

2025

# List of Covered Drugs (Liiska Dawooyinka la Daboolay) ee Medical Assistance (Qaacido ahaan)

- Qoysaska iyo Carruurta (Prepaid Medical Assistance Program (PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (MSC+)
- UCare Connect (SNBC)

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

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

**MSC+:** Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson,

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

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

Macluumaadka ku jira list of covered drugs waxay ahayd mid sax ah laga bilaabo 03/01/2025. Si aad u hesho macluumaadkii ugu dambeeyay, fadlan booqo [ucare.org](https://www.ucare.org). Haddii aad qabto su'aalo, la xidhiidh Adeega Macmiilka UCare ee ku qoran boggan. Waxaad codsan kartaa nuqul daabacan oo ah Medical Assistance List of Covered Drugs wakhti kasta.

**Adeega Macmiilka UCare:** Qoysaska iyo Caruurta (PMAP), MinnesotaCare, iyo MSC+: 612-676-3200 ama 1-800-203-7225 (tani waa taleefan bilaash ah). UCare Connect: 612-676-3395 ama 1-877-903-0061 (wicitaanku waa bilaash). TTY: 612-676-6810 or 1-800-688-2534 (wicitaankan waa bilaash). Saacadaha shaqada: 8 subaxnimo - 5 galabnimo, Isniin - Jimce. Wicitaanadan waa bilaash. Wixii macluumaad dheeraad ah, booqo [ucare.org](https://www.ucare.org). UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

**FADLAN AKHRI: DHUKUMIINTIGA WAXAY KU JIRA MACLUUMAAD KU SAABSAN  
DAAWOYINKA AANU KU DABOOLNO CAYMISKA. Xubnuhu waa inay isticmaalaan  
farmashiyeyaasha shabakada UCare si ay u helaan faa'iidooyinka daawada dhakhtar qoray.**

Liiskani waa la bedeli karaa mana aha mid loo dhanayn. Dhukumiintigan waxaa lagu beddeli karaa shuruucda gaarka ah ee gobolka iyo sharciyada, ay ku jiraan, laakiin aan ku xadidnayn, kuwan ku saabsan beddelka dawooyinka caadiga ah, jadwaldaha maadooyinka la xakameeyo, dookhyada dawooyinka summada iyo kuwa waajib ahaan caadi ah mar kasta oo ay habbonaato.

Xusuusin xubnaha hadda jira: list of covered drugs ayaa isbeddelay ilaa sannadkii hore waxaana laga yaabaa inay isbeddelaan sannadka oo dhan. Fadlan dib u eeg dukumeentigan si aad u hubiso in daawooyinka aad qaadato inay weli ku jirto liiska. Fadlan kala xidhiidh Adeegyada Macmiilka ee UCare Su'aalaha: Qoysaska iyo Carruurta (PMAP), MinnesotaCare, iyo Xubnaha MSC+: 612-676-3200 ama 1-800-203-7225 (wicitaankan waa bilaash). UCare Connect: 612-676-3395 ama 1-877-903-0061 (wicitaanku waa bilaash). TTY: 612-676-6810 ama 1-800-688-2534 (wicitaankan waa bilaash). Saacadaha shaqada: 8 subaxnimo - 5 galabnimo, Isniin - Jimce. Wicitaanadan waa bilaash.

Waxaad sidoo kale ka heli kartaa waxyaabihii ugu danbeeyay ee lagu daray liiskan bogga **ucare.org**.

Haddii aad leedahay Medicare, waxaad u baahan tahay in aad ka heshid inta badan daawooyinka lagu soo qoray iyada oo loo marayo Barnaamijka Dawooyinka dhakhtarka qoray ee Medicare (Medicare Part D). Waa inaad lagaa diiwaangeliyaa Medicare qorshaha dawo qorida si aad u hesho dheefaha dawo qorida 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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ဟ်သုၣ်ဟ်သးဘၣ်တက့ၢ်. ဖဲနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘၣ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

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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.

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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.

# Jadwalka Tasmada

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## **MACLUUMAAD MUHIIM AH**

### **Waa maxay list of covered drugs?**

List of covered drugs waxaa ka mid ah dawooyinka dhakhtarku qoray ee ay bixiso UCare. Daawooyinka liiska ku jira waxaa doorta UCare iyadoo kaashanaysa koox dhakhaatiir ah iyo farmasiilayaal. UCare guud ahaan waxay dabooli doontaa daawooyinka ku taxan list of covered drugs ilaa iyo inta daawadu ay tahay mid caafimaad ahaan lagama maarmaan u ah, warqadda daawada lagu qoray waxaa ka buuxsamay farmashiyaha shabakadda UCare, shuruudaha kale ee la xiriira daawada waa la raacayaa. Daawooyinka intooda badan iyo sahayda qaarkood ayaa la heli karaa ilaa sahay 30 maalmood ah. Daawooyinka qaarkood oo aad si joogto ah u qaadato xaalad dabadheeraad ah ama mid dheer ayaa la heli karaa ilaa 90-maalmood oo sahay ah waxaana lagu aqoonsaday list of covered drugs inay yihiin 90-maalmood.

### **List of covered drugs weligood may isbadalaan?**

UCare list of covered drugs way isbeddeli karaan inta lagu jiro sanadka kaalendarka. Haddii isbeddeladu saameeyaan caymiska dawada aad qaadanayso, UCare waxay samayn doontaa dadaallo macquul ah si ay ula xiriirto adiga iyo dhakhtarkaaga si uu kuugu sheego isbeddelka. UCare ayaa sidoo kale kuu sheegi doonta daawooyinka kale ee la daboolay.

Tusaalooyinka isbeddelada qaarkooda ee dhici kara waa:

- Waxaa jirta daawo aad qaadanayso hadda taas oo aan loo arkin inay tahay daawo la doorbidayo (Tixraac ku sameey "Waa Maxay Liiska Dawooyinka La Doorbidayo?" ee hoose).
- Daawooyinka ayaa laga saaray list of covered drugs sababo badbaado dartood.
- Shuruudaha oggolaanshaha hore ayaa isbeddelay. (Aad "Ma jiraan wax xannibaado ah oo ku saabsan caymiskayga?"

### **Sidee daawooyinka loogu taxay list of covered drugs?**

Waxaa jira laba siyaabood oo aad ku heli karto dawooyinka lagu qoray liiska daawooyinka. Waxaad ka raadin kartaa xaaladaha caafimaad ee dawadaada la xidhiidha ama liiska alifbeeto ahaan.

#### **Ku raadi Xaalad Caafimaad**

Daawooyinka lagu taxay xaalad caafimaad waxay ka bilaabmayaan bogga 1. Daawooyinka ku jira liiskan waxa loo qaybiyay qaybo iyadoo ku xidhan nooca xaaladaha caafimaad ee loo isticmaalo in lagu daweeyo. Haddii aad garanayso waxa daawadaada loo isticmaalo, ka raadi qaybta liiska ka bilaabmaysa bogga 1. Ka dib ka eeg qaybta magaca dawadaada.

#### **Ku raadi Liiska Xarfaha**

Haddii aadan hubin nooca aad ka hoos eegayso, waxaad ka raadin kartaa dawadaada tasmada. Tasmada waxay bixisaa liiska alifbeetada ah ee dhammaan daawooyinka lagu daray liiska dawooyinka. Magaca summadaha iyo dawooyinka guud labadaba waxay ku taxan yihiin tasmada. Fiiri tasmada oo hel daawadaada. Daawadaada ku xigta, waxaad arki doontaa lambarka bogga halkaas oo aad ka heli karto macluumaadka caymiska gudaha liiska.



## **Waa Maxay Liiskada Dawada La Doorbido?**

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Minnesota, dhamaan caymisyada caafimaadka waxaa ku waajib ah inay isticmaalaan Waaxda Adeegyada Bilaa (DHS), Liiska Dawooyinka La Doorbido, PDL waxa abuuray DHS, iyada oo la tashanaysa Guddida Qaababka Dawooyinka, si ay u ogeysiiso qorayaasha iyo xubnaha inay ogaadaan daawooyinka ama noocyada daroogada ee waxtarka leh. Guud ahaan, daawooyinka "la door bidaayo" waa kuwo aad waxtar u leh iyo daawooyinka "aan la door bidin" waa kuwo aan waxtar lahayn. Daawooyinka la door biday ayaa diyaar u ah xubnaha leh xaddidaadyo yar. Daawooyinka aan la door bidin waxay u baahan yihiin oggolaan hore. Si aad u hesho dawooyinka aan la doorbidin, dhakhtarkaaga ama daryeel bixiyahaaga caafimaadka waa inuu helo ogolaanshaha hore, PDL waxaa lagu daraa oo uu qayb ka yahay UCare list of covered drugs. Liiska buuxa ee dawooyinka ay daboosho UCare waxaa kamid ah dawooyinka kale marka laga tago kuwa ku jira PDL. PDL waxaa laga heleyaa websaytka DHS ee <http://minnesota.magellanmedicaid.com/pdl.asp>.

## **Waa maxay daawooyinka macmalka ah iyo kuwa lamid ah kuwa asalka ah?**

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Daawooyinka macmalka waxaa ansixiyay Maamulka Cuntada iyo Dawooyinka (FDA) waxayna leedahay maaddooyin firfircoon oo la mid ah dawada magaca sumadda. Waxay soo saartaa saameyn caafimaad oo la mid ah sida dawada asalka ah.

Daawooyinka la mid ka ah daawo la ansixiyay waa dawo bayooloji ah oo ay FDA ogolaatay (inta badan waa dawo la isku duro) taas oo aad ula mid ah alaab bayooloji ah oo horay loo ansixiyay. Ma laha kala duwanaansho caafimaad ahaaneed macne caafimaad oo xagga badbaadada iyo waxtarka leh.

Dawooyinka kimikada laga sameeyo ama beddelka kuwa bayolojiyeed macnaheedu waxa weeye nooca dawada kimikada ama bayolojiyeed ee dawada ayaa la siiyaa beddelka dawada summada magaca ah leh ama nooca aan dawada bayolojiyeed ahayn ee daawada.

UCare waxay dabooli doontaa magaca sumadda ama nooca aan ahayn kuwa horaan loo ansixiyay ee daawada kaliya marka:

1. Dawo qorahaagu waxa uu ku wargeliyaa UCare qoraal ahaan in magaca nooca summada leh ama nooca aan ahayn dawada bayolojiyeed ee dawadu ay dawa ahaan lama huraan tahay; AMA
2. UCare waxay doorbidaa bixinta noocyada magaca summada leh si ka badan kuwa kimikadaad ama kuwa aan bayolojiyeed ahayn ee dawada; AMA
3. Sharciga Minnesota wuxuu u baahan yahay in la bixiyo magaca summada ama nooca aan ahayn daawooyinka aan horay loo ansixin.

Gudaha list of covered drugs, dawada magaca summadeed leh waxay ku qoran yihiin xarfo waa wayn (tusaale. EPIPEN) loo ku qoran xarfaha yaryar ee jiifa (*tusaale sertraline tablet*).

## **Wa maxay dawooyinka iyaddoon la qorin la iibsado?**

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Daawooyinka iyo alaabooyinka diyaarka u ah iibsashada warqad dhakhtar la'aan waxaa loo tixraacaa kuwa aan farmashiyaha lahayn (OTC). Inkasta oo alaabaadka OT aan loo heli karin dawooyinka la qoro, hadii dhakhtar uu qoro dawo loogu talo geley wixii OT ah, UCare ayaa bixin kara. Gudaha dawooyinka la daboolo, dawooyinka OTC iyo kuwa ku qoran liiska ka dib tusaha gudaha dawooyinka la iibsado iyaddoon aan la qorin ee goonida ah (OTC) drug list.

## **Waa maxay daawooyinka gaarka ah?**

Daawooyinka khaaska ah waxaa isticmaala dadka qaba xanuunka ama dabadheeraada. Daawooyinkani waxay inta badan u baahan yihiin la tacaalid gaar ah, qaybinta, ama la socodka farmashiistaha si gaar ah u tababaran.

Haddii lagu qoray dawo ku jira Drug List (Liiska Dawada) Khaaska ah ee UCare, dhakhtarka dawada kuu qoraa waxa uu u baahan doonaa inuu u diro dawada uu qoray farmasiiga khaaseed ee UCare.

**Magaca Farmashiyaha Gaarka ah:** Fairview Specialty Pharmacy

**Telefoonka iyo TTY:** 612-672-5260 or 1-800-595-7140 (taleefan bilaash ah) TTY ka wac Xarunta Gudbinta Qaranka 711 oo waydiiso 1-800-595-7140 (taleefan bilaash ah).

**Fakis:** 1-866-347-4939

**Saacadaha shaqada:** 24 saacadood maalintii, todobada maalmood ee usbuuca

Waxaad sidoo kale u baahan doontaa inaad ka wacdo Farmashiyaha Khaaska ah 612-672-5260 ama 1-800-595-7140 (wicitaankan waa bilaash), TTY wac Xarunta Gudbinta Qaranka 711 oo weydii 1-800-595-7140 (wicitaankan waa bilaash) si aad koonto u samaysato. Waxaad u baahan doontaa inaad haysato Kaarka Aqoonsiga Xubinta UCare (ID) markaad wacdo Farmashiyaha Gaarka ah.

## **Ka warran haddii daawadu aanay ku jirin list of covered drugs?**

Daawooyinka oo dhan lama daboolo. Haddii daawada aad rabto inaad qaadata aysan ku jirin list of covered drugs, waxaad wici kartaa Adeegga Macaamiisha ee UCare ee loogu talagalay Qoysaska iyo Carruurta (PMAP), MinnesotaCare, iyo MSC: 612-676-3200 ama 1-800-203-7225 (wicitaankan waa lacag la'aan). UCare Connect: 612-676-3395 ama 1-877-903-0061 (wicitaanku waa bilaash). TTY: 612-676-6810 ama 1-800-688-2534 (taleefan bilaash ah) oo weydii haddii dawada la daboolay. Haddii kale, waxaa loo arkaa daawo aan rasmi ahayn.

Haddii aad u baahan tahay daawo aan lagu darin list of covered drugs:

- waxaad waydiin kartaa bixiyaha xanaanada caafimaadkaaga haddii ay jirto daawo kale oo caymis ah oo kuu shaqayn doonta.
- adiga iyo/ama bixiyaha xanaanada caafimaadkaaga waxaad waydiisan kartaan UCare inay samayso "ka reeban" oo ay dawada kugu daboosho ama meesha ka saarto xannibaadaha ama xadka. Haddii codsigaaga ka reeban la oggolaado, dawada waxaa dabooli doonaa kharshka heerka kharash wada bixinta dawada kimikaad ama dawada magaca summada leh.

Guud ahaan, UCare waxay kaliya ogolaan doontaa codsiga bixiyaha xanaanada caafimaadkaaga ee ka reebanida buugaagta Daawooyinka kale ee lagu daray UCare list of covered drugs ma noqon doonaan kuwo waxtar u leh daawaynta xaaladaada iyo/ama waxay kuu keeni karaan saameyn caafimaad oo xun.

Haddii bixiyaha xanaanada caafimaadkaagu kuu qoro daawo aan ku jirin list of covered drugs ama daawo u baahan ogolaansho hore, bixiyahaagu waa inuu waco Navitus Health Solutions ama booqo websaytka bixiyaha si loo dhamastiro foomka codsashada. Xubnuhu waxay kaloo heli karaan macluumaad dheeraad ah **ucare.org**. Fadlan wac Adeegga Macmiilka ee UCare lambarka ku qoran daboolka hore si aad u hesho caawimo.

## **Ma jiraan wax xayiraado ah oo ku aadan caymiskayga?**

Daawooyinka qaarkood ee la daboolay ayaa laga yaabaa inay leeyihiin shuruudo dheeraad ah ama xadidaad caymis. Shuruudadahan iyo xaddidaadahan waxaa ka mid noqon kara:

- **Oggolaanshaha hore:** UCare waxay u baahan tahay adiga ama dhakhtarkaaga ama adeeg bixiyaha daryeelka caafimaadku inuu oggolaanahay dawooyinka qaarkood helo. Tan macnaheedu waxa weeye waxaad u baahan doontaa inaad oggolaansho ka hesho UCare ka hor waxaad buuxinaysaa dawo qoridaada. Haddii aadan helin oggolaansho, UCare waxaa laga yaabaa inaysan daboolin daawada.
- **Xadka tirada:** Daawooyinka qaarkood, UCare waxay xaddidaysaa qaddarka daawada aan dabooli doono.
- **Shuruudaha da'da:** Daawooyinka qaarkood waxay leeyihiin shuruudo da'da. Ogolaansho hore ayaa loo baahan karaa iyadoo ku xiran da'daada iyo daawada gaarka ah ee lagu qoray.

Waxaad ku ogaan kartaa haddii dawadaadu u baahan tahay oggolaansho hore, ay leedahay xaddidaad tiro, ama ay leedahay shuruud da'da adiga oo eegaya list of covered drugs. Waxa ka reebban xaddidaadda daroogada ama xadka ayaa la samayn karaa haddii dhakhtarkaagu soo gudbiyo qoraal ama dukumeenti taageeraya codsiga.

Ka eeg Dawooyinka lagu qoray qaybta 7: Adeegyada Dabool ee *Member Handbook (Buug-gacmeedka Xubinta)* wixii macluumaad dheeraad ah. Waxa kale oo aad heli kartaa macluumaad dheeraad ah oo ku saabsan xannibaadaha lagu dabaqo dawooyinka gaarka ah ee la daboolay adiga oo wacaya Adeegga Macmiilka ee UCare ama Qoysaska iyo Carruurta (PMAP), MinnesotaCare, iyo MSC+ 612-676-3200 ama 1-800-203-7225 (taleefan lacag la'aan ah). UCare Connect: 612-676-3395 ama 1-877-903-0061 (wicitaanku waa bilaash). TTY: 612-676-6810 ama 1-800-688-2534 (waa taleefan bilaash ah) ama booqo websaytkeena **ucare.org**. Sidoo kale ka eeg "Miyaan codsan karaa ka-reebis xaddidaadaha caymiska?"

