0	PA, QL (2 EA PER DAY), NP
COBENFY STARTER PACK	\$0	PA, QL (56 EA PER 90 DAYS), NP
<b>PHENOTHIAZINES</b>		
<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 (fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab, fluphenazine hcl 5 mg/ml conc, fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 2.5 mg tab)</i>	\$0	EDS
<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>	1	EDS
<i>trifluoperazine hcl</i>	\$0	EDS
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY (2 MG TAB, 5 MG TAB, 10 MG TAB, 15 MG TAB)	\$0	PA, NP
ABILIFY (20 MG TAB, 30 MG TAB)	\$0	PA, QL (30 UNITS PER 30 DAYS), NP
ABILIFY ASIMTUFII	\$0	P
ABILIFY MAINTENA	\$0	P
ABILIFY MYCITE (10 MG TAB, 15 MG TAB)	\$0	PA, LA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ABILIFY MYCITE (2 MG TAB, 20 MG TAB, 30 MG TAB)	\$0	PA, LA, QL (34 UNITS PER FILL), NP
ABILIFY MYCITE 5 MG TAB	\$0	PA, LA, QL (60 UNITS PER 30 DAYS), 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, QL (60 UNITS PER 30 DAYS), NP
ARISTADA	\$0	PA, NP
ARISTADA INITIO	\$0	PA, NP
REXULTI	\$0	PA, NP

## **THIOXANTHENES**

<i>thiothixene</i>	\$0	EDS
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## **ANTISEPTICS & DISINFECTANTS**

### **ANTISEPTICS & DISINFECTANTS**

<i>hydrogen peroxide 3%</i>	1	OTC
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### **CHLORINE ANTISEPTICS**

<i>chlorhexidine gluconate</i>	1	OTC
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### **IODINE ANTISEPTICS**

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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CABENUVA	2	
CIMDUO	2	
CRIXIVAN	2	
DELSTRIGO	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	PV
DOVATO	2	
EDURANT	2	
EFAVIRENZ (50 MG CAP, 200 MG CAP)	2	
<i>efavirenz 600 mg tab</i>	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	2	
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	1	
<i>emtricitab- rilpivir-tenofov df</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, 300 mg/30ml solution)</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
PREZCOBIX	2	
PREZISTA	2	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY 20 MG/ML SOLUTION	2	
<i>stavudine (30 mg cap, 40 mg cap)</i>	1	
STRIBILD	2	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 463.5 MG/1.5ML SOLUTION)	2	LA
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
YEZTUGO 463.5 MG/1.5ML SOLUTION	\$0	LA, QL (3 ML PER 180 DAYS)
<i>zidovudine</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID	2	QL (11 EA PER 1 FILL), P
PAXLOVID (150/100)	2	QL (20 EA PER FILL), P
PAXLOVID (300/100)	2	QL (30 EA PER FILL), P
<b>CMV AGENTS</b>		
<i>foscarnet sodium</i>	1	
PREVYMIS (240 MG TAB, 480 MG TAB)	2	QL (1 EA PER DAY; 200 EA PER 365 DAYS)
PREVYMIS (240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION)	2	
<i>valganciclovir hcl</i>	1	EDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	PA, SP, NP
BARACLUDE (0.5 MG TAB, 1 MG TAB)	2	PA, QL (1 EA PER DAY), SP, NP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP, P
<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 (84 EA PER 365 DAYS), SP, NP
EPIVIR HBV 100 MG TAB	1	SP, P
EPIVIR HBV 5 MG/ML SOLUTION	2	SP, P
HARVONI (45-200 MG PACKET, 45-200 MG TAB)	2	PA, QL (112 EA PER 365 DAYS), SP, NP
HARVONI 33.75-150 MG PACKET	2	PA, QL (56 EA 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	2	PA, QL (84 EA PER 365 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MAVYRET 100-40 MG TAB	2	QL (168 EA PER 365 DAYS), QL (84 UNITS PER FILL; 168 UNITS 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 CAP	1	SP, P
RIBAVIRIN 200 MG TAB	2	SP, P
SOFOSBUVIR-VELPATASVIR	2	PA, QL (84 EA PER 365 DAYS), SP, NP
SOVALDI (150 MG PACKET, 400 MG TAB)	2	PA, QL (84 EA PER 365 DAYS), QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP
SOVALDI 200 MG PACKET	2	PA, QL (168 EA PER 365 DAYS), SP, NP
SOVALDI 200 MG TAB	2	PA, QL (168 EA PER 365 DAYS), QL (56 UNITS PER FILL; 168 UNITS PER 365 DAYS), SP, NP
VEMLIDY	2	PA, SP, NP
VOSEVI	2	PA, QL (84 EA PER 365 DAYS), QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP
ZEPATIER	2	PA, QL (84 EA PER 365 DAYS), QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP
<b>HERPES AGENTS</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 800 mg tab, 800 mg/20ml suspension)</i>	1	P
<i>acyclovir 400 mg tab</i>	1	EDS, P
<i>acyclovir sodium</i>	1	
<i>famciclovir (125 mg tab, 500 mg tab)</i>	1	PA, QL (21 UNITS PER 30 DAYS), EDS, NP
<i>famciclovir 250 mg tab</i>	1	PA, QL (60 UNITS PER 30 DAYS), EDS, NP
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	EDS, P
VALTREX	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	1	QL (10 EA PER FILL), P
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (20 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 (45 MG CAP, 75 MG CAP)	2	PA, QL (10 EA PER FILL), NP
TAMIFLU 30 MG CAP	2	PA, QL (20 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
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	2	QL (40 EA PER FILL)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	EDS, P
<i>carvedilol phosphate er</i>	1	PA, NP
COREG	2	PA, NP
COREG CR	1	P
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	EDS, P
LABETALOL HCL 400 MG TAB	1	P
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BYSTOLIC	2	PA, NP
KAPSPARGO SPRINKLE	2	PA, NP
LOPRESSOR (50 MG TAB, 100 MG TAB)	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	EDS, P
TENORMIN	2	PA, NP
TOPROL XL	2	PA, NP
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE	2	PA, NP
BETAPACE AF	2	PA, NP
HEMANGEOL	2	PA, NP
INDERAL LA	2	PA, NP
INDERAL XL	2	PA, NP
INNOPRAN XL	2	PA, NP
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	EDS, P
<i>pindolol</i>	1	PA, EDS, NP
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	EDS, P
PROPRANOLOL HCL 20 MG/5ML SOLUTION	2	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	EDS, P
CARDIZEM	2	PA, NP
CARDIZEM CD	2	PA, NP
CARDIZEM LA	2	PA, NP
<i>cartia xt</i>	1	EDS
<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 (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
<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>diltiazem hcl er beads</i>	1	EDS, P
<i>diltiazem hcl er coated beads</i>	1	EDS, P
<i>felodipine er</i>	1	EDS, P
<i>isradipine</i>	1	PA, NP
KATERZIA	2	PA, NP
LEVAMLODIPINE MALEATE	2	PA, NP
<i>matzim la</i>	1	PA, EDS, NP
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	PA, NP
NICARDIPINE HCL 2.5 MG/ML SOLUTION	2	
<i>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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nimodipine 30 mg cap</i>	1	PA, NP
NIMODIPINE 60 MG/20ML SOLUTION	2	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 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)	2	PA, NP
<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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	2	PA, LA, QL (1 EA PER DAY)
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin</i>	1	PA, NP
CADUET (5-10 MG TAB, 5-20 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB)	2	PA, QL (34 UNITS PER FILL), NP
CADUET 5-40 MG TAB	2	PA, NP
ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	1	QL (2 EA PER DAY), P
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	PA, QL (4 EA PER 1 DAY), NP
OPSYNVI	2	PA, LA, QL (1 EA PER 1 DAY), NP
<i>sacubitril-valsartan</i>	1	QL (2 EA PER 1 DAY)
<b>CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS</b>		
INPEFA	2	PA, QL (1 EA PER DAY), NP
<b>PROSTAGLANDIN VASODILATORS</b>		
<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
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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, LA, QL (1 EA 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 (62.5 mg tab, 125 mg tab)</i>	1	PA, LA, QL (2 EA PER DAY), NP
<i>bosentan 32 mg tab sol</i>	1	PA, LA, QL (4 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 (62.5 MG TAB, 125 MG TAB)	1	PA, LA, QL (2 EA PER DAY), SUM6 (UCARE MCAID_PAH AGENTS_TRACLEER), P
TRACLEER 32 MG TAB SOL	2	PA, LA, QL (4 EA PER DAY), NP

### **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</i>	1	PA, SP, P
<i>sildenafil citrate 20 mg tab</i>	1	PA, SUM6 (UCARE MCAID_PAH AGENTS_SILDENAFIL), SP, P
<i>tadalafil (pah)</i>	1	PA, SP, NP
TADLIQ	2	PA, QL (10 ML PER 1 DAY), SP, NP

### **PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI (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
UPTRAVI 200 & 800 MCG TAB THPK	2	PA, LA, QL (200 EAPER PER FILL; 2 FILLSPER365 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
UPTRAVI 200 MCG TAB	2	PA, LA, QL (2 EA PER DAY), QL (140 EAPER PER FILL; 2 FILLSPER365 DAYS), NP

### **PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS	2	PA, LA, NP
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### **SINUS NODE INHIBITORS**

<i>ivabradine hcl</i>	1	
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### **TRANSTHYRETIN STABILIZERS**

VYNDAMAX	2	PA, QL (1 EA PER DAY), SP
VYNDAQEL	2	PA, QL (4 EA PER DAY), SP

### **CEPHALOSPORINS**

#### **CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	P
CEFADROXIL 1 GM TAB	2	PA, NP
<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
<i>cefuroxime sodium</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<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 (100 mg tab, 200 mg tab)</i>	1	PA, NP
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG/5ML RECON SUSP)	2	PA, NP
<i>ceftazidime (1 gm soln, 2 gm soln)</i>	1	
CEFTAZIDIME 6 GM RECON SOLN	2	
<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	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl (1 gm soln, 2 gm soln)</i>	1	
CEFEPIME HCL (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	2	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS
<i>apri</i>	\$0	EDS
<i>aranelle</i>	\$0	EDS
<i>ashlyna</i>	\$0	EDS
<i>aubra</i>	\$0	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>aubra eq</i>	\$0	EDS
<i>aurovela 1.5/30</i>	\$0	EDS
<i>aurovela 1/20</i>	\$0	EDS
<i>aurovela 24 fe</i>	\$0	EDS
<i>aurovela fe 1.5/30</i>	\$0	EDS
<i>aurovela fe 1/20</i>	\$0	EDS
<i>aviane</i>	\$0	EDS
<i>ayuna</i>	\$0	EDS
<i>azurette</i>	\$0	EDS
<i>balziva</i>	\$0	EDS
<i>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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>drospirenone-ethinyl estradiol</i>	\$0	EDS
<i>elinest</i>	\$0	EDS
<i>emoquette</i>	\$0	EDS
<i>enpresse-28</i>	\$0	EDS
<i>enskyce</i>	\$0	EDS
<i>estarylla</i>	\$0	EDS
<i>ethynodiol diac-eth estradiol</i>	\$0	EDS
<i>falmina</i>	\$0	EDS
<i>fayosim</i>	\$0	EDS
<i>feirza 1.5/30</i>	\$0	EDS
<i>feirza 1/20</i>	\$0	EDS
<b>FEMLYV</b>	\$0	
<i>femynor</i>	\$0	EDS
<i>finzala</i>	\$0	EDS
<i>galbriela</i>	\$0	EDS
<i>gemmily</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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>junel fe 24</i>	\$0	EDS
<i>kaitlib fe</i>	\$0	EDS
<i>kalliga</i>	\$0	EDS
<i>kariva</i>	\$0	EDS
<i>kelnor 1/35</i>	\$0	EDS
<i>kelnor 1/50</i>	\$0	EDS
<i>kurvelo</i>	\$0	EDS
<i>larin 1.5/30</i>	\$0	EDS
<i>larin 1/20</i>	\$0	EDS
<i>larin 24 fe</i>	\$0	EDS
<i>larin fe 1.5/30</i>	\$0	EDS
<i>larin fe 1/20</i>	\$0	EDS
<i>larissia</i>	\$0	EDS
<i>layolis fe</i>	\$0	EDS
<i>leena</i>	\$0	EDS
<i>lessina</i>	\$0	EDS
<i>levonest</i>	\$0	EDS
<i>levonorg-eth estrad triphasic</i>	\$0	EDS
<i>levonorgest-eth est &amp; eth est</i>	\$0	EDS
<i>levonorgest-eth estrad 91-day</i>	\$0	EDS
<i>levonorgest-eth estradiol-iron</i>	\$0	EDS
<i>levonorgestrel-ethinyl estrad</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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>luizza 1.5/30</i>	\$0	EDS
<i>luizza 1/20</i>	\$0	EDS
<i>lutra</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS
<i>merzee</i>	\$0	EDS
<i>mibelas 24 fe</i>	\$0	EDS
<i>microgestin 1.5/30</i>	\$0	EDS
<i>microgestin 1/20</i>	\$0	EDS
<i>microgestin 24 fe</i>	\$0	EDS
<i>microgestin fe 1.5/30</i>	\$0	EDS
<i>microgestin fe 1/20</i>	\$0	EDS
<i>mili</i>	\$0	EDS
<i>mono-linyah</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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>rosyrah</i>	\$0	EDS
<i>setlakin</i>	\$0	EDS
<i>simliya</i>	\$0	EDS
<i>simpesse</i>	\$0	EDS
<i>sprintec 28</i>	\$0	EDS
<i>sronyx</i>	\$0	EDS
<i>syeda</i>	\$0	EDS
<i>tarina 24 fe</i>	\$0	EDS
<i>tarina fe 1/20</i>	\$0	EDS
<i>tarina fe 1/20 eq</i>	\$0	EDS
<i>taysofy</i>	\$0	EDS
<i>tilia fe</i>	\$0	EDS
<i>tri femynor</i>	\$0	EDS
<i>tri-estarylla</i>	\$0	EDS
<i>tri-legest fe</i>	\$0	EDS
<i>tri-linyah</i>	\$0	EDS
<i>tri-lo-estarylla</i>	\$0	EDS
<i>tri-lo-marzia</i>	\$0	EDS
<i>tri-lo-mili</i>	\$0	EDS
<i>tri-lo-sprintec</i>	\$0	EDS
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>trivora (28)</i>	\$0	EDS
<i>turqoz</i>	\$0	EDS
<i>tydemy</i>	\$0	EDS
<i>valtya 1/35</i>	\$0	EDS
<i>valtya 1/50</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>xarah fe</i>	\$0	EDS
<i>xelria fe</i>	\$0	EDS
<i>zarah</i>	\$0	EDS
<i>zovia 1/35 (28)</i>	\$0	EDS
<i>zovia 1/35e (28)</i>	\$0	EDS
<i>zumandimine</i>	\$0	EDS
<b>COPPER CONTRACEPTIVES - IUD</b>		
MIUDELLA INTRAUTERINE COPPER	\$0	LA
PARAGARD INTRAUTERINE COPPER	\$0	LA
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	\$0	QL (1 UNIT PER FILL)
<i>levonorgestrel emergency contraceptive</i>	\$0	QL (1 EA PER FILL), OTC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	\$0	QL (0.04 ML PER DAY)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA	\$0	LA

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MIRENA (52 MG)	\$0	LA
SKYLA	\$0	LA
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	\$0	EDS
<i>deblitane</i>	\$0	EDS
<i>emzahh</i>	\$0	EDS
<i>errin</i>	\$0	EDS
<i>heather</i>	\$0	EDS
<i>incassia</i>	\$0	EDS
<i>jencycla</i>	\$0	EDS
<i>lyleq</i>	\$0	EDS
<i>lyza</i>	\$0	EDS
<i>meleya</i>	\$0	EDS
<i>nora-be</i>	\$0	EDS
<i>norethindrone 0.35 mg tab</i>	\$0	EDS
<i>norlyda</i>	\$0	EDS
<i>norlyroc</i>	\$0	EDS
<i>orquidea</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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DEXAMETHASONE SOD PHOS +RFID	2	
<i>dexamethasone sod phosphate pf</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE (4 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION)	2	
<i>dexamethasone sodium phosphate (4 mg/ml, 20 mg/5ml, 100 mg/10ml, 120 mg/30ml)</i>	1	
ENTOCORT EC	2	
<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	
<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	
PREDNISON 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
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	EDS
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dextromethorphan capsule and oral suspension</i>	1	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	1	OTC, P
<b>CHILDRENS COLD-ALLERGY</b>	2	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	1	OTC
<i>chlorpheniramine / pseudoephedrine</i>	1	OTC
<b>CLARINEX-D 12 HOUR</b>	2	PA, NP
<i>dextromethorphan / phenylephrine / acetaminophen</i>	1	OTC
<i>guaifenesin / dextromethorphan</i>	1	OTC
<i>guaifenesin / dextromethorphan / phenylephrine</i>	1	OTC
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	2	OTC
<i>guaifenesin-codeine oral solution</i>	1	QL (60 ML PER 1 DAY), OTC
<i>loratadine / pseudoephedrine (claritin – d)</i>	1	OTC, P
<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
<b>PHENYLEPHRINE / GUAIFENESIN</b>	2	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
<i>pseudoephedrine / ibuprofen</i>	1	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>EXPECTORANTS</b>		
<i>guaifenesin (mucinex)</i>	1	OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride nebulizer soln</i>	1	EDS
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 %, 20 %)</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACANYA	2	PA, NP
<i>accutane</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
AKLIEF	2	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>	2	PA, OTC, NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA, OTC, NP
<i>benzoyl peroxide pad</i>	2	PA, OTC, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>benzoyl peroxide-erythromycin</i>	1	P
<i>bp 10-1</i>	1	PA, NP
CABTREO	2	PA, NP
<i>claravis</i>	1	
CLENIA PLUS	2	PA, NP
<i>clindacin</i>	1	PA, NP
<i>clindacin etz 1 % swab</i>	1	P
<i>clindacin-p</i>	1	P
<i>clindamycin phos (once-daily)</i>	1	P
<i>clindamycin phos (twice-daily)</i>	1	P
<i>clindamycin phos-benzoyl perox (1.2-2.5 % gel, 1.2-3.75 % gel)</i>	1	PA, NP
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	1	PA, P
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	P
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	P
<i>clindamycin phosphate 1 % foam</i>	1	PA, NP
<i>clindamycin-tretinoin</i>	1	PA, NP
<i>cvs adapalene</i>	1	OTC, P
<i>dapsone (5 % gel, 7.5 % gel)</i>	1	PA, NP
ERY	2	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	P
ERYTHROMYCIN 2 % GEL	2	P
FABIOR	2	PA, NP
<i>gnp adapalene</i>	1	OTC, P
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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, 10-1 % emulsion, 10-5 % suspension)</i>	1	PA, NP
SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM	2	P
SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION	2	PA, NP
<i>sulfacleanse 8/4</i>	1	PA, NP
<i>sulfamez wash</i>	1	PA, NP
TAZAROTENE 0.1 % FOAM	2	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
TRETINOIN MICROSPHERE (0.04 % GEL, 0.1 % GEL)	2	PA, NP
<i>tretinoin microsphere (0.04 % gel, 0.1 % gel)</i>	1	PA, NP
<i>tretinoin microsphere 0.08 % gel</i>	1	
TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	2	PA, NP
<i>tretinoin microsphere pump 0.08 % gel</i>	1	PA, NP
VELTIN	2	PA, NP
WINLEVI	2	PA, NP
<i>zenatane</i>	1	
ZIANA	2	PA, NP
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	2	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LICART	2	PA, QL (1 EA PER DAY), NP
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin</i>	1	OTC
<i>bacitracin / polymyxin b</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
<b>ANTIFUNGALS - TOPICAL</b>		
<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 1% cream</i>	1	PA, OTC, NP
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	P
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	2	PA, NP
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>klayesta</i>	1	
LOPROX	2	PA, NP
LULICONAZOLE	2	PA, QL (60 GM PER 30 DAYS), NP
LUZU	2	PA, QL (60 GM PER 30 DAYS), NP
<i>miconazole (micatin)</i>	1	OTC, P
MICONAZOLE NITRATE 2% SOLN	2	OTC
MICONAZOLE-ZINC OXIDE-PETROLAT	2	PA, NP
<i>naftifine hcl (1 % gel, 2 % cream, 2 % gel)</i>	1	PA, NP
NAFTIFINE HCL 1 % CREAM	2	PA, NP
NAFTIN	2	PA, NP
<i>nyamyc</i>	1	
<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
<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 1% cream</i>	1	OTC, P
<i>tolnaftate (tinactin)</i>	1	PA, OTC, NP
<i>tolnaftate 1% soln</i>	1	PA, OTC, NP
VUSION	2	PA, NP
<b>ANTIHISTAMINES-TOPICAL</b>		
<i>diphenhydramine / zinc</i>	1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	PA, SP
<i>diclofenac sodium 3 % gel</i>	1	PA, QL (300 GM PER 30 DAYS), SUM6 (UCARE MCAID_SOLARAZE)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluorouracil (5 % cream, 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
VALCHLOR	2	LA, QL (240 GM PER 30 DAYS)
<b>ANTIPRURITICS - TOPICAL</b>		
<i>anti-itch lotion</i>	1	OTC
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	1	SP
BIMZELX	2	PA, QL (0.04 ML PER DAY), SP, NP
<i>calcipotriene (0.005 % cream, 0.005 % solution)</i>	1	QL (120 UNITS PER 30 DAYS)
CALCIPOTRIENE 0.005 % SOLUTION	2	QL (120 UNITS PER 30 DAYS)
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
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, QL (1 EA PER 84 DAYS), SP, NP
METHOXSALLEN 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 300 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, QL (15 ML PER 365 DAYS), SP, NP
STELARA (45 MG/0.5ML SOLN PRSYR, 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 PRSYR	2	PA, QL (1 ML PER 56 DAYS), SP, NP
TREMFYA 200 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
TREMFYA ONE-PRESS	2	PA, QL (1 ML PER 56 DAYS), SP, NP
TREMFYA PEN 100 MG/ML SOLN A- INJ	2	PA, QL (1 ML PER 56 DAYS), SP, NP
TREMFYA PEN 200 MG/2ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), SP, NP
TREMFYA-CD/UC INDUCTION	2	PA, QL (4 ML PER 28 DAYS, 12 ML PER 365 DAYS), SP, NP
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>anti-dandruff shampoo</i>	1	OTC, EDS
OVACE PLUS (10 % CREAM, 10 % SHAMPOO)	2	PA, NP
<i>sodium sulfacetamide wash</i>	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ZORYVE 0.3 % FOAM	2	PA, QL (120 GM PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIVIRALS - TOPICAL</b>		
<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
<b>BATH PRODUCTS</b>		
EMOLLIENT CREAM AND LOTION	2	OTC
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<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 (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment, betamethasone valerate 0.1 % lotion)</i>	1	
<i>clobetasol prop emollient base</i>	1	QL (120 UNITS PER 30 DAYS)
<i>clobetasol propionate (0.05 % cream, 0.05 % ointment, 0.05 % solution)</i>	1	
<i>clobetasol propionate 0.05 % foam</i>	1	QL (100 UNITS PER 30 DAYS)
<i>clobetasol propionate 0.05 % gel</i>	1	QL (120 UNITS PER 30 DAYS)
<i>clobetasol propionate e</i>	1	QL (120 UNITS PER 30 DAYS)
<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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluocinonide (0.05 % cream, 0.05 % ointment, 0.1 % cream)</i>	1	QL (120 UNITS PER 30 DAYS)
<i>fluocinonide 0.05 % gel</i>	1	QL (120 GM PER 30 DAYS)
<i>fluocinonide 0.05 % solution</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone 0.5%, 1%, 2.5% (cream, ointment, lotion)</i>	1	OTC, EDS
<b>HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM</b>	2	
<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	
<b>DIAPER RASH PRODUCTS</b>		
<i>diaper rash products</i>	1	OTC
<b>ECZEMA AGENTS</b>		
ADBRY	2	PA, QL (4 ML PER 28 DAYS), SP, NP
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
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 ML PER 28 DAYS), SP, P
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (2.68 ML PER 28 DAYS), SP, P
EBGLYSS 250 MG/2ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), SP, NP
OPZELURA	2	PA, QL (240 GM PER 30 DAYS), NP
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea 10% and 20% (cream, lotion)</i>	1	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>EMOLLIENTS</b>		
<i>ammonium lactate (12% cream, 12% lotion)</i>	1	OTC
<i>glycerin topical liquid</i>	1	OTC
<i>vitamin a&amp;d oint</i>	1	OTC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>IMMUNOMODULATING AGENTS – SYSTEMIC</b>		
NEMLUVIO	2	PA, LA, QL (1 EA PER 28 DAYS), NP
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	1	QL (120 UNITS PER 30 DAYS)
<i>tacrolimus (0.03 %, 0.1 %)</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX 0.5 % SOLUTION	2	
<i>podoflox 0.5 % solution</i>	1	
<i>salicylic acid</i>	2	OTC, EDS
<b>LINIMENTS</b>		
<i>camphor / menthol / methyl salicylate pain relieving patch and cream</i>	1	OTC
<i>methyl salicylate / menthol</i>	1	OTC
<i>trolamine salicylate cream</i>	1	OTC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin cream and patch</i>	1	OTC, EDS
<i>glydo</i>	1	QL (60 UNITS PER 30 DAYS)
<i>lidocaine 4% patch</i>	1	QL (3 EA PER DAY), OTC
<i>lidocaine 5% ointment</i>	1	QL (107 GM PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA, QL (3 EA PER DAY), NP
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	QL (60 UNITS PER 30 DAYS)
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine cream kit</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pramoxine / calamine lotion</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA, NP
<b>MISC. TOPICAL</b>		
<i>benzoin tincture</i>	2	OTC
<i>calamine / zinc oxide</i>	2	OTC
DRYSOL	2	
<i>eyelid cleansing wipes</i>	2	OTC
<i>isopropyl alcohol 70% wipes</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum</i>	1	OTC
MENTHOL / ZINC OXIDE OINT	2	OTC
<i>witch hazel</i>	1	OTC
<i>zinc oxide ointment</i>	1	OTC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	2	QL (120 GM PER 30 DAYS), P
ZORYVE 0.15 % CREAM	2	PA, QL (120 GM PER 30 DAYS), NP
<b>ROSACEA AGENTS</b>		
<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	
<b>SCABICIDES PEDICULICIDES</b>		
CROTAN	2	PA, NP
LINDANE	2	PA, NP
<i>malathion</i>	1	PA, NP
NATROBA	1	P
OVIDE	2	PA, NP
<i>permethrin (nix)</i>	1	OTC, P
<i>piperonyl / pyrethrins (rid)</i>	1	OTC, P
SPINOSAD	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>TAR PRODUCTS</b>		
<i>coal tar</i>	1	OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	1	P
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS STRIP	\$0	OTC, CDS, P
ACCU-CHEK GUIDE TEST	\$0	OTC, CDS, P
ACCU-CHEK SMARTVIEW	\$0	OTC, CDS, P
ALBUSTIX	\$0	OTC
CHEMSTRIP K	\$0	OTC
CHEMSTRIP MICRAL	\$0	OTC
CHEMSTRIP UGK	\$0	OTC, CDS
CONTOUR NEXT TEST	\$0	OTC, CDS, P
CONTOUR PLUS TEST	\$0	OTC, 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KETONE TEST	\$0	OTC
KETOSTIX	\$0	OTC
NOVA MAX PLUS KETONE TEST	\$0	OTC, CDS
ONETOUCH ULTRA	\$0	PA, OTC, CDS, NP
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
PANCREAZE	2	PA, NP
PERTZYE	2	PA, NP
VIOKACE	2	PA, NP
ZENPEP	2	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide sodium</i>	1	
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride-hydrochlorothiazide</i>	1	EDS
AMILORIDE- HYDROCHLOROTHIAZIDE	2	
<i>spironolactone-hctz</i>	1	EDS
<i>triamterene-hctz</i>	1	EDS
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	EDS
<i>bumetanide 0.25 mg/ml solution</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	EDS
<i>torseamide</i>	1	EDS
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl 5 mg tab</i>	1	EDS
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	EDS
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA (1 MG TAB, 5 MG TAB)	2	PA, LA, QL (12 EA PER 1 DAY)
<b>BONE DENSITY REGULATORS</b>		
ACTONEL 150 MG TAB	2	PA, QL (1 UNIT PER 30 DAYS), NP
ACTONEL 35 MG TAB	2	PA, QL (4 UNITS PER 30 DAYS), NP
<i>alendronate sodium (70 mg tab, 70 mg/75ml solution)</i>	1	EDS, P
<i>alendronate sodium 10 mg tab</i>	1	QL (30 UNITS PER 30 DAYS), EDS, P
<i>alendronate sodium 35 mg tab</i>	1	QL (4 UNITS PER 30 DAYS), EDS, P
ATELVIA	2	PA, QL (4 UNITS PER 30 DAYS), NP
BINOSTO	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, QL (4 UNITS PER 30 DAYS), NP
FOSAMAX PLUS D	2	PA, QL (4 UNITS PER 30 DAYS), NP
<i>ibandronate sodium 150 mg tab</i>	1	EDS, P
PROLIA	2	PA, SP, NP
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	1	PA, QL (4 UNITS PER 30 DAYS), EDS, NP
<i>risedronate sodium 150 mg tab</i>	1	PA, QL (1 UNIT PER 30 DAYS), EDS, NP
<i>risedronate sodium 5 mg tab</i>	1	PA, QL (30 UNITS PER 30 DAYS), EDS, NP
TERIPARATIDE	2	PA, SP, NP
<i>teriparatide</i>	1	PA, SP, NP
TYMLOS	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>GNRH/LHRH ANTAGONISTS</b>		
ORILISSA 150 MG TAB	2	PA, QL (1 EA PER DAY)
ORILISSA 200 MG TAB	2	PA, QL (2 EA PER DAY), QL (60 UNITS PER FILL; 360 UNITS PER 365 DAYS)
<b>GROWTH HORMONES</b>		
GENOTROPIN	2	PA, SP, P
GENOTROPIN MINIQUICK	2	PA, SP, P
HUMATROPE	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
SAIZEN	2	PA, SP, NP
SAIZENPREP	2	PA, SP, NP
SEROSTIM	2	PA, NP
SKYTROFA	2	PA, SP, NP
SOGROYA	2	PA, SP, NP
ZOMACTON	2	PA, SP, NP
ZOMACTON (FOR ZOMA-JET 10)	2	PA, SP, NP
ZORBTIVE	2	PA, SP, NP
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA	2	PA, NP
<i>raloxifene hcl</i>	\$0	EDS, P
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT-PED (1-MONTH)	2	PA, SP
LUPRON DEPOT-PED (3-MONTH)	2	PA, SP
LUPRON DEPOT-PED (6-MONTH)	2	PA, SP
TRIPTODUR	2	PA, LA

