

2024

List of Covered Drugs (Formulary) (Lista de medicamentos cubiertos (Formulario))

- Families and Children (Prepaid Medical Assistance Program (PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (MSC Plus)
- UCare Connect (SNBC)

Families and Children: Aitkin, Anoka, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Cook, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pennington, Pine, Ramsey, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Winona y 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 y 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, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright y 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, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright y Yellow Medicine

La información incluida en esta lista de medicamentos cubiertos era correcta a partir del 12/01/2024. Para obtener la información más actualizada, visite [ucare.org](https://www.ucare.org). Si tiene preguntas, comuníquese con el Servicio al Cliente de UCare al número que aparece en esta página. Puede solicitar una copia impresa de esta Lista de medicamentos cubiertos de Medicaid en cualquier momento.

Servicio al Cliente de UCare: Families and Children (PMAP), MinnesotaCare, y MSC+: 612-676-3200 o 1-800-203-7225 (esta llamada es gratuita). UCare Connect: 612-676-3395 o 1-877-903-0061 (esta llamada es gratuita). TTY: 612-676-6810 o 1-800-688-2534 (esta llamada es gratuita). Horario de atención: de 8 am a 5 pm, de lunes a viernes. Estas llamadas son gratuitas. Para obtener más información, visite [ucare.org](https://www.ucare.org). UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTOS PLANES. Los miembros deben usar las farmacias de la red UCare para recibir beneficios de medicamentos recetados.

Esta lista está sujeta a cambios y no es exhaustiva. El documento está sujeto a regulaciones y reglas específicas del estado, que incluyen, entre otras, las relacionadas con la sustitución con genéricos, las listas de sustancias controladas, la preferencia por las marcas y los genéricos obligatorios cuando corresponda.

Nota para miembros existentes: Esta lista de medicamentos cubiertos ha cambiado desde el año pasado y puede cambiar a lo largo del año. Revise este documento para asegurarse de que todavía incluye los medicamentos que toma. Póngase en contacto con el servicio de atención al cliente de UCare si tiene alguna pregunta: miembros de Families and Children (PMAP), MinnesotaCare y MSC+: 612-676-3200 o al 1-800-203-7225 (esta llamada es gratuita), UCare Connect: 612-676-3395 o 1-877-903-0061 (esta llamada es gratuita), TTY: 612-676-6810 o 1-800-688-2534 (esta llamada es gratuita). Horario de atención: de 8 am a 5 pm, de lunes a viernes. Estas llamadas son gratuitas.

También puede encontrar actualizaciones de esta lista en **ucare.org**.

Si tiene Medicare, debe obtener la mayoría de sus medicamentos recetados a través del Programa de medicamentos recetados de Medicare (Medicare Part D). Debe estar inscrito en un plan de medicamentos recetados de Medicare para obtener los beneficios de medicamentos recetados de Medicare.

Civil Rights Notice

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

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

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

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

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

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

Civil Rights Complaints

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

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

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

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

Contact the OCR directly to file a complaint:

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

Minnesota Department of Human Rights (MDHR)

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

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

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

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

Minnesota Department of Human Services (DHS)

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

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

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

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

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

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

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

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

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INFORMACIÓN IMPORTANTE

¿Qué es una lista de medicamentos cubiertos?

Una lista de medicamentos cubiertos incluye los medicamentos recetados cubiertos por UCare. Los medicamentos incluidos en esta lista son seleccionados por UCare con la ayuda de un equipo de médicos y farmacéuticos. UCare generalmente cubrirá los medicamentos enumerados en la lista de medicamentos cubiertos, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de UCare y se sigan otros requisitos relacionados con el medicamento. La mayoría de los medicamentos y ciertos suministros está disponible para un suministro de hasta 30 días. Ciertos medicamentos que toma regularmente para una afección crónica o a largo plazo están disponibles hasta un suministro de 90 días y se identifican en la Lista de medicamentos cubiertos como “90 días”.

¿Cambia alguna vez la lista de medicamentos cubiertos?

La lista de medicamentos cubiertos de UCare puede cambiar durante el transcurso de un año calendario. Si los cambios afectan la cobertura de un medicamento que está tomando, UCare hará todos los esfuerzos razonables para comunicarse con usted y el profesional que receta para informarles del cambio. UCare también le dirá sobre los medicamentos alternativos que están cubiertos.