- **Daawooyinka laga saaray:** Daawooyinka qaar ayaa laga saaray list of covered drugs. Tani waxay ka dhigan tahay inaan la daboolin. Daawooyinka laga saaray waxaa ka mid ah kuwan soo socda:
  - Daawooyinka loo isticmaalo daawaynta cillad la'aanta galmada ama kacsiga
  - Daawooyinka loo isticmaalo in kor loogu qaado dhalmada
  - Daawooyinka loo isticmaalo ujeedooyin isqurxin, oo ay ku jiraan dawooyinka lagu daweeyo timaha daadanaya
  - Daawooyinka laga saaray caymiska sharciga federaalka ama gobolka
  - Daawooyinka tijaabada ah, daawooyinka baadhista ama dawooyinka aanay ansixin ama aanay oggolaan Maamulka untadda iyo Dawada (FDA))
  - Xashiishad caafimaad ahaaneed

## **Miyaan codsan karaa ka-reebis xaddidaadaha caymiska?**

Haa. Adiga ama daryeel-bixiyahaaga caafimaadka waxaad heli kartaan Foomka Yunifoomka Minnesota ee loogu talagalay Codsiyada Ogolaanshaha Hore ee Dawooyinka Dhakhtarka uu Qoro (PA) iyo Ka-dhaafitaanada adigoo booqanaya **ucare.org** ama la xiriiyaya, Adeegga

Macaamiisha ee UCare ee loogu talagalay Qoysaska iyo Carruurta (PMAP), MinnesotaCare, iyo MSC: 612-676-3200 ama 1-800-203-7225 (wicitaankan waa lacag la'aan). UCare Connect: 612-676-3395 ama 1-877-903-0061 (wicitaankan waa bilaash). TTY: 612-676-6810 ama 1-800-688-2534 (wicitaankan waa bilaash). Bixiyahaa waa inuu ku soo celiyaa foomkan lambarka fakiska ama ciwaanka ku qoran dukumeentiga. Si loo oggolaado dib-u-eegis dhammaystiran iyo si loo hubiyo in adiga ama bixiyaha xanaanada caafimaadkaaga aad jawaabta ku heshaan 24 saacadood gudahood, dhammaan macluumaadka lagu codsado foomka waa in lagu bixiyaa, oo ay ku jiraan dukumeenti daawooyinka la tijaabiyey oo la guuldarraystay, oo ay ku jiraan qiyaasaha la isticmaalay iyo sababta fashilka (tusaale ahaan waxyeelooyinka soo raaca).

## **Waa maxay qiimaha daawooyinka?**

Laga bilaabo Janaayo 1, 2025, dawooyinka uu daboolay caymiska Medical Assistance ma sii yeelan doonaan lacag-bixinno la wadaago. Ma jirin doono lacag-qaybsiga dawooyinka hoos yimaada Caymiska Medical Assistance. Xubnaha MinnesotaCare waxay leeyihiin lacag-bixinno la wadaago. Dhammaan macluumaadka lacag-bixinta wadaaga ah ee daawada lagu qoro waxay ku taxan yihiin *Member Handbook ee* Qaybta 6: Wadaagista Qiimaha. Haddii aad hayso su'aalo dheeraad ah, la xidhiidh UCare Adeegga Macmiilka ee Qoysaska iyo Carruurta (PMAP), MinnesotaCare, iyo Xubnaha MSC+: 612-676-3200 ama 1-800-203-7225 khadka lacag la'aanta ah. UCare Connect: 612-676-3395 ama 1-877-903-0061 (wicitaanku waa bilaash). TTY: 612-676-6810 ama 1-800-688-2534 (wicitaanka bilaashka ah) ama addoo booqanaya websaydkayaga [ucare.org](http://ucare.org).

## **Drug list (Liiska dawada) (qaacido ahaan) Muhiimka ah**

<b>Sharaxaada Heerka Daboolista iyo Shuruudaha</b>		
<b>P</b>	Daawooyinka La Doorbido	Daawooyinka la doorbido
<b>NP</b>	Daawooyinka Aan La Doorbidin	Daawooyinka aan la door bidin waxay uga baahan yihiin Ogolaanshaha Hore ee UCare
<b>SF</b>	Dib-u-Buuxinta Daawada ee La kala Qaybsado	Daawooyinka lagu daaweeyo burooyinka waxay ku xaddidan yihiin sahay gaaraysa 14 ama 15 maalmood halkii mar oo la buuxiyaba 90-ka maalmood ee ugu horreeya ee daawaynta
<b>EDS</b>	Sahayda Maalinta La Dheereeyay	Daawooyinka la buuxin karo ilaa sahay 90 maalmood gaaraysa
<b>MFG</b>	Xaddidaadaha Soosaaraha	<ul style="list-style-type: none"> <li>• Warshadeeyaha Mylan ayaa la Doorbidaa.</li> <li>• Wixii aan ahayn Warshada Mylan lama doorbido</li> </ul>

<b>OTC</b>	Daawooyinka dukaamada laga soo iibsano	Daawooyinka OTC (Daawooyinka dukaamada laga soo iibsano) ee caymiska uu daboolo
<b>PA</b>	Oggolaanshaha Hore	Daawooyinka u baahan oggolaanshaha UCare ka hor intaadan ku buuxin daawada lagu qoray
<b>SP</b>	Daawooyinka gaarka ah	Daawooyinka kaaga baahan inaad buuxin ku samayso daawooyinka uu dhakhtarka kuu soo qorey adigoo u maraya Farmashiga Fairview Specialty
<b>QL</b>	Tiro Xadidan	Waxa jira xaddida xaddiga dawada ee caymiska ugu talagalay buuxin kasta
<b>LA</b>	Helitaanka Xaddidan	Daawooyinka keliya laga heli karo farmasiyo gaar ah
<b>PV</b>	Daawooyinka Ka-hortagga	Daawooyinka caymiska uu ku qiimeeyay \$0 ee loogu talagalay isticmaalka ka hortagga ah
<b>CDS</b>	Agabyada Cudurada Daba dheeraada	Xubnaha MinnesotaCare waxay bil walba ugu badnaan jaabkooda ka bixin karaan qadar lacageed oo u dhiganta \$50 si ay u helaan agabyada caafimaadka ee loo adeegsado in lagu daaweeyo cudurrada daba dheeraada

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

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>ANTI-OBESITY AGENTS</b>		
ORLISTAT 120 MG CAP	1	PA, QL (3 EA PER DAY), NP
SAXENDA	2	PA, QL (15 ML PER 30 DAYS), P
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	2	PA, QL (3 ML PER 28 DAYS), P
XENICAL	2	PA, QL (3 EA PER DAY), NP
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ, 2.5 MG/0.5ML SOLUTION	2	PA, QL (2 ML PER 28 DAYS; 2 FILLS PER 365 DAYS), NP
ZEPBOUND 5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLUTION, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), NP
<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 10 mg chew tab</i>	1	PA, QL (6 EA PER DAY), NP
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	QL (30 ML PER DAY), P
<i>methylphenidate hcl 2.5 mg chew tab, 5 mg chew tab</i>	1	PA, QL (4 EA PER DAY), NP
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	QL (3 EA PER DAY), P
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	QL (60 ML PER DAY), P
<i>methylphenidate hcl er (cd) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er</i>	1	PA, QL (2 EA PER DAY), NP
<i>methylphenidate hcl er (cd) er 40 mg cap er, er 50 mg cap er, er 60 mg cap er</i>	1	PA, QL (1 EA PER DAY), NP
<i>methylphenidate hcl er (la) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er</i>	1	PA, QL (2 EA PER DAY), NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## ALTERNATIVE MEDICINES

### ALTERNATIVE MEDICINE - C'S

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

### ALTERNATIVE MEDICINE - G'S

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

### ALTERNATIVE MEDICINE - M'S

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

### ALTERNATIVE MEDICINE COMBINATIONS

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

## AMINOGLYCOSIDES

### AMINOGLYCOSIDES

<i>amikacin sulfate 1 gm/4ml, 500 mg/2ml</i>	1	
ARIKAYCE	2	PA, LA
BETHKIS	1	QL (8 ML PER DAY), SP, P
<i>gentamicin sulfate 10 mg/ml, 40 mg/ml</i>	1	
KITABIS PAK	1	QL (10 ML PER DAY), SP, P
<i>neomycin sulfate 500 mg tab</i>	1	
<i>paromomycin sulfate 250 mg cap</i>	1	
TOBI	2	PA, QL (10 ML PER DAY), SP, NP
TOBI PODHALER	2	PA, QL (8 EA PER DAY), SP, NP
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (8 ML PER DAY), SP, NP

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

## **ANALGESICS - ANTI-INFLAMMATORY**

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

ABRILADA (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ABRILADA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ABRILADA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN) -80 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 180 DAYS), SP, NP
ADALIMUMAB-AATY (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADAZ -20 MG/0.2ML SOLN PRSYR, -40 MG/0.4ML SOLN A-INJ, -40 MG/0.4ML SOLN PRSYR	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADAZ DLIMUMB-DZ 80 MG/0.8ML SOLN -INJ	2	PA, QL (3 EA PER 180 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADALIMUMAB-ADBM(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-FKJP (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-FKJP (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-RYVK (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-RYVK (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
AMJEVITA 10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 20 MG/0.4ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
AMJEVITA 40 MG/0.8ML SOLN -INJ	2	PA, QL (1.6 ML PER 28 DAYS), SP, NP
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	PA, QL (2 EA PER 28 DAYS), SP, NP

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

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (10 ML PER DAY), SP, NP
XELJANZ 5 MG TAB, 10 MG TAB	2	PA, QL (2 EA PER DAY), SP, P
XELJANZ XR	2	PA, QL (1 EA PER DAY), SP, NP
<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, NP
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
ACTEMRA 80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION	2	PA, SP, NP
ACTEMRA ACTPEN	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
KEVZARA	2	PA, QL (2.28 ML PER 28 DAYS), SP, NP
TOFIDENCE	2	PA, QL (40 ML PER 28 DAYS), NP
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
TYENNE 80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION	2	PA, QL (40 ML PER 28 DAYS), NP
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
<i>diclofenac-misoprostol</i>	1	PA, EDS, NP
<i>ec-naproxen</i>	1	P
<i>etodolac</i>	1	EDS
<i>etodolac er</i>	1	EDS
<i>fenoprofen calcium 400 mg cap, 600 mg tab</i>	1	PA, NP
<i>flurbiprofen 100 mg tab</i>	1	EDS, P
<i>ibuprofen (motrin)</i>	1	OTC, EDS, P
<i>ibuprofen-famotidine</i>	1	PA, EDS, NP
<i>indomethacin 25 mg cap, 50 mg cap</i>	1	EDS, P
KETOPROFEN 25 MG CAP	1	P
KETOPROFEN 50 MG CAP, 75 MG CAP	2	P
KETOPROFEN ER	2	PA, NP
<i>ketorolac tromethamine 10 mg tab</i>	1	P
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	1	PA, NP
KIPROFEN	1	P
MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP	2	PA, NP
<i>mefenamic acid 250 mg cap</i>	1	PA, NP
<i>meloxicam 5 mg cap, 10 mg cap</i>	1	PA, NP
<i>meloxicam 7.5 mg tab, 15 mg tab</i>	1	EDS, P
MOBIC	2	PA, NP
<i>nabumetone 500 mg tab, 750 mg tab</i>	1	EDS, P
NALFON	2	PA, NP
NAPRELAN	2	PA, NP
<i>naproxen (aleve)</i>	1	PA, OTC, EDS, NP
<i>naproxen 125 mg/5ml suspension</i>	1	EDS
<i>naproxen 250 mg tab, 375 mg tab, 500 mg tab</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen 375 mg tab dr, 500 mg tab dr</i>	1	P
<i>naproxen dr</i>	1	P
NAPROXEN SODIUM	1	OTC, EDS, P
NAPROXEN SODIUM ER	2	PA, NP
<i>naproxen-esomeprazole mg</i>	1	PA, QL (68 UNITS PER 30 DAYS), NP
<i>oxaprozin</i>	1	PA, EDS, NP
<i>piroxicam 10 mg cap, 20 mg cap</i>	1	EDS
<i>relafen</i>	1	EDS, P
RELAFEN DS	2	PA, NP
<i>sulindac 150 mg tab, 200 mg tab</i>	1	EDS, P
ZIPSOR	2	PA, NP
ZORVOLEX	2	PA, NP

### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

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

### **PYRIMIDINE SYNTHESIS INHIBITORS**

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

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

### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL 25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	2	PA, QL (4 ML PER 28 DAYS), SP, P
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<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>acetaminophen / caffeine / pyrilamine (midol)</i>	1	OTC
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	1	OTC
<i>bac</i>	1	
<i>butalbital-acetaminophen -50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine --50-325-40 mg cap, -- 50-325-40 mg tab</i>	1	
<i>butalbital-aspirin-caffeine --50-325-40 mg cap</i>	1	
BUTALBITAL-ASPIRIN-CAFFEINE -- 50-325-40 MG TAB	2	
<i>esgic 50-325-40 mg cap</i>	1	
<i>zebutal</i>	1	

### **ANALGESICS OTHER**

<i>acetaminophen (tylenol)</i>	1	OTC, EDS
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### **SALICYLATES**

<i>aspirin</i>	\$0	OTC, EDS
<i>aspirin (81 mg chew tab)</i>	\$0	OTC, EDS
<i>aspirin (81 mg tab dr)</i>	\$0	OTC, EDS
<i>aspirin / buffers (bufferin)</i>	1	OTC, EDS
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	1	OTC, EDS
<i>aspirin 325 mg delayed release</i>	1	OTC, EDS
<i>aspirin 500 mg</i>	1	OTC, EDS
<i>aspirin suppository</i>	2	OTC
<i>diflunisal 500 mg tab</i>	1	EDS
<i>salsalate 500 mg tab, 750 mg tab</i>	1	EDS

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

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

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

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



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

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

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

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

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

### **RECTAL COMBINATIONS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
MAGNESIUM OXIDE (ANTACID)	2	OTC
<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>cvs pinworm treatment</i>	1	OTC
<i>ivermectin 3 mg tab</i>	1	
<i>pin-away</i>	1	OTC
<i>pinworm medicine</i>	1	OTC
<i>praziquantel 600 mg tab</i>	1	
<i>reeses pinworm medicine</i>	1	OTC
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>baciim</i>	1	
<i>bacitracin 50000 unit recon soln</i>	1	
<i>metronidazole 250 mg tab, 500 mg tab, 500 mg/100ml solution</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole 250 mg tab, 500 mg tab</i>	1	
<i>trimethoprim 100 mg tab</i>	1	
XIFAXAN 200 MG TAB	2	QL (3 EA PER DAY)
XIFAXAN 550 MG TAB	2	PA, QL (2 EA PER DAY)
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>multivitamins / minerals</i>	2	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sulfamethoxazole-trimethoprim</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone 750 mg/5ml suspension</i>	1	
LAMPIT	2	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1	
<i>meropenem</i>	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	1	
<b>GLYCOPEPTIDES</b>		
VANCOCIN	2	PA, QL (4 EA PER 1 DAY), NP
<i>vancomycin hcl 1 gm soln, 5 gm soln, 10 gm soln, 500 mg soln, 750 mg soln</i>	1	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	QL (4 EA PER 1 DAY), P
<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, NP
<b>OXAZOLIDINONES</b>		
<i>linezolid 100 mg/5ml recon susp, 600 mg tab</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	2	PA

<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
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>minitran</i>	1	EDS
NITRO-BID	2	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	1	EDS
<i>nitroglycerin 0.4 mg/spray solution</i>	1	
<b>ANTIANKXIETY AGENTS</b>		
<b>ANTIANKXIETY 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	
HYDROXYZINE PAMOATE 100 MG CAP	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	EDS
<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 solution</i>	1	
PROCAINAMIDE HCL 500 MG/ML SOLUTION	2	
<i>quinidine gluconate er</i>	1	EDS
QUINIDINE SULFATE	2	
<i>quinidine sulfate</i>	1	EDS
<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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pacerone</i>	1	EDS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR	2	PA, SP, NP
FASENRA 10 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 ML PER 56 DAYS), NP
FASENRA 30 MG/ML SOLN PRSYR	2	PA, LA, QL (1 ML PER 56 DAYS), NP
FASENRA PEN	2	PA, LA, QL (1 ML PER 56 DAYS), NP
NUCALA	2	PA, QL (1 EA PER 28 DAYS), SP, NP
TEZSPIRE	2	PA, QL (1.91 ML PER 28 DAYS), SP, NP
XOLAIR 150 MG RECON SOLN	2	PA, QL (2 EA PER 28 DAYS), SP, P
XOLAIR 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, P
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	2	PA, QL (4 ML PER 28 DAYS), SP, P
XOLAIR 75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, P
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	P
INCRUSE ELLIPTA	2	PA, NP
<i>ipratropium bromide 0.02 % solution</i>	1	EDS, P
SPIRIVA HANDIHALER	1	P
SPIRIVA RESPIMAT	2	P
<i>tiotropium bromide monohydrate</i>	1	PA, EDS, NP
TUDORZA PRESSAIR	2	P
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>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP	2	PA, NP
<i>roflumilast</i>	1	P
<b>STEROID INHALANTS</b>		
ALVESCO	2	PA, QL (0.21 GM PER DAY), NP
ARNUIITY ELLIPTA	2	QL (1 EA PER DAY), P
ASMANEX HFA	2	QL (0.44 GM PER DAY), P
ASMANEX INHALATION POWDER	2	QL (0.04 EA PER DAY), P
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i>	1	EDS, P
<i>budesonide 1 mg/2ml suspension</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
FLUTICASONE PROPIONATE DISKUS	1	PA, QL (2 EA PER DAY), NP
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL (12 GM PER FILL), P
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL (24 GM PER FILL), P
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL (10.6 GM PER FILL), P
PULMICORT	2	PA, NP
PULMICORT FLEXHALER	2	QL (0.04 EA PER DAY), P
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL (0.36 GM PER DAY), P
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL (0.71 GM PER DAY), P