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>METABOLIC MODIFIERS</b>		
<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>glycerol phenylbutyrate</i>	1	PA, LA
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	EDS
<i>levocarnitine sf</i>	1	EDS
MYALEPT	2	PA, LA
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
REVCOVI	2	PA, LA
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA, SP
STRENSIQ	2	PA, LA
XPHOZAH	2	PA, LA, NP
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	2	PA, LA, QL (1 EA PER DAY)
<b>POSTERIOR PITUITARY HORMONES</b>		
<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	
DESMOPRESSIN ACETATE SPRAY	2	
<i>desmopressin acetate spray</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	1	EDS
<b>SOMATOSTATIC AGENTS</b>		
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	2	
<i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>	1	
SIGNIFOR	2	PA, LA, QL (2 EA PER DAY)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan (15 mg tab thpk, 30 &amp; 15 mg tab thpk, 45 &amp; 15 mg tab thpk, 60 &amp; 30 mg tab thpk, 90 &amp; 30 mg tab thpk)</i>	1	PA, LA, QL (2 EA PER 1 DAY)
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, LA, QL (2 EA PER 1 DAY), SP
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>abigale</i>	1	EDS
<i>abigale lo</i>	1	EDS
<i>amabelz</i>	1	EDS
<i>estradiol-norethindrone acet</i>	1	EDS
<i>fyavolv</i>	1	EDS
<i>jinteli</i>	1	EDS
<i>mimvey</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	EDS
ORIAHNN	2	PA
PREMPHASE	2	
<b>ESTROGENS</b>		
<i>dotti</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	EDS
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	1	QL (4 UNITS PER 28 DAYS), 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
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	P
CIPROFLOXACIN HCL 100 MG TAB	2	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, 400 MG TAB)	2	PA, NP
<i>ofloxacin 400 mg tab</i>	1	PA, NP

## **GASTROINTESTINAL AGENTS - MISC.**

### **5-HT4 RECEPTOR AGONISTS**

MOTEGRITY	2	PA, NP
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### **AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

TRULANCE	2	PA, NP
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### **ANTIFLATULENTS**

<i>simethicone (mylicon)</i>	1	OTC, EDS
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA	2	LA, QL (1 EA PER DAY)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	EDS
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	EDS
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	EDS, P
<b>GASTROINTESTINAL STIMULANTS</b>		
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	
<b>HEPATOTROPICS</b>		
REZDIFFRA	2	PA, LA, QL (1 EA PER DAY)
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO	1	P
ASACOL HD	2	PA, NP
AVSOLA	2	PA, SP, NP
AZULFIDINE	2	PA, NP
AZULFIDINE EN-TABS	2	PA, NP
<i>balsalazide disodium</i>	1	P
CANASA	2	PA, NP
CIMZIA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA (1 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA (2 SYRINGE)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
CIMZIA-STARTER	2	PA, QL (3 EA PER 365 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COLAZAL	2	PA, NP
DIPENTUM	2	PA, NP
ENTYVIO	2	PA, SP, NP
ENTYVIO PEN	2	PA, QL (2 EA PER 28 DAYS), SP, NP
INFLECTRA	2	PA, SP, NP
INFLIXIMAB	2	PA, SUM6 (UCARE MCAID_INFLIXIMAB), SP, P
LIALDA	2	PA, NP
<i>mesalamine (4 gm enema, 400 mg cap dr)</i>	1	PA, NP
<i>mesalamine 1.2 gm tab dr</i>	1	P
<i>mesalamine 1000 mg suppos</i>	1	P
<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 DOSE)	2	PA, QL (3 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
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<i>lanthanum carbonate</i>	1	PA, NP
RENVELA (0.8 GM PACKET, 2.4 GM PACKET)	2	PA, NP
RENVELA 800 MG TAB	1	P
<i>sevelamer carbonate</i>	1	EDS, P
<i>sevelamer hcl</i>	1	PA, EDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VELPHORO	2	PA, NP
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>cytra-2</i>	1	OTC
<i>potassium citrate / citric acid soln</i>	1	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
<i>sod citrate-citric acid (1.5-1 gm/15ml, 3-2 gm/30ml)</i>	1	
<i>sod citrate-citric acid 500-334 mg/5ml solution</i>	1	OTC
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	LA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</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	
SODIUM CHLORIDE 0.9 % SOLUTION	2	
<i>sodium chloride 0.9 % solution</i>	1	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	EDS, P
AVODART	2	PA, NP
CARDURA XL	2	PA, NP
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine (azo)</i>	1	OTC
<b>URINARY STONE AGENTS</b>		
<i>tiopronin (100 mg tab, 100 mg tab dr, 300 mg tab dr)</i>	1	PA, SP
<i>venxxiva</i>	1	PA, SP
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	EDS
<b>GOUT AGENTS</b>		
<i>allopurinol (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
<b>URICOSURICS</b>		
<i>probenecid</i>	1	EDS
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE	2	SP, P
ADYNOVATE	2	SP, P
AFSTYLA	2	SP, P
ALPHANATE	2	SP, P
ALPHANINE SD	2	SP, P
ALPROLIX	2	SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
VONVENDI	2	SP, P
WILATE	2	SP, P
XYNTHA	2	SP, P
XYNTHA SOLOFUSE	2	SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR	2	PA, QL (9 UNITS PER FILL), SP, NP
<i>icatibant acetate</i>	1	PA, SP, P
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	2	PA, SP, P
CINRYZE	2	PA, SP, P
HAEGARDA	2	PA, LA, QL (16 EA PER 28 DAYS), NP
RUCONEST	2	PA, LA, NP
TAVNEOS	2	PA, QL (6 EA PER DAY), SP, NP
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	EDS
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	2	PA, LA, NP
ORLADEYO	2	PA, LA, QL (28 EA PER 28 DAYS), NP
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	PA, LA, QL (4 ML PER 28 DAYS), NP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, LA, QL (2 ML PER 28 DAYS), NP
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	PA, EDS, NP
BRILINTA	1	P
CABLIVI	2	PA, SP
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P
<i>clopidogrel bisulfate 75 mg tab</i>	1	EDS, P
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	EDS, P
EFFIENT	2	PA, NP
PLAVIX	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>prasugrel hcl</i>	1	EDS, P
<i>ticagrelor</i>	1	
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE	2	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	2	QL (56 UNITS PER FILL), SP
<i>miglustat</i>	1	SP
<i>yargesa</i>	1	SP
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO	2	PA, SP, P
DROXIA	2	P
ENDARI	1	PA, QL (6 EA PER 1 DAY), SP, P
<i>l-glutamine 5 gm packet</i>	1	PA, QL (6 EA PER 1 DAY), SP, NP
OXBRYTA (300 MG TAB, 500 MG TAB)	2	PA, QL (3 EA PER DAY), SP, P
OXBRYTA 300 MG TAB SOL	2	PA, QL (5 EA PER DAY), SP, P
SIKLOS	2	PA, NP
<b>COBALAMINS</b>		
<i>b-12 (methylcobalamin)</i>	1	OTC, EDS
<i>vitamin b12</i>	1	OTC, EDS
VITAMIN B12	2	OTC
<b>FOLIC ACID/FOLATES</b>		
FOLIC ACID 1MG	1	OTC, EDS
<i>folic acid 400 mcg/800 mcg</i>	\$0	OTC, EDS
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	2	PA, SP, P
DOPTELET	2	QL (2 EA PER DAY), SP
<i>eltrombopag olamine</i>	1	PA, SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
EPOGEN	2	PA, SP, P
GRANIX (300 MCG/ML SOLUTION, 480 MCG/1.6ML SOLUTION)	2	SP
LEUKINE	2	SP
MIRCERA	2	PA, LA, NP
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
REBLOZYL	2	PA, NP
RETACRIT	2	PA, SP, P
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP
<b>HEMATOPOIETIC MIXTURES</b>		
<i>corvita 150</i>	1	
<i>ferraplus 90</i>	2	
FERREX	2	OTC
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	1	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	1	OTC, EDS
FERROUS FUMARATE POLYSACCHARIDE COMPLEX	2	
<i>ferrous fumarate polysaccharide complex</i>	1	
FOLIC ACID / VITAMIN B6 / VITAMIN B12 / OMEGA-3	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron combinations</i>	1	EDS
IRON FOLATE PLUS	2	
IRON FOLATE-F	2	
<i>iron polysaccharide complex</i>	2	OTC
<i>k-tan plus</i>	1	
<i>multigen folic</i>	2	
<i>multigen plus</i>	2	
<i>multivitamin</i>	1	OTC
<i>purevit dualfe plus</i>	1	
<i>se-tan plus</i>	1	
<i>tandem plus</i>	1	
TARON FORTE	2	
VIRT-FEFA PLUS	2	
<b>IRON</b>		
<i>ferrous gluconate</i>	1	OTC, EDS
FERROUS GLUCONATE	2	OTC, EDS
<i>ferrous sulfate</i>	1	OTC, EDS
<i>polysaccharide iron complex</i>	1	OTC, EDS
<b>STEM CELL MOBILIZERS</b>		
<i>plerixafor</i>	1	SP
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	EDS
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
<i>acetaminophen / diphenhydramine</i>	1	OTC
<i>doxylamine (sleep)</i>	1	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
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, 7.5 MG CAP)	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
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
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
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
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
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
<i>calcium polycarbophil 625mg tab (fiber laxative)</i>	1	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methylcellulose (citrucel)</i>	1	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	
<i>senna / docusate sodium 8.6 - 50mg tab</i>	1	OTC, EDS

### **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 packets</i>	1	OTC, EDS
<i>polyethylene glycol powder</i>	\$0	OTC, EDS

### **LUBRICANT LAXATIVES**

<i>mineral oil</i>	1	OTC, EDS
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### **SALINE LAXATIVES**

<i>enema</i>	1	OTC
ENEMA	2	OTC
<i>magnesium citrate solution (citroma)</i>	\$0	OTC
<i>magnesium hydroxide (phillips' 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 capsule</i>	1	OTC, EDS
<i>docusate sodium (capsule, oral liquid)</i>	1	OTC, EDS

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
<i>lidocaine-epinephrine (pf) 1.5 %-1:200000 solution</i>	1	
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>lidocaine hcl (0.5 %, 1 %, 2 %)</i>	1	
<i>lidocaine hcl (pf) (1 %, 1.5 %, 2 %, 4 %)</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chlorprocaine hcl (pf)</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<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
<i>azithromycin 500 mg recon soln</i>	1	
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
<b>CLARITHROMYCIN</b>		
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
<b>ERYTHROMYCINS</b>		
E.E.S. GRANULES	2	PA, NP
<i>ery-tab</i>	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<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
ERYTHROMYCIN BASE 250 MG CP DR PART	1	P
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</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)
<i>fidaxomicin</i>	1	QL (2 EA PER DAY)

## **MEDICAL DEVICES AND SUPPLIES**

### **AUDITORY SUPPLIES**

<i>hearing aid batteries</i>	2	OTC
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### **BANDAGES-DRESSINGS-TAPE**

<i>adhesive tape</i>	2	OTC
<i>bandages</i>	2	OTC
CVS EYE	2	OTC
<i>gauze pads and dressings</i>	2	OTC
GELOCAST 3"X10YD	2	OTC
J & J EYE PADS OVAL SMALL	2	OTC
J & J OVAL EYE PADS	2	OTC
J & J STERILE EYE PADS	2	OTC
JOHNSONS STERILE EYE PADS	2	OTC
PROFORE	2	OTC
PROFORE LITE	2	OTC
PROFORE WCL 5-1/2"X8"	2	OTC
RA HOT/COLD GEL SLEEVE	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SM DELUXE REUSABLE COMPRESS	2	OTC
SUREPRESS HI COMPRESS BANDAGE	2	OTC
<b>BLOOD PRESSURE DEVICES</b>		
BLOOD PRESSURE MONITORING DEVICE	2	OTC
<b>CONTRACEPTIVES</b>		
CAYA	\$0	
<i>female condoms</i>	\$0	OTC
FEMCAP	\$0	
<i>male condoms</i>	\$0	OTC
WIDE-SEAL DIAPHRAGM	\$0	
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK GUIDE	\$0	OTC, CDS, P
ACCU-CHEK GUIDE ME	\$0	OTC, CDS, P
ASSURE 3 METER	2	OTC, CDS
<i>blood glucose calibration liquid</i>	\$0	OTC, CDS
CONTOUR BLOOD GLUCOSE SYSTEM	\$0	OTC, CDS, P
CONTOUR MONITOR	\$0	OTC, CDS, P
CONTOUR NEXT EZ	\$0	OTC, CDS, P
CONTOUR NEXT GEN MONITOR	\$0	PA, OTC, CDS, NP
CONTOUR NEXT MONITOR	\$0	PA, OTC, CDS, NP
CONTOUR NEXT ONE KIT	\$0	OTC, CDS, P
CONTOUR NEXT ONE W/DEVICEKIT	\$0	OTC, CDS, P
DEXCOM G4 PLAT PED RCV/SHARE	\$0	QL (1 EA PER 365 DAYS), CDS
DEXCOM G4 PLAT PED RECEIVER	\$0	QL (1 EA PER 365 DAYS), CDS
DEXCOM G4 PLATINUM RCV/SHARE	\$0	QL (1 EA PER 365 DAYS), CDS
DEXCOM G4 PLATINUM RECEIVER	\$0	QL (1 EA PER 365 DAYS), CDS
DEXCOM G4 PLATINUM TRANSMITTER	\$0	QL (1 EA PER 90 DAYS), EDS, CDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0	PA, QL (0.1 EA PER DAY), SUM6 (UCARE MCAID_CGMS NP), CDS, NP
DEXCOM G5 MOBILE RECEIVER	\$0	PA, QL (1 EA PER 365 DAYS), SUM6 (UCARE MCAID_CGMS NP), CDS, NP
DEXCOM G5 MOBILE TRANSMITTER	\$0	PA, QL (1 EA PER 90 DAYS), EDS, SUM6 (UCARE MCAID_CGMS NP), CDS, NP
DEXCOM G5 RECEIVER KIT	\$0	PA, QL (1 EA PER 365 DAYS), SUM6 (UCARE MCAID_CGMS NP), CDS, NP
DEXCOM G6 RECEIVER	\$0	QL (1 EA PER 365 DAYS), CDS, P
DEXCOM G6 SENSOR	\$0	QL (0.1 EA PER DAY), CDS, P
DEXCOM G6 TRANSMITTER	\$0	QL (1 EA PER 90 DAYS), EDS, CDS, P
DEXCOM G7 15 DAY SENSOR	\$0	QL (0.07 EA PER DAY), CDS, P
DEXCOM G7 RECEIVER	\$0	QL (1 EA PER 365 DAYS), CDS, P
DEXCOM G7 SENSOR	\$0	QL (0.1 EA PER DAY), CDS, P
EASYGLUCO KIT	2	OTC, CDS
FORA G20 BLOOD GLUCOSE SYSTEM	\$0	PA, OTC, CDS, NP
FORA V10/V12/D10/D20 TEST	2	OTC, CDS
FREESTYLE FREEDOM LITE	\$0	PA, OTC, CDS, NP
FREESTYLE INSULINX SYSTEM	\$0	PA, OTC, CDS, NP
FREESTYLE LIBRE 14 DAY READER	\$0	QL (1 EA PER 365 DAYS), CDS, P
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL (0.072 EA PER DAY), CDS, P
FREESTYLE LIBRE 2 PLUS SENSOR	\$0	QL (0.07 EA PER DAY), CDS
FREESTYLE LIBRE 2 READER	\$0	QL (1 EA PER 365 DAYS), CDS, P
FREESTYLE LIBRE 2 SENSOR	\$0	QL (0.072 EA PER DAY), CDS, P
FREESTYLE LIBRE 3 PLUS SENSOR	\$0	QL (0.07 EA PER DAY), CDS, P
FREESTYLE LIBRE 3 READER	\$0	QL (1 EA PER 365 DAYS), CDS, P
FREESTYLE LIBRE 3 SENSOR	\$0	QL (0.072 EA PER DAY), CDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FREESTYLE LIBRE READER	\$0	QL (1 EA PER 365 DAYS), CDS
FREESTYLE LITE DEVICE	\$0	PA, OTC, CDS, NP
FREESTYLE LITE W/DEVICEKIT	\$0	PA, OTC, CDS, NP
GLUCOCARD EXPRESSION MONITOR	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE CONNEX	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE DEVICE	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE EXPRESS	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE W/DEVICEKIT	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE XL	\$0	PA, OTC, CDS, NP
GNP TRUE METRIX AIR METER	\$0	PA, OTC, CDS, NP
GNP TRUE METRIX GLUCOSE METER	\$0	PA, OTC, CDS, NP
<i>lancet device</i>	\$0	OTC, CDS
<i>lancets</i>	\$0	OTC, CDS
MM BLOOD GLUCOSE SYSTEM REFILL	2	PA, OTC, CDS, NP
<i>needles and syringes</i>	\$0	PA, OTC, CDS
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 G6 INTRO G5	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD CLASSIC PDM (GEN 3)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD CLASSIC PODS (GEN 3)	\$0	QL (0.5 EA PER DAY), 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
ONETOUCH ULTRA 2	\$0	PA, OTC, CDS, NP
ONETOUCH VERIO FLEX SYSTEM W/DEVICEKIT	\$0	PA, OTC, CDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PRECISION XTRA (DEVICE, KIT)	\$0	PA, OTC, CDS, NP
PRECISION XTRA MONITOR	\$0	PA, OTC, CDS, NP
PRECISION XTRA W/DEVICEKIT	\$0	PA, OTC, CDS, NP
PRECISION XTRA- GLUCOSE/KETONE	\$0	PA, OTC, CDS, NP
PRODIGY AUTOCODE BLOOD GLUCOSE W/DEVICEKIT	\$0	PA, OTC, CDS, NP
PRODIGY NO CODING BLOOD GLUC W/DEVICEKIT	\$0	PA, OTC, CDS, NP
PRODIGY POCKET BLOOD GLUCOSE	\$0	PA, OTC, CDS, NP
PRODIGY VOICE BLOOD GLUCOSE	\$0	PA, OTC, CDS, NP
QUICKTEK	2	OTC, CDS
TEMPO REFILL	2	OTC, CDS
TRUE METRIX AIR GLUCOSE METER DEVICE	\$0	PA, OTC, CDS, NP
TRUE METRIX AIR GLUCOSE METER W/DEVICEKIT	\$0	PA, OTC, CDS, NP
TRUE METRIX METER DEVICE	\$0	PA, OTC, CDS, NP
TRUE METRIX METER W/DEVICEKIT	\$0	PA, OTC, CDS, NP
ULTIMA	2	OTC, CDS
VIVAGUARD INO GLUCOSE METER KIT	2	PA, OTC, CDS, NP
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
<i>incontinence supplies</i>	2	OTC
<i>ostomy supplies</i>	2	OTC
<b>INFANT CARE PRODUCTS</b>		
<i>diapers</i>	2	OTC
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	\$0	OTC, CDS
<i>miscellaneous medical devices</i>	2	OTC
<b>PARENTERAL THERAPY SUPPLIES</b>		
BD INSULIN PEN NEEDLE	\$0	OTC, CDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BD INSULIN SYRINGE U-500	\$0	CDS
EMBECTA INSULIN PEN NEEDLE	\$0	OTC, CDS
EMBECTA INSULIN SYRINGE U-500	\$0	CDS
<i>insulin injection device</i>	\$0	OTC, CDS
MULTI-DRAW NEEDLE (21G MISC, 22G MISC)	2	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**