Ejemplos de algunos cambios que pueden ocurrir son:

- Un medicamento que usted toma ya no es preferido (consulte “¿Qué es una lista de medicamentos preferidos?” en la siguiente sección).
- Un medicamento se elimina de la lista de medicamentos cubiertos por razones de seguridad.
- Los requisitos de autorización previa han cambiado. (Consulte “¿Hay restricciones para mi cobertura?”).

¿Cómo se enumeran los medicamentos en la lista de medicamentos cubiertos?

Hay dos maneras de encontrar sus medicamentos recetados en el formulario. Puede buscar por afección médica asociada con su medicamento o por lista alfabética.

Buscar por afección médica

Los medicamentos enumerados por afección médica comienzan en la página 1. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de afecciones médicas que tratan. Si sabe para qué se usa su medicamento, busque la categoría en la lista que comienza en la página 1. Luego busque debajo del nombre de la categoría para su medicamento.

Buscar por listado alfabético

Si no está seguro de en qué categoría buscar, puede buscar su medicamento en el Índice. El Índice ofrece una lista alfabética de todos los medicamentos incluidos en el formulario. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura dentro del formulario.

¿Qué es una lista de medicamentos preferidos?

En Minnesota, todos los planes de salud deben usar la Lista de medicamentos preferidos (Preferred Drug List, PDL) del Departamento de Servicios Humanos de Minnesota (DHS). La PDL es creada por el DHS, en consulta con el Comité del Formulario de Medicamentos, para que los profesionales que recetan y los miembros conozcan sobre medicamentos o clases de medicamentos que son económicos. En general, los medicamentos que son “preferidos” son más económicos y los medicamentos que son “no preferidos” son menos económicos. Los medicamentos preferidos están disponibles para los miembros con menos restricciones. Los medicamentos no preferidos requieren una autorización previa. Para obtener un medicamento no preferido, su médico o proveedor de atención médica debe obtener una autorización previa. La PDL está incluida como parte de la lista de medicamentos cubiertos de UCare. La lista completa de medicamentos cubiertos de UCare incluye otros medicamentos además de los que están en la PDL. La PDL está disponible en el sitio web del DHS en <http://minnesota.magellanmedicaid.com/pdl.asp>.

¿Qué son los medicamentos genéricos o biosimilares?

Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) y tiene los mismos ingredientes activos que el medicamento de marca. Produce el mismo efecto clínico que el medicamento de marca.

Un medicamento biosimilar es un medicamento biológico aprobado por la FDA (con mayor frecuencia un medicamento recetado inyectable) que es muy similar a un producto biológico ya aprobado. No tiene diferencias clínicamente significativas en términos de seguridad y efectividad. Los medicamentos biosimilares no son lo mismo que los medicamentos genéricos, pero al igual que los genéricos, los medicamentos biosimilares pueden ofrecer opciones de tratamiento más asequibles.

Sustitución con genérico o biosimilar significa que se administra una versión genérica o una versión biosimilar de un medicamento en lugar del nombre de marca o la versión no biosimilar del medicamento.

UCare cubrirá el nombre de marca o la versión no biosimilar del medicamento solo cuando:

1. El profesional que expide sus recetas informa a UCare por escrito que la versión de marca o no biosimilar del medicamento es médicamente necesaria; O
2. UCare puede preferir dispensar ciertas versiones de marca sobre la versión genérica o no biosimilar sobre la versión biosimilar del medicamento; O
3. la ley de Minnesota exige que se dispense la versión de marca o no biosimilar del medicamento.

Dentro de la lista de medicamentos cubiertos, los medicamentos de marca están en mayúsculas (por ejemplo, EPIPEN) y los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, *comprimido de sertralina*).

¿Qué son los medicamentos de venta libre?

Los medicamentos y productos que están disponibles para su compra sin receta médica se denominan de venta libre (Over-The-Counter, OTC). Aunque un producto de venta libre esté disponible sin receta médica, si un médico escribe una receta para un producto de venta libre, UCare puede cubrirlo. Dentro de la lista de medicamentos cubiertos, los medicamentos y productos de venta libre se enumeran después del índice en una lista separada de medicamentos de venta libre (OTC).

¿Qué son los medicamentos especializados?

Los medicamentos especializados son utilizados por personas con enfermedades complejas o crónicas. Estos medicamentos a menudo requieren un manejo, dispensación o supervisión especiales por parte de un farmacéutico especialmente capacitado.

Si le recetan un medicamento que está en la Lista de medicamentos especializados de UCare, el profesional que expide sus recetas deberá enviar la receta a la farmacia especializada de UCare.