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<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
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
SAVAYSA	2	PA, NP
XARELTO 1 MG/ML RECON SUSP	2	PA, NP
XARELTO 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	2	P
XARELTO STARTER PACK	2	P
<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
<i>heparin (porcine) in nacl in 1000-0.9 ut/500ml-% solution</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
<i>heparin na (pork) lock flsh pf 10 unit/ml, 100 unit/ml</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>heparin sod (pork) lock flush</i>	1	
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf heparin sodium (porcine) pf 5000 unit/0.5ml solution, heparin sodium (porcine) pf 5000 unit/ml solution, heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
LOVENOX	2	PA, NP
<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>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 (2 EA PER 1 FILL), P
VALTOCO 15 MG DOSE	2	QL (2 EA PER 1 FILL), P
VALTOCO 20 MG DOSE	2	QL (2 EA PER 1 FILL), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VALTOCO 5 MG DOSE	2	QL (2 EA PER 1 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
DIACOMIT	2	PA, LA, NP
EPIDIOLEX	2	PA, SP, NP
<i>epitol</i>	1	EDS, P
EPRONTIA	2	PA, NP
FINTEPLA	2	PA, LA, NP
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap</i>	1	QL (9 EA PER DAY), P
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	1	QL (72 ML PER DAY), P
<i>gabapentin 600 mg tab</i>	1	QL (6 EA PER DAY), P
<i>gabapentin 800 mg tab</i>	1	QL (4.5 EA PER DAY), P
KEPPRA 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	2	PA, NP
KEPPRA XR	2	PA, NP
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	1	
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	P
LAMICTAL	2	PA, NP
LAMICTAL ODT	2	PA, NP
LAMICTAL STARTER	2	PA, NP

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



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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK, 50 MG TAB, 100 MG TAB	2	PA, QL (1 EA PER DAY), NP
XCOPRI 150 MG TAB, 200 MG TAB	2	PA, QL (2 EA PER DAY), NP
XCOPRI 25 MG TAB	2	PA, QL (1 EA PER 1 DAY), NP
<b>GABA MODULATORS</b>		
SABRIL	2	PA, LA, NP
<i>tiagabine hcl</i>	1	PA, EDS, NP
<i>vigabatrin</i>	1	PA, LA, NP
<i>vigadrone</i>	1	PA, LA, NP
<i>vigpoder</i>	1	PA, LA, NP
<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

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

## **ANTIDEPRESSANTS**

### **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

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

### **ANTIDEPRESSANT COMBINATIONS**

AUVELITY	2	PA, NP
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### **ANTIDEPRESSANTS - MISC.**

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

### **GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PAXIL CR	2	PA, NP
PEXEVA	2	PA, NP
PROZAC	2	PA, NP
SERTRALINE HCL 150 MG CAP, 200 MG CAP	2	PA, NP
<i>sertraline hcl 20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
ZOLOFT	2	PA, NP
<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	P
<i>vilazodone hcl</i>	1	PA, EDS, NP
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA	2	PA, NP
<i>desvenlafaxine succinate er</i>	1	PA, EDS, NP
DRIZALMA SPRINKLE	2	PA, NP
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	1	EDS, P
<i>duloxetine hcl 40 mg cp dr part</i>	1	PA, EDS, NP
EFFEXOR XR 150 MG CAP ER 24H	2	PA, QL (60 UNITS PER 30 DAYS), NP
EFFEXOR XR 37.5 MG CAP ER 24H	2	PA, QL (30 UNITS PER 30 DAYS), NP
EFFEXOR XR 75 MG CAP ER 24H	2	PA, NP
FETZIMA	2	PA, NP
FETZIMA TITRATION	2	PA, NP
PRISTIQ	2	PA, NP
<i>venlafaxine hcl</i>	1	EDS, P
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	1	EDS, P
<i>venlafaxine hcl er er 37.5 mg tab er, er 75 mg tab er, er 150 mg tab er, er 225 mg tab er</i>	1	PA, EDS, NP

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

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

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

### **ANTIDIABETIC - AMYLIN ANALOGS**

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

### **ANTIDIABETIC COMBINATIONS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XULTOPHY	2	PA, QL (0.5 ML PER DAY), NP
ZITUVIMET	1	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	QL (2 EA PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	1	QL (2 EA PER FILL), P
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	PA, QL (2 EA PER FILL), NP
<i>glucose (dextrose)</i>	2	OTC
GVOKE HYPOPEN 1-PACK	2	PA, QL (2 EA PER FILL), NP
GVOKE HYPOPEN 2-PACK	2	PA, QL (2 EA PER FILL), NP
GVOKE KIT	2	PA, QL (2 EA PER FILL), NP
GVOKE PFS	2	PA, QL (2 EA PER FILL), NP
ZEGALOGUE	2	PA, QL (2 EA PER FILL), NP
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN BENZOATE	1	PA, QL (1 EA PER DAY), NP
JANUVIA	2	PA, QL (1 EA PER DAY), P
<i>saxagliptin hcl</i>	1	PA, QL (1 EA PER DAY), NP
SITAGLIPTIN	1	PA, NP
TRADJENTA	2	PA, QL (1 EA PER DAY), P
ZITUVIO	2	PA, NP
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	2	PA, QL (3.4 ML PER 28 DAYS), P
BYETTA 10 MCG PEN	2	PA, QL (2.4 ML PER 28 DAYS), P
BYETTA 5 MCG PEN	2	PA, QL (1.2 ML PER 28 DAYS), P



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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) (MG/1.5ML SOLN PEN	2	PA, QL (1.5 ML PER 28 DAYS), P
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	2	PA, QL (3 ML PER 28 DAYS), P
OZEMPIC (1 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), P
OZEMPIC (2 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), P
RYBELSUS	2	PA, QL (1 EA PER DAY), NP
TRULICITY	2	PA, QL (2 ML PER 28 DAYS), NP
VICTOZA	1	PA, QL (0.3 ML PER 1 DAY), P

## **INSULIN**

ADMELOG	2	PA, NP
ADMELOG SOLOSTAR	2	PA, NP
AFREZZA	2	PA, NP
APIDRA	2	PA, NP
APIDRA SOLOSTAR	2	PA, NP
BASAGLAR KWIKPEN	2	PA, NP
BASAGLAR TEMPO PEN	2	PA, NP
FIASP	2	PA, NP
FIASP FLEXTOUCH	2	PA, NP
FIASP PENFILL	2	PA, NP
FIASP PUMPCART	2	PA, NP
HUMALOG 100 UNIT/ML SOLN CART	2	P
HUMALOG 100 UNIT/ML SOLUTION	2	PA, NP
HUMALOG JUNIOR KWIKPEN	2	P
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	2	P
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	2	PA, NP
HUMALOG MIX 50/50	2	P
HUMALOG MIX 50/50 KWIKPEN	2	P
HUMALOG MIX 75/25	2	P

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NOVOLIN N	2	OTC, P
NOVOLIN N FLEXPEN	2	PA, OTC, NP
NOVOLIN N FLEXPEN RELION	2	PA, OTC, NP
NOVOLIN N RELION	2	OTC, P
NOVOLIN R	2	OTC, P
NOVOLIN R FLEXPEN	2	PA, OTC, NP
NOVOLIN R FLEXPEN RELION	2	PA, OTC, NP
NOVOLIN R RELION	2	OTC, P
NOVOLOG	2	P
NOVOLOG 70/30 FLEXPEN RELION	2	P
NOVOLOG FLEXPEN	2	P
NOVOLOG FLEXPEN RELION	2	P
NOVOLOG MIX 70/30	2	P
NOVOLOG MIX 70/30 FLEXPEN	2	P
NOVOLOG MIX 70/30 RELION	2	P
NOVOLOG PENFILL	2	P
NOVOLOG RELION	2	P
REZVOGLAR KWIKPEN	2	PA, NP
SEMGLEE (YFGN)	2	PA, NP
SEMGLEE 100 UNIT/ML SOLUTION	2	PA, NP
TOUJEO MAX SOLOSTAR	2	PA, NP
TOUJEO SOLOSTAR	2	PA, NP
TRESIBA	2	PA, NP
TRESIBA FLEXTOUCH	2	PA, NP
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	EDS, P
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	EDS, P
<i>repaglinide</i>	1	EDS, P
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
DAPAGLIFLOZIN PROPANEDIOL	1	PA, QL (1 EA PER DAY), NP

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

## **SULFONYLUREAS**

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

## **ANTIDIARRHEAL/PROBIOTIC AGENTS**

### **ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

<i>bismuth subsalicylate</i>	1	OTC
BISMUTH SUBSALICYLATE	2	OTC
<i>bismuth subsalicylate (pepto-bismol)</i>	1	OTC

### **ANTIPERISTALTIC AGENTS**

<i>diphenoxylate-atropine -2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE -2.5-0.025 MG/5ML LIQUID	2	
LOPERAMIDE	2	OTC
<i>loperamide</i>	1	OTC, EDS
<i>opium</i>	1	QL (2.4 ML PER DAY)

## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

### **ANTIDOTES - CHELATING AGENTS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate (dramamine)</i>	1	OTC
<i>meclizine</i>	1	OTC
<i>scopolamine</i>	1	PA, NP
TRANSDERM SCOP (1.5 MG)	1	P
TRANSDERM-SCOP	1	P
<i>trimethobenzamide hcl 300 mg cap</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
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	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	1	QL (3 EA PER FILL)
<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</i>	1	PA, NP
<i>nystatin 500000 unit tab</i>	1	PA, NP
<i>terbinafine hcl 250 mg tab</i>	1	P
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 74.5 MG CAP, 186 MG CAP	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP	2	PA, NP
<i>fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	P
<i>fluconazole in sodium chloride in 200-0.9 mg/100ml-%, in 400-0.9 mg/200ml-%</i>	1	
<i>itraconazole 10 mg/ml solution, 100 mg cap</i>	1	PA, NP
<i>ketoconazole 200 mg tab</i>	1	PA, NP
NOXAFIL 40 MG/ML SUSPENSION, 100 MG TAB DR	2	PA, NP
<i>posaconazole 40 mg/ml suspension, 100 mg tab dr</i>	1	PA, NP
SPORANOX	2	PA, NP
SPORANOX PULSEPAK	2	PA, NP
TOLSURA	2	PA, NP
VIVJOA	2	PA, NP
<i>voriconazole 40 mg/ml recon susp</i>	1	PA, NP
<i>voriconazole 50 mg tab, 200 mg recon soln, 200 mg tab</i>	1	

## **ANTIHISTAMINES**

### **ANTIHISTAMINES - ALKYLAMINES**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	1	OTC, EDS, P
<i>cetirizine chew tab (zyrtec)</i>	1	PA, OTC, EDS, NP
CLARINEX	2	PA, NP
DESLORATADINE 2.5 MG TAB DISP, 5 MG TAB DISP	2	PA, NP
<i>desloratadine 5 mg tab</i>	1	PA, EDS, NP
<i>fexofenadine (allegra)</i>	1	OTC
<i>levocetirizine (xyzal)</i>	1	OTC, EDS, P
<i>loratadine (claritin)</i>	1	OTC, EDS, P
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution</i>	1	
<i>promethegan 12.5 mg suppos, 25 mg suppos</i>	1	
<b>ANTIHISTAMINES - 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
LOVAZA	2	PA, NP
<i>omega-3-acid ethyl esters</i>	1	EDS, P



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VASCEPA	2	PA, NP
<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 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	1	EDS, P
FENOFIBRATE FENOFIBRATE 120 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 150 MG CAP, FENOFIBRATE 40 MG TAB	1	PA, NP
FENOFIBRATE MICRONIZED 30 MG CAP, 90 MG CAP	1	PA, NP
<i>fenofibrate micronized 43 mg cap, 130 mg cap</i>	1	PA, EDS, NP
<i>fenofibrate micronized 67 mg cap, 134 mg cap, 200 mg cap</i>	1	EDS, P
FENOFIBRIC ACID 35 MG TAB, 105 MG TAB	1	PA, NP
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	1	PA, EDS, NP
FENOGLIDE	2	PA, NP
FIBRICOR	1	PA, NP
<i>gemfibrozil 600 mg tab</i>	1	EDS, P
LIPOFEN	2	PA, NP
LOPID	2	PA, NP
TRICOR	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRILIPIX	2	PA, NP
<b>HMG COA REDUCTASE INHIBITORS</b>		
ALTOPREV	2	PA, NP
ATORVALIQ	2	PA, NP
<i>atorvastatin calcium 10 mg tab, 20 mg tab</i>	\$0	EDS, P
<i>atorvastatin calcium 40 mg tab, 80 mg tab</i>	1	EDS, P
CRESTOR	2	PA, NP
EZALLOR SPRINKLE	2	PA, NP
<i>fluvastatin sodium</i>	\$0	PA, NP
<i>fluvastatin sodium er</i>	\$0	PA, NP
LESCOL XL	2	PA, QL (34 UNITS PER FILL), NP
LIPITOR	2	PA, NP
LIVALO	2	PA, NP
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0	EDS, P
<i>pravastatin sodium</i>	\$0	EDS, P
<i>rosuvastatin calcium 20 mg tab, 40 mg tab</i>	1	EDS, P
<i>rosuvastatin calcium 5 mg tab, 10 mg tab</i>	\$0	EDS, P
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0	EDS, P
<i>simvastatin 80 mg tab</i>	1	EDS, P
ZOCOR	2	PA, NP
ZYPITAMAG	2	PA, NP
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	EDS, P
ZETIA	2	PA, NP
<b>NICOTINIC ACID DERIVATIVES</b>		
NIACIN (ANTIHYPERLIPIDEMIC)	2	PA, NP
<i>niacin er (antihyperlipidemic)</i>	1	EDS, P
NIACOR	2	PA, NP
NIASPAN	1	P

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

## **ANTIHYPERTENSIVES**

### **ACE INHIBITORS**

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>olmesartan medoxomil-hctz</i>	1	EDS, P
<i>olmesartan-amlodipine-hctz</i>	1	PA, NP
PROPRANOLOL-HCTZ	1	P
<i>quinapril-hydrochlorothiazide</i>	1	EDS, P
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB	1	P
TEKTURNA HCT	2	P
<i>telmisartan-amlodipine</i>	1	PA, NP
TELMISARTAN-AMLODIPINE	2	PA, NP
<i>telmisartan-hctz</i>	1	PA, NP
TENORETIC 100	2	PA, NP
TENORETIC 50	2	PA, NP
TRANDOLAPRIL-VERAPAMIL HCL ER	2	PA, NP
TRIBENZOR	2	PA, NP
<i>valsartan-hydrochlorothiazide</i>	1	EDS, P
VASERETIC	2	PA, NP
ZESTORETIC	2	PA, NP
ZIAC	2	PA, NP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## ANTIMALARIALS

### ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl</i>	1	EDS
COARTEM	2	

### ANTIMALARIALS

<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	EDS
<i>mefloquine hcl</i>	1	
<i>pyrimethamine 25 mg tab</i>	1	PA, LA
<i>quinine sulfate 324 mg cap</i>	1	

## ANTIMYASTHENIC/CHOLINERGIC AGENTS

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

FIRDAPSE	2	PA, LA
NEOSTIGMINE METHYLSULFATE 3 MG/3ML SOLUTION, 5 MG/5ML SOLUTION	2	
<i>neostigmine methylsulfate 5 mg/10ml, 10 mg/10ml</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	

## ANTIMYCOBACTERIAL AGENTS

### ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup, 100 mg tab, 300 mg tab</i>	1	
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifabutin</i>	1	
<i>rifampin 150 mg cap, 300 mg cap, 600 mg recon soln</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SIRTIURO	2	LA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide 1 gm soln, 2 gm soln, 500 mg soln</i>	1	LA
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB	1	
GLEOSTINE	2	PA, SP
MYLERAN	2	SP
<i>temozolomide</i>	1	SP
<i>thiotepa 15 mg recon soln</i>	1	LA
<b>ANTIMETABOLITES</b>		
<i>capecitabine 150 mg</i>	1	QL (56 UNITS PER FILL), SP
<i>capecitabine 500 mg</i>	1	SP
<i>fluorouracil 2.5 gm/50ml, 5 gm/100ml</i>	1	
<i>mercaptopurine 50 mg tab</i>	1	EDS
<i>methotrexate sodium (pf) 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB	1	EDS
ONUREG	2	PA, QL (1 EA PER DAY), SP
TABLOID	2	SP
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	2	PA, LA
VENCLEXTA STARTING PACK	2	PA, LA

### **ANTINEOPLASTIC - EGFR INHIBITORS**

<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	1	PA, QL (1 EA PER DAY), SP
<i>erlotinib hcl 25 mg tab</i>	1	PA, QL (3 EA PER DAY), SP
<i>gefitinib</i>	1	PA, QL (1 EA PER DAY), SP
GILOTRIF	2	PA, LA, QL (1 EA PER DAY)
LAZCLUZE 240 MG TAB	2	PA, QL (1 EA PER DAY), SP
LAZCLUZE 80 MG TAB	2	PA, QL (2 EA PER DAY), SP
TAGRISSE	2	PA, QL (1 EA PER DAY), SF, SP
VIZIMPRO	2	PA, QL (1 EA PER 1 DAY), SF, SP