AIMOVIK 140 MG/ML SOLN A-INJ	2	PA, QL (1 EA PER 28 DAYS), P
AIMOVIK 70 MG/ML SOLN A-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), SUM6 (UCARE MCAID_EMGALITY 100)
EMGALITY 120 MG/ML SOLN A-INJ	2	PA, QL (1 ML PER 28 DAYS), P
EMGALITY 120 MG/ML SOLN PRSYR	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), SUM6 (UCARE MCAID_UBRELVY), P
VYEPTI	2	PA, LA, NP
ZAVZPRET	2	PA, QL (6 EA PER 28 DAYS), NP

### **MIGRAINE COMBINATIONS**

MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	PA, QL (18 EA PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TREXIMET	2	PA, QL (18 EA PER 30 DAYS), NP
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
ELYXYB	2	PA, QL (28.8 ML PER 30 DAYS), NP
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	1	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
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 (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	PA, QL (8 ML PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	PA, QL (8 ML PER 30 DAYS), NP
SUMATRIPTAN SUCCINATE REFILL	2	PA, QL (8 ML PER 30 DAYS), NP
<i>sumatriptan succinate refill 6 mg/0.5ml soln cart</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 TAB, 5 MG TAB)	2	PA, QL (18 EA PER 30 DAYS)
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION, ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	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 d / vitamin k</i>	1	OTC, EDS
<i>calcium carbonate</i>	1	OTC, EDS
<i>calcium carbonate / folic acid / vitamin d</i>	2	
<i>calcium carbonate / vitamin d</i>	2	OTC, EDS
<i>calcium citrate / vitamin d</i>	1	OTC, EDS

### **ELECTROLYTE MIXTURES**

<i>dextrose in lactated ringers</i>	1	
<i>dextrose-sodium chloride (2.5, 5, 5, 5)</i>	1	
ELECTROLYTE SOLUTION	2	OTC
<i>electrolyte solution</i>	1	OTC
ISOLYTE-S	2	
KCL (0.149%) IN NACL	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KCL IN DEXTROSE-NACL (IN 10-5-0.45 MEQ/L-%-% SOLUTION, IN 20-5-0.2 MEQ/L-%-% SOLUTION, IN 20-5-0.45 MEQ/L-%-% SOLUTION, IN 20-5-0.9 MEQ/L-%-% SOLUTION, IN 30-5-0.45 MEQ/L-%-% SOLUTION, IN 40-5-0.45 MEQ/L-%-% SOLUTION)	2	
<i>kcl in dextrose-nacl (in 10-5-0.45 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	
<i>lactated ringers</i>	1	
LACTATED RINGERS	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	
POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% SOLUTION	2	
POTASSIUM CL IN DEXTROSE 5%	2	
<i>ringers</i>	1	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	\$0	OTC, EDS
<b>MAGNESIUM</b>		
<i>magnesium 250mg tab</i>	1	OTC, EDS
<i>magnesium sulfate (2 gm/50ml, 4 gm/100ml, 4 gm/50ml, 20 gm/500ml, 40 gm/1000ml)</i>	1	
<b>PHOSPHATE</b>		
<i>potassium / sodium phosphate</i>	1	EDS
<b>POTASSIUM</b>		
<i>klor-con 10 (klor-con 10, klor-con 10)</i>	1	EDS
<i>klor-con 20 meq packet</i>	1	EDS
KLOR-CON 8 MEQ TAB ER	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>klor-con m10</i>	1	EDS
<i>klor-con m15</i>	1	EDS
<i>klor-con m20</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
<b>SODIUM</b>		
<i>aquastat</i>	1	
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	
<i>bd posiflush safescrub</i>	1	
<i>monoject flush syringe</i>	1	
<i>monoject sodium chloride flush</i>	1	
<i>normal saline flush</i>	1	
<i>saline flush</i>	1	
<i>sodium chloride</i>	1	OTC, EDS
<i>sodium chloride flush</i>	1	
<b>TRACE MINERALS</b>		
<i>chromium</i>	1	OTC, EDS
<i>selenium capsule</i>	1	OTC, EDS
<b>ZINC</b>		
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine 250 mg tab</i>	1	PA, SUM6 (UCARE MCAID_PENICILLAMINE), SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>trientine hcl 250 mg cap</i>	1	SP
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	1	PA, QL (1 EA PER DAY), SUM6 (UCARE MCAID_REVLIMID)
REZUROCK	2	PA, QL (1 EA PER DAY), SP, NP
THALOMID	2	LA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL	2	PA, SP, NP
<i>azasan</i>	1	PA, NP
<i>azathioprine (75 mg tab, 100 mg tab)</i>	1	P
<i>azathioprine 50 mg tab</i>	1	EDS, P
CELLCEPT (250 MG CAP, 500 MG TAB)	2	PA, SP, NP
CELLCEPT 200 MG/ML RECON SUSP	1	SP, P
<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 (250 mg cap, 500 mg tab)</i>	1	P
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA, NP
<i>mycophenolate sodium</i>	1	PA, NP
<i>mycophenolic acid</i>	1	PA, NP
MYFORTIC	2	PA, SP, NP
NEORAL	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
<b>IRRIGATION SOLUTIONS</b>		
RINGERS IRRIGATION	2	
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
<b>MISC NATURAL PRODUCTS</b>		
MISCELLANEOUS NATURAL PRODUCTS (MISCELLANEOUS NATURAL PRODUCTS, MISCELLANEOUS NATURAL PRODUCTS)	2	OTC
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK)	2	PA, QL (1 EA PER DAY), SP
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
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA	2	
<i>sodium polystyrene sulfonate</i>	1	
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	2	PA, LA, QL (4 EA PER DAY)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	2	PA, QL (4 EA PER 28 DAYS), SP
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine viscous hcl</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	P
ORAVIG	2	PA, NP
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	EDS
<i>periogard</i>	1	EDS
<b>DENTAL PRODUCTS</b>		
<i>clinpro 5000</i>	1	EDS
<i>denta 5000 plus</i>	\$0	EDS
<i>dentagel</i>	1	EDS
<i>fluoridex</i>	1	EDS
<i>fluoridex enhanced whitening</i>	1	EDS
<i>fluorimax 5000</i>	1	EDS
<i>fraiche 5000 dental</i>	1	EDS
<i>just right 5000</i>	1	EDS
<i>sf</i>	1	EDS
<i>sf 5000 plus</i>	\$0	EDS
<i>sodium fluoride (0.2 % solution, 1.1 % gel)</i>	1	EDS
<i>sodium fluoride 1.1 % cream</i>	\$0	EDS
<i>sodium fluoride 5000 plus</i>	\$0	EDS
<i>sodium fluoride 5000 ppm (5000 1.1 % gel, 5000 1.1 % paste)</i>	1	EDS
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	\$0	EDS
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	1	EDS
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	EDS
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	1	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>B-COMPLEX W/ FOLIC ACID</b>		
VITAMIN B COMPLEX COMBINATIONS (VITAMIN COMPLEX COMBINATIONS, VITAMIN COMPLEX COMINATIONS)	2	
<b>MULTIPLE VITAMINS W/ CALCIUM</b>		
<i>multivitamins / calcium</i>	1	OTC, EDS
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
MULTIVITAMINS / MINERALS	2	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins / fluoride / iron</i>	1	OTC, EDS
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC, EDS
<b>PED MV W/ FLUORIDE</b>		
<i>multivitamin (\$0)</i>	\$0	OTC, EDS
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	\$0	OTC
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins / iron chew tab</i>	2	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC, EDS
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>pediatric multiple vitamins chew tab</i>	1	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS DROPS	2	OTC
<b>PEDIATRIC VITAMINS</b>		
TRI-VI-SOL A/C/D	2	OTC
VITAMIN A-C-D INFANT	2	OTC
VITAMIN A/C/D/ INFANT/TODDLER	2	OTC
<b>PRENATAL VITAMINS</b>		
<i>prenatal vitamin</i>	\$0	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PRENATAL VITAMIN	2	OTC, EDS
<b>VITAMINS W/ LIPOTROPICS</b>		
<i>vitamins / lipotropics</i>	1	OTC, EDS
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<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	
<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	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	1	PA, QL (23 UNITS PER FILL), NP
DYMISTA	2	PA, QL (23 UNITS PER FILL), NP
RYALTRIS	2	PA, NP
<b>NASAL AGENTS - MISC.</b>		
<i>saline nasal spray</i>	1	OTC
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
<i>cromolyn sodium nasal spray</i>	1	OTC, EDS
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide 0.03 % solution</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ipratropium bromide 0.06 % solution</i>	1	P
<b>NASAL STEROIDS</b>		
<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 nasal spray</i>	1	QL (0.57 ML PER DAY), OTC, EDS
XHANCE	2	PA, QL (1.07 ML PER DAY), NP
ZETONNA	2	PA, QL (0.21 GM PER DAY), NP
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>oxymetazoline nasal</i>	1	OTC
<i>phenylephrine (neo-synephrine)</i>	1	OTC
<i>phenylephrine (sudafed pe)</i>	1	OTC
<i>pseudoephedrine (sudafed)</i>	1	OTC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole</i>	1	EDS
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, LA, QL (6.67 ML PER DAY)
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
DEXTROSE (DEXTROSE 50 % SOLUTION, DEXTROSE 5 % SOLUTION, DEXTROSE 5 % SOLUTION)	1	
DEXTROSE 250 MG/ML SOLUTION	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>LIPIDS</b>		
INTRALIPID	2	
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<i>omega-3 fatty acids (fish oil)</i>	1	OTC, EDS
<b>PROTEINS</b>		
CLINIMIX E/DEXTROSE	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/5)	2	
CLINIMIX/DEXTROSE (5/15)	2	
CLINIMIX/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (6/5)	2	
CLINIMIX/DEXTROSE (8/10)	2	
CLINIMIX/DEXTROSE (8/14)	2	
PROCALAMINE	2	
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
<i>artificial tear drops</i>	1	OTC, EDS
<i>dextran 70/hypromellose lubricating eye drops</i>	1	OTC, EDS
<i>lubricant eye drops and ointment</i>	2	OTC, EDS
<i>polyethylene glycol drops</i>	1	OTC
<i>polyvinyl alcohol / povidone eye drops</i>	1	OTC, EDS
<i>polyvinyl alcohol eye drops</i>	1	OTC, EDS
REFRESH 1.4-0.6 % SOLUTION	2	OTC
<b>BETA-BLOCKERS - OPTHALMIC</b>		
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	EDS, P
<i>timolol maleate (once-daily)</i>	1	PA, EDS, NP
<i>timolol maleate ocudose</i>	1	PA, EDS, NP
<i>timolol maleate pf</i>	1	PA, EDS, NP
TIMOPTIC	2	PA, NP
TIMOPTIC OCUDOSE	2	PA, NP
TIMOPTIC-XE	2	PA, NP
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA	2	PA, QL (0.28 ML PER 1 DAY), NP
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate 1 % solution</i>	1	EDS
<b>MIOTICS</b>		
<i>pilocarpine hcl (1 %, 2 %, 4 %)</i>	1	EDS
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P	1	P
APRACLONIDINE HCL	2	PA, EDS, 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	
AZASITE	2	PA, NP
BACITRACIN 500 UNIT/GM OINTMENT	2	PA, NP
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	PA, NP
CILOXAN 0.3 % OINTMENT	2	PA, NP
<i>ciprofloxacin hcl 0.3 % solution</i>	1	P
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 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	
<i>polymyxin b-trimethoprim</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	2	PA, NP
SULFACETAMIDE SODIUM 10 % SOLUTION	2	
<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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>OPHTHALMIC DECONGESTANTS</b>		
<i>advanced lubricant</i>	1	OTC, EDS
<i>ft eye drops advanced relief</i>	1	OTC, EDS
<i>glitch advanced relief</i>	1	OTC, EDS
<i>tetrahydrazoline drops (visine)</i>	1	OTC, EDS
<i>visine red eye hydrating comf</i>	1	OTC, EDS
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
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
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	2	QL (2 EA PER DAY), P
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	2	PA, NP
ROCKLATAN	2	PA, NP
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl 0.5 % solution</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	2	PA, LA, QL (7 ML PER FILL; 8 FILLS PER LIFETIME)
<b>OPHTHALMIC STEROIDS</b>		
ALREX	1	P
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BLEPHAMIDE	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
DEXTENZA	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 3.5-10000-1SUSPENSION	2	
OZURDEX	2	PA, LA, NP
PRED FORTE	2	
<i>prednisolone acetate 1 % suspension</i>	1	P
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
RETISERT	2	PA, LA, NP
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	1	
TRIESENCE	2	LA, P
XIPERE	2	PA, LA, NP
YUTIQ	2	PA, LA, NP
<b>OPHTHALMICS - MISC.</b>		
ACULAR	2	PA, NP
ACULAR LS	2	PA, NP
ACUVAIL	2	PA, NP
ALOMIDE	2	PA, NP
<i>azelastine hcl 0.05 % solution</i>	1	PA, EDS, NP
AZOPT	2	PA, NP
<i>balanced salt</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 0.1% and 0.2% eye drop</i>	1	OTC, EDS, P
PROLENSA	2	PA, NP
<i>sodium chloride eye products</i>	1	OTC
TRUSOPT	2	PA, NP
ZERVIATE	2	PA, NP
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 ear wax removal solution</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	2	PA, NP
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 (28 EA PER FILL; 1 FILL PER 365 DAYS)
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL (28 EA PER FILL; 1 FILL PER 365 DAYS)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
BIVIGAM 10 GM/100ML SOLUTION	2	SP
CUVITRU	2	SP
FLEBOGAMMA DIF (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	SP
GAMMAGARD	2	SP
GAMMAKED	2	SP
GAMMAPLEX (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	SP
GAMUNEX-C	2	SP
HIZENTRA	2	SP
HYPERTET	2	
OCTAGAM (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	SP
PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	2	SP
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS 100 MG/ML SOLN PRSYR	\$0	
BEYFORTUS 50 MG/0.5ML SOLN PRSYR	\$0	
SYNAGIS	2	LA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	2	SP
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMOXICILLIN (125 MG CHEW TAB, 250 MG CHEW TAB)	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
<i>ampicillin sodium (1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln)</i>	1	
AMPICILLIN SODIUM 1 GM RECON SOLN	2	
<b>NATURAL PENICILLINS</b>		
<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	
<i>pfizerpen</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
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	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	PA, NP
AUGMENTIN ES-600	2	PA, NP
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 40.5 (36-4.5) gm ln)</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	

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

## PHARMACEUTICAL ADJUVANTS

### LIQUID VEHICLES

SORBITOL SOLUTION	2	OTC
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### SEMI SOLID VEHICLES

<i>petrolatum (vaseline)</i>	2	OTC
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## 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
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	2	PA, NP
<i>megestrol acetate 625 mg/5ml suspension</i>	1	PA, EDS, 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 (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>donepezil hcl 23 mg tab</i>	1	PA, EDS, NP
EXELON	1	P
<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, EDS, 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 (5 mg tab, 10 mg tab)</i>	1	EDS, P
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	1	PA, NP
<i>memantine hcl er</i>	1	PA, EDS, NP
NAMENDA	2	PA, NP
NAMENDA TITRATION PAK	2	PA, NP
NAMZARIC	2	PA, NP
<i>rivastigmine</i>	1	PA, EDS, NP
<i>rivastigmine tartrate</i>	1	PA, EDS, NP
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA, NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA, NP
PERPHENAZINE-AMITRIPTYLINE	\$0	EDS
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	2	QL (2 EA PER DAY), P
SAVELLA TITRATION PACK	2	QL (55 EA PER 180 DAYS), P
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
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
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	2	PA, LA, NP
AUBAGIO	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, NP
AVONEX PEN	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
AVONEX PREFILLED	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
BAFIERTAM	2	PA, SP, NP
BRIUMVI	2	PA, LA, NP
COPAXONE 20 MG/ML SOLN PRSYR	1	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
COPAXONE 40 MG/ML SOLN PRSYR	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), 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
<i>fingolimod hcl</i>	1	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
GILENYA 0.25 MG CAP	2	PA, SP, NP
GILENYA 0.5 MG CAP	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, NP
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, NP
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, NP
<i>glatopa 20 mg/ml soln prsy</i>	1	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, NP
<i>glatopa 40 mg/ml soln prsy</i>	1	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, NP
KESIMPTA	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
OCREVUS ZUNOVO	2	PA, LA, 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, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
REBIF REBIDOSE	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
REBIF REBIDOSE TITRATION PACK	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
REBIF TITRATION PACK	2	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), SP, P
TASCENSO ODT	2	PA, LA, NP
TECFIDERA	2	PA, SP, NP
<i>teriflunomide</i>	1	PA, SUM6 (UCARE MCAID_MS AGENTS PREF), 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE (300 MG TAB, 450 MG TAB, 600 MG TAB, 750 MG TAB, 900 MG TAB)	2	PA, NP
LYRICA CR	2	PA, NP
<i>pregabalin er</i>	1	PA, NP
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD) 10 MG TAB	2	PA, QL (34 UNITS PER FILL), EDS, NP
FLUOXETINE HCL (PMDD) 20 MG TAB	2	PA, EDS, NP
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES 1 MG TAB	2	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT	2	PA, NP
<b>SMOKING DETERRENTS</b>		
<i>nicotine gum / lozenge</i>	\$0	OTC
<i>nicotine patch</i>	\$0	OTC
NICOTROL	\$0	
<i>varenicline tartrate</i>	\$0	
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate(continue)</i>	\$0	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate</i>	1	PA, QL (34 UNITS PER FILL), EDS, NP
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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	
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## **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>mondoxyne nl 100 mg cap</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	EDS
<i>propylthiouracil 50 mg tab</i>	1	EDS
<b>THYROID HORMONES</b>		
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	
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>liomny</i>	1	EDS
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	EDS
NIVA THYROID	2	
NP THYROID	2	
RENTHYROID	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
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	\$0	
BOOSTRIX	\$0	
DAPTACEL	\$0	
DIPHThERIA-TETANUS TOXOIDS DT	\$0	
INFANRIX	\$0	
KINRIX	\$0	
PEDIARIX	\$0	
PENTACEL	\$0	
QUADRACEL	\$0	
TDVAX	\$0	
TENIVAC	\$0	