Nombre de la farmacia especializada: Fairview Specialty Pharmacy

Teléfono y TTY: 612-672-5260 o 1-800-595-7140 (esta llamada es gratuita), llame al Centro nacional de retransmisión al 711 y pida para comunicarse con el 1-800-595-7140 (esta llamada es gratuita).

Fax: 1-866-347-4939

Horario de atención: 24 horas al día, siete días a la semana

También deberá llamar a la farmacia especializada al 612-672-5260 o al 1-800-595-7140 (esta llamada es gratuita) o, para TTY, llamar al Centro nacional de retransmisión al 711 y pedir 1-800-595-7140 (esta llamada es gratuita) para configurar una cuenta. Deberá tener su tarjeta de identificación del miembro (ID) de UCare cuando llame a la farmacia especializada.

¿Qué pasa si un medicamento no está en la lista de medicamentos cubiertos?

No todos los medicamentos están cubiertos. Si un medicamento que desea tomar no aparece en la lista de medicamentos cubiertos, puede ponerse en contacto con el Servicio al Cliente de UCare para Families and Children (PMAP), MinnesotaCare y MSC+: 612-676-3200 o 1-800-203-7225 (esta llamada es gratuita), UCare Connect: 612-676-3395 o 1-877-903-0061 (esta llamada es gratuita), TTY: 612-676-6810 o 1-800-688-2534 (esta llamada es gratuita) y preguntar si el medicamento está cubierto. De lo contrario, se considera un medicamento no incluido en el formulario.

Si necesita un medicamento que no está incluido en la lista de medicamentos cubiertos:

- puede preguntarle a su proveedor de atención médica si hay otro medicamento cubierto que funcione para usted;
- usted o su proveedor de atención médica pueden pedirle a UCare que haga una “excepción” y cubra el medicamento o que elimine las restricciones o límites. Si se aprueba su solicitud de excepción, el medicamento estará cubierto en el nivel de copago genérico o de marca apropiado.

En general, UCare solo aprobará la solicitud de su proveedor de atención médica de una excepción al formulario si el medicamento alternativo incluido en la lista de medicamentos cubiertos de UCare no sería tan eficaz para tratar su afección o causaría que tenga efectos médicos adversos.

Si su proveedor de atención médica le receta un medicamento que no está en nuestra lista de medicamentos cubiertos o un medicamento que requiere autorización previa, su proveedor debe llamar a Navitus Health Solutions o visitar nuestro sitio web para proveedores para completar un formulario de solicitud. Los miembros también pueden encontrar más información en [ucare.org](https://www.ucare.org). Llame al Servicio al Cliente de UCare al número que aparece en la portada para obtener ayuda.

¿Hay restricciones para mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa:** UCare exige que usted o su proveedor de atención médica o médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de UCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que UCare no cubra el medicamento.
- **Límites de cantidad (QL):** Para ciertos medicamentos, limitamos la cantidad del medicamento que cubrirá.
- **Requisitos de edad:** Algunos medicamentos tienen requisitos de edad. Es posible que se necesite una autorización previa dependiendo de su edad y del medicamento específico recetado.

Puede averiguar si su medicamento requiere autorización previa, tiene límites de cantidad o tiene un requisito de edad buscando en esta lista de medicamentos cubiertos. Se puede hacer una excepción a una restricción o límite de un medicamento si su médico presenta una declaración o documentación que respalde la solicitud. Consulte Medicamentos recetados en la Sección 7: Servicios cubiertos, de su *Manual del miembro* para obtener más información. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos si llama al Servicio al Cliente de UCare para Families and Children (PMAP), MinnesotaCare y MSC+ al 612-676-3200 o al 1-800-203-7225 (esta llamada es gratuita), UCare Connect: 612-676-3395 o 1-877-903-0061 (esta llamada es gratuita), TTY: 612-676-6810 o 1-800-688-2534 (esta llamada es gratuita), o visita nuestro sitio web en ucare.org. También consulte: “¿Puedo solicitar una excepción a las restricciones de cobertura?”.

- **Medicamentos excluidos:** algunos medicamentos están excluidos de la lista de medicamentos cubiertos. Esto significa que no están cubiertos. Los medicamentos excluidos incluyen los siguientes:
 - Medicamentos utilizados para tratar la disfunción sexual o eréctil
 - Medicamentos utilizados para mejorar la fertilidad
 - Medicamentos utilizados con fines cosméticos, incluidos los medicamentos para tratar la pérdida de cabello
 - Medicamentos excluidos de la cobertura por la ley federal o estatal
 - Medicamentos experimentales, medicamentos en investigación o medicamentos no aprobados por la Administración de Alimentos y Medicamentos (FDA)
 - Cannabis medicinal

¿Puedo solicitar una excepción a las restricciones de cobertura?