### **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

DAURISMO 100 MG TAB	2	PA, QL (1 EA PER 1 DAY), SF, SP
DAURISMO 25 MG TAB	2	PA, QL (2 EA PER 1 DAY), SF, SP
ERIVEDGE	2	PA, QL (1 EA PER DAY), SF, SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	PA, QL (4 EA PER DAY), SP
<i>abiraterone acetate 500 mg tab</i>	1	PA, QL (2 EA PER DAY), SP
AKEEGA	2	PA, QL (1 EA PER 1 DAY), SF, SP
<i>anastrozole 1 mg tab</i>	\$0	EDS
<i>bicalutamide</i>	1	EDS
EMCYT	2	SP
ERLEADA 240 MG TAB	2	PA, QL (1 EA PER DAY), SP
ERLEADA 60 MG TAB	2	PA, QL (4 EA PER DAY), SP
<i>exemestane</i>	\$0	EDS
<i>flutamide</i>	1	LA, EDS
<i>letrozole 2.5 mg tab</i>	1	EDS
LEUPROLIDE ACETATE (3 MONTH)	2	PA, SP
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	SP
<i>megestrol acetate 20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	1	EDS, P
<i>nilutamide</i>	1	SP
NUBEQA	2	PA, QL (4 EA PER DAY), SF, SP
ORGOVYX	2	PA, QL (1 EA PER DAY), SP
ORSERDU 345 MG TAB	2	PA, QL (1 EA PER DAY), SF, SP
ORSERDU 86 MG TAB	2	PA, QL (3 EA PER DAY), SF, SP
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	\$0	EDS
<i>toremifene citrate</i>	1	SP
XTANDI 40 MG CAP, 40 MG TAB	2	PA, QL (4 EA PER DAY), SF, SP
XTANDI 80 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
<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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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) 20 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 20 TAB THPK	2	PA, LA, QL (16 EA PER FILL)
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (12 EA PER FILL)
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	2	PA, LA, QL (24 EA PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (16 EA PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	2	PA, LA, QL (32 EA PER FILL)
<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 30 MG TAB	2	PA, QL (4 EA PER DAY), SP
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	2	PA, QL (1 EA PER DAY), SP

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NINLARO	2	PA, SP
OGSIVEO 100 MG TAB, 150 MG TAB	2	PA, QL (2 EA PER DAY)
OGSIVEO 50 MG TAB	2	PA, QL (6 EA PER DAY)
OJEMDA 100 MG TAB	2	PA, QL (24 EA PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	2	PA, QL (96 ML PER 28 DAYS)
OJJAARA	2	PA, QL (1 EA PER DAY), SP
<i>pazopanib hcl</i>	1	PA, SF, SP
PEMAZYRE	2	PA, QL (1 EA PER DAY), SP
PIQRAY (200 MG DAILY DOSE)	2	PA, SP
PIQRAY (250 MG DAILY DOSE)	2	PA, SP
PIQRAY (300 MG DAILY DOSE)	2	PA, SP
QINLOCK	2	PA, LA, QL (3 EA PER DAY)
RETEVMO 40 MG CAP	2	PA, QL (3 EA PER DAY), SF, SP
RETEVMO 40 MG TAB	2	PA, QL (3 EA PER 1 DAY), SF, SP
RETEVMO 80 MG CAP	2	PA, QL (2 EA PER DAY), SF, SP
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	2	PA, QL (2 EA PER 1 DAY), SF, SP
REZLIDHIA	2	PA, QL (2 EA PER 1 DAY), SF, SP
ROZLYTREK 100 MG CAP, 200 MG CAP	2	PA, QL (3 EA PER DAY), SF, SP
ROZLYTREK 50 MG PACKET	2	PA, LA, QL (6 EA PER DAY), SP
RUBRACA	2	PA, QL (4 EA PER DAY), SF, SP
RYDAPT	2	PA, QL (2 EA PER DAY), SP
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 10 MG TAB SOL	2	PA, QL (30 ML PER DAY), SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TAFINLAR 50 MG CAP, 75 MG CAP	2	PA, QL (4 EA PER DAY), SF, SP
TALZENNA	2	PA, QL (1 EA PER 1 DAY), SF, SP
TASIGNA	2	PA, QL (4 EA PER DAY), SF, SP
TAZVERIK	2	PA, LA, QL (8 EA PER DAY)
TEPMETKO	2	PA, QL (2 EA PER DAY), SF, SP
TIBSOVO	2	PA, LA, QL (2 EA PER DAY)
<i>torpenz</i>	1	PA, QL (1 EA PER DAY), SP
TRUQAP	2	PA, QL (64 EA PER 28 DAYS), SP
TURALIO 125 MG CAP	2	PA, LA, QL (4 EA PER DAY)
VANFLYTA	2	PA, QL (60 EA PER 30 DAYS), SP
VERZENIO	2	PA, QL (2 EA PER DAY), SF, SP
VITRAKVI 100 MG CAP	2	PA, LA, QL (2 EA PER DAY)
VITRAKVI 20 MG/ML SOLUTION	2	PA, LA, QL (10 ML PER DAY)
VITRAKVI 25 MG CAP	2	PA, LA, QL (6 EA PER DAY)
VONJO	2	PA, LA, QL (4 EA PER DAY)
XALKORI	2	PA, QL (2 EA PER 1 DAY), SF, SP
XOSPATA	2	PA, QL (3 EA PER 1 DAY), SF, SP
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	2	PA, QL (1 EA PER DAY), SP
ZELBORAF	2	PA, QL (8 EA PER DAY), SP
ZOLINZA	2	QL (4 EA PER DAY), SF, SP
ZYDELIG	2	PA, LA
ZYKADIA	2	PA, QL (3 EA PER DAY), SF, SP
<b>ANTINEOPLASTICS MISC.</b>		
<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
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	2	PA, QL (8 EA PER DAY)
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mesna 400 mg tab</i>	1	
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	2	LA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
NOURIANZ	2	PA, SP, NP
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>benztropine mesylate 1 mg/ml solution</i>	1	
<i>trihexyphenidyl hcl</i>	1	EDS
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
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	2	P
<i>carbidopa-levodopa er</i>	1	EDS, P
<i>carbidopa-levodopa-entacapone</i>	1	EDS, P
CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB	1	NP
CARBIDOPA-LEVODOPA-ENTACAPONE --18.75-75-200 MG TAB, --37.5-150-200 MG TAB	1	P



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
STALEVO 150	2	PA, NP
STALEVO 200	2	PA, NP
STALEVO 50	2	PA, NP
STALEVO 75	2	PA, NP

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

#### **ANTIMANIC AGENTS**

<i>lithium</i>	\$0	
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap</i>	\$0	EDS
<i>lithium carbonate er</i>	\$0	EDS

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

CAPLYTA	\$0	PA, NP
EQUETRO	\$0	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
GEODON	\$0	PA, NP
LATUDA	\$0	PA, NP
<i>lurasidone hcl</i>	\$0	EDS, P
NUPLAZID	\$0	PA, LA, NP
VRAYLAR	\$0	PA, NP
<i>ziprasidone hcl</i>	\$0	EDS, P
<i>ziprasidone mesylate</i>	\$0	PA, NP

## **BENZISOXAZOLES**

FANAPT	\$0	PA, NP
FANAPT TITRATION PACK	\$0	PA, NP
INVEGA	\$0	PA, NP
INVEGA HAFYERA	\$0	P
INVEGA SUSTENNA	\$0	P
INVEGA TRINZA	\$0	P
<i>paliperidone er</i>	\$0	PA, EDS, NP
PERSERIS	\$0	P
RISPERDAL	\$0	PA, NP
RISPERDAL CONSTA	\$0	P
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab, 3 mg tab, 4 mg tab</i>	\$0	EDS, P
<i>risperidone microspheres er</i>	\$0	
<i>risperidone risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp</i>	\$0	P
RYKINDO	\$0	PA, NP
UZEDY	\$0	PA, NP

## **BUTYROPHENONES**

<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0	EDS
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	\$0	EDS
<i>haloperidol lactate 2 mg/ml conc</i>	\$0	EDS
<i>haloperidol lactate 5 mg/ml solution</i>	\$0	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluphenazine hcl 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0	EDS
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC	\$0	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	\$0	EDS
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution</i>	\$0	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	\$0	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0	EDS
<i>trifluoperazine hcl</i>	\$0	EDS
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY	\$0	PA, NP
ABILIFY ASIMTUFII	\$0	P
ABILIFY MAINTENA	\$0	P
ABILIFY MYCITE	\$0	PA, LA, NP
<i>aripiprazole 1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	\$0	EDS, P
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	\$0	PA, NP
ARISTADA	\$0	PA, NP
ARISTADA INITIO	\$0	PA, NP
REXULTI	\$0	PA, NP
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	\$0	EDS
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>hydrogen peroxide</i>	1	OTC
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate</i>	1	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HIBICLENS 4 % LIQUID	2	OTC
<b>IODINE ANTISEPTICS</b>		
APLICARE POVIDONE-IODINE 10 % GEL	2	OTC
LUGOLS STRONG IODINE	2	
<i>povidone-iodine (betadine)</i>	1	OTC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
APRETUDE	\$0	
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BIKTARVY	2	
CABENUVA	2	
CIMDUO	2	
COMPLERA	2	
CRIXIVAN	2	
DELSTRIGO	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	PV
DIDANOSINE 250 MG CAP DR, 400 MG CAP DR	2	
DOVATO	2	
EDURANT	2	
EFAVIRENZ 50 MG CAP, 200 MG CAP	2	
<i>efavirenz 600 mg tab</i>	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	1	
<i>emtricitabine</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	1	
<i>emtricitabine-tenofovir df -200-300 mg</i>	\$0	
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1	
GENVOYA	2	
INTELENCE 25 MG TAB	2	
INVIRASE	2	
ISENTRESS 25 MG CHEW TAB, 100 MG CHEW TAB, 400 MG TAB	2	
ISENTRESS HD	2	
JULUCA	2	
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	2	
NORVIR 80 MG/ML SOLUTION, 100 MG PACKET	2	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA	2	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY 20 MG/ML SOLUTION	2	
<i>stavudine</i>	1	
STRIBILD	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SUNLENCA	2	
SYMTUZA	2	
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
VIRACEPT	2	
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	2	SP
<i>zidovudine</i>	1	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	QL (20 EA PER FILL)
PAXLOVID (300/100)	2	QL (30 EA PER FILL)
<b>CMV AGENTS</b>		
<i>foscarnet sodium</i>	1	
PREVYMIS 240 MG TAB	2	QL (1 TAB PER 1 DAY; 200 TABS PER 365 DAYS)
PREVYMIS 240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION	2	
PREVYMIS 480 MG TAB	2	QL (1 UNIT PER 1 DAY; 100 TABS PER 6 MONTHS)
<i>valganciclovir hcl</i>	1	EDS
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	PA, SP, NP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP, P
BARACLUDE 0.5 MG TAB, 1 MG TAB	2	PA, QL (1 EA PER DAY), SP, NP
<i>entecavir</i>	1	QL (1 EA PER DAY), EDS, P
EPCLUSA 150-37.5 MG PACKET, 200-50 MG PACKET, 400-100 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
EPCLUSA 200-50 MG TAB	2	PA, QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>HERPES AGENTS</b>		
<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 800 mg tab</i>	1	P
<i>acyclovir 400 mg tab</i>	1	EDS, P
<i>acyclovir sodium</i>	1	
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	PA, EDS, NP
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	EDS, P
VALTREX	2	PA, NP
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (20 EA PER FILL), P
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	QL (10 EA PER FILL), P
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (250 ML PER FILL), P
RELENZA DISKHALER	2	QL (0.67 GM PER DAY), P
RIMANTADINE HCL	2	
TAMIFLU 30 MG CAP	2	PA, QL (20 EA PER FILL), NP
TAMIFLU 45 MG CAP, 75 MG CAP	2	PA, QL (10 EA PER FILL), NP
TAMIFLU 6 MG/ML RECON SUSP	2	PA, QL (250 ML PER FILL), NP
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	2	PA, QL (1 EA PER FILL), NP
XOFLUZA (40 MG DOSE) OFLUZA 20 TAB THPK	2	PA, QL (2 EA PER FILL), NP
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	2	PA, QL (1 EA PER FILL), NP
<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
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LABELALOL 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
KAPSPARGO SPRINKLE	2	PA, NP
LOPRESSOR	2	PA, NP
<i>metoprolol succinate er</i>	1	EDS, P
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	EDS, P
<i>nebivolol hcl</i>	1	PA, EDS, NP
TENORMIN	2	PA, NP
TOPROL XL	2	PA, NP
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE	2	PA, NP
BETAPACE AF	2	PA, NP
CORGARD	2	PA, NP
HEMANGEOL	2	PA, LA, NP
INDERAL LA	2	PA, NP
INDERAL XL	2	PA, NP
INNOPRAN XL	2	PA, NP
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	EDS, P
<i>pindolol</i>	1	EDS, P
<i>propranolol hcl 10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	EDS, P
PROPRANOLOL HCL 40 MG/5ML SOLUTION	2	EDS, P
<i>propranolol hcl er</i>	1	EDS, P
<i>sorine</i>	1	EDS, P
<i>sotalol hcl</i>	1	EDS, P
<i>sotalol hcl (af)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SOTYLIZE	2	PA, NP
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA, EDS, NP

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	EDS, P
CALAN SR	2	PA, NP
CARDIZEM	2	PA, NP
CARDIZEM CD	2	PA, NP
CARDIZEM LA	2	PA, NP
<i>cartia xt</i>	1	EDS, P
<i>dilt-xr</i>	1	EDS, P
<i>diltiazem hcl 25 mg/5ml, 50 mg/10ml, 125 mg/25ml</i>	1	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	1	EDS, P
<i>diltiazem hcl er beads</i>	1	EDS, P
<i>diltiazem hcl er coated beads</i>	1	EDS, P
<i>diltiazem hcl er er 120 mg tab er, er 180 mg tab er, er 240 mg tab er, er 300 mg tab er, er 360 mg tab er, er 420 mg tab er</i>	1	PA, EDS, NP
<i>diltiazem hcl er er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h</i>	1	EDS, P
<i>felodipine er</i>	1	EDS, P
<i>isradipine</i>	1	PA, NP
KATERZIA	2	PA, NP
LEVAMLODIPINE MALEATE	1	PA, NP
<i>matzim la</i>	1	PA, EDS, NP
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	PA, NP
<i>nicardipine hcl nicardipine hcl 2.5 mg/ml solution, nicardipine hcl 2.5 mg/ml solution</i>	1	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nifedipine er</i>	1	EDS, P
<i>nifedipine er osmotic release</i>	1	EDS, P
<i>nimodipine 30 mg cap</i>	1	PA, NP
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	2	PA, NP
PROCARDIA XL	2	PA, NP
SULAR	2	PA, NP
<i>taztia xt</i>	1	EDS, P
<i>tiadylt er</i>	1	EDS, P
TIAZAC	2	PA, NP
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	EDS, P
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	1	PA, NP
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>digoxin 0.25 mg/ml solution</i>	1	
<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	2	PA, NP
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	2	QL (2 EA PER DAY), P
ENTRESTO 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK	2	QL (4 EA PER 1 DAY), P
OPSYNVI	2	PA, QL (1 EA PER 1 DAY), NP
<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
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>		
WINREVAIR	2	PA, QL (1 KIT PER 21 DAYS)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	1	PA, QL (1 EA PER DAY), SP, P
<i>bosentan</i>	1	PA, LA, QL (2 EA PER DAY), NP
LETAIRIS	2	PA, LA, QL (1 EA PER DAY), NP
OPSUMIT	2	PA, LA, QL (1 EA PER DAY), NP
TRACLEER 32 MG TAB SOL	2	PA, LA, QL (4 EA PER DAY), NP
TRACLEER 62.5 MG TAB, 125 MG TAB	1	PA, LA, QL (2 EA PER DAY), P
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA	2	PA, SP, NP
<i>alyq</i>	1	PA, SP, NP
LIQREV	2	PA, SP, NP
REVATIO 10 MG/ML RECON SUSP, 20 MG TAB	2	PA, SP, NP
<i>sildenafil citrate 10 mg/ml recon susp, 20 mg tab</i>	1	PA, SP, P
<i>tadalafil (pah)</i>	1	PA, SP, NP
TADLIQ	2	PA, QL (10 ML PER 1 DAY), SP, NP
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI 200 & 800 MCG TAB THPK	2	PA, LA, QL (2 EA PER DAY), QL (200 EAPER PER FILL; 2 FILLSPER365 DAYS), NP
UPTRAVI 200 MCG TAB	2	PA, LA, QL (2 EA PER DAY), QL (140 EAPER PER FILL; 2 FILLSPER365 DAYS), NP
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
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	2	PA, LA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>SINUS NODE INHIBITORS</b>		
<i>ivabradine hcl</i>	1	
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	2	PA, QL (1 EA PER DAY), SP
VYNDAQEL	2	PA, QL (4 EA PER DAY), SP
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFADROXIL 1 GM TAB	2	PA, NP
<i>cefadroxil 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp</i>	1	P
<i>cefazolin sodium 1 gm soln, 10 gm soln, 500 mg soln</i>	1	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM/50ML-% SOLUTION	2	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap</i>	1	P
<i>cephalexin 250 mg tab, 500 mg tab</i>	1	PA, NP
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
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>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</i>	1	PA, NP
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	1	
<i>ceftriaxone sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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>CHEMICALS</b>		
<b>BULK CHEMICALS</b>		
NATAPRES	2	
POLYETHYLENE GLYCOL 600 (BULK)	2	
<b>BULK CHEMICALS - A'S</b>		
MAGNASWEET 110	2	
MAGNASWEET 135	2	
<b>BULK CHEMICALS - B'S</b>		
BACITRACIN MICRONIZED	2	
BENZOCAINE	2	OTC
BIOTIN POWDER	2	OTC
BIOTIN-D	2	OTC
<b>BULK CHEMICALS - C'S</b>		
CELLULOSE CRYSTALS	2	OTC
<b>BULK CHEMICALS - L'S</b>		
LIDOCAINE BASE	2	
LIDOCAINE CRYSTALS, POWDER	2	
LIDOCAINE HCL MONOHYDRATE	2	
LIDOCAINE HCL POWDER	2	
<b>BULK CHEMICALS - N'S</b>		
NYSTATIN POWDER	2	