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<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	
ATROPINE SULFATE (PF)	2	
<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>hyoscyamine sulfate sl</i>	1	EDS
<i>hyosyne</i>	1	EDS
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	EDS
<i>nulev</i>	1	EDS
<i>oscimin</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>oscimin sr</i>	1	EDS
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	1	EDS
<i>famotidine</i>	1	OTC, EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE (15 MG/ML SOLUTION, 300 MG CAP)	2	
<i>nizatidine 150 mg cap</i>	1	EDS
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	EDS
<b>PROTON PUMP INHIBITORS</b>		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
ACIPHEX	2	PA, QL (30 EA PER FILL), NP
<i>cvs esomeprazole magnesium</i>	1	OTC, EDS, P
<i>cvs omeprazole magnesium</i>	1	OTC, EDS
DEXILANT 30 MG CAP DR	2	PA, QL (30 UNITS PER 30 DAYS), NP
DEXILANT 60 MG CAP DR	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 (2.5 mg packet, 5 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>kls esomeprazole magnesium</i>	1	OTC, EDS, P
<i>kp omeprazole magnesium</i>	1	OTC, EDS
<i>lansoprazole</i>	1	PA, QL (30 UNITS PER 30 DAYS), OTC, EDS, NP
NEXIUM (2.5 MG PACKET, 5 MG PACKET, 20 MG PACKET, 40 MG PACKET)	1	P
NEXIUM (20 MG CAP DR, 40 MG CAP DR)	2	PA, NP
NEXIUM 10 MG PACKET	1	QL (30 UNITS PER 30 DAYS), P
NEXIUM I.V.	2	PA, NP
<i>omeprazole (prilosec)</i>	1	OTC, EDS, P
<i>omeprazole magnesium 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>pantoprazole sodium (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 10 MG PACKET	2	PA, QL (30 UNITS PER 30 DAYS), NP
PRILOSEC 2.5 MG PACKET	2	PA, QL (60 UNITS PER 30 DAYS), 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, QL (30 UNITS PER 30 DAYS), EDS, NP
<i>sm esomeprazole magnesium</i>	1	OTC, EDS, P
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ULCER THERAPY COMBINATIONS</b>		
KONVOMEP	2	PA, NP
<i>omeprazole-sodium bicarbonate (40-1100 mg cap, 40-1680 mg packet)</i>	1	PA, NP
<i>omeprazole-sodium bicarbonate 20-1680 mg packet</i>	1	PA, QL (30 UNITS PER 30 DAYS), NP
ZEGERID (20-1100 MG CAP, 20-1680 MG PACKET)	2	PA, QL (30 UNITS PER 30 DAYS), NP
ZEGERID (40-1100 MG CAP, 40-1680 MG PACKET)	2	PA, NP
ZEGERID OTC	2	PA, OTC, NP
<b>UNCATEGORIZED</b>		
<b>UNCLASSIFIED</b>		
ALYFTREK 10-50-125 MG TAB	2	PA, QL (2 EA PER DAY), SP
ALYFTREK 4-20-50 MG TAB	2	PA, QL (3 EA PER DAY), SP
BRUKINSA 160 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
EBGLYSS 250 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
EDURANT PED	2	
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	2	P
ELIQUIS (1.5 MG PACK)	2	P
ELIQUIS (2 MG PACK)	2	P
ENFLONIA	\$0	
EVRYSDI 5 MG TAB	2	PA, LA, QL (1 EA PER DAY)
KOSELUGO 5 MG CAP SPRINK	2	PA, QL (20 EA PER DAY), SP
KOSELUGO 7.5 MG CAP SPRINK	2	PA, QL (12 EA PER DAY), SP
OPIPZA	\$0	PA, NP
OTULFI (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ML PER 84 DAYS), SP
OTULFI 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP
PENMENVY	\$0	
PREVYMIS (20 MG PACKET, 120 MG PACKET)	2	QL (1 EA PER DAY; 200 EA PER 365 DAYS)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
REVUFORJ 110 MG TAB	2	PA, QL (4 EA PER DAY), SP
REVUFORJ 160 MG TAB	2	PA, QL (2 EA PER DAY), SP
REVUFORJ 25 MG TAB	2	PA, QL (8 EA PER DAY), SP
SELARSDI 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP
SELARSDI 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP
STEQEYMA 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
STEQEYMA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
SUNLENCA 300 MG TAB	2	LA
TEZRULY	2	PA, NP
TRYNGOLZA	2	PA, QL (0.8 ML PER 30 DAYS), NP
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP
VIMKUNYA	\$0	
WEZLANA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
WEZLANA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
YESINTEK 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
YEZTUGO 300 MG TAB	\$0	LA, QL (4 TABS PER 28 DAYS)

## **URINARY ANTISPASMODICS**

### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide er</i>	1	PA, EDS, NP
DETROL	2	PA, NP
DETROL LA	2	PA, NP
<i>fesoterodine fumarate er</i>	1	P
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	2	PA, NP
<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	PA, NP
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	1	P
MYRBETRIQ 8 MG/ML SRER	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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## **VACCINES**

### **BACTERIAL VACCINES**

ACTHIB	\$0
BCG VACCINE	\$0
BEXSERO	\$0
CAPVAXIVE	\$0
HIBERIX	\$0
MENACTRA	\$0
MENQUADFI	\$0
MENVEO	\$0

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PEDVAX HIB	\$0	
PENBRAYA	\$0	
PNEUMOVAX 23	\$0	
PREVNAR 13	\$0	
PREVNAR 20	\$0	
TRUMENBA	\$0	
TYPHIM VI	\$0	
VAXCHORA	\$0	
VAXNEUVANCE	\$0	
VIVOTIF	\$0	
<b>VIRAL VACCINES</b>		
ABRYSVO	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AREXVY	\$0	
COMIRNATY	\$0	
COMIRNATY 5-11 YEARS	\$0	
DENGVAXIA	\$0	
ENGERIX-B (20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	\$0	
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	\$0	
ERVEBO	\$0	
FLUAD	\$0	
FLUARIX	\$0	
FLUARIX QUADRIVALENT	\$0	
FLUBLOK	\$0	
FLUBLOK QUADRIVALENT	\$0	
FLUCELVAX	\$0	
FLULAVAL	\$0	
FLULAVAL QUADRIVALENT	\$0	
FLUMIST	\$0	
FLUZONE 0.5 ML SUSP PRSYR	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FLUZONE HIGH-DOSE	\$0	
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	
FLUZONE QUADRIVALENT	\$0	
GARDASIL 9	\$0	
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	\$0	
HAVRIX 1440 EL U/ML SUSP PRSYR	\$0	
HAVRIX 1440 EL U/ML SUSPENSION	\$0	
HEPLISAV-B	\$0	
IMOVAX RABIES	\$0	
IPOL	\$0	
IXIARO	\$0	
JANSSEN COVID-19 VACCINE	\$0	
JYNNEOS	\$0	
M-M-R II	\$0	
MNEXSPIKE	\$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	
NUVAXOVID COVID-19 VACCINE	\$0	
PFIZER COVID-19 BIVAL 6MO-4YR	\$0	
PFIZER COVID-19 VAC BIVAL 5-11	\$0	
PFIZER COVID-19 VAC BIVALENT	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	\$0	
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	\$0	
ROTARIX	\$0	
ROTATEQ	\$0	
SHINGRIX	\$0	
SPIKEVAX	\$0	
SPIKEVAX 6M-11Y	\$0	
SPIKEVAX COVID-19 VACCINE	\$0	
STAMARIL	\$0	
TICOVAC	\$0	
TWINRIX	\$0	
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 50 UNIT/ML SUSP PRSYR)	\$0	
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	\$0	
VARIVAX	\$0	
YF-VAX	\$0	

## **VAGINAL AND RELATED PRODUCTS**

### **SPERMICIDES**

<i>vaginal contraceptive foam</i>	\$0	OTC
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate 2 % cream</i>	1	
<i>clotrimazole vaginal cream</i>	1	OTC, P
<i>miconazole (monistat)</i>	1	QL (3 UNITS PER 30 DAYS), OTC
MICONAZOLE 3 200 MG SUPPOSITORY	2	QL (3 UNITS PER 30 DAYS)
<i>terconazole 0.4 % cream</i>	1	QL (45 UNITS PER 5 DAYS)
<i>terconazole 0.8 % cream</i>	1	QL (20 UNITS PER 2 DAYS)
<i>terconazole 80 mg suppos</i>	1	QL (3 UNITS PER 30 DAYS)
<i>tioconazole oint (vagistat)</i>	1	OTC

## VAGINAL ESTROGENS

<i>estradiol 0.01 % 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 (0.15 mg/0.3ml soln, 0.3 mg/0.3ml soln)</i>	1	PA, QL (2 EA PER FILL), MFG, CDS, NP
<i>epinephrine (anaphylaxis)</i>	1	CDS
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	2	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 1 MG/0.1ML SOLUTION	2	PA, QL (2 EA PER 1 FILL), NP
NEFFY 2 MG/0.1ML SOLUTION	2	PA, QL (2 EA PER FILL), NP
<i>midodrine hcl</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin a</i>	1	OTC, EDS
<i>vitamin d</i>	1	OTC, EDS, P
VITAMIN D	2	OTC
<i>vitamin e</i>	1	OTC, EDS
<b>WATER SOLUBLE VITAMINS</b>		
NIACIN	2	OTC, P
<i>niacin</i>	1	OTC, EDS, P
<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

# Index

<b>A</b>	acid reducer.....	173	ADALIMUMAB-RYVK (1 PEN).....	22	
abacavir sulfate.....	86	ACIPHEX.....	173	ADALIMUMAB-RYVK (2 PEN).....	22
abacavir sulfate-lamivudine.....	86	acitretin.....	113	ADALIMUMAB-RYVK (2	
abacavir-lamivudine-		ACTEMRA.....	25	SYRINGE).....	22
zidovudine.....	86	ACTEMRA ACTPEN.....	25	adapalene.....	108
abigale.....	125	ACTHIB.....	177	adapalene treatment.....	108
abigale lo.....	125	activated charcoal		adapalene-benzoyl peroxide.....	108
ABILIFY.....	85	(liquid/suspension).....	61	ADBRY.....	116
ABILIFY ASIMTUFII.....	85	ACTONEL.....	122	ADCIRCA.....	96
ABILIFY MAINTENA.....	85	ACULAR.....	160	ADDERALL XR.....	15
ABILIFY MYCITE.....	85,86	ACULAR LS.....	160	adefovir dipivoxil.....	89
abiraterone acetate.....	74	ACUVAIL.....	160	ADEMPAS.....	97
abirtega.....	74	acyclovir.....	90,115	adhesive tape.....	140
ABRILADA (1 PEN).....	20	acyclovir sodium.....	90	ADLARITY.....	165
ABRILADA (2 PEN).....	20	ADACEL.....	171,172	ADMELOG.....	58
ABRILADA (2 SYRINGE).....	20	ADAKVEO.....	134	ADMELOG SOLOSTAR.....	58
ABRYSVO.....	178	ADALIMUMAB-AACF (2 PEN).....	21	ADTHYZA.....	171
acamprosate calcium.....	165	ADALIMUMAB-AACF (2		ADVAIR DISKUS.....	42
ACANYA.....	108	SYRINGE).....	21	ADVAIR HFA.....	42
acarbose.....	54	ADALIMUMAB-		advanced lubricant.....	159
ACCOLATE.....	41	AACF(CD/UC/HS STRT).....	21	ADVATE.....	131
ACCU-CHEK AVIVA PLUS.....	119	ADALIMUMAB-AACF(PS/UV		ADYNOVATE.....	131
ACCU-CHEK GUIDE.....	141	STARTER).....	21	ADZENYS XR-ODT.....	15
ACCU-CHEK GUIDE ME.....	141	ADALIMUMAB-AATY (1 PEN).....	21	afirmelle.....	98
ACCU-CHEK GUIDE TEST.....	119	ADALIMUMAB-AATY (2 PEN).....	21	AFLURIA PRESERVATIVE	
ACCU-CHEK SMARTVIEW.....	119	ADALIMUMAB-AATY (2		FREE.....	178
accutane.....	108	SYRINGE).....	21	AFREZZA.....	58
acebutolol hcl.....	91	ADALIMUMAB-AATY		AFSTYLA.....	131
acetaminophen (tablet,		CD/UC/HS START.....	21	AIMOVIG.....	145
capsule, liquid, suppository).....	28	ADALIMUMAB-ADAZ.....	21	AIRDUO RESPICLICK 113/14.....	42
acetaminophen /		ADALIMUMAB-ADBM (2		AIRDUO RESPICLICK 232/14.....	42
diphenhydramine.....	136	PEN).....	21	AIRDUO RESPICLICK 55/14.....	42
acetaminophen-codeine.....	32	ADALIMUMAB-ADBM (2		AIRSUPRA.....	42
ACETAMINOPHEN-		SYRINGE).....	21	AJOVY.....	145
CODEINE.....	32	ADALIMUMAB-		ak-poly-bac.....	158
acetazolamide.....	121	ADBM(CD/UC/HS STRT).....	21	AKEEGA.....	74
acetazolamide er.....	121	ADALIMUMAB-ADBM(PS/UV		AKLIEF.....	108
acetazolamide sodium.....	121	STARTER).....	21	AKYNZEO.....	62
acetic acid.....	130,162	ADALIMUMAB-FKJP (2 PEN).....	21	albendazole.....	36
acetylcysteine.....	108	ADALIMUMAB-FKJP (2		ALBUSTIX.....	119
		SYRINGE).....	21	albuterol sulfate.....	42

ALBUTEROL SULFATE.....	42	AMBIEN.....	137	amphetamine-	
ALBUTEROL SULFATE ER.	42	AMBIEN CR.....	137	dextroamphetamine.....	15
albuterol sulfate hfa.....	42	ambrisentan.....	96	AMPHOTERICIN B.....	63
Albuterol Sulfate HFA (Ventolin		amethia.....	98	ampicillin.....	164
generic).....	42	amethyst.....	98	ampicillin sodium.....	164
alcohol swabs.....	144	amikacin sulfate.....	20	AMPICILLIN SODIUM.....	164
ALECENSA.....	76	amiloride hcl.....	121	ampicillin-sulbactam sodium..	164
alendronate sodium.....	122	amiloride-		AMPYRA.....	167
alfuzosin hcl er.....	130	hydrochlorothiazide.....	121	AMZEEQ.....	108
aliskiren fumarate.....	71	AMILORIDE-		anagrelide hcl.....	133
allopurinol.....	131	HYDROCHLOROTHIAZIDE.....	121	anastrozole.....	74
allopurinol sodium.....	131	amiodarone hcl.....	39	ANCOBON.....	63
almotriptan malate.....	146	amitriptyline hcl.....	53	ANORO ELLIPTA.....	42
ALOGLIPTIN BENZOATE.....	57	AMJEVITA.....	22	ANTARA.....	65
ALOGLIPTIN-METFORMIN		AMJEVITA-PED 15KG TO		anti-dandruff shampoo.....	114
HCL.....	54	<30KG.....	22	anti-itch lotion.....	113
ALOGLIPTIN-		amlodipine besy-benazepril		anucort-hc.....	35
PIOGLITAZONE.....	54	hcl.....	69	anusol-hc.....	35
ALOMIDE.....	160	amlodipine besylate.....	93	ANZEMET.....	62
alosepron hcl.....	129	amlodipine besylate-valsartan	69	APIDRA.....	58
ALPHAGAN P.....	157	amlodipine-atorvastatin.....	95	APIDRA SOLOSTAR.....	58
ALPHANATE.....	131	amlodipine-olmesartan.....	69	ALENZIN.....	51
ALPHANINE SD.....	131	amlodipine-valsartan-hctz.....	69	APRACLONIDINE HCL.....	157
alprazolam.....	39	ammonium lactate (12% cream,		apraclonidine hcl.....	157
ALPROLIX.....	131	12% lotion).....	117	aprepitant.....	62
ALREX.....	159	amnestem.....	108	APRETUDE.....	86
ALTACE.....	67	amoxapine.....	54	apri.....	98
altavera.....	98	AMOXICILLIN.....	163	APRISO.....	127
ALTOPREV.....	66	amoxicillin.....	164	APTENSIO XR.....	17
ALTRENO.....	108	AMOXICILLIN-POT		APTIOM.....	46
ALTUVIIIO.....	132	CLAVULANATE.....	164	APTIVUS.....	86
ALUMINUM HYDROXIDE		amoxicillin-pot clavulanate...	164	aquastat.....	149
GEL.....	36	AMOXICILLIN-POT		aquastat sfr.....	149
ALUNBRIG.....	76	CLAVULANATE ER.....	164	aranelle.....	98
ALVESCO.....	41	amphet-dextroamphet 3-bead		ARANESP (ALBUMIN FREE).....	134
alyacen 1/35.....	98	er.....	15	ARAZLO.....	108
alyacen 7/7/7.....	98	AMPHETAMINE ER.....	15	ARCALYST.....	25
ALYFTREK.....	175	amphetamine sulfate.....	15	AREXVY.....	178
alyq.....	96	amphetamine-dextroamphet		arformoterol tartrate.....	42
amabelz.....	125	er.....	15	argyle sterile saline.....	130
amantadine hcl.....	81			ARICEPT.....	165

ARIKAYCE.....	20	atazanavir sulfate.....	86	AVONEX PREFILLED.....	167
aripiprazole.....	86	ATELVIA.....	122	AVSOLA.....	127
ARISTADA.....	86	atenolol.....	91	ayuna.....	99
ARISTADA INITIO.....	86	atenolol-chlorthalidone.....	69	AYVAKIT.....	75
ARIXTRA.....	45	atomoxetine hcl.....	17	azasan.....	150
armodafinil.....	17	ATORVALIQ.....	66	AZASITE.....	158
ARMOUR THYROID.....	171	atorvastatin calcium.....	66	azathioprine.....	150
ARNUITY ELLIPTA.....	41	atovaquone.....	37	azelaic acid.....	118
ARTHROTEC.....	25	atovaquone-proguanil hcl.....	71	azelastine hcl.....	154,160
artificial tear drops.....	156	ATRALIN.....	108	azelastine-fluticasone.....	154
ASACOL HD.....	127	atropine sulfate.....	157,172	azithromycin.....	139
ascomp-codeine.....	32	ATROPINE SULFATE (PF).....	172	AZOPT.....	160
asenapine maleate.....	83	ATROVENT HFA.....	40	AZOR.....	69
ashlyna.....	98	AUBAGIO.....	167	AZSTARYS.....	18
ASMANEX (120 METERED DOSES).....	41	aubra.....	98	aztreonam.....	37
ASMANEX (14 METERED DOSES).....	41	aubra eq.....	99	AZULFIDINE.....	127
ASMANEX (30 METERED DOSES).....	41	AUGMENTIN.....	164	AZULFIDINE EN-TABS.....	127
ASMANEX (60 METERED DOSES).....	41	AUGMENTIN ES-600.....	164	azurette.....	99
ASMANEX (7 METERED DOSES).....	41	AUGTYRO.....	76		
ASMANEX HFA.....	41	aurovela 1.5/30.....	99	<b>B</b>	
aspirin (325mg, 500mg, suppository).....	28	aurovela 1/20.....	99	b-12 (methylcobalamin).....	134
aspirin (81 mg chew tab).....	28	aurovela 24 fe.....	99	bac (butalbital-acetamin-caff).....	28
aspirin (81 mg tab dr).....	28	aurovela fe 1.5/30.....	99	bacitra-neomycin-polymyxin- hc.....	159
aspirin (81mg, 325mg, 500mg, suppository).....	28	aurovela fe 1/20.....	99	bacitracin.....	36,111
aspirin / acetaminophen / caffeine (EXCEDRIN).....	28	AURYXIA.....	129	BACITRACIN.....	158
aspirin / buffers (BUFFERIN).....	28	AUSTEDO.....	166	bacitracin / polymyxin b.....	111
aspirin / sodium bicarb / citric acid (ALKA-SELTZER).....	28	AUSTEDO XR.....	166	bacitracin zinc.....	111
aspirin-dipyridamole er.....	133	TITRATION.....	167	bacitracin-polymyxin b.....	158
ASSURE 3 METER.....	141	AUVELITY.....	51	baclofen.....	154
ASTAGRAF XL.....	150	AUVI-Q.....	181	BAFIERTAM.....	167
ATACAND.....	68	AVALIDE.....	69	balanced salt.....	160
ATACAND HCT.....	69	AVAPRO.....	68	balsalazide disodium.....	127
		avar cleanser.....	108	BALVERSA.....	76
		avar-e emollient.....	108	balziva.....	99
		avar-e green.....	108	bandages.....	140
		AVAR-E LS.....	108	BANZEL.....	46
		aviane.....	99	BAQSIMI ONE PACK.....	56
		avita.....	108	BAQSIMI TWO PACK.....	56
		AVODART.....	130	BARACLUDGE.....	89
		AVONEX PEN.....	167	BASAGLAR KWIKPEN.....	58

BASAGLAR TEMPO PEN	58	BETAPACE	92	briellyn	99
BAXDELA	126	BETAPACE AF	92	BRILINTA	133
BCG VACCINE	177	betaxolol hcl	91,156	brimonidine tartrate	157
bd heparin posiflush	45	BETAXOLOL HCL	156	brimonidine tartrate-timolol	156
BD Insulin Pen Needle	144	bethanechol chloride	177	brinzolamide	161
BD INSULIN SYRINGE U-500	145	BETHKIS	20	BRIUMVI	167
bd posiflush	149	BETIMOL	156	BRIVIACT	46
bd posiflush safescrub	149	BETOPTIC-S	156	BRIXADI	33
BELBUCA	33	BEVESPI AEROSPHERE	43	BRIXADI (WEEKLY)	33
BELSOMRA	137	bexarotene	80,112	bromfed dm	107
benazepril hcl	67	BEXSERO	177	bromfenac sodium	161
benazepril-hydrochlorothiazide	69	BEYFORTUS	163	bromfenac sodium (once-daily)	161
BENEFIX	132	bicalutamide	74	bromocriptine mesylate	81
BENICAR	68	BIKTARVY	86	brompheniramine / phenylephrine	107
BENICAR HCT	69	bimatoprost	161	brompheniramine / pseudoephedrine	107
BENLYSTA	151	BIMZELX	113	BROMSITE	161
BENZAACLIN WITH PUMP	108	BINOSTO	122	BROVANA	43
BENZAMYCIN	108	bisacodyl	138	BRUKINSA	76,175
BENZNIDAZOLE	36	bisacodyl 10 mg suppository	138	budesonide	35,41,105
benzoin tincture	118	bismuth subsalicylate (tablets, chewable, suspension)	61	budesonide er	105
benzonatate	106	bisoprolol fumarate	91	budesonide-formoterol fumarate	43
benzoyl peroxide	108	bisoprolol-hydrochlorothiazide	69	bumetanide	121
benzoyl peroxide cleanser 6%	108	BIVIGAM	163	buprenorphine	33
benzoyl peroxide pad	108	BLEPHAMIDE	159	buprenorphine hcl	33
benzoyl peroxide-erythromycin	109	blisovi 24 fe	99	buprenorphine hcl-naloxone hcl	33
benztropine mesylate	80	blisovi fe 1.5/30	99	bupropion hcl	51
bepotastine besilate	161	blisovi fe 1/20	99	bupropion hcl er (smoking det)	51
BEPREVE	161	blood glucose calibration liquid	141	bupropion hcl er (sr)	51
BERINERT	133	blood pressure monitoring device	141	bupropion hcl er (xl)	51
BESIVANCE	158	BONJESTA	62	BUPROPION HCL ER (XL)	51
betamethasone dipropionate	115	BOOSTRIX	172	bupirone hcl	38
betamethasone dipropionate aug	115	bosentan	96	butalbital-acetaminophen	28
BETAMETHASONE DIPROPIONATE AUG	115	BOSULIF	76	butalbital-apap-caff-cod	32
betamethasone valerate	115	bp 10-1	109	butalbital-apap-caffeine	28
		BRAFTOVI	76	butalbital-asa-caff-codeine	32
		BREO ELLIPTA	43	butalbital-aspirin-caffeine	28
		breyana	43		
		BREZTRI AEROSPHERE	43		