Sí. Usted o su proveedor de atención médica pueden obtener el Formulario uniforme de Minnesota para solicitudes de autorización previa (PA) de medicamentos recetados y excepciones al formulario de ucare.org o comunicándose con el Servicio al Cliente para miembros de Families and Children (PMAP) de UCare, MinnesotaCare y MSC+: 612-676-3200 o 1-800-203-7225 (esta llamada es gratuita), UCare Connect: 612-676-3395 o 1-877-903-0061 (esta llamada es gratuita), TTY: 612-676-6810 o 1-800-688-2534 (esta llamada es gratuita). Su

proveedor debe devolver este formulario al número de fax o dirección que aparece en el documento. Para permitir una revisión exhaustiva y para asegurarse de que usted o su proveedor de atención médica reciban una respuesta en un plazo de 24 horas, se debe proporcionar toda la información solicitada en el formulario, incluida la documentación de qué medicamentos se han probado y fracasado, incluidas las dosis utilizadas y la razón del fracaso (por ejemplo, efectos secundarios).

¿Cuánto cuesta una receta?

A partir del 1 de enero de 2024, los medicamentos cubiertos por Asistencia Médica (Medical Assistance) ya no tienen copagos. Usted no tiene costos compartidos para los medicamentos cubiertos por Asistencia Médica. Los miembros de MinnesotaCare tienen copagos. Toda la información sobre el copago de las recetas se enumera en el *Manual del miembro* en la Sección 6: Costo compartido. Si tiene preguntas adicionales, póngase en contacto con el Servicio al Cliente de UCare si tiene alguna pregunta para Families and Children (PMAP), MinnesotaCare y MSC+: 612-676-3200 o 1-800-203-7225 (esta llamada es gratuita), UCare Connect: 612-676-3395 o 1-877-903-0061 (esta llamada es gratuita), TTY: 612-676-6810 o 1-800-688-2534 (esta llamada es gratuita) o visite nuestro sitio web en ucare.org.

Clave de la List of Covered Drugs (Formulary)

Explicación del estado de la cobertura y los requisitos		
P	Medicamentos preferidos	Medicamentos preferidos
NP	Medicamentos no preferidos	Los medicamentos no preferidos requieren autorización previa de UCare.
SF	Surtido dividido	Los medicamentos oncológicos se limitan a un suministro para 14 o 15 días por surtido para los primeros 90 días de terapia
EDS	Suministro diario extendido	Medicamentos que se pueden surtir para un suministro de hasta 90 días
MFG	Limitaciones del fabricante	<ul style="list-style-type: none"> • El fabricante de Mylan es preferido. • El fabricante que no es de Mylan no es preferido.
OTC	De venta libre	Medicamentos de venta libre (OTC) cubiertos
PA	Autorizaciones previas	Medicamentos que requieren la aprobación de UCare antes de surtir su receta.
SP	Medicamento especializado	Medicamentos que requieren que surta su receta a través de Fairview Specialty Pharmacy

QL	Límite de cantidad	Hay límites a la cantidad de medicamento por surtido
LA	Acceso limitado	Medicamentos que solo están disponibles en determinadas farmacias
PV	Preventivos	Medicamentos cubiertos a \$0 para uso preventivo
CDS	Suministros para enfermedades crónicas	Los miembros de MinnesotaCare tienen un monto máximo de desembolso directo mensual de \$50 para suministros médicos usados para tratar una enfermedad crónica