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BULK CHEMICALS - P'S</b>		
PRILOCAINE	2	
PRILOCAINE HCL	2	
PROGESTERONE MICRONIZED POWDER	2	
PROGESTERONE MILLED	2	
PROGESTERONE POWDER	2	
PROGESTERONE ULTRA MICRONIZED	2	
PROGESTERONE WETTABLE	2	
PROGESTERONE WETTABLE (SOY)	2	
<b>BULK CHEMICALS - S'S</b>		
NICE PURE BAKING SODA	2	OTC
SODIUM BICARBONATE POWDER	2	OTC
STEVIA EXTRACT 90 % POWDER	2	OTC
<b>BULK CHEMICALS - T'S</b>		
TETRACAINE	2	
TETRACAINE HCL POWDER	2	
<b>BULK CHEMICALS - Z'S</b>		
ZINC OXIDE POWDER	2	OTC
<b>LIQUIDS</b>		
BENZYL BENZOATE	2	OTC
GLYCERIN SOLUTION	2	
<b>SOLIDS</b>		
CITRIC ACID	2	OTC
CITRIC ACID ANHYDROUS POWDER	2	OTC
CITRIC ACID MONOHYDRATE POWDER	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethia lo</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS
<i>apri</i>	\$0	EDS
<i>aranelle</i>	\$0	EDS
<i>ashlyna</i>	\$0	EDS
<i>aubra</i>	\$0	EDS
<i>aubra eq</i>	\$0	EDS
<i>aurovela 1.5/30</i>	\$0	EDS
<i>aurovela 1/20</i>	\$0	EDS
<i>aurovela 24 fe</i>	\$0	EDS
<i>aurovela fe 1.5/30</i>	\$0	EDS
<i>aurovela fe 1/20</i>	\$0	EDS
<i>aviane</i>	\$0	EDS
<i>ayuna</i>	\$0	EDS
<i>azurette</i>	\$0	EDS
<i>balziva</i>	\$0	EDS
<i>bekyree</i>	\$0	EDS
<i>blisovi 24 fe</i>	\$0	EDS
<i>blisovi fe 1.5/30</i>	\$0	EDS
<i>blisovi fe 1/20</i>	\$0	EDS
<i>briellyn</i>	\$0	EDS
<i>camrese</i>	\$0	EDS
<i>camrese lo</i>	\$0	EDS
<i>caziant</i>	\$0	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>charlotte 24 fe</i>	\$0	EDS
<i>chateal</i>	\$0	EDS
<i>chateal eq</i>	\$0	EDS
<i>cryselle-28</i>	\$0	EDS
<i>cyclafem 1/35</i>	\$0	EDS
<i>cyclafem 7/7/7</i>	\$0	EDS
<i>cyred</i>	\$0	EDS
<i>cyred eq</i>	\$0	EDS
<i>dasetta 1/35</i>	\$0	EDS
<i>dasetta 7/7/7</i>	\$0	EDS
<i>daysee</i>	\$0	EDS
<i>delyla</i>	\$0	EDS
<i>desogestrel-ethinyl estradiol</i>	\$0	EDS
<i>dolishale</i>	\$0	EDS
<i>drospiren-eth estrad-levomefol</i>	\$0	EDS
<i>drospirenone-ethinyl estradiol</i>	\$0	EDS
<i>elinest</i>	\$0	EDS
<i>emoquette</i>	\$0	EDS
<i>enpresse-28</i>	\$0	EDS
<i>enskyce</i>	\$0	EDS
<i>estarylla</i>	\$0	EDS
<i>ethynodiol diac-eth estradiol</i>	\$0	EDS
<i>falmina</i>	\$0	EDS
<i>fayosim</i>	\$0	EDS
<b>FEMLYV</b>	\$0	
<i>femynor</i>	\$0	EDS
<i>finzala</i>	\$0	EDS
<i>gemmily</i>	\$0	EDS
<i>gianvi</i>	\$0	EDS
<i>hailey 1.5/30</i>	\$0	EDS
<i>hailey 24 fe</i>	\$0	EDS
<i>hailey fe 1.5/30</i>	\$0	EDS

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>levonorgest-eth estrad 91-day</i>	\$0	EDS
<i>levonorgest-eth estradiol-iron</i>	\$0	EDS
<i>levonorgestrel-ethinyl estrad</i>	\$0	EDS
<i>levora 0.15/30 (28)</i>	\$0	EDS
<i>lillow</i>	\$0	EDS
<i>lo-zumandimine</i>	\$0	EDS
<i>loestrin 1.5/30 (21)</i>	\$0	EDS
<i>loestrin 1/20 (21)</i>	\$0	EDS
<i>loestrin fe 1.5/30</i>	\$0	EDS
<i>loestrin fe 1/20</i>	\$0	EDS
<i>lojaimiess</i>	\$0	EDS
<i>loryna</i>	\$0	EDS
<i>low-ogestrel</i>	\$0	EDS
<i>lutra</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS
<i>melodetta 24 fe</i>	\$0	EDS
<i>merzee</i>	\$0	EDS
<i>mibelas 24 fe</i>	\$0	EDS
<i>microgestin 1.5/30</i>	\$0	EDS
<i>microgestin 1/20</i>	\$0	EDS
<i>microgestin 24 fe</i>	\$0	EDS
<i>microgestin fe 1.5/30</i>	\$0	EDS
<i>microgestin fe 1/20</i>	\$0	EDS
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>norgestimate-eth estradiol</i>	\$0	EDS
<i>nortrel 0.5/35 (28)</i>	\$0	EDS
<i>nortrel 1/35 (21)</i>	\$0	EDS
<i>nortrel 1/35 (28)</i>	\$0	EDS
<i>nortrel 7/7/7</i>	\$0	EDS
<i>nylia 1/35</i>	\$0	EDS
<i>nylia 7/7/7</i>	\$0	EDS
<i>nymyo</i>	\$0	EDS
<i>ocella</i>	\$0	EDS
<i>orsythia</i>	\$0	EDS
<i>philith</i>	\$0	EDS
<i>pimtrea</i>	\$0	EDS
<i>pirmella 1/35</i>	\$0	EDS
<i>pirmella 7/7/7</i>	\$0	EDS
<i>portia-28</i>	\$0	EDS
<i>previfem</i>	\$0	EDS
<i>reclipsen</i>	\$0	EDS
<i>rivelsa</i>	\$0	EDS
<i>setlakin</i>	\$0	EDS
<i>simliya</i>	\$0	EDS
<i>simpesse</i>	\$0	EDS
<i>sprintec 28</i>	\$0	EDS
<i>sronyx</i>	\$0	EDS
<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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>eluryng</i>	\$0	EDS
<i>enilloring</i>	\$0	EDS
<i>etonogestrel-ethinyl estradiol</i>	\$0	EDS
<i>haloette</i>	\$0	EDS
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	\$0	
<i>levonorgestrel (plan b)</i>	\$0	QL (1 EA PER FILL), OTC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate 150 mg/ml susp prsyr, 150 mg/ml suspension</i>	\$0	QL (0.04 ML PER DAY)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	\$0	EDS
<i>deblitane</i>	\$0	EDS
<i>emzahh</i>	\$0	EDS
<i>errin</i>	\$0	EDS
<i>heather</i>	\$0	EDS
<i>incassia</i>	\$0	EDS
<i>jencycla</i>	\$0	EDS
<i>lyleq</i>	\$0	EDS
<i>lyza</i>	\$0	EDS
<i>nora-be</i>	\$0	EDS
<i>norethindrone 0.35 mg tab</i>	\$0	EDS
<i>norlyda</i>	\$0	EDS
<i>norlyroc</i>	\$0	EDS
<i>sharobel</i>	\$0	EDS
<i>tulana</i>	\$0	EDS
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	1	



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>budesonide er</i>	1	PA, QL (1 EA PER DAY), NP
CORTISONE ACETATE 25 MG TAB	2	
<i>decadron</i>	1	
<i>dexamethasone 0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SOD PHOS +RFID	1	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1	
<i>dexamethasone sodium phosphate dexamethasone sodium phosphate 20 mg/5ml solution, dexamethasone sodium phosphate 100 mg/10ml solution, dexamethasone sodium phosphate 4 mg/ml soln prsy, dexamethasone sodium phosphate 4 mg/ml solution, dexamethasone sodium phosphate 10 mg/ml solution, dexamethasone sodium phosphate 120 mg/30ml solution</i>	1	
ENTOCORT EC	1	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	1	EDS
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab</i>	1	
<i>methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml, 15 mg/5ml, 25 mg/5ml</i>	1	
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
SOLU-CORTEF	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SOLU-MEDROL (PF)	2	
SOLU-MEDROL -2 GM RECON SOLN	2	
TARPEYO	2	PA, LA
UCERIS 9 MG TAB 24H	2	PA, QL (1 EA PER DAY), NP

## **MINERALOCORTICIDS**

<i>fludrocortisone acetate 0.1 mg tab</i>	1	EDS
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## **COUGH/COLD/ALLERGY**

### **ANTITUSSIVES**

<i>benzonatate</i>	1	
<i>dextromethorphan (robitussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC

### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>bromfed dm</i>	1	
<i>bromphen-pseudoeph-dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec - d)</i>	1	OTC, P
CHILDRENS COLD-ALLERGY	2	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	1	OTC
<i>chlorpheniramine / phenylephrine / aspirin</i>	1	OTC
<i>chlorpheniramine / pseudoephedrine</i>	1	OTC
CLARINEX-D 12 HOUR	2	PA, NP
<i>dextromethorphan / phenylephrine / acetaminophen</i>	1	OTC
<i>doxylamine / dextromethorphan</i>	2	
<i>guaifenesin / codeine</i>	1	QL (60 ML PER 1 DAY), OTC
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	1	OTC
<i>guaifenesin / dextromethorphan / phenylephrine</i>	1	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	2	OTC
GUAIFENESIN/ DEXTROMETHORPHAN/ PHENYLEPHRINE	2	OTC
<i>loratadine / pseudoephedrine (claritin - d)</i>	1	OTC, P
MUCINEX DM	1	OTC
<i>phenylephrine / acetaminophen</i>	1	OTC
<i>phenylephrine / bropheniramine / dextromethorphan</i>	1	OTC
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	1	OTC
<i>phenylephrine / dextromethorphan</i>	1	OTC
<i>phenylephrine / guaifenesin</i>	1	OTC
PHENYLEPHRINE / GUAIFENESIN	2	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
<i>pseudoephedrine / ibuprofen</i>	1	OTC
<b>EXPECTORANTS</b>		
<i>guaifenesin (mucinex)</i>	1	OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride nasal spray</i>	1	OTC, 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ALTRENO	2	PA, NP
<i>amnesteam</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
BENZA CLIN WITH PUMP	1	P
BENZAMYCIN	2	PA, NP
<i>benzoyl peroxide</i>	1	PA, OTC, NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA, OTC, NP
<i>benzoyl peroxide pad</i>	2	PA, OTC, NP
<i>benzoyl peroxide-erythromycin</i>	1	P
<i>bp 10-1</i>	1	PA, NP
BPO GEL 4%, 8%	1	OTC, P
CABTREO	2	PA, NP
<i>claravis</i>	1	
CLENIA PLUS	2	PA, NP
<i>clindacin</i>	1	PA, NP
<i>clindacin etz 1 % swab</i>	1	P
<i>clindacin-p</i>	1	P
<i>clindamycin phos-benzoyl perox -1-5 % gel, -1.2-5 % gel</i>	1	P
<i>clindamycin phos-benzoyl perox -1.2-2.5 % gel, -1.2-3.75 % gel</i>	1	PA, NP
<i>clindamycin phosphate 1 % foam</i>	1	PA, NP
<i>clindamycin phosphate 1 % gel, 1 % lotion, 1 % solution, 1 % swab</i>	1	P
<i>clindamycin-tretinoin</i>	1	PA, NP
<i>cvs adapalene</i>	1	OTC, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dapsone 5 % gel, 7.5 % gel</i>	1	PA, NP
ERY	2	
<i>erythromycin 2 % gel, 2 % solution</i>	1	P
FABIOR	1	PA, NP
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	
<i>myorisan</i>	1	
<i>neuac 1.2-5 % gel</i>	1	PA, NP
NEUAC 1.2-5 % KIT	2	PA, NP
ONEXTON	2	PA, NP
RETIN-A	1	P
RETIN-A MICRO	2	PA, NP
RETIN-A MICRO PUMP	2	PA, NP
<i>sss 10-5 --% cream</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFACETAMIDE SODIUM-SULFUR -10-2 % CREAM	2	P
<i>sulfacetamide sodium-sulfur -10-4 % pad, -10-5 % cream</i>	1	
<i>sulfacetamide sodium-sulfur -10-5 % liquid, -10-5 % lotion</i>	1	P
<i>sulfacetamide sodium-sulfur -8-4 % suspension, -10-5 % suspension</i>	1	PA, NP
SULFACETAMIDE SODIUM-SULFUR -9-4.25 % SUSPENSION	2	PA, NP
<i>sulfacleanse 8/4</i>	1	PA, NP
<i>sulfamez wash</i>	1	PA, NP
TAZAROTENE 0.1 % FOAM	1	PA, NP
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream</i>	1	PA, NP
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	PA, NP
<i>tretinoin microsphere 0.08 % gel</i>	1	
<i>tretinoin microsphere pump</i>	1	PA, NP
VELTIN	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
WINLEVI	2	PA, NP
<i>zenatane</i>	1	
ZIANA	2	PA, NP
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	1	PA, QL (2 EA PER DAY), NP
<i>diclofenac sodium 1 % gel</i>	1	QL (16.6 GM PER DAY), OTC, EDS, P
FLECTOR	2	PA, QL (2 EA PER DAY), NP
LICART	2	PA, QL (1 EA PER DAY), NP
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin</i>	1	OTC
<i>bacitracin / polymyxin b (polysporin)</i>	1	OTC
<i>bacitracin zinc</i>	1	OTC
CENTANY	2	PA, NP
CENTANY AT	2	PA, NP
<i>gentamicin sulfate 0.1 % cream, 0.1 % ointment</i>	1	
<i>mupirocin 2 % ointment</i>	1	P
<i>mupirocin calcium</i>	1	PA, NP
<i>neomycin / bacitracin / polymixin (neosporin)</i>	1	OTC
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	OTC
XEPI	2	PA, NP
<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 (lotrimin)</i>	1	PA, OTC, NP
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	1	P
CLOTRIMAZOLE-BETAMETHASONE CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION, CLOTRIMAZOLE- BETAMETHASONE 1-0.05 % LOTION	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>econazole nitrate 1 % cream</i>	1	P
ERTACZO	2	PA, NP
JUBLIA	2	PA, NP
KERYDIN	2	PA, NP
<i>ketoconazole 2 % cream, 2 % shampoo</i>	1	P
<i>ketoconazole 2 % foam</i>	1	PA, NP
<i>ketodan 2 % foam</i>	1	PA, NP
<i>klayesta</i>	1	P
LOPROX	2	PA, NP
LULICONAZOLE	1	PA, QL (60 GM PER 30 DAYS), NP
LUZU	2	PA, QL (60 GM PER 30 DAYS), NP
MICATIN	2	OTC
<i>miconazole (micatin)</i>	1	OTC, P
MICONAZOLE-ZINC OXIDE- PETROLAT	1	PA, NP
<i>naftifine hcl 1 % gel, 2 % gel</i>	1	PA, NP
NAFTIN	2	PA, NP
<i>nyamyc</i>	1	P
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder</i>	1	P
<i>nystatin-triamcinolone -100000-0.1 unit/gm-% cream</i>	1	P
<i>nystatin-triamcinolone -100000-0.1 unit/gm-% ointment</i>	1	PA, NP
<i>nystop</i>	1	P
<i>oxiconazole nitrate</i>	1	PA, NP
OXISTAT 1 % LOTION	2	PA, NP
<i>tavaborole</i>	1	PA, NP
<i>terbinafine (lamisil)</i>	1	OTC, P
<i>tolnaftate (tinactin)</i>	1	PA, OTC, NP
VUSION	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
FLUOROURACIL 2 % SOLUTION	2	
<i>fluorouracil 5 % cream, 5 % solution</i>	1	
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 160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR	2	PA, QL (2 EA PER 56 DAYS), SP, NP
BIMZELX 320 MG/2ML SOLN A-INJ, 320 MG/2ML SOLN PRSYR	2	PA, QL (1 EA PER 56 DAYS), SP, NP
<i>calcipotriene 0.005 % cream, 0.005 % solution</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	2	
COSENTYX (300 MG DOSE)	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX 125 MG/5ML SOLUTION	2	PA, QL (12 ML PER 28 DAYS), SP, NP
COSENTYX 150 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP
COSENTYX SENSOREADY (300 MG)	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX SENSOREADY PEN	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX UNOREADY	2	PA, QL (2 ML PER 28 DAYS), SP, NP
ILUMYA	2	PA, LA, QL (1 EA PER 84 DAYS), SP, NP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methoxsalen rapid</i>	1	
METHOXSALEN RAPID	2	
SILIQ	2	PA, QL (0.11 ML PER DAY), SP, NP
SKYRIZI (150 MG DOSE)	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SKYRIZI PEN	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SOTYKTU	2	PA, QL (30 EA PER 30 DAYS), SP, NP
SPEVIGO 150 MG/ML SOLN PRSYR	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, LA, QL (15 ML PER 365 DAYS), SP, NP
STELARA 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
STELARA 45 MG/0.5ML SOLUTION	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
STELARA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
TALTZ 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP
TALTZ 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, NP
<i>tazarotene 0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel</i>	1	PA, NP
TREMFYA 100 MG/ML SOLN A-INJ, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
TREMFYA 100 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 56 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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SODIUM SULFACETAMIDE- BAKUCHIOL	2	
<i>sulfacetamide sodium 10 % liquid</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % cream</i>	1	PA, NP
<i>acyclovir 5 % ointment</i>	1	P
DENAVIR	1	P
<i>penciclovir</i>	1	PA, NP
XERESE	2	PA, NP
ZOVIRAX 5 % CREAM, 5 % OINTMENT	2	PA, NP
<b>BATH PRODUCTS</b>		
<i>emollient</i>	2	OTC
MOISTURIZING CREAM (VANICREAM)	2	OTC
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine 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 0.1 % cream, 0.1 % lotion, 0.1 % ointment</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	QL (120 UNITS PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam, 0.05 % gel, 0.05 % solution</i>	1	
<i>clobetasol propionate e</i>	1	
<i>desonide 0.05 % cream, 0.05 % ointment</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	
<i>hydrocortisone</i>	1	OTC, EDS
<b>HYDROCORTISONE ACE-PRAMOXINE -2.5-1 % CREAM</b>	1	
<i>mometasone furoate 0.1 % cream, 0.1 % ointment, 0.1 % solution</i>	1	
<i>triamcinolone acetonide 0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment</i>	1	
<i>triderm</i>	1	
<b>DIAPER RASH PRODUCTS</b>		
<i>diaper rash products</i>	1	OTC
<b>ECZEMA AGENTS</b>		
ADBRY 150 MG/ML SOLN PRSYR	2	PA, QL (4 EA PER 28 DAYS), SP, NP
ADBRY DBRY 300 MG/2ML SOLN - INJ	2	PA, QL (4 ML PER 28 DAYS), SP, NP
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (2.68 ML PER 28 DAYS), SP, P
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	2	PA, QL (2.28 ML PER 28 DAYS), SP, P
DUPIXENT 300 MG/2ML SOLN A-INJ	2	PA, QL (4 ML PER 28 DAYS), SP, P
DUPIXENT 300 MG/2ML SOLN PRSYR	2	PA, QL (4 UNITS PER 28 DAYS), SP, P
OPZELURA	2	PA, QL (240 GM PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea 10% and 20% (carmol)</i>	1	OTC, EDS
<b>EMOLLIENTS</b>		
<i>ammonium lactate (amlactin)</i>	1	OTC
EMOLLIENT	2	OTC
<i>glycerin topical liquid</i>	1	OTC
VITAMIN A	2	OTC
<i>vitamin a / vitamin d</i>	1	OTC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	1	
<i>tacrolimus 0.03 %, 0.1 %</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
SALICYLIC ACID	2	OTC
<i>salicylic acid</i>	1	OTC, EDS
<b>LINIMENTS</b>		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	1	OTC
<i>methyl salicylate / menthol</i>	1	OTC
<i>trolamine salicylate</i>	1	OTC
<i>trolamine salicylate (myoflex)</i>	1	OTC
TROLAMINE SALICYLATE (MYOFLEX)	2	OTC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin (zostrix)</i>	1	OTC, EDS
<i>glydo</i>	1	
LIDOCAINE 5 % OINTMENT	1	QL (107 GM PER 30 DAYS)
LIDOCAINE 5 % PATCH	1	PA, QL (3 EA PER DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	
LIDOCAINE PATCH 4%	1	QL (3 EA PER DAY), OTC
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine cream kit</i>	1	
<i>pramoxine / calamine</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA, NP