BUTALBITAL-ASPIRIN-	camrese lo	99	CEFACLOR ER	97
CAFFEINE	28	CAMZYOS	95	cefadroxil
BYSTOLIC	92	CANASA	127	97
<b>C</b>		candesartan cilexetil	68	CEFADROXIL
		candesartan cilexetil-hctz	69	97
CABENUVA	87	capecitabine	72	CEFAZOLIN SODIUM-
cabergoline	125	CAPLYTA	82	DEXTROSE
CABLIVI	133	CAPRELSA	76	97
CABOMETYX	76	capsaicin cream and patch	117	cefdinir
CABTREO	109	captopril	67	98
CADUET	95	CAPTOPRIL-		CEFEPIME HCL
CAFFEINE-SODIUM		HYDROCHLOROTHIAZIDE	69	98
BENZOATE	16	CAPVAXIVE	177	cefixime
calamine / zinc oxide	118	carbamazepine	46	97
calcipotriene	113	CARBAMAZEPINE	46	98
CALCIPOTRIENE	113	carbamazepine er	46	CEFTAZIDIME
calcitonin (salmon)	122	carbamide peroxide ear wax		98
calcitriol	124	removal solution	162	ceftriaxone sodium
calcium / magnesium / zinc	147	carbidopa-levodopa	81	97
calcium / phosphorus / vitamin		carbidopa-levodopa er	81	CELEBREX
D	147	carbidopa-levodopa-		celecoxib
calcium / vitamin D / vitamin		entacapone	81	51
K	147	CARBIDOPA-LEVODOPA-		CELLCEPT
calcium acetate	129	ENTACAPONE	81	50
calcium acetate (phos		carbinoxamine maleate	64	CENTANY
binder)	129	CARDIZEM	93	111
calcium carbonate	147	CARDIZEM CD	93	CENTANY AT
calcium carbonate (TUMS)	36	CARDIZEM LA	93	111
calcium carbonate / folic acid /		CARDURA	69	cephalexin
vitamin D	147	CARDURA XL	130	97
calcium carbonate / vitamin		carglumic acid	124	CEQUA
D	147	CARTEOLOL HCL	156	159
calcium citrate / vitamin D	147	cartia xt	93	CERDELGA
calcium polycarbophil 625mg		carvedilol	91	134
tab (fiber laxative)	137	carvedilol phosphate er	91	cetirizine (ZYRTEC)
CALQUENCE	76	cataflam	25	64
camila	105	CATHFLO ACTIVASE	134	cetirizine / pseudoephedrine
camphor / menthol / methyl		CAYA	141	(ZYRTEC – D)
salicylate pain relieving patch		CAYSTON	37	107
and cream	117	caziant	99	64
camrese	99	CEFACLOR	97	cevimeline hcl
				152
				charlotte 24 fe
				99
				chateal
				99
				chateal eq
				99
				CHEMET
				61
				CHEMSTRIP K
				119
				CHEMSTRIP MICRAL
				119
				CHEMSTRIP UGK
				119

CHILDRENS COLD-ALLERGY.....	107	ciprofloxacin-dexamethasone.....	162	CLINIMIX/DEXTROSE (8/14).....	156
CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	166	CIPROFLOXACIN-FLUOCINOLONE PF.....	162	clinpro 5000.....	152
chlorhexidine gluconate.....	86,152	CITALOPRAM HYDROBROMIDE.....	51	clobazam.....	46
chloroprocaine hcl (pf).....	139	CITALOPRAM HYDROBROMIDE.....	52	clobetasol prop emollient base.....	115
chloroquine phosphate.....	71	claravis.....	109	clobetasol propionate.....	115
chlorpheniramine.....	64	CLARINEX.....	64	clobetasol propionate e.....	115
chlorpheniramine / phenylephrine.....	107	CLARINEX-D 12 HOUR.....	107	clomipramine hcl.....	54
chlorpheniramine / phenylephrine / acetaminophen.....	107	CLARITHROMYCIN.....	139	clonazepam.....	46
chlorpheniramine / pseudoephedrine.....	107	clarithromycin.....	139	clonidine.....	69
chlorpromazine hcl.....	85	clarithromycin er.....	139	clonidine hcl.....	69
chlorthalidone.....	121	CLENIA PLUS.....	109	clonidine hcl er.....	17
chlorzoxazone.....	154	clindacin.....	109	clopidogrel bisulfate.....	133
cholestyramine.....	65	clindacin etz.....	109	clorazepate dipotassium.....	39
cholestyramine light.....	65	clindacin-p.....	109	clotrimazole.....	152
chromium.....	149	clindamycin hcl.....	37	clotrimazole 1% cream.....	111
ciclodan.....	111	clindamycin palmitate hcl.....	37	clotrimazole vaginal cream.....	181
ciclopirox.....	111	clindamycin phos (once-daily).....	109	clotrimazole-betamethasone.....	111
ciclopirox olamine.....	111	clindamycin phos (twice-daily).....	109	CLOTRIMAZOLE-BETAMETHASONE.....	111
cilostazol.....	133	clindamycin phos (benzoyl perox).....	109	clozapine.....	84
CILOXAN.....	158	clindamycin.....	37,109,181	CLOZARIL.....	84
CIMDUO.....	87	clindamycin-tretinoin.....	109	COAGADDEX.....	132
cimetidine.....	173	CLINIMIX E/DEXTROSE.....	156	coal tar.....	119
CIMZIA.....	127	CLINIMIX/DEXTROSE (4.25/10).....	156	COARTEM.....	71
CIMZIA (1 SYRINGE).....	127	CLINIMIX/DEXTROSE (4.25/5).....	156	COBENFY.....	85
CIMZIA (2 SYRINGE).....	127	CLINIMIX/DEXTROSE (5/15).....	156	COBENFY STARTER PACK.....	85
CIMZIA-STARTER.....	127	CLINIMIX/DEXTROSE (5/20).....	156	COLAZAL.....	128
cinacalcet hcl.....	124	CLINIMIX/DEXTROSE (8/10).....	156	colchicine.....	131
CINQAIR.....	40			colchicine-probenecid.....	131
CINRYZE.....	133			colesevelam hcl.....	65
CIPRO.....	126			COLESTID.....	65
CIPRO HC.....	162			colestipol hcl.....	65
ciprofloxacin.....	126			colistimethate sodium (cba).....	38
ciprofloxacin hcl.....	126,158,162			COMBIGAN.....	157
CIPROFLOXACIN HCL.....	126			COMBIVENT RESPIMAT.....	43
				COMETRIQ (100 MG DAILY DOSE).....	76
				COMETRIQ (140 MG DAILY DOSE).....	76

COMETRIQ (60 MG DAILY DOSE)	76	CREON	120
COMIRNATY	178	CRESEMBA	63
COMIRNATY 5-11 YEARS	178	CRIVIVAN	87
compro	85	cromolyn sodium	40,127
CONCERTA	18	CROMOLYN SODIUM	161
constulose	138	cromolyn sodium nasal spray	154
CONTOUR BLOOD GLUCOSE SYSTEM	141	CROTAN	118
CONTOUR MONITOR	141	cryselle-28	99
CONTOUR NEXT EZ	141	CRYSVITA	124
CONTOUR NEXT GEN MONITOR	141	curity sterile saline	130
CONTOUR NEXT MONITOR	141	CUVITRU	163
CONTOUR NEXT ONE	141	cvs adapalene	109
CONTOUR NEXT TEST	119	cvs esomeprazole	109
CONTOUR PLUS TEST	119	magnesium	173
CONTOUR TEST	119	CVS EYE	140
CONZIP	29	CVS KETONE CARE	119
COPAXONE	167	cvs omeprazole magnesium	173
COPIKTRA	77	cyclafem 1/35	99
COREG	91	cyclafem 7/7/7	99
COREG CR	91	cyclobenzaprine hcl	154
CORIFACT	132	cyclophosphamide	72
CORTISONE ACETATE	105	CYCLOPHOSPHAMIDE	72
CORTISPORIN-TC	162	cyclosporine	150,159
corvita 150	135	cyclosporine modified	150
COSENTYX	113	CYLTEZO	22
COSENTYX (300 MG DOSE)	113	CYLTEZO (2 PEN)	22
COSENTYX SENSOREADY (300 MG)	113	CYLTEZO (2 SYRINGE)	22
COSENTYX SENSOREADY PEN	113	CYLTEZO-CD/UC/HS STARTER	22
COSENTYX UNOREADY	113	CYLTEZO-PSORIASIS STARTER	22
COSOPT	157	CYLTEZO-PSORIASIS/UV STARTER	22
COSOPT PF	157	CYMBALTA	53
COTELLIC	77	cyproheptadine hcl	65
COTEMPLA XR-ODT	18	cyred	99
COZAAR	68	cyred eq	99
		CYSTAGON	130
		CYSTARAN	161
		cytra-2	130

## D

dabigatran etexilate mesylate	45
dalfampridine er	167
DALIRESP	41
danazol	34
dantrolene sodium	154
DAPAGLIFLOZIN PRO-METFORMIN ER	54
DAPAGLIFLOZIN	
PROPANEDIOL	60
dapsone	37,109
DAPTACEL	172
daptomycin	37
darifenacin hydrobromide er	176
dasatinib	77
dasetta 1/35	99
dasetta 7/7/7	99
DAURISMO	74
DAYPRO	25
daysee	99
DAYTRANA	18
DAYVIGO	137
deblitane	105
decadron	105
deferasirox	61
deferasirox granules	61
DELSTRIGO	87
delyla	99
DENAVIR	115
DENGVAXIA	178
denta 5000 plus	152
dentagel	152
DEPAKOTE	50
DEPAKOTE ER	50
DEPAKOTE SPRINKLES	50
depo-testosterone	34
DESCOVY	87
desipramine hcl	54
DESLORATADINE	64
desloratadine	64

desmopressin ace spray refrig.....	124	DEXCOM G5 MOBILE TRANSMITTER.....	142	diclofenac sodium....	25,112,161
desmopressin acetate.....	124	DEXCOM G5 RECEIVER KIT.....	142	diclofenac sodium 1 % gel....	110
desmopressin acetate pf....	124	DEXCOM G6 RECEIVER.....	142	diclofenac sodium er.....	25
DESMOPRESSIN ACETATE SPRAY.....	124	DEXCOM G6 SENSOR.....	142	diclofenac-misoprostol.....	26
desmopressin acetate spray.....	124	DEXCOM G6 TRANSMITTER.....	142	dicloxacillin sodium.....	164
desogestrel-ethinyl estradiol.	99	DEXCOM G7 15 DAY SENSOR.....	142	dicyclomine hcl.....	172
desonide.....	115	DEXCOM G7 RECEIVER.....	142	DIFICID.....	140
DESVENLAFAXINE ER.....	53	DEXCOM G7 SENSOR.....	142	DIFLUCAN.....	63
desvenlafaxine succinate er.	53	DEXCOM G7 RECEIVER.....	142	diflunisal.....	28
DETROL.....	176	DEXCOM G7 SENSOR.....	142	difluprednate.....	160
DETROL LA.....	176	DEXILANT.....	173	digitek.....	94
dexamethasone.....	105	dexlansoprazole.....	173	digox.....	94
DEXAMETHASONE.....	105	dexmethylphenidate hcl.....	18	digoxin.....	94
DEXAMETHASONE INTENSOL.....	105	dexmethylphenidate hcl er....	18	DILANTIN.....	50
DEXAMETHASONE SOD PHOS +RFID.....	106	DEXTENZA.....	159	DILANTIN INFATABS.....	50
dexamethasone sod phosphate pf.....	106	dextran 70/hypromellose lubricating eye drops.....	156	DILANTIN-125.....	50
DEXAMETHASONE SODIUM PHOSPHATE.....	106,159	dextroamphetamine sulfate... 15		dilt-xr.....	93
dexamethasone sodium phosphate.....	106	dextroamphetamine sulfate er.15		diltiazem hcl.....	93
DEXCOM G4 PLAT PED RCV/SHARE.....	141	dextromethorphan / phenylephrine / acetaminophen.....	107	diltiazem hcl er.....	93
DEXCOM G4 PLAT PED RECEIVER.....	141	dextromethorphan capsule and oral suspension.....	107	diltiazem hcl er beads.....	93
DEXCOM G4 PLATINUM RCV/SHARE.....	141	DEXTROSE.....	155	diltiazem hcl er coated beads..	93
DEXCOM G4 PLATINUM RECEIVER.....	141	dextrose in lactated ringers..	147	dimenhydrinate tablet.....	62
DEXCOM G4 PLATINUM TRANSMITTER.....	141	dextrose-sodium chloride....	147	dimethyl fumarate.....	167
DEXCOM G5 MOB/G4 PLAT SENSOR.....	142	DEXYCU.....	160	dimethyl fumarate starter pack.....	167
DEXCOM G5 MOBILE RECEIVER.....	142	DHIVY.....	81	DIOVAN.....	68
		DIACOMIT.....	47	DIOVAN HCT.....	70
		diaper rash products.....	116	DIPENTUM.....	128
		diapers.....	144	diphenhydramine (sleep).....	64
		diazepam.....	39	diphenhydramine / zinc.....	112
		DIAZEPAM.....	46	diphenhydramine tablet, capsule, oral liquid.....	64
		diazepam intensol.....	39	diphenoxylate-atropine.....	61
		diazoxide.....	56	DIPHENOXYLATE-ATROPINE61	
		DICLEGIS.....	62	DIPHOTHERIA-TETANUS TOXOIDS DT.....	172
		DICLOFENAC EPOLAMINE.110		dipyridamole.....	133
		diclofenac potassium.....	25	disopyramide phosphate.....	39
				disulfiram.....	165
				divalproex sodium.....	50
				divalproex sodium er.....	50

docusate calcium capsule . . . 138		EMOLLIENT CREAM AND
docusate sodium (capsule, oral	<b>E</b>	LOTION . . . . . 115
liquid) . . . . . 138	E.E.S. GRANULES . . . . . 139	emoquette . . . . . 100
dofetilide . . . . . 39	EASYGLUCO . . . . . 142	emtricitab- rilpivir- tenofov df . . . 87
dolishale . . . . . 99	EBGLYSS . . . . . 116,175	emtricitabine . . . . . 87
donepezil hcl . . . . . 165,166	ec-naproxen . . . . . 26	emtricitabine- tenofovir df . . . . . 87
DOPTELET . . . . . 134	econazole nitrate . . . . . 111	EMTRIVA . . . . . 87
dorzolamide hcl . . . . . 161	ed-spaz . . . . . 172	emzahn . . . . . 105
dorzolamide hcl- timolol mal . 157	EDARBI . . . . . 68	enalapril maleate . . . . . 67,68
dorzolamide hcl- timolol mal	EDARBYCLOR . . . . . 70	enalapril- hydrochlorothiazide . . 70
pf . . . . . 157	EDLUAR . . . . . 137	ENBREL . . . . . 27,28
dotti . . . . . 125	EDURANT . . . . . 87	ENBREL MINI . . . . . 28
DOVATO . . . . . 87	EDURANT PED . . . . . 175	ENBREL SURECLICK . . . . . 28
doxazosin mesylate . . . . . 69	EFAVIRENZ . . . . . 87	ENDARI . . . . . 134
doxepin hcl . . . . . 54	efavirenz . . . . . 87	endocet . . . . . 32
doxy 100 . . . . . 170	efavirenz- emtricitab- tenofo df . 87	enema . . . . . 138
doxycycline hyclate . . . . . 170	EFAVIRENZ- LAMIVUDINE- ENEMA . . . . . 138	ENFLONIA . . . . . 175
doxycycline monohydrate . . 170	TENOFOVIR . . . . . 87	ENGERIX- B . . . . . 178
doxylamine (sleep) . . . . . 136	efavirenz- lamivudine- tenofovir 87	enoxaparin sodium . . . . . 45
doxylamine- pyridoxine . . . . . 62	EFFEXOR XR . . . . . 53	enpresse- 28 . . . . . 100
DRIZALMA SPRINKLE . . . . . 53	EFFIENT . . . . . 133	enskyce . . . . . 100
dronabinol . . . . . 62	ELECTROLYTE SOLUTION . 147	ENSPRYNG . . . . . 150
drosipren- eth estrad- electrolyte solution . . . . . 147	electrolyte solution . . . . . 147	entacapone . . . . . 81
levomefol . . . . . 99	eletriptan hydrobromide . . . . . 146	ENTADFI . . . . . 130
drosiprenone- ethinyl elinest . . . . . 100	elinest . . . . . 100	entecavir . . . . . 89
estradiol . . . . . 100	ELIQUIS . . . . . 44,175	ENTOCORT EC . . . . . 106
DROXIA . . . . . 134	ELIQUIS (1.5 MG PACK) . . . 175	ENTRESTO . . . . . 95
DRYSOL . . . . . 118	ELIQUIS (2 MG PACK) . . . . . 175	ENTYVIO . . . . . 128
DUAKLIR PRESSAIR . . . . . 43	ELIQUIS DVT/PE STARTER	ENTYVIO PEN . . . . . 128
DUETACT . . . . . 54	PACK . . . . . 44	enulose . . . . . 129
DULERA . . . . . 43	ELLA . . . . . 104	ENVARUSUS XR . . . . . 150
duloxetine hcl . . . . . 53	ELOCTATE . . . . . 132	EPANED . . . . . 68
DUPIXENT . . . . . 116	eltrombopag olamine . . . . . 134	EPCLUSA . . . . . 89
DUREZOL . . . . . 160	ELYXYB . . . . . 146	EPIDIOLEX . . . . . 47
DURYSTA . . . . . 161	Embecta Insulin Pen Needle . 145	epinastine hcl . . . . . 161
dutasteride . . . . . 130	EMBECTA INSULIN SYRINGE	epinephrine . . . . . 181
dutasteride- tamsulosin hcl . . 130	U-500 . . . . . 145	EPINEPHRINE . . . . . 181
DYANAVAL XR . . . . . 15,16	EMCYT . . . . . 74	epinephrine (anaphylaxis) . . . 181
DYMISTA . . . . . 154	EMGALITY . . . . . 145	epinephrine 0.3 mg/0.3ml soln a- inj (MYLAN) . . . . . 181
	EMGALITY (300 MG DOSE) . 145	

EPIPEN 2-PAK.....	181	eszopiclone.....	137	FASENRA.....	40
EPIPEN JR 2-PAK.....	181	ethambutol hcl.....	72	FASENRA PEN.....	40
epitol.....	47	ethosuximide.....	50	fayosim.....	100
EPIVIR HBV.....	89	ethynodiol diac-eth estradiol.....	100	febuxostat.....	131
eplerenone.....	71	etodolac.....	26	FEIBA.....	132
EPOGEN.....	135	etodolac er.....	26	feirza 1.5/30.....	100
epoprostenol sodium.....	95	ETOPOSIDE.....	80	feirza 1/20.....	100
EPRONTIA.....	47	etravirine.....	87	felbamate.....	49
EPROSARTAN MESYLATE.....	68	EUCRISA.....	118	FELBATOL.....	49
eq esomeprazole		euthyrox.....	171	felodipine er.....	93
magnesium.....	173	EVEKEO.....	16	female condoms.....	141
eq omeprazole magnesium.....	173	EVEKEO ODT.....	16	FEMCAP.....	141
EQUETRO.....	82	EVENITY.....	122	FEMLYV.....	100
ERGOLOID MESYLATES.....	169	everolimus.....	77,150	femynor.....	100
ERIVEDGE.....	74	EVISTA.....	123	fenofibrate.....	65
ERLEADA.....	74	EVKEEZA.....	65	FENOFIBRATE.....	66
erlotinib hcl.....	73	EVOTAZ.....	87	FENOFIBRATE MICRONIZED.....	66
errin.....	105	EVRYSDI.....	155,175	fenofibrate micronized.....	66
ERTACZO.....	111	EXELON.....	166	FENOFIBRIC ACID.....	66
ertapenem sodium.....	37	exemestane.....	74	fenofibric acid.....	66
ERVEBO.....	178	EXENATIDE.....	57	FENOGLIDE.....	66
ERY.....	109	EXFORGE.....	70	FENOPROFEN CALCIUM.....	26
ery-tab.....	139	EXFORGE HCT.....	70	fenoprofen calcium.....	26
ERYPED 200.....	140	eyelid cleansing wipes.....	118	fentanyl.....	29
ERYPED 400.....	140	EYSUVIS.....	160	FENTANYL CITRATE.....	29
ERYTHROCIN STEARATE.....	140	EZALLOR SPRINKLE.....	66	fentanyl citrate.....	29
erythromycin.....	109,140,158	ezetimibe.....	67	FerraPlus 90.....	135
ERYTHROMYCIN.....	109	ezetimibe-simvastatin.....	65	FERREX.....	135
erythromycin base.....	140	<b>F</b>		ferrous fumarate / vitamin B12 /	
ERYTHROMYCIN BASE.....	140	FABIOR.....	109	vitamin C.....	135
erythromycin ethylsuccinate.....	140	falmina.....	100	ferrous fumarate / vitamin C /	
ERZOFRI.....	83	famciclovir.....	90	vitamin B12 / folic acid.....	135
ESBRIET.....	170	famotidine.....	173	FERROUS FUMARATE	
escitalopram oxalate.....	52	FAMOTIDINE PREMIXED.....	173	POLYSACCHARIDE	
esgic.....	28	FANAPT.....	83	COMPLEX.....	135
esomeprazole magnesium.....	173	FANAPT TITRATION PACK A.....	83	ferrous fumarate polysaccharide	
ESPEROCT.....	132	FANAPT TITRATION PACK B.....	83	complex.....	135
estarylla.....	100	FANAPT TITRATION PACK C.....	83	ferrous gluconate.....	136
estradiol.....	126,181	FARXIGA.....	60	FERROUS GLUCONATE.....	136
estradiol valerate.....	126			ferrous sulfate.....	136
estradiol-norethindrone acet.....	125			fesoterodine fumarate er.....	176

FETZIMA.....	53	fluocinolone acetonide body .	115	folic acid 400 mcg/800 mcg...	134
FETZIMA TITRATION.....	53	fluocinolone acetonide scalp.	115	FOLIVANE-F.....	135
fexofenadine (tablet, suspension).....	64	fluocinonide.....	116	FOLIVANE-PLUS.....	135
FIASP.....	58	fluoridex.....	152	fondaparinux sodium.....	45
FIASP FLEXTOUCH.....	58	fluoridex enhanced whitening.....	152	FORA G20 BLOOD GLUCOSE SYSTEM.....	142
FIASP PENFILL.....	58	fluorimax 5000.....	152	FORA G20 BLOOD GLUCOSE TEST.....	119
FIASP PUMPCART.....	58	fluorometholone.....	160	FORA GTEL BLOOD KETONE TEST.....	119
FIBRICOR.....	66	fluorouracil.....	72,113	FORA TEST N'GO ADV-VOICE- 6 CON.....	119
fidaxomicin.....	140	FLUOROURACIL.....	113	FORA V10/V12/D10/D20 TEST.....	142
finasteride.....	130	fluoxetine hcl.....	52	FORFIVO XL.....	51
finngolimod hcl.....	167	FLUOXETINE HCL.....	52	formoterol fumarate.....	43
FINTEPLA.....	47	FLUOXETINE HCL (PMDD).....	169	FORTEO.....	122
finzala.....	100	fluphenazine decanoate.....	85	FOSAMAX.....	122
FIRAZYR.....	133	fluphenazine hcl.....	85	FOSAMAX PLUS D.....	122
FIRDAPSE.....	71	flurbiprofen.....	26	fosamprenavir calcium.....	87
flac.....	162	FLURBIPROFEN SODIUM.....	161	foscarnet sodium.....	89
flavoxate hcl.....	177	FLUTICASONE FUROATE- VILANTEROL.....	43	fosfomycin tromethamine.....	38
FLEBOGAMMA DIF.....	163	fluticasone propionate... 116,155		fosinopril sodium.....	68
flecainide acetate.....	39	FLUTICASONE PROPIONATE DISKUS.....	41	fosinopril sodium-hctz.....	70
FLECTOR.....	110	FLUTICASONE PROPIONATE HFA.....	42	fosphenytoin sodium.....	50
FLOLIPID.....	66	FLUTICASONE- SALMETEROL.....	43	FOSRENOL.....	129
FLOMAX.....	130	fluvastatin sodium.....	66	FOTIVDA.....	77
FLUAD.....	178	fluvastatin sodium er.....	66	FRAGMIN.....	45
FLUARIX.....	178	fluvoxamine maleate.....	52	fraiche 5000 dental.....	152
FLUARIX QUADRIVALENT.....	178	fluvoxamine maleate er.....	52	FREESTYLE FREEDOM LITE.....	142
FLUBLOK.....	178	FLUZONE.....	178	FREESTYLE FREEDOM SYSTEM.....	142
FLUBLOK QUADRIVALENT.....	178	FLUZONE HIGH-DOSE.....	179	FREESTYLE INSULINX TEST.....	119
FLUCELVAX.....	178	FLUZONE HIGH-DOSE QUADRIVALENT.....	179	FREESTYLE INSULINX TEST.....	119
fluconazole.....	63	FLUZONE QUADRIVALENT.....	179	FREESTYLE LIBRE 14 DAY READER.....	142
fluconazole in sodium chloride.....	63	FOCALIN.....	18	FREESTYLE LIBRE 14 DAY SENSOR.....	142
flucytosine.....	63	FOCALIN XR.....	18	FREESTYLE LIBRE 2 PLUS SENSOR.....	142
fludrocortisone acetate.....	106	folic acid / vitamin B6 / vitamin B12 / omega-3.....	135		
FLULAVAL.....	178	folic acid 1mg.....	134		
FLULAVAL QUADRIVALENT.....	178				
FLUMIST.....	178				
flunisolide.....	155				
fluocinolone acetonide .	115,162				