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR (ADDERALL XR 25 MG CAP ER 24H, ADDERALL XR 30 MG CAP ER 24H)	1	QL 2 EA / DAY P
ADDERALL XR (ADDERALL XR 5 MG CAP ER 24H, ADDERALL XR 10 MG CAP ER 24H, ADDERALL XR 15 MG CAP ER 24H)	1	QL 4 EA / DAY P
ADDERALL XR 20 MG CAP ER 24H	1	QL 3 EA / DAY P
ADZENYS ER	2	QL 48 ML / DAY PA NP
ADZENYS XR-ODT (ADZENYS XR-ODT 12.5 MG TAB ER DISP, ADZENYS XR-ODT 15.7 MG TAB ER DISP, ADZENYS XR-ODT 18.8 MG TAB ER DISP)	2	QL 1 EA / DAY PA NP
ADZENYS XR-ODT (ADZENYS XR-ODT 3.1 MG TAB ER DISP, ADZENYS XR-ODT 6.3 MG TAB ER DISP, ADZENYS XR-ODT 9.4 MG TAB ER DISP)	2	QL 2 EA / DAY PA NP
AMPHETAMINE ER	1	QL 48 ML / DAY PA NP
<i>amphetamine sulfate 10 mg tab</i>	1	QL 6 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine sulfate 5 mg tab</i>	1	<div data-bbox="1133 205 1192 239">QL</div> 4 EA / DAY <div data-bbox="1133 254 1192 287">PA</div> <div data-bbox="1133 302 1192 336">NP</div>
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)</i>	1	<div data-bbox="1133 396 1192 430">QL</div> 2 EA / DAY <div data-bbox="1133 445 1192 478">P</div>
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 5 mg cap er 24h, amphetamine-dextroamphet er 10 mg cap er 24h, amphetamine-dextroamphet er 15 mg cap er 24h)</i>	1	<div data-bbox="1133 590 1192 623">QL</div> 4 EA / DAY <div data-bbox="1133 638 1192 672">P</div>
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	<div data-bbox="1133 751 1192 785">QL</div> 3 EA / DAY <div data-bbox="1133 800 1192 833">P</div>
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab, amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab)</i>	1	<div data-bbox="1133 972 1192 1005">QL</div> 4 EA / DAY <div data-bbox="1133 1020 1192 1054">P</div>
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	<div data-bbox="1133 1190 1192 1224">QL</div> 3 EA / DAY <div data-bbox="1133 1239 1192 1272">P</div>
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	<div data-bbox="1133 1306 1192 1339">QL</div> 2 EA / DAY <div data-bbox="1133 1354 1192 1388">P</div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i>	1	<div data-bbox="1133 1442 1192 1476">QL</div> 3 EA / DAY <div data-bbox="1133 1491 1192 1524">PA</div> <div data-bbox="1133 1539 1192 1572">NP</div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	<div data-bbox="1133 1640 1192 1673">QL</div> 3 EA / DAY <div data-bbox="1133 1688 1192 1722">P</div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VYVANSE (VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
XELSTRYM	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>zenzedi (zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab)</i>	1	<ul style="list-style-type: none"> QL 3 EA / DAY PA NP
<i>zenzedi 30 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
ANALEPTICS		
CAFFEINE-SODIUM BENZOATE	2	
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY
ANTI-OBESITY AGENTS		
ORLISTAT	1	<ul style="list-style-type: none"> QL 3 EA / DAY PA NP
SAXENDA	2	<ul style="list-style-type: none"> QL 15 ML / 30 days PA P
WEGOVY (WEGOVY 1.7 MG/0.75ML SOLN A-INJ, WEGOVY 2.4 MG/0.75ML SOLN A-INJ)	2	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
XENICAL	2	QL 3 EA / DAY PA NP
ZEPBOUND	2	QL 2 ML / 28 DAYS PA NP
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	EDS P
<i>clonidine hcl er</i>	1	EDS
<i>guanfacine hcl er (guanfacine hcl er 1 mg tab er 24h, guanfacine hcl er 2 mg tab er 24h, guanfacine hcl er 3 mg tab er 24h, guanfacine hcl er 4 mg tab er 24h)</i>	1	EDS P
INTUNIV	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
QELBREE	2	PA NP
STRATTERA	2	PA NP
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	QL 1 EA / DAY PA
STIMULANTS - MISC.		
ADHANSIA XR (ADHANSIA XR 35 MG CAP ER 24H, ADHANSIA XR 45 MG CAP ER 24H, ADHANSIA XR 55 MG CAP ER 24H, ADHANSIA XR 70 MG CAP ER 24H, ADHANSIA XR 85 MG CAP ER 24H)	2	QL 1 EA / DAY PA NP
ADHANSIA XR 25 MG CAP ER 24H	2	QL 2 EA / DAY PA NP
APTENSIO XR	2	QL 2 EA / DAY PA NP
<i>armodafinil</i>	1	QL 1 EA / DAY
AZSTARYS 26.1-5.2 MG CAP	2	QL 1 EA / DAY PA NP
AZSTARYS 39.2-7.8 MG CAP	2	QL 2 EA / DAY PA NP