### **MISC. TOPICAL**

<i>a+d first aid</i>	1	OTC
A+D FIRST AID	2	OTC
<i>a+d prevent original</i>	1	OTC
<i>benzoin tincture</i>	2	OTC
<i>calamine</i>	2	OTC
<i>calamine / zinc oxide</i>	2	OTC
<i>cvs multi-purpose -15.5-53.4 % ointment</i>	1	OTC
<i>dermamed</i>	1	OTC
<i>dimethicone</i>	2	OTC
DIMETHICONE CREAM	2	OTC
DRYSOL	2	
<i>eyelid cleansers</i>	2	OTC
<i>isopropyl alcohol (skin cleanser)</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	1	OTC
MENTHOL / ZINC OXIDE	2	OTC
<i>menthol / zinc oxide</i>	1	OTC
MINERAL OIL	2	OTC
SODIUM CHLORIDE	2	OTC
<i>witch hazel</i>	1	OTC
<i>zinc oxide (desitin)</i>	1	OTC

### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA	2	PA, QL (120 GM PER 30 DAYS), NP
ZORYVE 0.15 % CREAM	2	PA, QL (120 GM PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	1	PA, NP
<b>TAR PRODUCTS</b>		
<i>coal tar</i>	1	OTC
X-SEB T 10 % SHAMPOO	2	OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	1	P
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC, CDS, P
ACCU-CHEK SMARTVIEW	\$0	OTC, CDS, P
ALBUSTIX	\$0	OTC
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10/SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 5 OB	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CHEMSTRIP 7	2	
CHEMSTRIP 9	2	
CHEMSTRIP K	\$0	OTC
CHEMSTRIP MICRAL	\$0	OTC
CHEMSTRIP UGK	\$0	OTC, CDS
CONTOUR NEXT TEST	\$0	OTC, CDS, P
CONTOUR PLUS TEST	\$0	CDS
CONTOUR TEST	\$0	OTC, CDS, P
CVS KETONE CARE	\$0	OTC, CDS
FORA G20 BLOOD GLUCOSE TEST	\$0	PA, OTC, CDS, NP
FORA GTEL BLOOD KETONE TEST	\$0	OTC, CDS
FORA TEST N'GO ADV-VOICE-6 CON	\$0	OTC, CDS
FREESTYLE INSULINX TEST	\$0	PA, OTC, CDS, NP
FREESTYLE LITE TEST	\$0	PA, OTC, CDS, NP
FREESTYLE TEST	\$0	PA, OTC, CDS, NP
GLUCOCARD EXPRESSION TEST	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE TEST	\$0	PA, OTC, CDS, NP
<i>glucose urine test</i>	\$0	OTC, CDS
GOJJI BLOOD KETONE TEST	\$0	OTC, CDS
KETO-DIASTIX	\$0	OTC, CDS
KETONE TEST	\$0	OTC
KETOSTIX	\$0	OTC
MULTISTIX 10 SG	2	
NOVA MAX PLUS KETONE TEST	\$0	OTC, CDS
ONETOUCH ULTRA	\$0	PA, OTC, CDS, NP
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PRODIGY NO CODING BLOOD GLUC STRIP	\$0	PA, OTC, CDS, NP
PTS PANELS KETONE TEST	\$0	OTC, CDS
RELION KETONE TEST	\$0	OTC
TRUE METRIX BLOOD GLUCOSE TEST	\$0	PA, OTC, CDS, NP

## **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

### **DIETARY MANAGEMENT PRODUCTS**

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

### **DIGESTIVE AIDS**

#### **DIGESTIVE ENZYMES**

CREON	2	P
<i>lactase (lactaid)</i>	1	OTC, EDS
PERTZYE	2	PA, NP
VIOKACE	2	PA, NP
ZENPEP	2	P

### **DIURETICS**

#### **CARBONIC ANHYDRASE INHIBITORS**

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

#### **DIURETIC COMBINATIONS**

<i>amiloride-hydrochlorothiazide</i>	1	EDS
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	EDS
<i>triamterene-hctz</i>	1	EDS



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>LOOP DIURETICS</b>		
<i>bumetanide 0.25 mg/ml solution</i>	1	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>furosemide 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	1	EDS
<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>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	2	PA, NP
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg/75ml solution</i>	1	EDS, P
<i>alendronate sodium 70 mg tab</i>	1	QL (4 UNITS PER 30 DAYS), EDS, P
AELVIA	2	PA, NP
BONIVA 150 MG TAB	2	PA, NP
<i>calcitonin (salmon) 200 unit/act solution</i>	1	EDS, P
EVENITY	2	PA, SP, NP
FORTEO	1	SP, P
FOSAMAX	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FOSAMAX PLUS D	2	PA, NP
<i>ibandronate sodium 150 mg tab</i>	1	EDS, P
PROLIA	2	PA, SP, NP
<i>risedronate sodium 5 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab</i>	1	PA, EDS, NP
<i>teriparatide</i>	1	PA, SP, NP
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1	PA, SP, NP
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	2	PA, SP, NP
TYMLOS	2	PA, SP, NP
<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)
<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 FLEXP	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, LA, NP
SKYTROFA	2	PA, SP, NP
SOGROYA	2	PA, SP, NP
ZOMACTON	2	PA, SP, NP
ZOMACTON (FOR ZOMA-JET 10)	2	PA, SP, NP
ZORBTIVE	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>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>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	1	EDS
<i>levocarnitine sf</i>	1	EDS
MYALEPT	2	PA, SP
OPFOLDA	2	LA, QL (0.29 EA PER DAY)
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 ML PER DAY)
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, LA, QL (1 ML PER DAY)
RAVICTI	2	PA, LA
REVCOVI	2	PA, LA
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA, SP
STRENSIQ	2	PA, LA
<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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	EDS
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
<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	LA
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	1	LA
SIGNIFOR	2	PA, LA, QL (2 EA PER DAY)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	2	PA, LA, QL (2 EA PER DAY)
<i>tolvaptan</i>	1	PA, QL (2 EA PER 1 DAY), SP
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ESTROGENS</b>		
<i>dotti</i>	1	EDS
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	EDS
<i>lyllana</i>	1	EDS

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

BAXDELA 450 MG TAB	2	PA, NP
CIPRO	2	PA, NP
<i>ciprofloxacin 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	1	PA, NP
CIPROFLOXACIN HCL 100 MG TAB	2	P
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	P
<i>levofloxacin 25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	P
<i>moxifloxacin hcl 400 mg tab</i>	1	PA, NP
OFLOXACIN 300 MG TAB	2	PA, NP
<i>ofloxacin 400 mg tab</i>	1	PA, NP

## **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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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIFLATULENTS</b>		
<i>simethicone (mylicon)</i>	1	OTC, EDS
<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, 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 (2 SYRINGE)	2	PA, QL (2 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	1	PA, NP
DIPENTUM	2	PA, NP
ENTYVIO 108 MG/0.68ML SOLN A-INJ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ENTYVIO 300 MG RECON SOLN	2	PA, SP, NP
INFLECTRA	2	PA, SP, NP
INFLIXIMAB	2	PA, SP, P
LIALDA	1	P
<i>mesalamine 1000 mg suppos</i>	1	P
<i>mesalamine 4 gm enema, 400 mg cap dr</i>	1	PA, NP
<i>mesalamine 800 mg tab dr</i>	1	PA, EDS, NP
<i>mesalamine er</i>	1	PA, NP
<i>mesalamine-cleanser</i>	1	PA, NP
OMVOH 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
OMVOH 300 MG/15ML SOLUTION	2	PA, QL (15 ML PER 28 DAYS), SP, NP
PENTASA 250 MG CAP ER	2	P
PENTASA 500 MG CAP ER	1	P
REMICADE	2	PA, SP, NP
RENFLEXIS	2	PA, SP, NP
ROWASA	1	P
SFROWASA	1	P
SKYRIZI 180 MG/1.2ML SOLN CART	2	PA, QL (1.2 ML PER 28 DAYS), SP, NP
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA, QL (2.4 ML PER 28 DAYS), SP, NP
SKYRIZI 600 MG/10ML SOLUTION	2	PA, QL (10ML PER 28 DAYS; 30MLPER180 DAYS), SP, NP
STELARA 130 MG/26ML SOLUTION	2	PA, SP, NP
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	EDS, P
VELSIPITY	2	PA, QL (1 EA PER 1 DAY), SP, NP
ZYMFENTRA (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	EDS
<i>generlac</i>	1	EDS
<i>lactulose encephalopathy</i>	1	EDS
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	1	PA, NP
IBSRELA	2	PA, NP
LINZESS	2	P
LOTRONEX	2	PA, NP
VIBERZI	2	PA, NP
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	PA, NP
RELISTOR	2	PA, NP
SYMPROIC	2	PA, NP
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	2	PA, NP
<i>calcium acetate (phos binder)</i>	1	EDS, P
<i>calcium acetate 667 mg tab</i>	1	EDS, P
FOSRENOL	2	PA, NP
<i>lanthanum carbonate</i>	1	PA, NP
RENVELA 0.8 GM PACKET, 800 MG TAB	1	P
RENVELA 2.4 GM PACKET	2	PA, NP
<i>sevelamer carbonate 0.8 gm packet, 2.4 gm packet</i>	1	PA, EDS, NP
<i>sevelamer carbonate 800 mg tab</i>	1	EDS, P
<i>sevelamer hcl</i>	1	PA, EDS, NP
VELPHORO	2	PA, NP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>cytra-2</i>	1	OTC
<i>potassium citrate</i>	1	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
<i>sod citrate-citric acid</i>	1	OTC
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	LA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	2	
<i>sodium chloride 0.9 % solution</i>	1	
<b>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
JALYN	2	PA, NP
PROSCAR	2	PA, NP
RAPAFLO	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
ALTUVIIIIO	2	SP
BENEFIX	2	SP, P
COAGADEX	2	SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>icatibant acetate</i>	1	PA, QL (9 UNITS PER DAY(S)), SP, P
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	2	PA, SP, P
CINRYZE	2	PA, QL (16 EA PER 28 DAYS), SP, P
HAEGARDA	2	PA, LA, QL (16 EA PER 28 DAYS), NP
RUCONEST	2	PA, LA, NP
TAVNEOS	2	PA, LA, QL (6 EA PER DAY), NP
<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 150 MG/ML SOLN PRSYR	2	PA, LA, QL (2 ML PER 28 DAYS), NP
TAKHZYRO 300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION	2	PA, LA, QL (4 ML PER 28 DAYS), NP
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	PA, EDS, NP
BRILINTA	2	P
CABLIVI	2	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
<i>prasugrel hcl</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE	2	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	2	SP
<i>miglustat</i>	1	SP
<i>yargesa</i>	1	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 -gutamine 5 gm packet</i>	1	PA, QL (6 EA PER 1 DAY), SP, NP
OXBRYTA 300 MG TAB SOL	2	PA, QL (5 EA PER DAY), SP, P
OXBRYTA 300 MG TAB, 500 MG TAB	2	PA, QL (3 EA PER DAY), SP, P
SIKLOS	2	PA, NP
<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 1 MG	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
EPOGEN	2	PA, SP, P
GRANIX 300 MCG/ML SOLUTION, 480 MCG/1.6ML SOLUTION	2	SP
JESDUVROQ	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LEUKINE	2	SP
NEULASTA	2	SP
NEULASTA ONPRO	2	SP
NIVESTYM 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	2	SP
PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	2	PA, SP, P
PROCRIT 40000 UNIT/ML SOLUTION	2	PA, SP, NP
PROMACTA	2	PA, SP
REBLOZYL	2	PA, LA, NP
RETACRIT	2	PA, SP, P
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP

## **HEMATOPOIETIC MIXTURES**

<i>ferraplus 90</i>	2	
FERREX	2	OTC
FERREX 150 FORTE	2	OTC
<i>ferrex 150 forte plus</i>	2	OTC
<i>ferrex 28</i>	2	OTC
<i>ferrous fumarate / folic acid</i>	2	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	1	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	1	OTC, EDS
FERROUS FUMARATE POLYSACCHARIDE COMPLEX	2	
<i>ferrous fumarate polysaccharide complex</i>	1	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	2	
<i>folic acid / vitamin d</i>	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HEMATOGEN FA	2	
<i>hemetab</i>	2	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	1	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	1	OTC, EDS
<i>iron combinations</i>	1	EDS
IRON FOLATE PLUS	2	
<i>iron polysaccharide complex</i>	2	OTC
<i>k-tan plus</i>	1	
<i>multigen folic</i>	2	
<i>multigen plus</i>	2	
MULTIGEN TABLET	2	
<i>multivitamin</i>	1	OTC
<i>purevit dualfe plus</i>	1	
<i>se-tan plus</i>	1	
<i>tandem plus</i>	1	
<i>taron forte</i>	2	
VIRT-FEFA PLUS	2	
VITRON-C	2	OTC, EDS
<b>IRON</b>		
<i>ferrous gluconate</i>	1	OTC, EDS
FERROUS GLUCONATE	2	OTC, EDS
<i>ferrous sulfate</i>	1	OTC, EDS
FERROUS SULFATE	1	OTC
<i>polysaccharide iron complex</i>	1	OTC, EDS
<b>STEM CELL MOBILIZERS</b>		
<i>plerixafor</i>	1	SP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	EDS
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTI-HISTAMINE HYPNOTICS</b>		
<i>acetaminophen / diphenhydramine</i>	1	OTC
DIPHENHYDRAMINE (SLEEP)	2	OTC
<i>doxylamine (sleep)</i>	1	OTC
DOXYLAMINE (SLEEP)	2	OTC
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	1	
<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	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
<i>zolpidem tartrate zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 7.5 mg cap, zolpidem tartrate 3.5 mg sl tab</i>	1	PA, QL (1 EA PER DAY), NP