FREESTYLE LIBRE 2 READER.....	142	gauze pads and dressings...	140	GLUCOCARD SHINE CONNEX.....	143
FREESTYLE LIBRE 2 SENSOR.....	142	gavilyte-g.....	138	GLUCOCARD SHINE EXPRESS.....	143
FREESTYLE LIBRE 3 PLUS SENSOR.....	142	gavilyte-n with flavor pack...	138	GLUCOCARD SHINE TEST...	119
FREESTYLE LIBRE 3 READER.....	142	GAVRETO.....	77	GLUCOCARD SHINE XL.....	143
FREESTYLE LIBRE 3 SENSOR.....	142	gefitinib.....	73	glucosamine / chondroitin.....	20
FREESTYLE LIBRE READER.....	143	GELOCAST 3"X10YD.....	140	glucose / vitamin C chew tab...	56
FREESTYLE LITE.....	143	gemfibrozil.....	66	glucose 4mg chew tab.....	56
FREESTYLE LITE TEST...	119	gemmily.....	100	glucose urine test.....	119
FREESTYLE TEST.....	119	GEMTESA.....	177	glucosamine sulfate.....	20
FROVA.....	146	generlac.....	129	glyburide.....	61
frovatriptan succinate.....	146	gengraf.....	150	glyburide-metformin.....	55
FRUZAQLA.....	73	GENOTROPIN.....	123	glycerin suppository.....	138
ft acid reducer.....	173	GENOTROPIN MINIQUICK.....	123	glycerin topical liquid.....	117
ft eye drops advanced relief.....	159	gentamicin sulfate...	20,111,158	glycerol phenylbutyrate.....	124
ft naloxone hcl.....	61	GENVOYA.....	87	glycine.....	130
furosemide.....	121	GEODON.....	82	glycine urologic.....	130
FUROSEMIDE.....	121	GILENYA.....	167	glycopyrrolate.....	172
fyavolv.....	125	GILOTRIF.....	74	glydo.....	117
FYCOMPA.....	46	GIMOTI.....	127	GLYXAMBI.....	55
<b>G</b>		glatiramer acetate.....	167	gnp adapalene.....	109
gabapentin.....	47	glatopa.....	167	gnp esomeprazole magnesium.....	173
galantamine hydrobromide.....	166	GLEOSTINE.....	72	gnp naloxone hcl.....	61
GALANTAMINE HYDROBROMIDE.....	166	glimepiride.....	60	gnp omeprazole.....	173
galantamine hydrobromide er.....	166	glipizide.....	60	GNP TRUE METRIX AIR METER.....	143
galbriela.....	100	glipizide er.....	61	GNP TRUE METRIX GLUCOSE METER.....	143
gallifrey.....	165	glipizide xl.....	61	GOCOVRI.....	81
GAMMAGARD.....	163	glipizide-metformin hcl.....	55	GOJJI BLOOD KETONE TEST.....	119
GAMMAKED.....	163	glitch advanced relief.....	159	goodsense esomeprazole...	173
GAMMAPLEX.....	163	GLUCAGEN DIAGNOSTIC.....	119	GRALISE.....	169
GAMUNEX-C.....	163	GLUCAGEN HYPOKIT.....	56	granisetron hcl.....	62
GARDASIL 9.....	179	glucagon emergency.....	56	GRANIX.....	135
gatifloxacin.....	158	GLUCAGON EMERGENCY...	56	griseofulvin microsize.....	63
		GLUCAGON HCL (DIAGNOSTIC).....	119	griseofulvin ultramicrosize...	63
		GLUCOCARD EXPRESSION MONITOR.....	143	GRISEOFULVIN ULTRAMICROSIZE.....	63
		GLUCOCARD EXPRESSION TEST.....	119		
		GLUCOCARD SHINE.....	143		

guaifenesin (MUCINEX)....	108	heparin na (pork) lock flsh pf..	45	HUMIRA-PED>=40KG UC	
guaifenesin /		heparin sod (pork) lock flush..	45	STARTER.....	23
dextromethorphan.....	107	heparin sodium (porcine)....	45	HUMIRA-PS/UV/ADOL HS	
guaifenesin / dextromethorphan		heparin sodium (porcine) pf...	45	STARTER.....	23
/ phenylephrine.....	107	HEPARIN SODIUM (PORCINE)		HUMIRA-PSORIASIS/UVEIT	
guaifenesin / dextromethorphan		PF.....	45	STARTER.....	23
/ pseudoephedrine.....	107	HEPLISAV-B.....	179	HUMULIN 70/30.....	58
guaifenesin-codeine oral		HEPSERA.....	89	HUMULIN 70/30 KWIKPEN....	58
solution.....	107	HETLIOZ.....	137	HUMULIN N.....	58
guanfacine hcl.....	69	HETLIOZ LQ.....	137	HUMULIN N KWIKPEN.....	58
guanfacine hcl er.....	17	HIBERIX.....	177	HUMULIN R.....	58
GVOKE HYPOPEN 1-PACK.....	56	HIZENTRA.....	163	HUMULIN R U-500	
GVOKE HYPOPEN 2-PACK.....	56	hm esomeprazole magnesium		(CONCENTRATED).....	58
GVOKE KIT.....	56	dr.....	173	HUMULIN R U-500 KWIKPEN.....	59
GVOKE PFS.....	57	HORIZANT.....	169	hydralazine hcl.....	71
		HULIO (2 PEN).....	22	hydrochlorothiazide.....	121
		HULIO (2 SYRINGE).....	22	HYDROCODONE BITARTRATE	
<b>H</b>		HUMALOG.....	58	ER.....	29
HADLIMA.....	22	HUMALOG JUNIOR		hydrocodone bitartrate er.....	29
HADLIMA PUSH TOUCH.....	22	KWIKPEN.....	58	hydrocodone-	
HAEGARDA.....	133	HUMALOG KWIKPEN.....	58	acetaminophen.....	32,33
hailey 1.5/30.....	100	HUMALOG MIX 50/50.....	58	hydrocortisone.....	35,106
hailey 24 fe.....	100	HUMALOG MIX 50/50		hydrocortisone (perianal).....	35
hailey fe 1.5/30.....	100	KWIKPEN.....	58	hydrocortisone 0.5%, 1%, 2.5%	
hailey fe 1/20.....	100	HUMALOG MIX 75/25.....	58	(cream, ointment, lotion).....	116
halobetasol propionate.....	116	HUMALOG MIX 75/25		HYDROCORTISONE ACE-	
haloperidol.....	83	KWIKPEN.....	58	PRAMOXINE.....	116
haloperidol decanoate.....	83	HUMALOG TEMPO PEN.....	58	hydrocortisone acetate.....	35
haloperidol lactate.....	83	HUMATE-P.....	132	hydrocortisone sod suc (pf)...	106
HARVONI.....	89	HUMATROPE.....	123	hydrocortisone-acetic acid....	162
HAVRIX.....	179	HUMIRA.....	22	hydrogen peroxide 3%.....	86
hearing aid batteries.....	140	HUMIRA (1 PEN).....	23	hydromorphone hcl.....	29
heather.....	105	HUMIRA (2 PEN).....	23	hydromorphone hcl er.....	29
HEMANGEOL.....	92	HUMIRA (2 SYRINGE).....	23	hydroxychloroquine sulfate....	71
HEMLIBRA.....	132	HUMIRA-CD/UC/HS		hydroxyurea.....	80
hemmorex-hc.....	35	STARTER.....	23	hydroxyzine hcl.....	38
HEMOFIL M.....	132	HUMIRA-PED<40KG CROHNS		hydroxyzine pamoate.....	38
hemorrhoidal cream.....	35	STARTER.....	23	HYDROXYZINE PAMOATE....	39
hemorrhoidal ointment.....	35	HUMIRA-PED>=40KG		hyoscyamine sulfate.....	172
HEPARIN (PORCINE) IN		CROHNS START.....	23	hyoscyamine sulfate er.....	172
NACL.....	45			hyoscyamine sulfate sl.....	172
heparin (porcine) in nacl.....	45				

hyosyne.....	172	imipramine pamoate.....	54	INSULIN LISPRO JUNIOR	
HYPERTET.....	163	imiquimod.....	117	KWIKPEN.....	59
HYQVIA.....	163	IMITREX.....	146	INSULIN LISPRO PROT &	
HYRIMOZ.....	23	IMITREX STATDOSE		LISPRO.....	59
HYRIMOZ-CROHNS/UC		REFILL.....	146	INTEGRA F.....	136
STARTER.....	23	IMITREX STATDOSE		INTEGRA PLUS.....	136
HYRIMOZ-CROHNS/UC		SYSTEM.....	146	INTELENCE.....	87
STARTER PACK.....	23	IMOVAX RABIES.....	179	INTRALIPID.....	156
HYRIMOZ-PED CROHNS		IMURAN.....	150	introvale.....	100
STARTER.....	23	INBRIJA.....	81	INTUNIV.....	17
HYRIMOZ-PLAQ PSOR/UEVIT		incassia.....	105	INVEGA.....	83
START.....	23	incontinence supplies.....	144	INVEGA HAFYERA.....	83
HYRIMOZ-PLAQUE		INCRUSE ELLIPTA.....	40	INVEGA SUSTENNA.....	83
PSORIASIS START.....	23	indapamide.....	121	INVEGA TRINZA.....	83
HYSINGLA ER.....	30	INDERAL LA.....	92	INVELTYS.....	160
HYZAAR.....	70	INDERAL XL.....	92	INVIRASE.....	87
		indomethacin.....	26	INVOKAMET.....	55
		INFANRIX.....	172	INVOKAMET XR.....	55
		INFLECTRA.....	128	INVOKANA.....	60
ibandronate sodium.....	122	INFLIXIMAB.....	128	IOPIDINE.....	157
IBRANCE.....	77	INLYTA.....	73	IPOL.....	179
IBSRELA.....	129	INNOPRAN XL.....	92	ipratropium bromide ..	40,154,155
ibuprofen (MOTRIN).....	26	INPEFA.....	95	ipratropium-albuterol.....	43
ibuprofen-famotidine.....	26	INQOVI.....	76	irbesartan.....	68
icatibant acetate.....	133	INSULIN ASP PROT & ASP		irbesartan-hydrochlorothiazide	70
iclevia.....	100	FLEXPEN.....	59	iron combinations.....	136
ICLUSIG.....	77	INSULIN ASPART.....	59	IRON FOLATE PLUS.....	136
icosapent ethyl.....	65	INSULIN ASPART FLEXPEN.....	59	IRON FOLATE-F.....	136
IDACIO (2 PEN).....	23	INSULIN ASPART PENFILL.....	59	iron polysaccharide complex.....	136
IDACIO (2 SYRINGE).....	23	INSULIN ASPART PROT &		ISENTRESS.....	87
IDACIO-CROHNS/UC		ASPART.....	59	ISENTRESS HD.....	87
STARTER.....	24	INSULIN DEGLUDEC.....	59	isibloom.....	100
IDACIO-PSORIASIS		INSULIN DEGLUDEC		ISOLYTE-S.....	147
STARTER.....	24	FLEXTOUCH.....	59	isoniazid.....	72
IDELVION.....	132	INSULIN GLARGINE MAX		isopropyl alcohol 70% wipes.....	118
IDHIFA.....	77	SOLOSTAR.....	59	isosorbide dinitrate.....	38
ILARIS.....	25	INSULIN GLARGINE-YFGN.....	59	ISOSORBIDE MONONITRATE38	
ILEVRO.....	161	insulin injection device.....	145	isosorbide mononitrate.....	38
ILUMYA.....	113	INSULIN LISPRO.....	59	isosorbide mononitrate er.....	38
imatinib mesylate.....	77	INSULIN LISPRO (1 UNIT		isotretinoin.....	109
IMBRUVICA.....	77	DIAL).....	59	isradipine.....	93
imipramine hcl.....	54				

ISTALOL.....	157	junel 1.5/30.....	100	KINRIX.....	172
ISTURISA.....	122	junel 1/20.....	100	KIPROFEN.....	26
ITOVEBI.....	77	junel fe 1.5/30.....	100	KISQALI (200 MG DOSE).....	77
itraconazole.....	63	junel fe 1/20.....	100	KISQALI (400 MG DOSE).....	77
ivabradine hcl.....	97	junel fe 24.....	101	KISQALI (600 MG DOSE).....	77
ivermectin.....	36	just right 5000.....	152	KISQALI FEMARA (200 MG DOSE).....	76
IWILFIN.....	80	JYNNEOS.....	179	KISQALI FEMARA (400 MG DOSE).....	76
IXIARO.....	179	<b>K</b>		KISQALI FEMARA (600 MG DOSE).....	76
IXINITY.....	132	k-tan plus.....	136	KISQALI FEMARA (600 MG DOSE).....	76
IYUZEH.....	161	kaitlib fe.....	101	KITABIS PAK.....	20
<b>J</b>		KALBITOR.....	133	KLARITY-A.....	158
J & J EYE PADS OVAL SMALL.....	140	kalliga.....	101	klayesta.....	112
J & J OVAL EYE PADS.....	140	KALYDECO.....	169	klor-con.....	148
J & J STERILE EYE PADS.....	140	KAPSPARGO SPRINKLE.....	92	KLOR-CON.....	148
jaimiess.....	100	kariva.....	101	klor-con 10.....	148
JAKAFI.....	77	KATERZIA.....	93	klor-con 10.....	149
JALYN.....	131	KCL (0.149%) IN NACL.....	147	klor-con m10.....	149
JANSSEN COVID-19 VACCINE.....	179	KCL IN DEXTROSE-NACL.....	148	klor-con m15.....	149
jantoven.....	44	kcl in dextrose-nacl.....	148	klor-con m20.....	149
JANUMET.....	55	KCL-LACTATED RINGERS-D5W.....	148	KLOXXADO.....	61
JANUMET XR.....	55	kelnor 1/35.....	101	cls esomeprazole magnesium.....	174
JANUVIA.....	57	kelnor 1/50.....	101	KOATE.....	132
JARDIANCE.....	60	KEPPRA.....	47	KOATE-DVI.....	132
jasmiel.....	100	KEPPRA XR.....	47	KOGENATE FS.....	132
JAYPIRCA.....	77	KERYDIN.....	111	KONVOMEPI.....	175
jencycla.....	105	KESIMPTA.....	167	KOSELUGO.....	77,175
JENTADUETO.....	55	KETO-DIASTIX.....	119	KOVALTRY.....	132
JENTADUETO XR.....	55	ketoconazole.....	63,111	kp omeprazole magnesium.....	174
jinteli.....	125	ketodan.....	111	KRAZATI.....	77
JIVI.....	132	KETONE TEST.....	120	kurvelo.....	101
JOHNSONS STERILE EYE PADS.....	140	KETOPROFEN.....	26	KYLEENA.....	104
jolessa.....	100	KETOPROFEN ER.....	26	KYNMOBI.....	81
JORNAY PM.....	18	ketorolac tromethamine.....	26,161	<b>L</b>	
joyeaux.....	100	KETOROLAC.....		l-glutamine.....	134
JUBLIA.....	111	TROMETHAMINE.....	26	L-methylfolate.....	120
juleber.....	100	KETOSTIX.....	120	L-methylfolate combinations.....	120
JULUCA.....	87	ketotifen drops (ZADITOR).....	161	labetalol hcl.....	91
		KEVZARA.....	25	LABETALOL HCL.....	91
		KINERET.....	25	lacosamide.....	47

lactase (LACTAID).....	120	lenalidomide.....	150	levonorgest-eth est & eth est.	101
lactated ringers.....	148	LENVIMA (10 MG DAILY		levonorgest-eth estrad 91-day	101
LACTATED RINGERS.....	148	DOSE).....	73	levonorgest-eth estradiol-iron.	101
lactulose.....	138	LENVIMA (12 MG DAILY		levonorgestrel emergency	
lactulose encephalopathy...	129	DOSE).....	73	contraceptive.....	104
LAGEVRIO.....	91	LENVIMA (14 MG DAILY		levonorgestrel-ethinyl estrad.	101
LAMICTAL.....	47	DOSE).....	73	levora 0.15/30 (28).....	101
LAMICTAL ODT.....	47	LENVIMA (18 MG DAILY		levothyroxine sodium.....	171
LAMICTAL STARTER.....	47	DOSE).....	73	levoxyil.....	171
LAMICTAL XR.....	47	LENVIMA (20 MG DAILY		LEXAPRO.....	52
lamivudine.....	87,89	DOSE).....	73	LEXIVA.....	88
lamivudine-zidovudine.....	88	LENVIMA (24 MG DAILY		LIALDA.....	128
lamotrigine.....	47	DOSE).....	73	LIBERVANT.....	46
lamotrigine er.....	47	LENVIMA (4 MG DAILY		LICART.....	111
lamotrigine starter kit-blue...	47	DOSE).....	73	lidocaine 4% patch.....	117
lamotrigine starter kit-green...	47	LENVIMA (8 MG DAILY		lidocaine 5% oitment.....	117
lamotrigine starter kit-orange.	47	DOSE).....	73	lidocaine 5% patch.....	117
LAMPIT.....	37	LEQVIO.....	67	lidocaine hcl.....	117,139
lancet device.....	143	LESCOL XL.....	66	lidocaine hcl (pf).....	139
lancets.....	143	lessina.....	101	lidocaine hcl urethral/mucosal	117
lanolin/mineral oil/white		LETAIRIS.....	96	lidocaine viscous hcl.....	151
petrolatum.....	118	letrozole.....	74	lidocaine-epinephrine (pf)....	139
lansoprazole.....	174	leucovorin calcium.....	80	lidocaine-prilocaine.....	117
lanthanum carbonate.....	129	LEUKINE.....	135	lidocaine-prilocaine cream kit.	117
LANTUS.....	59	leuprolide acetate.....	74	LILETTA (52 MG).....	165
LANTUS SOLOSTAR.....	59	LEUPROLIDE ACETATE (3		lillow.....	101
lapatinib ditosylate.....	77	MONTH).....	74	LINDANE.....	118
larin 1.5/30.....	101	levabuterol hcl.....	43	linezolid.....	37
larin 1/20.....	101	LEVABUTEROL TARTRATE	43	LINEZOLID IN SODIUM	
larin 24 fe.....	101	LEVAMLODIPINE MALEATE.	93	CHLORIDE.....	37
larin fe 1.5/30.....	101	levetiracetam.....	47	LINZESS.....	129
larin fe 1/20.....	101	LEVETIRACETAM.....	47	liomny.....	171
larissia.....	101	levetiracetam er.....	48	liothyronine sodium.....	171
latanoprost.....	161	levo-t.....	171	LIPITOR.....	66
LATUDA.....	82	LEVOBUNOLOL HCL.....	157	LIPOFEN.....	66
layolis fe.....	101	levocarnitine.....	124	LIQREV.....	96
LAZCLUZE.....	74	levocarnitine sf.....	124	liraglutide.....	57
LEDIPASVIR-SOFOSBUVIR.	89	levocetirizine.....	64	liraglutide -weight	
leena.....	101	levofloxacin.....	126	management.....	17
leflunomide.....	27	levonest.....	101	lisdexamphetamine dimesylate..	16
LEMTRADA.....	168	levonorg-eth estrad triphasic.	101	lisinopril.....	68

lisinopril-hydrochlorothiazide	70	lubricant eye drops and ointment	156	magnesium citrate solution (CITROMA)	138
lithium	82	LUGOLS STRONG IODINE	86	magnesium hydroxide (PHILLIPS' MILK OF MAGNESIA)	138
lithium carbonate	82	luizza 1.5/30	102	magnesium hydroxide / aluminum hydroxide / simethicone (MYLANTA)	36
lithium carbonate er	82	luizza 1/20	102	magnesium oxide	36
LIVALO	66	LULICONAZOLE	112	magnesium oxide (antacid)	36
lo-zumandimine	101	LUMAKRAS	78	magnesium sulfate	148
loestrin 1.5/30 (21)	101	LUMIGAN	161	malathion	118
loestrin 1/20 (21)	101	LUNESTA	137	male condoms	141
loestrin fe 1.5/30	101	LUPRON DEPOT-PED (1- MONTH)	123	maraviroc	88
loestrin fe 1/20	101	LUPRON DEPOT-PED (3- MONTH)	123	marlissa	102
lojaimiess	101	LUPRON DEPOT-PED (6- MONTH)	123	matzim la	93
LOKELMA	151	lurasidone hcl	82	MAVENCLAD (10 TABS)	168
LONSURF	76	lutera	102	MAVENCLAD (4 TABS)	168
loperamide (tablet, capsule, oral liquid)	61	LUTRATE DEPOT	74	MAVENCLAD (5 TABS)	168
LOPID	66	LUZU	112	MAVENCLAD (6 TABS)	168
lopinavir-ritonavir	88	LYBALVI	166	MAVENCLAD (7 TABS)	168
LOPRESSOR	92	lyleq	105	MAVENCLAD (8 TABS)	168
LOPROX	112	lyllana	126	MAVENCLAD (9 TABS)	168
loratadine (CLARITIN)	64	LYNPARZA	78	MAVYRET	90
loratadine / pseudoephedrine (CLARITIN – D)	107	LYRICA	48	MAXALT	146
lorazepam	39	LYRICA CR	169	MAXALT-MLT	146
lorazepam intensol	39	LYTGOBI (12 MG DAILY DOSE)	78	MAYZENT	168
LORBRENA	77,78	LYTGOBI (16 MG DAILY DOSE)	78	MAYZENT STARTER PACK	168
loryna	101	LYTGOBI (20 MG DAILY DOSE)	78	meclizine 12.5 mg and 25 mg	62
losartan potassium	68	LYUMJEV	59	MECLOFENAMATE SODIUM	26
losartan potassium-hctz	70	LYUMJEV KWIKPEN	59	medroxyprogesterone acetate	104,165
LOTEMAX	160	LYUMJEV TEMPO PEN	59	mefenamic acid	26
LOTEMAX SM	160	lyza	105	mefloquine hcl	71
LOTENSIN	68	<b>M</b>		megestrol acetate	74,165
LOTENSIN HCT	70	M-M-R II	179	MEGESTROL ACETATE	165
loteprednol etabonate	160	magnesium 250mg tab	148	MEKINIST	78
LOTREL	70	magnesium carbonate / aluminum hydroxide chew tab	35	MEKTOVI	78
LOTRONEX	129			MELATONIN	20
lovastatin	66,67			melatonin	20
LOVENOX	45			meleya	105
low-ogestrel	101			meloxicam	26
loxapine succinate	84				
lubiprostone	127				

memantine hcl	166	methylphenidate hcl er (cd)	18	miglustat	134
memantine hcl er	166	methylphenidate hcl er (la)	19	mili	102
MENACTRA	177	methylphenidate hcl er (osm)	19	mimvey	125
MENQUADFI	177	METHYLPHENIDATE HCL ER		mineral oil	138
MENTHOL / ZINC OXIDE		(OSM)	19	minocycline hcl	170
OINT	118	methylphenidate hcl er (xr)	19	minoxidil	71
MENVEO	177	methylprednisolone	106	mirabegron er	177
mercaptapurine	72	methylprednisolone acetate	106	MIRAPEX ER	81
meropenem	37	methylprednisolone sodium		MIRCERA	135
merzee	102	succ	106	MIRENA (52 MG)	105
mesalamine	128	METOCLOPRAMIDE HCL	127	mirtazapine	50
mesalamine er	128	metoclopramide hcl	127	miscellaneous medical	
mesalamine-cleanser	128	metolazone	121	devices	144
mesna	80	metoprolol succinate er	92	MISCELLANEOUS NATURAL	
metaxalone	154	metoprolol tartrate	92	PRODUCTS	151
metformin hcl	56	metoprolol-		misoprostol	174
metformin hcl er	56	hydrochlorothiazide	70	MIUDELLA INTRAUTERINE	
methadone hcl	30	metronidazole	36,118	COPPER	104
methadone hcl intensol	30	mexiletine hcl	39	MM BLOOD GLUCOSE SYSTEM	
methenamine hippurate	38	mibelas 24 fe	102	REFILL	143
methergine	162	micafungin sodium	63	MNEXSPIKE	179
methimazole	171	MICARDIS	68	MOBIC	26
methocarbamol	154	MICARDIS HCT	70	modafinil	19
methotrexate sodium	72	miconazole (MICATIN)	112	MODERNA COVID-19 BIVAL	
METHOTREXATE		miconazole (MONISTAT)	181	6M-5Y	179
SODIUM	72,73	MICONAZOLE 3 200 MG		MODERNA COVID-19 BIVAL	
methotrexate sodium (pf)	72	SUPPOSITORY	181	BOOSTER	179
METHOXSALEN RAPID	113	miconazole nitrate 2% soln	112	MODERNA COVID-19	
methscopolamine bromide	172	MICONAZOLE-ZINC OXIDE-		BIVALENT	179
methsuximide	50	PETROLAT	112	MODERNA COVID-19 VAC	
methyl salicylate / menthol	117	microgestin 1.5/30	102	(BOOSTER)	179
methylcellulose		microgestin 1/20	102	MODERNA COVID-19 VAC 6M-	
(CITRUCCEL)	138	microgestin 24 fe	102	11Y	179
methylidopa	69	microgestin fe 1.5/30	102	MODERNA COVID-19 VACC 6-	
methylergonovine maleate	162	microgestin fe 1/20	102	11Y	179
METHYLIN	18	midodrine hcl	181	MODERNA COVID-19 VACC	
methylphenidate	18	MIEBO	161	6M-5Y	179
methylphenidate hcl	18	mifepristone	125	MODERNA COVID-19	
METHYLPHENIDATE HCL		MIGERGOT	145	VACCINE	179
ER	19	miglitol	54	moexipril hcl	68
methylphenidate hcl er	19	MIGLITOL	54	mometasone furoate	116,155

mondoxyne nl.....	170	mycophenolate sodium.....	150	nebivolol hcl.....	92
mono-linyah.....	102	mycophenolic acid.....	150	necon 0.5/35 (28).....	102
monoject flush syringe.....	149	MYDAYIS.....	16	needles and syringes.....	143
monoject sodium chloride		MYFORTIC.....	150	NEEDLES AND SYRINGES..	145
flush.....	149	MYLERAN.....	72	NEFAZODONE HCL.....	53
MONONINE.....	132	myorisan.....	109	NEFFY.....	181
montelukast sodium.....	41	MYRBETRIQ.....	177	NEMLUVIO.....	117
morgidox.....	170	MYSOLINE.....	48	neo-polycin.....	158
MORPHINE SULFATE.....	30	<b>N</b>		neo-polycin hc.....	160
morphine sulfate.....	30	nabumetone.....	26	neomycin / bacitracin / polymixin	
morphine sulfate		nadolol.....	92	(NEOSPORIN).....	111
(concentrate).....	30	nafcillin sodium.....	164	neomycin / bacitracin / polymixin /	
MORPHINE SULFATE		NAFCILLIN SODIUM.....	165	pramoxine (NEOSPORIN	
(CONCENTRATE).....	30	NAFCILLIN SODIUM IN		PLUS).....	111
MORPHINE SULFATE		DEXTROSE.....	165	neomycin sulfate.....	20
ER.....	30,31	naftifine hcl.....	112	neomycin-bacitracin zn-	
morphine sulfate er.....	30,31	NAFTIFINE HCL.....	112	polymyx.....	158
MORPHINE SULFATE ER		NAFTIN.....	112	NEOMYCIN-POLYMYXIN B	
BEADS.....	31	nalbuphine hcl.....	33	GU.....	130
MOTEGRITY.....	126	NALFON.....	26	neomycin-polymyxin-	
MOTPOLY XR.....	48	NALMEFENE HCL.....	61	dexameth.....	160
MOUNJARO.....	57	naloxone hcl.....	61	NEOMYCIN-POLYMYXIN-	
MOVANTIK.....	129	NALOXONE HCL.....	61	GRAMICIDIN.....	158
moxifloxacin hcl.....	126,158	naltrexone hcl.....	62	NEOMYCIN-POLYMYXIN-HC	160
MOXIFLOXACIN HCL (2X		NAMENDA.....	166	neomycin-polymyxin-hc.....	162
DAY).....	158	NAMENDA TITRATION PAK	166	NEORAL.....	150
MRESVIA.....	179	NAMZARIC.....	166	neostigmine methylsulfate.....	71
MS CONTIN.....	31	NAPRELAN.....	26	NERLYNX.....	78
MULTI-DRAW NEEDLE.....	145	naproxen.....	26	neuac.....	109
Multigen Folic.....	136	naproxen dr.....	27	NEUAC.....	109
Multigen Plus.....	136	naproxen sodium.....	27	NEULASTA.....	135
multivitamin.....	136	naproxen-esomeprazole mg	27	NEULASTA ONPRO.....	135
multivitamin (\$0).....	153	naratriptan hcl.....	146	NEUPRO.....	81
multivitamins / calcium.....	153	NARCAN.....	62	NEURONTIN.....	48
multivitamins / minerals.....	36	NARDIL.....	51	NEVANAC.....	161
MULTIVITAMINS /		NASONEX.....	155	nevirapine.....	88
MINERALS.....	153	NATACYN.....	158	NEVIRAPINE.....	88
mupirocin.....	111	nateglinide.....	60	NEXIUM.....	174
mupirocin calcium.....	111	NATROBA.....	118	NEXIUM I.V.....	174
MYALEPT.....	124	NAYZILAM.....	46	NEXLETOL.....	65
mycophenolate mofetil.....	150			NEXLIZET.....	65

NEXPLANON.....	165	norgestim-eth estrad	NOVOLOG MIX 70/30.....	60
NGENLA.....	123	triphasic.....	NOVOLOG MIX 70/30	
NIACIN.....	182	norgestimate-eth estradiol...	FLEXPEN.....	60
niacin.....	182	NORLIQVA.....	NOVOLOG MIX 70/30 RELION60	
niacin er (antihyperlipidemic).....	67	norlyda.....	NOVOLOG PENFILL.....	60
nicardipine hcl.....	93	norlyroc.....	NOVOLOG RELION.....	60
NICARDIPINE HCL.....	93	normal saline flush.....	NOVOSEVEN RT.....	132
nicotine gum / lozenge.....	169	nortrel 0.5/35 (28).....	NOXAFIL.....	63
nicotine patch.....	169	nortrel 1/35 (21).....	NP THYROID.....	171
Nicotrol.....	169	nortrel 1/35 (28).....	NUBEQA.....	74
nifedipine.....	93	nortrel 7/7/7.....	NUCALA.....	40
nifedipine er.....	93	nortriptyline hcl.....	nulev.....	172
nifedipine er osmotic release.....	93	NORVASC.....	NUPLAZID.....	82
nikki.....	102	NORVIR.....	NURTEC.....	145
nilotinib hcl.....	78	NOURIANZ.....	NUTROPIN AQ NUSPIN 10.....	123
nilutamide.....	74	NOVA MAX PLUS KETONE	NUTROPIN AQ NUSPIN 20.....	123
nimodipine.....	94	TEST.....	NUTROPIN AQ NUSPIN 5.....	123
NIMODIPINE.....	94	NOVAVAX COVID-19	NUVAXOVID COVID-19	
NINLARO.....	78	VACCINE.....	VACCINE.....	179
NISOLDIPINE ER.....	94	NOVOEIGHT.....	NUWIQ.....	132
nisoldipine er.....	94	NOVOLIN 70/30.....	nyamyc.....	112
NITRO-BID.....	38	NOVOLIN 70/30 FLEXPEN.....	nylia 1/35.....	102
nitrofurantoin macrocrystal.....	38	NOVOLIN 70/30 FLEXPEN	nylia 7/7/7.....	102
nitrofurantoin monohyd		RELION.....	NYMALIZE.....	94
macro.....	38	NOVOLIN 70/30 RELION.....	nymyo.....	102
nitroglycerin.....	38	NOVOLIN N.....	nystatin.....	63,112,152
NIVA THYROID.....	171	NOVOLIN N FLEXPEN.....	nystatin-triamcinolone.....	112
NIVESTYM.....	135	NOVOLIN N FLEXPEN	nystop.....	112
NIZATIDINE.....	173	RELION.....		
nizatidine.....	173	NOVOLIN N RELION.....	<b>O</b>	
nora-be.....	105	NOVOLIN R.....	OBIZUR.....	132
NORDITROPIN FLEXPRO.....	123	NOVOLIN R FLEXPEN.....	OCALIVA.....	127
norethin ace-eth estrad-fe.....	102	NOVOLIN R FLEXPEN	ocella.....	102
norethin-eth estradiol-fe.....	102	RELION.....	OCREVUS.....	168
norethindron-ethinyl estrad-		NOVOLIN R RELION.....	OCREVUS ZUNOVO.....	168
fe.....	102	NOVOLOG.....	OCTAGAM.....	163
norethindrone.....	105	NOVOLOG 70/30 FLEXPEN	OCTREOTIDE ACETATE.....	125
norethindrone acet-ethinyl		RELION.....	octreotide acetate.....	125
est.....	102	NOVOLOG FLEXPEN.....	OCUFLOX.....	158
norethindrone acetate.....	165	NOVOLOG FLEXPEN	ODEFSEY.....	88
norethindrone-eth estradiol.....	125	RELION.....	OFEV.....	170

OFLOXACIN.....	126	OMNIPOD DASH INTRO (GEN	143	ORKAMBI.....	169,170
ofloxacin.....	126,158	4).....	143	ORLADEYO.....	133
ofloxacin otic soln 0.3%.....	162	OMNIPOD DASH PDM (GEN	143	ORLISTAT.....	17
OGSIVEO.....	78	4).....	143	orphenadrine citrate er.....	154
OHTUVAYRE.....	41	OMNIPOD DASH PODS (GEN	143	orquidea.....	105
OJEMDA.....	78	4).....	143	ORSERDU.....	75
OJJAARA.....	78	OMNITROPE.....	123	orsythia.....	102
olanzapine.....	84	OMVOH.....	128	oscimin.....	172
olanzapine-fluoxetine hcl.....	166	OMVOH (300 MG DOSE).....	128	oscimin sr.....	173
olmesartan medoxomil.....	68	ondansetron.....	62	oseltamivir phosphate.....	91
olmesartan medoxomil-hctz.....	70	ondansetron hcl.....	62	ostomy supplies.....	144
olmesartan-amlodipine-hctz.....	70	ondansetron hcl +rfid.....	62	OTEZLA.....	27
olopatadine 0.1% and 0.2% eye		ONETOUCH ULTRA.....	120	OTULFI.....	175
drop.....	161	ONETOUCH ULTRA 2.....	143	OVACE PLUS.....	114
OLUMIANT.....	24	ONETOUCH ULTRA BLUE		OVIDE.....	118
omega-3 fatty acids (Fish		TEST.....	120	oxacillin sodium.....	165
oil).....	156	ONETOUCH ULTRA TEST.....	120	oxaprozin.....	27
omega-3-acid ethyl esters.....	65	ONETOUCH VERIO.....	120	oxazepam.....	39
omeprazole (PRILOSEC).....	174	ONETOUCH VERIO FLEX		OXBRYTA.....	134
omeprazole magnesium.....	174	SYSTEM.....	143	oxcarbazepine.....	48
omeprazole-sodium		ONEXTON.....	109	OXERVATE.....	159
bicarbonate.....	175	ONFI.....	46	oxiconazole nitrate.....	112
OMNARIS.....	155	ONGENTYS.....	81	OXISTAT.....	112
OMNIPOD 5 DEXG7G6 PODS		ONUREG.....	73	OXTELLAR XR.....	48
GEN 5.....	143	OPFOLDA.....	124	oxybutynin chloride.....	176
OMNIPOD 5 G6 INTRO (GEN		OPIPZA.....	175	oxybutynin chloride er.....	177
5).....	143	opium.....	61	oxycodone hcl.....	31
OMNIPOD 5 G6 PODS (GEN		OPSUMIT.....	96	OXYCODONE HCL ER.....	31,32
5).....	143	OPSYNVI.....	95	oxycodone-acetaminophen.....	33
OMNIPOD 5 G7 INTRO (GEN		OPVEE.....	62	OXYCONTIN.....	32
5).....	143	OPZELURA.....	116	oxymetazoline nasal.....	155
OMNIPOD 5 G7 PODS (GEN		ORAVIG.....	152	OXYTROL.....	177
5).....	143	ORENCIA.....	27	OZEMPIC (0.25 OR 0.5	
OMNIPOD 5 LIBRE2 G6		ORENCIA CLICKJECT.....	27	MG/DOSE).....	57
INTRO G5.....	143	ORENITRAM.....	95	OZEMPIC (1 MG/DOSE).....	57
OMNIPOD 5 LIBRE2 PLUS G6		ORENITRAM MONTH 1.....	95	OZEMPIC (2 MG/DOSE).....	57
PODS.....	143	ORENITRAM MONTH 2.....	95	OZURDEX.....	160
OMNIPOD CLASSIC PDM		ORENITRAM MONTH 3.....	95		
(GEN 3).....	143	ORGOVYX.....	74	<b>P</b>	
OMNIPOD CLASSIC PODS		ORIAHNN.....	125	pacerone.....	39
(GEN 3).....	143	ORILISSA.....	123	paliperidone er.....	83

PALYNZIQ.....	124	penicillin g potassium.....	164	phenylephrine (SUDAFED PE).....	155
PANCREAZE.....	120	PENICILLIN V POTASSIUM.....	164	phenylephrine / acetaminophen.....	107
pantoprazole sodium.....	174	penicillin v potassium.....	164	phenylephrine / bropheniramine / dextromethorphan.....	107
PARAGARD INTRAUTERINE COPPER.....	104	PENMENVY.....	175	phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen.....	107
paromomycin sulfate.....	20	PENTACEL.....	172	phenylephrine / guaifenesin.....	107
paroxetine hcl.....	52	pentamidine isethionate.....	36	PHENYLEPHRINE / GUAIFENESIN.....	107
PAROXETINE HCL.....	52	PENTASA.....	128	phenytek.....	50
paroxetine hcl er.....	52	pentoxifylline er.....	133	phenytoin.....	50
paroxetine mesylate.....	169	PERFOROMIST.....	43	phenytoin infatabs.....	50
PAXIL.....	52	perindopril erbumine.....	68	phenytoin sodium extended.....	50
PAXIL CR.....	52	PERINDOPRIL ERBUMINE.....	68	philith.....	102
PAXLOVID.....	89	periogard.....	152	PHYRAGO.....	78
PAXLOVID (150/100).....	89	permethrin (NIX).....	118	phytonadione.....	182
PAXLOVID (300/100).....	89	perphenazine.....	85	PIFELTRO.....	88
pazopanib hcl.....	78	PERPHENAZINE-AMITRIPTYLINE.....	166	pilocarpine hcl.....	152,157
PEAK FLOW METER.....	145	PERTZYE.....	120	pimecrolimus.....	117
PEDIARIX.....	172	PERTZYE.....	120	pimtreea.....	102
pediatric multiple vitamins / fluoride / iron.....	153	petrolatum (VASELINE).....	165	pindolol.....	92
pediatric multiple vitamins / iron chew tab.....	153	PFIZER COVID-19 BIVAL 6MO-4YR.....	179	pioglitazone hcl.....	60
pediatric multiple vitamins / vitamin A / vitamin C / vitamin D / fluoride.....	153	PFIZER COVID-19 VAC BIVAL 5-11.....	179	pioglitazone hcl-glimepiride.....	55
pediatric multiple vitamins chew tab.....	153	PFIZER COVID-19 VAC BIVALENT.....	179	pioglitazone hcl-metformin hcl.....	55
PEDIATRIC MULTIPLE VITAMINS DROPS.....	153	PFIZER COVID-19 VAC-TRIS 5-11Y.....	180	piperacillin sod-tazobactam so.....	164
PEDIATRIC MULTIVITAMIN COMBINATIONS.....	153	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	180	piperonyl / pyrethrins (RID).....	118
PEDIATRIC MULTIPLE VITAMINS / IRON.....	153	PFIZER-BIONT COVID-19 VAC-TRIS.....	180	PIQRAY (200 MG DAILY DOSE).....	78
PEDVAX HIB.....	178	PFIZER-BIONTECH COVID-19 VACC.....	180	PIQRAY (250 MG DAILY DOSE).....	78
peg 3350-kcl-na bicarb-nacl.....	138	pfizerpen.....	164	PIQRAY (300 MG DAILY DOSE).....	78
peg-3350/electrolytes.....	138	phenazopyridine (AZO).....	131	pirfenidone.....	170
PEGASYS.....	90	PHENELZINE SULFATE.....	51	pirmella 1/35.....	103
PEMAZYRE.....	78	phenelzine sulfate.....	51	pirmella 7/7/7.....	103
PENBRAYA.....	178	phenobarbital.....	137		
penciclovir.....	115	phentermine hcl.....	16		
penicillamine.....	149	phenylephrine (NEO-SYNEPHRINE).....	155		

piroxicam.....	27	potassium citrate / sodium	PRETOMANID.....	72
pitavastatin calcium.....	67	citrate (CYTRA-3).....	PREVACID 30 MG CAP DR..	174
PLAVIX.....	133	potassium citrate er.....	PREVACID SOLUTAB 15 MG	
PLEGRIDY.....	168	POTASSIUM CL IN DEXTROSE	TAB DR DISP.....	174
PLEGRIDY STARTER		5%.....	PREVACID SOLUTAB 30 MG	
PACK.....	168	povidone-iodine (BETADINE).	TAB DR DISP.....	174
plerixafor.....	136	PRADAXA.....	prevalite.....	65
PNEUMOVAX 23.....	178	PRALUENT.....	previfem.....	103
PODOFILOX.....	117	pramipexole dihydrochloride..	PREVNAR 13.....	178
podofilox.....	117	pramipexole dihydrochloride	PREVNAR 20.....	178
polycin.....	158	er.....	PREVYMIS.....	89,175
polyethylene glycol drops...	156	pramoxine (PROCTO-FOAM).	PREZCOBIX.....	88
polyethylene glycol packets.	138	pramoxine / calamine lotion..	PREZISTA.....	88
polyethylene glycol powder.	138	prasugrel hcl.....	PRIFTIN.....	72
polymyxin b sulfate.....	38	pravastatin sodium.....	PRILOSEC.....	174
polymyxin b-trimethoprim...	158	praziquantel.....	primidone.....	48
polysaccharide iron		prazosin hcl.....	PRIMIDONE.....	48
complex.....	136	PRECISION XTRA.....	PRINIVIL.....	68
polyvinyl alcohol / povidone eye		PRECISION XTRA BLOOD	PRIORIX.....	180
drops.....	156	GLUCOSE.....	PRISTIQ.....	53
polyvinyl alcohol eye drops.	156	PRECISION XTRA KETONE	PRIVIGEN.....	163
POMALYST.....	75	PRECISION XTRA	PROAIR DIGIHALER.....	43
PONVORY.....	168	MONITOR.....	PROAIR RESPICLICK.....	43
PONVORY STARTER		PRECISION XTRA-	probenecid.....	131
PACK.....	168	GLUCOSE/KETONE.....	procainamide hcl.....	39
portia-28.....	103	PRECOSE.....	PROCALAMINE.....	156
posaconazole.....	63	PRED FORTE.....	PROCARDIA XL.....	94
potassium / sodium		prednisolone.....	procentra.....	16
phosphate.....	148	prednisolone acetate.....	prochlorperazine.....	85
potassium chloride.....	149	prednisolone sodium	prochlorperazine edisylate....	85
potassium chloride crys er..	149	phosphate.....	prochlorperazine maleate.....	85
potassium chloride er.....	149	PREDNISOLONE SODIUM	PROCRIT.....	135
POTASSIUM CHLORIDE IN		PHOSPHATE.....	procto-med hc.....	35
DEXTROSE.....	148	prednisone.....	PROCTOFOAM HC.....	35
potassium chloride in		PREDNISONE.....	proctosol hc.....	35
dextrose.....	148	pregabalin.....	proctozone-hc.....	35
potassium chloride in nacl..	148	pregabalin er.....	PRODIGY AUTOCODE BLOOD	
POTASSIUM CHLORIDE IN		PREHEVBRIO.....	GLUCOSE.....	144
NACL.....	148	PREMPHASE.....	PRODIGY NO CODING BLOOD	
potassium citrate / citric acid		PRENATAL VITAMIN.....	GLUC.....	120,144
soln.....	130	prenatal vitamin.....		