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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ERYTHROMYCIN BASE 250 MG CP DR PART	1	P
<i>erythromycin base 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr</i>	1	PA, NP
<i>erythromycin ethylsuccinate 200 mg/5ml, 400 mg/5ml</i>	1	PA, NP
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	2	QL (2 EA PER DAY)
DIFICID 40 MG/ML RECON SUSP	2	QL (10 ML PER DAY)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>AUDITORY SUPPLIES</b>		
<i>hearing aid batteries</i>	2	OTC
<b>BANDAGES-DRESSINGS-TAPE</b>		
<i>adhesive tape</i>	2	
<i>bandages</i>	2	
CVS EYE	2	
<i>gauze pads and dressings</i>	2	
GELOCAST 3"X10YD	2	
J & J EYE PADS OVAL SMALL	2	
J & J OVAL EYE PADS	2	
J & J STERILE EYE PADS	2	
JOHNSONS STERILE EYE PADS	2	
PROFORE	2	
PROFORE LITE	2	
PROFORE WCL 5-1/2"X8"	2	
RA HOT/COLD GEL SLEEVE	2	
SM DELUXE REUSABLE COMPRESS	2	
SUREPRESS HI COMPRESS BANDAGE	2	
<b>BLOOD PRESSURE DEVICES</b>		
BLOOD PRESSURE MONITORING DEVICE	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CONTRACEPTIVES</b>		
CAYA	\$0	
<i>female condoms</i>	\$0	OTC
FEMCAP	\$0	
<i>male condoms</i>	\$0	OTC
WIDE-SEAL DIAPHRAGM	\$0	
<b>DIABETIC SUPPLIES</b>		
<i>blood glucose calibration liquid</i>	\$0	OTC, CDS
CONTOUR BLOOD GLUCOSE METER	\$0	OTC, CDS, P
CONTOUR MONITOR DEVICE	\$0	OTC, CDS, P
DEXCOM G4 PLAT PED RCV/SHARE	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLAT PED RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLATINUM RCV/SHARE	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLATINUM RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS
DEXCOM G4 PLATINUM TRANSMITTER	\$0	QL (1 EA PER 90 DAYS), EDS, CDS
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0	PA, QL (3 EA PER FILL), CDS, NP
DEXCOM G5 MOBILE RECEIVER	\$0	PA, QL (1 UNIT PER 365 DAYS), CDS, NP
DEXCOM G5 MOBILE TRANSMITTER	\$0	PA, QL (1 EA PER 90 DAYS), EDS, CDS, NP
DEXCOM G5 RECEIVER KIT	\$0	PA, QL (1 UNIT PER 365 DAYS), CDS, NP
DEXCOM G6 RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
DEXCOM G6 SENSOR	\$0	QL (3 EA PER FILL), CDS, P
DEXCOM G6 TRANSMITTER	\$0	QL (1 EA PER 90 DAYS), EDS, CDS, NP
DEXCOM G7 RECEIVER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
DEXCOM G7 SENSOR	\$0	QL (3 EA PER FILL), CDS, P
FREESTYLE LIBRE 14 DAY READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 2 PLUS SENSOR	\$0	QL (2 EA PER 1 FILL), CDS
FREESTYLE LIBRE 2 READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
FREESTYLE LIBRE 2 SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 3 PLUS SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 3 READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
FREESTYLE LIBRE 3 SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE READER	\$0	QL (1 UNIT PER 365 DAYS), CDS
<i>lancet device</i>	\$0	OTC, CDS
<i>lancets</i>	\$0	OTC, CDS
NON-PREFERRED BLOOD GLUCOSE METER	\$0	PA, OTC, CDS, NP
OMNIPOD 5 DEXG7G6 PODS GEN 5	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 G6 INTRO (GEN 5)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 G6 PODS (GEN 5)	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 G7 INTRO (GEN 5)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 G7 PODS (GEN 5)	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 LIBRE2 PLUS G6	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 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
<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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 SYRINGE U-500	\$0	CDS
<i>insulin injection device</i>	\$0	OTC, CDS
MULTI-DRAW NEEDLE -21G MISC, - 22G MISC	2	CDS
<i>needles and syringes</i>	\$0	OTC, CDS
NEEDLES AND SYRINGES	2	OTC, CDS
<i>sharps container</i>	2	OTC, CDS
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	2	OTC, CDS
<i>respirtatory therapy supplies</i>	2	OTC, CDS
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG IMOVIG 140 MG/ML SOLN - INJ	2	PA, QL (1 EA PER 28 DAYS), P
AIMOVIG IMOVIG 70 MG/ML SOLN - INJ	2	PA, QL (1 ML PER 28 DAYS), P
AJOVY	2	PA, QL (1.5 ML PER 28 DAYS), P
EMGALITY (300 MG DOSE)	2	PA, QL (3 ML PER 28 DAYS)
EMGALITY 120 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), P
EMGALITY EMGLITY 120 MG/ML SOLN -INJ	2	PA, QL (1 ML PER 28 DAYS), P
NURTEC	2	PA, QL (16 EA PER 28 DAYS), NP
QULIPTA	2	PA, QL (1 EA PER DAY), NP
UBRELVY	2	PA, QL (20 EA PER 30 DAYS), P
VYEPTI	2	PA, LA, NP
ZAVZPRET	2	PA, QL (6 EA PER 28 DAYS), NP

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
REYVOW 50 MG TAB	2	PA, QL (8 EA PER 30 DAYS), NP
<i>rizatriptan benzoate</i>	1	QL (36 EA PER 30 DAYS), P
<i>sumatriptan 20 mg/act solution</i>	1	PA, QL (18 EA PER 30 DAYS), NP
<i>sumatriptan 5 mg/act solution</i>	1	PA, QL (36 EA PER 30 DAYS), NP
<i>sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab</i>	1	QL (18 EA PER 30 DAYS), P
<i>sumatriptan succinate refill sumatriptan succinate refill, sumatriptan succinate refill</i>	1	PA, QL (8 ML PER 30 DAYS), NP
<i>sumatriptan succinate sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution, sumatriptan succinate 6 mg/0.5ml soln prsy</i>	1	PA, QL (8 ML PER 30 DAYS), NP
TOSYMRA	2	PA, QL (6 UNITS PER FILL; 2 FILLS PER 30 DAYS), NP
ZEMBRACE SYMTOUCH	2	PA, QL (2 UNITS PER FILL; 2 FILLS PER 30 DAYS), NP
<i>zolmitriptan 2.5 mg tab, 5 mg tab</i>	1	QL (18 EA PER 30 DAYS), P
<i>zolmitriptan zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp, zolmitriptan 2.5 mg solution</i>	1	PA, QL (18 EA PER 30 DAYS), NP
ZOMIG 2.5 MG SOLUTION	1	PA, QL (18 EA PER 30 DAYS), NP
ZOMIG 2.5 MG TAB, 5 MG TAB	2	PA, QL (18 EA PER 30 DAYS)
<i>zomig zomig 5 mg solution, zomig 2.5 mg tab, zomig 5 mg tab</i>	1	QL (18 EA PER 30 DAYS), P

## **MINERALS ELECTROLYTES**

### **CALCIUM**

<i>calcium / magnesium / zinc</i>	1	OTC, EDS
<i>calcium / phosphorus / vitamin d</i>	2	OTC
<i>calcium / vitamin c / vitamin d</i>	2	OTC
<i>calcium / vitamin d / vitamin k</i>	1	OTC, EDS
CALCIUM / VITAMIN D / VITAMIN K	2	OTC
CALCIUM CARBONATE	2	OTC

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	\$0	OTC, EDS
<b>MAGNESIUM</b>		
MAGNESIUM	2	OTC
<i>magnesium</i>	1	OTC, EDS
<i>magnesium chloride</i>	1	OTC, EDS
MAGNESIUM CHLORIDE	2	OTC
<i>magnesium gluconate</i>	2	OTC, EDS
MAGNESIUM GLUCONATE	2	OTC
<i>magnesium sulfate 2 gm/50ml, 4 gm/100ml, 4 gm/50ml, 20 gm/500ml, 40 gm/1000ml</i>	1	
<b>PHOSPHATE</b>		
<i>phosphorus supplement</i>	2	OTC
<i>potassium / sodium phosphate</i>	1	EDS
<b>POTASSIUM</b>		
<i>klor-con</i>	1	EDS
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
<i>klor-con m15</i>	1	EDS
<i>klor-con m20</i>	1	EDS
<i>potassium chloride 10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution</i>	1	EDS
<i>potassium chloride 2 meq/ml, 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	1	
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er</i>	1	EDS
POTASSIUM GLUCONATE	2	OTC
<i>potassium gluconate</i>	1	OTC, EDS
<b>SODIUM</b>		
<i>aquastat</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	
<i>bd posiflush safescrub</i>	1	
<i>monoject flush syringe</i>	1	
<i>monoject sodium chloride flush</i>	1	
<i>normal saline flush</i>	1	
<i>saline flush</i>	1	
<i>saline flush zr</i>	1	
<i>sodium chloride</i>	1	OTC, EDS
<i>sodium chloride flush</i>	1	
<i>swabflush saline flush</i>	1	
<b>TRACE MINERALS</b>		
CHROMIUM	2	OTC
<i>chromium</i>	1	OTC, EDS
<i>selenium</i>	1	OTC, EDS
<b>ZINC</b>		
<i>zinc</i>	1	OTC
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>clovique</i>	1	SP
<i>penicillamine 250 mg tab</i>	1	PA, SP
<i>trientine hcl 250 mg cap</i>	1	SP
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	1	PA, QL (1 EA PER DAY), SP
REVLIMID	2	PA, LA, QL (1 EA PER DAY)
REZUROCK	2	PA, QL (1 EA PER DAY), SP, NP
THALOMID	2	LA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>IRRIGATION SOLUTIONS</b>		
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
<b>MISC NATURAL PRODUCTS</b>		
<i>miscellaneous natural products</i>	2	OTC
MISCELLANEOUS NATURAL PRODUCTS	2	OTC
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE 200 & 50 MG TAB THPK	2	PA, QL (2 EA PER DAY), SP
VIJOICE 50 MG PACKET	2	PA, QL (1 EA PER 1 DAY), SP
VIJOICE 50 MG TAB THPK, 125 MG TAB THPK	2	PA, QL (1 EA PER DAY), SP
<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>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	P
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	EDS
<i>periogard</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	1	EDS
<i>clinpro 5000</i>	1	EDS
<i>denta 5000 plus</i>	\$0	EDS
DENTA 5000 PLUS SENSITIVE	1	
<i>dentagel</i>	1	EDS
<i>fluoridex</i>	1	EDS
<i>fluoridex enhanced whitening</i>	1	EDS
FLUORIDEX SENSITIVITY RELIEF	1	
<i>fluorimax 5000</i>	1	EDS
FLUORIMAX 5000 SENSITIVE	1	
<i>fraiche 5000 dental</i>	1	EDS
<i>fraiche rinse</i>	1	OTC, EDS
<i>just right 5000</i>	1	EDS
<i>periomed</i>	1	OTC, EDS
<i>sf</i>	1	EDS
<i>sf 5000 plus</i>	\$0	EDS
SOD FLUORIDE-POTASSIUM NITRATE	1	EDS
<i>sodium fluoride 0.2 % solution, 1.1 % gel</i>	1	EDS
<i>sodium fluoride 1.1 % cream</i>	\$0	EDS
SODIUM FLUORIDE 5000 ENAMEL	1	EDS
<i>sodium fluoride 5000 plus</i>	\$0	EDS
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	\$0	EDS
<i>sodium fluoride 5000 ppm 5000 1.1 % gel, 5000 1.1 % paste</i>	1	EDS
SODIUM FLUORIDE 5000 SENSITIVE	1	EDS
<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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	1	OTC, EDS
<b>B-COMPLEX W/ C</b>		
VITAMIN B COMPLEX	2	OTC
<i>vitamin b complex / vitamin c / calcium</i>	1	OTC, EDS
<i>vitamin b complex / vitamin c / vitamin e / zinc</i>	1	OTC, EDS
<i>vitamin b complex combinations</i>	1	OTC, EDS
<b>B-COMPLEX W/ FOLIC ACID</b>		
B COMPLEX-C-BIOTIN-E-FA	\$0	OTC
<i>vitamin b complex (\$0)</i>	\$0	OTC, EDS
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2	
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	2	
VITAMIN B COMPLEX COMBINATIONS	2	
<b>BIOFLAVONOID PRODUCTS</b>		
<i>bioflavonoids</i>	1	OTC, EDS
BIOFLAVONOIDS	2	OTC
<b>MULTIPLE VITAMINS W/ CALCIUM</b>		
<i>multivitamins / calcium</i>	1	OTC, EDS
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
MULTIVITAMINS / MINERALS	2	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins / fluoride / iron</i>	1	OTC, EDS
<i>pediatric multivitamin combinations</i>	1	OTC, EDS
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
PEDIATRIC MULTIPLE VITAMINS / MINERALS PEDIATRIC MULTIPLE VITAMINS MINERALS, PEDIATRIC MULTIPLE VITAMINS MINERALS	2	OTC, EDS



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</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	
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins / iron</i>	2	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC, EDS
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
PEDIATRIC MULTIPLE VITAMINS	2	OTC
<i>pediatric multiple vitamins</i>	1	OTC, EDS
<b>PEDIATRIC VITAMINS</b>		
<i>pediatric vitamins</i>	2	OTC
TRI-VI-SOL A/C/D	2	OTC
VITAMIN A-C-D INFANT	2	OTC
VITAMIN A/C/D/ INFANT/TODDLER	2	OTC
<b>PRENATAL VITAMINS</b>		
INATAL GT	2	
<i>prenatal vitamin</i>	\$0	OTC, EDS
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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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, NP
DYMISTA	2	PA, NP
RYALTRIS	2	PA, NP
<b>NASAL AGENTS - MISC.</b>		
SODIUM CHLORIDE NASAL SPRAY	2	OTC
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl 0.1 %, 0.15 %, 137 mcg/spray</i>	1	EDS, P
<i>cromolyn (nasalcrom)</i>	1	OTC, EDS
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide 0.03 % solution</i>	1	EDS, P
<i>ipratropium bromide 0.06 % solution</i>	1	QL (30 UNITS PER 30 DAYS), 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, NP
OMNARIS	2	PA, QL (0.42 GM PER DAY), NP
QNASL	2	PA, QL (0.36 ML PER DAY), NP
QNASL CHILDRENS	2	PA, QL (0.23 GM PER DAY), NP
<i>triamcinolone acetonide (nasacort)</i>	1	QL (0.57 ML PER DAY), OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XHANCE	2	PA, QL (1.07 ML PER DAY), NP
ZETONNA	2	PA, QL (0.21 GM PER DAY), NP

## **SYMPATHOMIMETIC DECONGESTANTS**

<i>oxymetazoline (afrin)</i>	1	OTC
<i>phenylephrine (neo-synephrine)</i>	1	OTC
<i>phenylephrine (sudafed pe)</i>	1	OTC
<i>pseudoephedrine (sudafed)</i>	1	OTC

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

<i>riluzole</i>	1	EDS
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### **SPINAL MUSCULAR ATROPHY AGENTS (SMA)**

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

### **CARBOHYDRATES**

DEXTROSE 250 MG/ML SOLUTION	2	
DEXTROSE DEXTROSE 50 % SOLUTION, DEXTROSE 5 % SOLUTION, DEXTROSE 5 % SOLUTION	1	

### **LIPIDS**

INTRALIPID	2	
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### **MISC. NUTRITIONAL SUBSTANCES**

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

CLINIMIX E/DEXTROSE	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/5)	2	
CLINIMIX/DEXTROSE (5/15)	2	
CLINIMIX/DEXTROSE (5/20)	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CLINIMIX/DEXTROSE (6/5)	2	
CLINIMIX/DEXTROSE (8/10)	2	
CLINIMIX/DEXTROSE (8/14)	2	
NEPHRAMINE	2	
PROCALAMINE	2	

## **OPHTHALMIC AGENTS**

### **ARTIFICIAL TEARS AND LUBRICANTS**

ALCON TEARS	2	OTC
<i>artificial tear drops</i>	1	OTC, EDS
<i>dextran 70/he-cell drops (genteal tears)</i>	1	OTC, EDS
GENTEAL SEVERE	2	OTC
ISOPTO TEARS	2	OTC
LUBRICANT EYE DROPS	2	OTC
<i>lubricant eye drops</i>	1	OTC, EDS
<i>lubricant eye ointment</i>	1	OTC
<i>polyethylene glycol drops</i>	1	
<i>polyvinyl alcohol / povidone drops (refresh)</i>	1	OTC, EDS
<i>polyvinyl alcohol drops (hypotears)</i>	1	OTC, EDS
PURE & GENTLE LUBRICANT	2	OTC
REFRESH 1.4-0.6 % SOLUTION	2	OTC
REFRESH DIGITAL	2	OTC
REFRESH OPTIVE 0.5-0.9 % SOLUTION	2	OTC
REFRESH OPTIVE 1-0.9 % GEL	1	OTC
REFRESH OPTIVE ADVANCED	2	OTC
REFRESH OPTIVE PF	2	OTC
REFRESH RELIEVA	2	OTC
REFRESH RELIEVA PF 0.5-0.9 % SOLUTION	2	OTC
REFRESH TEARS PF	2	OTC
SYSTANE BALANCE	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SYSTANE COMPLETE	2	OTC
VISTA GEL DRY EYE RELIEF	2	OTC
<b>BETA-BLOCKERS - OPHTHALMIC</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
COMBIGAN	1	P
COSOPT	2	PA, NP
COSOPT PF	2	PA, NP
<i>dorzolamide hcl-timolol mal</i>	1	EDS, P
<i>dorzolamide hcl-timolol mal pf</i>	1	PA, EDS, NP
ISTALOL	2	PA, NP
LEVOBUNOLOL HCL	2	PA, NP
<i>timolol hemihydrate</i>	1	P
<i>timolol maleate (once-daily)</i>	1	PA, EDS, NP
<i>timolol maleate 0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution</i>	1	EDS, P
<i>timolol maleate 0.5 % (daily) solution</i>	1	PA, EDS, NP
<i>timolol maleate ocudose</i>	1	PA, EDS, NP
<i>timolol maleate pf</i>	1	PA, EDS, NP
TIMOPTIC	2	PA, NP
TIMOPTIC OCUDOSE	2	PA, NP
TIMOPTIC-XE	2	PA, NP
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA	2	PA, QL (0.14 ML PER DAY), NP
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	1	EDS
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P	1	P
APRACLONIDINE HCL	2	PA, NP
<i>apraclonidine hcl</i>	1	PA, EDS, NP
<i>brimonidine tartrate 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>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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ofloxacin 0.3 % solution</i>	1	P
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	2	PA, NP
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
VIGAMOX	2	PA, NP
XDEMVY	2	PA, LA, QL (10 ML PER FILL)
ZIRGAN	2	
<b>OPHTHALMIC DECONGESTANTS</b>		
<i>advanced lubricant</i>	1	OTC, EDS
<i>ft eye drops advanced relief</i>	1	OTC, EDS
<i>glitch advanced relief</i>	1	OTC, EDS
<i>naphazoline /pheniramine drops (naphcon-a)</i>	1	OTC, EDS
<i>tetrahydrazoline drops (visine)</i>	1	OTC, EDS
<i>visine red eye hydrating comf</i>	1	OTC, EDS
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine</i>	1	
<i>proparacaine hcl 0.5 % solution</i>	1	
<i>tetracaine hcl 0.5 % solution</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	2	PA, LA, QL (7 UNITS 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
DEXYCU	2	PA, NP
<i>difluprednate</i>	1	PA, NP
DUREZOL	2	PA, NP
EYSUVIS	2	PA, QL (0.6 ML PER DAY), NP
<i>fluorometholone</i>	1	P
INVELTYS	2	PA, NP
LOTEMAX	2	PA, NP
LOTEMAX SM	2	PA, NP
<i>loteprednol etabonate</i>	1	PA, NP
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	2	
OZURDEX	2	PA, LA, NP
PRED FORTE	2	
<i>prednisolone acetate 1 % suspension</i>	1	P
PREDNISOLONE ACETATE P-F	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	



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

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

## **PROSTAGLANDINS - OPHTHALMIC**

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

## **OTIC AGENTS**

### **OTIC AGENTS - MISCELLANEOUS**

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

### **OTIC ANTI-INFECTIVES**

<i>ciprofloxacin hcl 0.2 % solution</i>	1	PA, NP
<i>ofloxacin otic soln 0.3%</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>OTIC COMBINATIONS</b>		
CIPRO HC	2	P
<i>ciprofloxacin-dexamethasone</i>	1	P
CIPROFLOXACIN-FLUOCINOLONE PF	1	PA, NP
CORTISPORIN-TC	2	PA, NP
<i>neomycin-polymyxin-hc</i>	1	P
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	1	QL (4 EA PER DAY), QL (28 UNITS PER FILL; 1 FILL PER 365 DAYS)
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL (4 EA PER DAY), QL (28 UNITS PER FILL; 1 FILL PER 365 DAYS)
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUVITRU	2	SP
GAMMAGARD	2	SP
GAMUNEX-C	2	SP
HIZENTRA	2	SP
HYPERTET	2	
PRIVIGEN 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION	2	SP
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	\$0	LA
SYNAGIS	2	LA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>amoxicillin 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM 1 GM RECON SOLN	2	
<i>ampicillin sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	1	
<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	
<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	
<i>piperacillin sod-tazobactam so -3-0.375 gm ln, -4-0.5 gm ln, -40.5 (36-4.5) gm ln, -2.25 (2-0.25) gm ln, -3.375 (3-0.375) gm ln, -4.5 (4-0.5) gm ln</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM 1 GM RECON SOLN, 2 GM RECON SOLN	2	
NAFCILLIN SODIUM IN DEXTROSE	2	
<i>oxacillin sodium</i>	1	

## **PHARMACEUTICAL ADJUVANTS**

### **ANTIMICROBIAL AGENTS**

BENZYL ALCOHOL	2	OTC
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### **FLAVORING AGENTS**

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LEMON-LIME SD	2	OTC
LEMONADE FLAVOR	2	OTC
LICORICE FLAVOR	2	OTC
LIME FLAVOR	2	OTC
LIVER CONCENTRATE	2	OTC
LIVER FLAVOR	2	OTC
MANGO FLAVOR	2	OTC
MANGO FLAVOR SWEETENED	2	OTC
MANGO PASSION FRUIT OS	2	OTC
MAPLE FLAVOR	2	OTC
MARSHMALLOW ARTIFICIAL FLAVOR	2	OTC
MARSHMALLOW FLAVOR	2	OTC
MARSHMALLOW OS	2	OTC
MARSHMALLOW WS	2	OTC
MINT CHOCOLATE CHIP FLAVOR	2	OTC
MOLASSES FLAVOR	2	OTC
NATURAL CARAMEL	2	OTC
ORANGE CONCENTRATE	2	OTC
ORANGE CREAM FLAVOR	2	OTC
ORANGE FLAVOR	2	OTC
ORANGE OIL FLAVOR	2	OTC
PASSION FRUIT FLAVOR	2	OTC
PASSION FRUIT FLAVOR SWEETENED	2	OTC
PCCA SWEETNESS ENHANCER	2	OTC
PEACH FLAVOR	2	OTC
PEANUT BUTTER FLAVOR	2	OTC
PEANUT BUTTER OS	2	OTC
PEPPERMINT BURST OS	2	OTC
PEPPERMINT FLAVOR	2	OTC
PINA COLADA FLAVOR	2	OTC



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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COCOA BUTTER MISC	2	OTC
ECTOSEAL P2G	2	
FAGRON CAPFILL PRO	2	
FAGRON DISPERSAPRO	2	
FREEDOM SIMPLECAP	2	
LOXORAL BASE	2	
MAGNESIUM STEARATE	2	OTC
METHYLCELLULOSE POWDER	2	
NAT BITTERNESS	2	
PROCAP 90 CAPSULE EXCIPIENT	2	
STEARIC ACID POWDER	2	OTC

### **SEMI SOLID VEHICLES**

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

### **PROGESTINS**

#### **PROGESTINS**

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

### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

#### **AGENTS FOR CHEMICAL DEPENDENCY**

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIDEMENTIA AGENTS</b>		
ADLARITY	2	PA, NP
ARICEPT	2	PA, NP
<i>donepezil hcl 23 mg tab</i>	1	PA, EDS, NP
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	1	EDS, P
EXELON	2	PA, NP
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	1	PA, EDS, NP
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	2	PA, NP
<i>galantamine hydrobromide er</i>	1	PA, EDS, NP
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	1	PA, EDS, NP
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	1	PA, NP
<i>memantine hcl 5 mg tab, 10 mg tab</i>	1	EDS, P
<i>memantine hcl er</i>	1	PA, EDS, NP
NAMENDA	2	PA, NP
NAMENDA TITRATION PAK	2	PA, NP
NAMENDA XR	2	PA, NP
NAMENDA XR TITRATION PACK	2	PA, NP
NAMZARIC	2	PA, NP
<i>rivastigmine</i>	1	PA, EDS, NP
<i>rivastigmine tartrate</i>	1	PA, EDS, NP
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA, NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA, NP
PERPHENAZINE-AMITRIPTYLINE	\$0	
SYMBYAX	\$0	PA, NP
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	2	QL (2 EA PER DAY), P
SAVELLA TITRATION PACK	2	QL (55 EA PER 180 DAYS), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
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, SP, NP
AVONEX PEN	2	PA, SP, P
AVONEX PREFILLED	2	PA, SP, P
BAFIERTAM	2	PA, SP, NP
BETASERON	2	PA, SP, P
BRIUMVI	2	PA, LA, NP
COPAXONE 20 MG/ML SOLN PRSYR	1	PA, SP, P
COPAXONE 40 MG/ML SOLN PRSYR	2	PA, SP, NP
<i>dalfampridine er</i>	1	PA, SP, NP
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	1	SP, P
<i>dimethyl fumarate starter pack</i>	1	PA, SP, NP
EXTAVIA	2	PA, SP, NP
<i> fingolimod hcl</i>	1	PA, SP, P
GILENYA 0.25 MG CAP	2	PA, SP, NP
GILENYA 0.5 MG CAP	1	PA, SP, NP
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatopa 20 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatopa 40 mg/ml soln prsyr</i>	1	PA, SP, NP
KESIMPTA	2	PA, SP, NP
LEMTRADA	2	PA, LA, NP
MAVENCLAD (10 TABS)	2	PA, SP, NP
MAVENCLAD (4 TABS)	2	PA, SP, NP
MAVENCLAD (5 TABS)	2	PA, SP, NP
MAVENCLAD (6 TABS)	2	PA, SP, NP
MAVENCLAD (7 TABS)	2	PA, SP, NP
MAVENCLAD (8 TABS)	2	PA, SP, NP
MAVENCLAD (9 TABS)	2	PA, SP, NP
MAYZENT	2	PA, SP, NP
MAYZENT STARTER PACK	2	PA, SP, NP
OCREVUS	2	PA, SP, NP
PLEGRIDY	2	PA, SP, NP
PLEGRIDY STARTER PACK	2	PA, SP, NP
PONVORY	2	PA, SP, NP
PONVORY STARTER PACK	2	PA, SP, NP
REBIF	2	PA, SP, P
REBIF REBIDOSE	2	PA, SP, P
REBIF REBIDOSE TITRATION PACK	2	PA, SP, P
REBIF TITRATION PACK	2	PA, SP, P
TASCENSO ODT	2	PA, LA, NP
TECFIDERA	2	PA, SP, NP
<i>teriflunomide</i>	1	PA, SP, P
TYSABRI	2	PA, SP, NP
VUMERITY	2	PA, SP, NP
ZEPOSIA	2	PA, QL (1 EA PER DAY), SP, NP
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (1 EA PER DAY), SP, NP
ZEPOSIA STARTER KIT	2	PA, QL (1 EA PER DAY), SP, NP

<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)	2	PA, 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</i>	\$0	OTC
<i>nicotine patch</i>	\$0	OTC
NICOTROL	\$0	
<i>varenicline tartrate</i>	\$0	
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate(continue)</i>	\$0	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE	2	PA, NP
<i>paroxetine mesylate</i>	1	PA, 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
ORKAMBI 75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET	2	PA, QL (2 EA PER DAY), SP

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

## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

<i>methimazole 5 mg tab, 10 mg tab</i>	1	EDS
<i>propylthiouracil 50 mg tab</i>	1	EDS



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	EDS
NIVA THYROID	2	
NP THYROID	2	
THYQUIDITY	2	
THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	2	
<i>unithroid</i>	1	EDS

## **TOXOIDS**

### **TOXOID COMBINATIONS**

ADACEL	\$0
BOOSTRIX	\$0
DAPTACEL	\$0
DIPHtheria-TETANUS TOXOIDS DT	\$0
INFANRIX	\$0
KINRIX	\$0
PEDIARIX	\$0
PENTACEL	\$0

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
QUADRACEL	\$0	
TDVAX	\$0	
TENIVAC	\$0	

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

### **ANTISPASMODICS**

ATROPINE SULFATE (PF)	2	
<i>atropine sulfate 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr, 1 mg/ml solution, 8 mg/20ml solution</i>	1	
<i>dicyclomine hcl 10 mg cap, 10 mg/5ml solution, 20 mg tab</i>	1	EDS
<i>ed-spaz</i>	1	EDS
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	EDS
<i>hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution</i>	1	EDS
<i>hyoscyamine sulfate er</i>	1	EDS
<i>hyosyne</i>	1	EDS
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	EDS
<i>nulev</i>	1	EDS
<i>oscimin</i>	1	EDS
<i>oscimin sr</i>	1	EDS
<i>symax-sl</i>	1	EDS
<i>symax-sr</i>	1	EDS

### **H-2 ANTAGONISTS**

<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	1	EDS
<i>famotidine (pepcid)</i>	1	OTC, EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE 15 MG/ML SOLUTION, 300 MG CAP	2	
<i>nizatidine 150 mg cap</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>cvs omeprazole magnesium</i>	1	OTC, EDS
DEXILANT	2	PA, NP
<i>dexlansoprazole</i>	1	PA, NP
<i>eq esomeprazole magnesium</i>	1	OTC, EDS, P
<i>eq omeprazole magnesium</i>	1	OTC, EDS
<i>esomeprazole magnesium 10 mg packet, 20 mg packet, 40 mg packet</i>	1	PA, NP
<i>esomeprazole magnesium 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
<i>kls esomeprazole magnesium</i>	1	OTC, EDS, P
<i>kp omeprazole magnesium</i>	1	OTC, EDS
<i>lansoprazole (prevacid)</i>	1	PA, OTC, EDS, NP
LANSOPRAZOLE 15 MG CAP DR	1	OTC, EDS, P
LANSOPRAZOLE 15 MG TAB DR DISP	1	PA, OTC, NP
LANSOPRAZOLE 30 MG CAP DR	1	EDS, P
LANSOPRAZOLE 30 MG TAB DR DISP	1	PA, NP
NEXIUM 2.5 MG PACKET, 5 MG PACKET, 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NEXIUM 20 MG CAP DR, 40 MG CAP DR	2	PA, NP
NEXIUM I.V.	2	PA, NP
<i>omeprazole (prilosec)</i>	1	OTC, EDS, P
<i>omeprazole magnesium 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>pantoprazole sodium 20 mg tab dr, 40 mg tab dr</i>	1	EDS, P
<i>pantoprazole sodium 40 mg packet</i>	1	PA, NP
PREVACID 30 MG CAP DR	2	PA, NP
PREVACID SOLUTAB 15 MG TAB DR DISP	2	PA, NP
PREVACID SOLUTAB 30 MG TAB DR DISP	2	PA, NP
PRILOSEC	2	PA, NP
PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	2	PA, NP
<i>qc esomeprazole magnesium</i>	1	OTC, EDS, P
<i>qc omeprazole magnesium</i>	1	OTC, EDS
<i>ra esomeprazole magnesium</i>	1	OTC, EDS, P
<i>rabeprazole sodium 20 mg tab dr</i>	1	PA, EDS, NP
<i>sm esomeprazole magnesium</i>	1	OTC, EDS, P
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol 100 mcg tab, 200 mcg tab</i>	1	EDS
<b>ULCER THERAPY COMBINATIONS</b>		
<i>cvs omeprazole-sod bicarbonate</i>	1	PA, OTC, EDS, NP
<i>goodsense omeprazole/sod bicarb</i>	1	PA, OTC, EDS, NP
KONVOMEPR	2	PA, NP
<i>omeprazole-sodium bicarbonate -20-1100 mg cap</i>	1	PA, OTC, EDS, NP
<i>omeprazole-sodium bicarbonate -20-1680 mg packet, -40-1100 mg cap, -40-1680 mg packet</i>	1	PA, NP
ZEGERID 20-1100 MG CAP	2	PA, OTC, NP
ZEGERID 20-1680 MG PACKET, 40-1100 MG CAP, 40-1680 MG PACKET	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ZEGERID OTC	2	PA, OTC, NP
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	PA, EDS, NP
DETROL	2	PA, NP
DITROPAN XL	2	PA, NP
ENABLEX	2	PA, NP
<i>fesoterodine fumarate er</i>	1	PA, NP
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	1	EDS, P
<i>oxybutynin chloride er</i>	1	EDS, P
OXYTROL	2	P
<i>solifenacin succinate</i>	1	EDS, P
<i>tolterodine tartrate</i>	1	EDS, P
<i>tolterodine tartrate er</i>	1	EDS, P
TOVIAZ	1	P
<i>tropium chloride</i>	1	PA, EDS, NP
<i>tropium chloride er</i>	1	PA, EDS, NP
VESICARE	2	PA, NP
VESICARE LS	2	PA, NP
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	2	PA, NP
<i>mirabegron er</i>	1	
MYRBETRIQ	2	PA, NP
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	PA, EDS, NP

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FLUBLOK	\$0	
FLUBLOK QUADRIVALENT	\$0	
FLUCELVAX	\$0	
FLULAVAL	\$0	
FLULAVAL QUADRIVALENT	\$0	
FLUMIST	\$0	
FLUZONE 0.5 ML SUSP PRSYR	\$0	
FLUZONE HIGH-DOSE	\$0	
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	
FLUZONE QUADRIVALENT	\$0	
GARDASIL 9	\$0	
HAVRIX	\$0	
HEPLISAV-B	\$0	
IMOVAX RABIES	\$0	
IPOL	\$0	
IXCHIQ	\$0	
IXIARO	\$0	
JANSSEN COVID-19 VACCINE	\$0	
JYNNEOS	\$0	
M-M-R II	\$0	
MODERNA COVID-19 BIVAL 6M-5Y	\$0	
MODERNA COVID-19 BIVAL BOOSTER	\$0	
MODERNA COVID-19 BIVALENT	\$0	
MODERNA COVID-19 VAC (BOOSTER)	\$0	
MODERNA COVID-19 VAC 6M-11Y	\$0	
MODERNA COVID-19 VACC 6-11Y	\$0	
MODERNA COVID-19 VACC 6M-5Y	\$0	
MODERNA COVID-19 VACCINE	\$0	
MRESVIA	\$0	
NOVAVAX COVID-19 VACCINE	\$0	

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

## **VAGINAL AND RELATED PRODUCTS**

### **SPERMICIDES**

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MICONAZOLE 3 200 MG SUPPOSITORY	2	
<i>terconazole</i>	1	
<i>tioconazole (vagistat)</i>	1	OTC

## VAGINAL ESTROGENS

<i>estradiol 0.1 mg/gm cream</i>	1	EDS
<i>estradiol 10 mcg tab</i>	1	QL (0.7 EA PER DAY), EDS
<i>yuvafem</i>	1	QL (0.7 EA PER DAY), EDS

## VASOPRESSORS

### ANAPHYLAXIS THERAPY AGENTS

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

## VITAMINS

### OIL SOLUBLE VITAMINS

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

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

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<b>L</b>		larin fe 1.5/30.....	100	LEUPROLIDE ACETATE (3 MONTH).....
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