PRODIGY POCKET BLOOD	pyridostigmine bromide	71	raloxifene hcl	123
GLUCOSE	pyridoxine (vitamin B6)	144	ramelteon	137
PRODIGY VOICE BLOOD	pyrimethamine	71	ramipril	68
GLUCOSE		144	ranolazine er	38
PROFILNINE		132	RAPAFLO	131
PROFORE		140	RAPAMUNE	150
PROFORE LITE		140	RAVICTI	124
PROFORE WCL 5-1/2"X8"		140	REBIF	168
progesterone		165	REBIF REBIDOSE	168
PROGRAF		150	REBIF REBIDOSE TITRATION	
PROLENSA		161	PACK	168
PROLIA		122	REBIF TITRATION PACK	168
promethazine hcl		64	REBINYN	132
promethegan		64	REBLOZYL	135
propafenone hcl		39	reclipsen	103
proparacaine hcl		159	RECOMBINATE	132
propranolol hcl		92	RECOMBIVAX HB	180
PROPRANOLOL HCL		92	RECTIV	35
propranolol hcl er		92	REFRESH 1.4-0.6 %	
PROPRANOLOL-HCTZ		70	SOLUTION	156
propylthiouracil		171	relafen	27
PROQUAD		180	RELAFEN DS	27
PROSCAR		131	RELENZA DISKHALER	91
PROTONIX		174	RELEXXII	19
protriptyline hcl		54	RELION KETONE TEST	120
PROZAC		52	RELISTOR	129
pseudoeph-bromphen-dm		107	RELPAK	146
pseudoephedrine			REMERON	51
(SUDAFED)		155	REMERON SOLTAB	51
pseudoephedrine /			REMICADE	128
guaifenesin		107	RENFLEXIS	128
pseudoephedrine /			RENTHYROID	171
ibuprofen		107	REVELA	129
psyllium (METAMUCIL)		138	repaglinide	60
PTS PANELS KETONE			REPATHA	67
TEST		120	REPATHA PUSHTRONEX	
PULMICORT		42	SYSTEM	67
PULMICORT FLEXHALER		42	REPATHA SURECLICK	67
PULMOZYME		170	respirtatory therapy supplies	145
purevit dualfe plus		136	RESTASIS	159
pyrazinamide		72	RESTASIS MULTIDOSE	159

## Q

## R

RETACRIT.....	135	ROCKLATAN.....	159	saxagliptin-metformin er.....	55
RETEVMO.....	78,79	roflumilast.....	41	SAXENDA.....	17
RETIN-A.....	109	ropinirole hcl.....	81	SCSEMBLIX.....	79
RETIN-A MICRO.....	109	ropinirole hcl er.....	81	scopolamine.....	62
RETIN-A MICRO PUMP.....	110	rosadan.....	118	se-tan plus.....	136
RETISERT.....	160	rosuvastatin calcium.....	67	SECUADO.....	84
REVATIO.....	96	rosyrah.....	103	SEGLUROMET.....	55
REVCIVI.....	124	ROTARIX.....	180	SELARSDI.....	176
REVUFORJ.....	176	ROTATEQ.....	180	selegiline hcl.....	82
REXULTI.....	86	ROWASA.....	128	selenium capsule.....	149
REYVOW.....	146	roweepra.....	48	SELZENTRY.....	88
REZDIFFRA.....	127	roweepra xr.....	48	SEMGLEE.....	60
REZLIDHIA.....	79	ROZEREM.....	137	SEMGLEE (YFGN).....	60
REZUROCK.....	150	ROZLYTREK.....	79	senna / docusate sodium 8.6 -	
REZVOGLAR KWIKPEN.....	60	RUBRACA.....	79	50mg tab.....	138
RHOPRESSA.....	159	RUCONEST.....	133	sennosides.....	138
RIBAVIRIN.....	90	rufinamide.....	48	SEREVENT DISKUS.....	43
riboflavin (vitamin B2).....	182	RUKOBIA.....	88	SEROQUEL.....	84
rifabutin.....	72	RYALTRIS.....	154	SEROQUEL XR.....	84
rifampin.....	72	RYBELSUS.....	57	SEROSTIM.....	123
riluzole.....	155	RYDAPT.....	79	SERTRALINE HCL.....	52
RIMANTADINE HCL.....	91	RYKINDO.....	83	sertraline hcl.....	52,53
ringers.....	148	RYTARY.....	81	setlakin.....	103
RINGERS IRRIGATION.....	151	<b>S</b>		sevelamer carbonate.....	129
ringers irrigation.....	151	SABRIL.....	49	sevelamer hcl.....	129
RINVOQ.....	24	sacubitril-valsartan.....	95	SEVENFACT.....	132
RINVOQ LQ.....	24	SAIZEN.....	123	sf.....	152
risedronate sodium.....	122	SAIZENPREP.....	123	sf 5000 plus.....	152
RISPERDAL.....	83	salicylic acid.....	117	SFROWASA.....	128
RISPERDAL CONSTA.....	83	saline flush.....	149	sharobel.....	105
risperidone.....	83	saline nasal spray.....	154	sharps container.....	145
risperidone microspheres er.....	83	salsalate.....	28	SHINGRIX.....	180
RITALIN.....	19	SANCUSO.....	62	SIGNIFOR.....	125
RITALIN LA.....	19	SANDIMMUNE.....	150	SIKLOS.....	134
ritonavir.....	88	SAPHRIS.....	84	sildenafil citrate.....	96
rivaroxaban.....	44	SAVAYSA.....	44	SILIQ.....	113
rivastigmine.....	166	SAVELLA.....	166	silodosin.....	131
rivastigmine tartrate.....	166	SAVELLA TITRATION		silver sulfadiazine.....	115
rivalsa.....	103	PACK.....	166	SIMBRINZA.....	157
RIXUBIS.....	132	saxagliptin hcl.....	57	simethicone (MYLICON).....	126
rizatriptan benzoate.....	146			SIMLANDI (1 PEN).....	24

SIMLANDI (1 SYRINGE).....	24	SOFOSBUVIR- VELPATASVIR.....	90	STAMARIL.....	180
SIMLANDI (2 PEN).....	24	SOGROYA.....	123	stavudine.....	88
SIMLANDI (2 SYRINGE).....	24	solifenacin succinate.....	177	STEGLATRO.....	60
simliya.....	103	SOLQUA.....	55	STEGLUJAN.....	55
simpesse.....	103	SOLU-CORTEF.....	106	STELARA.....	114,128
SIMPONI.....	24	SOLU-MEDROL.....	106	STEQEYMA.....	176
SIMPONI ARIA.....	24	SOLU-MEDROL (PF).....	106	STIOLTO RESPIMAT.....	43
simvastatin.....	67	sorafenib tosylate.....	79	STIVARGA.....	79
SINEMET.....	81	sorbitol solution.....	165	STRATTERA.....	17
SINGULAIR.....	41	sorine.....	92	STRENSIQ.....	124
sirolimus.....	151	sotalol hcl.....	92	STRIBILD.....	88
SIRTURO.....	72	sotalol hcl (af).....	92	STRIVERDI RESPIMAT.....	43
SITAGLIPTIN.....	57	SOTYKTU.....	114	SUBLOCADE.....	33,34
SITAGLIPTIN BASE- METFORMIN HCL.....	55	SOTYLIZE.....	92	SUBOXONE.....	34
SKYLA.....	105	SOVALDI.....	90	subvenite.....	48
SKYRIZI.....	113,128	SPEVIGO.....	114	subvenite starter kit-blue.....	48
SKYRIZI (150 MG DOSE).....	113	SPIKEVAX.....	180	subvenite starter kit-green.....	48
SKYRIZI PEN.....	113	SPIKEVAX 6M-11Y.....	180	subvenite starter kit-orange.....	48
SKYTROFA.....	123	SPIKEVAX COVID-19 VACCINE.....	180	sucrafate.....	173
SM DELUXE REUSABLE COMPRESS.....	141	SPINOSAD.....	118	SULAR.....	94
sm esomeprazole magnesium.....	174	SPIRIVA HANDIHALER.....	40	sulfacetamide sodium.....	114,158
sod citrate-citric acid.....	130	SPIRIVA RESPIMAT.....	40	SULFACETAMIDE SODIUM.....	158
sodium bicarbonate.....	36	spironolactone.....	121	sulfacetamide sodium (acne).....	110
SODIUM CHLORIDE.....	130	spironolactone-hctz.....	121	sulfacetamide sodium-sulfur.....	110
sodium chloride.....	130,149	SPORANOX.....	63	SULFACETAMIDE SODIUM- SULFUR.....	110
sodium chloride eye products.....	161	SPORANOX PULSEPAK.....	64	PREDNISOLONE.....	160
sodium chloride flush.....	149	SPRAVATO (56 MG DOSE).....	51	sulfacleanse 8/4.....	110
sodium chloride nebulizer soln.....	108	SPRAVATO (84 MG DOSE).....	51	sulfadiazine.....	170
sodium fluoride.....	148,152	sprintec 28.....	103	sulfamethoxazole-trimethoprim.....	36
sodium fluoride 5000 plus.....	152	SPRITAM.....	48	sulfamez wash.....	110
sodium fluoride 5000 ppm.....	152	sronyx.....	103	sulfasalazine.....	128
sodium phenylbutyrate.....	124	ssd.....	115	sulindac.....	27
sodium polystyrene sulfonate.....	151	sss 10-5.....	110	sumatriptan.....	146
sodium sulfacetamide wash.....	114	STALEVO 100.....	81	sumatriptan succinate.....	146
		STALEVO 125.....	81	SUMATRIPTAN SUCCINATE.....	147
		STALEVO 150.....	82	SUMATRIPTAN SUCCINATE REFILL.....	147
		STALEVO 200.....	82	sumatriptan succinate refill.....	147
		STALEVO 50.....	82	sumatriptan-naproxen sodium.....	145
		STALEVO 75.....	82		

sunitinib malate	79	TASMAR	81	tetrabenazine	167
SUNLENCA	88,176	tavaborole	112	tetracycline hcl	170
SUNOSI	17	TAVNEOS	133	tetrahydrazoline drops	
SUPRAX	98	taysofy	103	(VISINE)	159
SUREPRESS HI COMPRESS		TAZAROTENE	110	TEZRULY	176
BANDAGE	141	tazarotene	114	TEZSPIRE	40
syeda	103	tazicef	98	THALOMID	150
SYMBICORT	44	taztia xt	94	theophylline	44
SYMDEKO	170	TAZVERIK	79	theophylline er	44
SYMLINPEN 120	54	TDVAX	172	thiamine (vitamin B1)	182
SYMLINPEN 60	54	TECFIDERA	168	thioridazine hcl	85
SYMPAZAN	46	TEGRETOL	48	thiothixene	86
SYMPROIC	129	TEGRETOL-XR	48	THYQUIDITY	171
SYMTUZA	88	TEKTURNA	71	THYROID	171
SYNAGIS	163	telmisartan	68	tiadylt er	94
SYNJARDY	55	telmisartan-amlodipine	70	tiagabine hcl	49
SYNJARDY XR	56	TELMISARTAN-		TIAZAC	94
		AMLODIPINE	70	TIBSOVO	79
		telmisartan-hctz	70	ticagrelor	134
<b>T</b>		temazepam	137	TICOVAC	180
TABLOID	73	TEMIXYS	88	tilia fe	103
TABRECTA	79	temozolomide	72	timolol hemihydrate	157
tacrolimus	117,151	TEMPO REFILL	144	timolol maleate	92,157
tadalafil (pah)	96	TENIVAC	172	timolol maleate (once-daily)	157
TADLIQ	96	tenofovir disoproxil fumarate	88	timolol maleate ocudose	157
TAFINLAR	79	TENORETIC 100	70	timolol maleate pf	157
tafluprost (pf)	161	TENORETIC 50	70	TIMOPTIC	157
TAGRISSE	74	TENORMIN	92	TIMOPTIC OCUDOSE	157
TAKHZYRO	133	TEPMETKO	79	TIMOPTIC-XE	157
TALTZ	114	terazosin hcl	69	tinidazole	36
TALZENNA	79	terbinafine 1% cream	112	tioconazole oint (VAGISTAT)	181
TAMIFLU	91	terbinafine hcl	63	tiopronin	131
tamoxifen citrate	75	terbutaline sulfate	44	tiotropium bromide	40
tamsulosin hcl	131	terconazole	181	tis-u-sol	151
tandem plus	136	teriflunomide	168	TIVICAY	88
tarina 24 fe	103	TERIPARATIDE	122	TIVICAY PD	88
tarina fe 1/20	103	teriparatide	122	tizanidine hcl	154
tarina fe 1/20 eq	103	TESTIM	34	TOBI	20
TARON FORTE	136	testosterone	34	TOBI PODHALER	20
TARPEYO	106	TESTOSTERONE	34	tobramycin	20,158
TASCENSO ODT	168	testosterone cypionate	35	tobramycin sulfate	20
tasimelteon	137				

tobramycin-dexamethasone	160	TREMFYA-CD/UC	TRIJARDY XR	56		
TOFIDENCE	25	INDUCTION	TRIKAFTA	170		
tolcapone	81	TRESIBA	TRILEPTAL	49		
tolnaftate (TINACTIN)	112	TRESIBA FLEXTOUCH	TRILIPIX	66		
tolnaftate 1% soln	112	tretinoin	80,110	trimethobenzamide hcl	62	
TOLSURA	64	TRETINOIN	trimethoprim	36		
tolterodine tartrate	177	MICROSPHERE	110	TRINTELLIX	53	
tolterodine tartrate er	177	tretinoin microsphere	110	TRIPTODUR	123	
tolvaptan	125	TRETINOIN MICROSPHERE	PUMP	110	TRIUMEQ	88
TOPAMAX	48	tretinoin microsphere pump	110	trivora (28)	104	
TOPAMAX SPRINKLE	49	TRETTEN	132	TROKENDI XR	49	
topiramate	49	TREXIMET	146	trolamine salicylate cream	117	
topiramate er	49	tri femynor	103	trospium chloride	177	
TOPROL XL	92	tri-estarylla	103	trospium chloride er	177	
toremifene citrate	75	tri-legest fe	103	TRUE METRIX AIR GLUCOSE		
torpenz	79	tri-linyah	103	METER	144	
torse mide	121	tri-lo-estarylla	103	TRUE METRIX BLOOD		
TOSYMRA	147	tri-lo-marzia	103	GLUCOSE TEST	120	
TOUJEO MAX SOLOSTAR	60	tri-lo-mili	103	TRUE METRIX METER	144	
TOUJEO SOLOSTAR	60	tri-lo-sprintec	103	TRULANCE	126	
TOVIAZ	177	tri-mili	103	TRULICITY	57	
TRACLEER	96	tri-nymyo	103	TRUMENBA	178	
TRADJENTA	57	tri-previfem	103	TRUQAP	79	
tramadol hcl	32	tri-sprintec	103	TRUSOPT	161	
tramadol hcl (er biphasic)	32	TRI-VI-SOL A/C/D	153	TRYNGOLZA	176	
TRAMADOL HCL ER	32	tri-vylibra	103	TUDORZA PRESSAIR	40	
tramadol hcl er	32	tri-vylibra lo	103	TUKYSA	73	
tramadol-acetaminophen	33	triamcinolone acetone	116	tulana	105	
trandolapril	68	triamcinolone acetone nasal	155	TURALIO	79	
TRANDOLAPRIL-VERAPAMIL	70	spray	121	turqoz	104	
HCL ER	70	triamterene-hctz	137	TWINRIX	180	
tranexamic acid	136	triazolam	70	TYDEMY	104	
TRANSDERM-SCOP	62	TRIBENZOR	66	TYENNE	25	
tranylcypramine sulfate	51	TRICOR	66	TYMLOS	122	
TRAVATAN Z	162	triderm	116	TYPHIM VI	178	
travoprost (bak free)	162	trientine hcl	150	TYRVAYA	157	
trazodone hcl	53	TRIESENCE	160	TYSABRI	168	
TRELEGY ELLIPTA	44	trifluoperazine hcl	85	TYVASO	95	
TREMFYA	114	trihexyphenidyl hcl	80	TYVASO DPI INSTITUTIONAL		
TREMFYA ONE-PRESS	114	TRIHEXYPHENIDYL HCL	81	KIT	95	
TREMFYA PEN	114					

TYVASO DPI MAINTENANCE KIT.....	95	VANCOMYCIN HCL.....	37	VIIBRYD.....	53
TYVASO DPI TITRATION KIT.....	95,96	VANFLYTA.....	79	VIJOICE.....	151
TYVASO REFILL.....	96	VAQTA.....	180	vilazodone hcl.....	53
TYVASO STARTER.....	96	varenicline tartrate.....	169	VIMKUNYA.....	176
		varenicline tartrate (starter).....	169	VIMPAT.....	49
		varenicline tartrate(continue).....	169	VIOKACE.....	120
		VARIVAX.....	180	viorele.....	104
		VASERETIC.....	70	VIRACEPT.....	88
		VASOTEC.....	68	VIREAD.....	88
		VAXCHORA.....	178	VIRT-FEFA PLUS.....	136
		VAXNEUVANCE.....	178	visine red eye hydrating conf.....	159
		VELPHORO.....	130	vitamin A.....	182
		VELSIPITY.....	129	vitamin A&D oint.....	117
		VELTIN.....	110	VITAMIN A-C-D INFANT.....	153
		VEMLIDY.....	90	VITAMIN A/C/D/ INFANT/TODDLER.....	153
		VENCLEXTA.....	73	vitamin B complex.....	152
		VENCLEXTA STARTING PACK.....	73	VITAMIN B COMPLEX COMBINATIONS.....	153
		venlafaxine hcl.....	53	vitamin B12.....	134
		venlafaxine hcl er.....	53	VITAMIN B12.....	134
		VENTOLIN HFA.....	44	vitamin C.....	182
		venxxiva.....	131	vitamin D.....	182
		verapamil hcl.....	94	VITAMIN D.....	182
		VERAPAMIL HCL ER.....	94	vitamin E.....	182
		verapamil hcl er.....	94	vitamins / lipotropics.....	154
		VERELAN PM.....	94	VITRAKVI.....	79
		VERKAZIA.....	159	VIVAGUARD INO GLUCOSE METER.....	144
		VERSACLOZ.....	84	VIVJOA.....	64
		VERZENIO.....	79	VIVOTIF.....	178
		VESICARE.....	177	VIZIMPRO.....	74
		VESICARE LS.....	177	VOGELXO.....	35
		vestura.....	104	VOGELXO PUMP.....	35
		VEVYE.....	159	volnea.....	104
		VFEND.....	64	VONJO.....	80
		VIBERZI.....	129	VONVENDI.....	132
		VICTOZA.....	58	VORANIGO.....	80
		vienva.....	104	voriconazole.....	64
		vigabatrin.....	49	VOSEVI.....	90
		vigadrone.....	49	VOXZOGO.....	124
		VIGAMOX.....	158		
		vigpoder.....	49		

VRAYLAR.....	82	XCOPRI (350 MG DAILY DOSE).....	49	<b>Y</b>	
VUMERITY.....	168	XDEMVI.....	158	yargesa.....	134
VUSION.....	112	XELJANZ.....	24	YESINTEK.....	176
VYALEV.....	82	XELJANZ XR.....	24	YEZTUGO.....	88,176
VYEPTI.....	145	XELPROS.....	162	YF-VAX.....	180
vyfemla.....	104	xelria fe.....	104	YUFLYMA (1 PEN).....	24
vylibra.....	104	XELSTRYM.....	16	YUFLYMA (2 PEN).....	24
VYNDAMAX.....	97	XENICAL.....	17	YUFLYMA (2 SYRINGE).....	24
VYNDAQEL.....	97	XEPI.....	111	YUFLYMA 2-SYRINGE KIT.....	24
VYTORIN.....	65	XERESE.....	115	YUFLYMA-CD/UC/HS STARTER.....	24
VYVANSE.....	16	XHANCE.....	155	YUPELRI.....	40
VYZULTA.....	162	XIGDUO XR.....	56	YUSIMRY.....	24
<b>W</b>		XIIDRA.....	159	YUTIQ.....	160
warfarin sodium.....	44	XIPERE.....	160	yuvafem.....	181
WEGOVY.....	17	XOFLUZA (40 MG DOSE).....	91	<b>Z</b>	
WELCHOL.....	65	XOFLUZA (80 MG DOSE).....	91	zafirlukast.....	41
WELIREG.....	75	XOLAIR.....	40	zaleplon.....	137
WELLBUTRIN SR.....	51	XOPENEX HFA.....	44	zarah.....	104
WELLBUTRIN XL.....	51	XOSPATA.....	80	ZARONTIN.....	50
wera.....	104	XPHOZAH.....	124	ZARXIO.....	135
WEZLANA.....	176	XPOVIO (100 MG ONCE WEEKLY).....	75	ZAVZPRET.....	145
wheat dextrin powder.....	138	XPOVIO (40 MG ONCE WEEKLY).....	75	zebutal.....	28
WIDE-SEAL DIAPHRAGM.....	141	XPOVIO (40 MG TWICE WEEKLY).....	75	ZEGALOGUE.....	57
WILATE.....	132	XPOVIO (60 MG ONCE WEEKLY).....	75	ZEGERID.....	175
WINLEVI.....	110	XPOVIO (60 MG ONCE WEEKLY).....	75	ZEGERID OTC.....	175
WINREVAIR.....	96	XPOVIO (60 MG TWICE WEEKLY).....	75	ZEJULA.....	80
witch hazel.....	118	XPOVIO (80 MG ONCE WEEKLY).....	75	ZELBORAF.....	80
wixela inhub.....	44	XPOVIO (80 MG TWICE WEEKLY).....	75	ZEMBRACE SYMTOUCH.....	147
wymzya fe.....	104	XADAGO.....	82	zenatane.....	110
<b>X</b>		XALATAN.....	162	ZENPEP.....	120
XADAGO.....	82	XALKORI.....	80	zenzedi.....	16
XALATAN.....	162	xarah fe.....	104	ZEPATIER.....	90
XALKORI.....	80	XARELTO.....	44	ZEPBOUND.....	17
xarah fe.....	104	XARELTO STARTER PACK.....	44	ZEPOSIA.....	168
XARELTO.....	44	XYNTHA.....	132	ZEPOSIA 7-DAY STARTER PACK.....	168
XARELTO STARTER PACK.....	44	XYNTHA SOLOFUSE.....	132	ZEPOSIA STARTER KIT.....	168
XCOPRI.....	49	XULTOPHY.....	56	ZERVIAE.....	161
XCOPRI (250 MG DAILY DOSE).....	49				

ZESTORETIC.....	70	zovia 1/35 (28).....	104
ZESTRIL.....	68	zovia 1/35e (28).....	104
ZETIA.....	67	ZOVIRAX.....	115
ZETONNA.....	155	ZTALMY.....	49
ZIAC.....	70	ZTLIDO 1.8 % PATCH.....	118
ZIANA.....	110	ZUBSOLV.....	34
zidovudine.....	88	zumandimine.....	104
ZIEXTENZO.....	135	ZURZUVAE.....	51
zileuton er.....	41	ZYDELIG.....	80
ZIMHI.....	62	ZYFLO.....	41
zinc gluconate.....	149	ZYKADIA.....	80
zinc oxide ointment.....	118	ZYMFENTRA (1 PEN).....	129
zinc sulfate.....	149	ZYMFENTRA (2 PEN).....	129
ZIOPTAN.....	162	ZYMFENTRA (2 SYRINGE).....	129
ziprasidone hcl.....	82	ZYPITAMAG.....	67
ziprasidone mesylate.....	82	ZYPREXA.....	84
ZIPSOR.....	27	ZYPREXA RELPREVV.....	84
ZIRGAN.....	158	ZYPREXA ZYDIS.....	84,85
ZITHROMAX.....	139		
ZITHROMAX TRI-PAK.....	139		
ZITHROMAX Z-PAK.....	139		
ZITUVIMET.....	56		
ZITUVIO.....	57		
ZOCOR.....	67		
ZOKINVY.....	151		
ZOLINZA.....	80		
zolmitriptan.....	147		
ZOLOFT.....	53		
ZOLPIDEM TARTRATE....	137		
zolpidem tartrate.....	137		
zolpidem tartrate er.....	137		
ZOMACTON.....	123		
ZOMACTON (FOR ZOMA-JET 10).....	123		
ZOMIG.....	147		
ZONISADE.....	49		
zonisamide.....	49		
ZORBTIVE.....	123		
ZORTRESS.....	151		
ZORVOLEX.....	27		
ZORYVE.....	114,118		



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