DRUG NAME		DRUG TIER	REQUIREMENTS / LIMITS
AZSTARYS 52.3-10.4 MG CAP	2	QL 3 EA / DAY PA NP	
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 36 MG TAB ER)	1	QL 2 EA / DAY P	
CONCERTA 54 MG TAB ER	1	QL 1 EA / DAY P	
COTEMPLA XR-ODT	2	QL 2 EA / DAY PA NP	
DAYTRANA	2	QL 1 EA / DAY PA NP	
<i>dexmethylphenidate hcl</i>	1	QL 2 EA / DAY P	
<i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 25 mg cap er 24h, dexmethylphenidate hcl er 30 mg cap er 24h, dexmethylphenidate hcl er 35 mg cap er 24h, dexmethylphenidate hcl er 40 mg cap er 24h)</i>	1	QL 1 EA / DAY P	
<i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)</i>	1	QL 2 EA / DAY P	
FOCALIN	2	QL 2 EA / DAY PA NP	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
FOCALIN XR (FOCALIN XR 5 MG CAP ER 24H, FOCALIN XR 10 MG CAP ER 24H, FOCALIN XR 15 MG CAP ER 24H, FOCALIN XR 20 MG CAP ER 24H)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
JORNAY PM	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
METHYLIN 10 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> QL 30 ML / DAY P
METHYLIN 5 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> QL 60 ML / DAY P
<i>methylphenidate</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	<ul style="list-style-type: none"> QL 4 EA / DAY PA NP
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	<ul style="list-style-type: none"> QL 3 EA / DAY P
<i>methylphenidate hcl 10 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 6 EA / DAY PA NP
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> QL 30 ML / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	QL 60 ML / DAY P
<i>methylphenidate hcl er (cd)</i> <i>(methylphenidate hcl er (cd) 10 mg cap er,</i> <i>methylphenidate hcl er (cd) 20 mg cap er,</i> <i>methylphenidate hcl er (cd) 30 mg cap er)</i>	1	QL 2 EA / DAY PA NP
<i>methylphenidate hcl er (cd)</i> <i>(methylphenidate hcl er (cd) 40 mg cap er,</i> <i>methylphenidate hcl er (cd) 50 mg cap er,</i> <i>methylphenidate hcl er (cd) 60 mg cap er)</i>	1	QL 1 EA / DAY PA NP
<i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 10 mg cap er</i> <i>24h, methylphenidate hcl er (la) 20 mg cap</i> <i>er 24h, methylphenidate hcl er (la) 30 mg</i> <i>cap er 24h)</i>	1	QL 2 EA / DAY PA NP
<i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 40 mg cap er</i> <i>24h, methylphenidate hcl er (la) 60 mg cap</i> <i>er 24h)</i>	1	QL 1 EA / DAY PA NP
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 18 MG TAB ER, METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, METHYLPHENIDATE HCL ER 27 MG TAB ER, METHYLPHENIDATE HCL ER 27 MG TAB ER 24H, METHYLPHENIDATE HCL ER 36 MG TAB ER, METHYLPHENIDATE HCL ER 36 MG TAB ER 24H)	1	QL 2 EA / DAY P
METHYLPHENIDATE HCL ER (METHYLPHENIDATE HCL ER 54 MG TAB ER, METHYLPHENIDATE HCL ER 54 MG TAB ER 24H)	1	QL 1 EA / DAY P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 2 EA / DAY </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
RITALIN LA 40 MG CAP ER 24H	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 1 EA / DAY </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
PALFORZIA	2	<div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div>
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - C'S		
ACTIVATED CHARCOAL	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>cranberry supplement</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">OTC</div> <div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
CRANBERRY SUPPLEMENT	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
ALTERNATIVE MEDICINE - G'S		
<i>cvs glucosamine</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>glucosamine hcl 1500 mg tab</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>glucosamine sulfate</i>	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>sm glucosamine hcl</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
ALTERNATIVE MEDICINE - M'S		
MELATONIN	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>melatonin</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>melatonin / pyridoxine</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALTERNATIVE MEDICINE COMBINATIONS		
CVS GLUCOS-CHONDROIT TRIPLE ST	2	OTC
<i>glucosamine / chondroitin</i>	1	OTC
MELATONIN / PYRIDOXINE	2	OTC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
ARIKAYCE	2	PA LA
BETHKIS	1	QL 8 ML / DAY SP P
GENTAMICIN IN SALINE (GENTAMICIN IN SALINE 0.8-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1-0.9 MG/ML-% SOLUTION, GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% SOLUTION)	2	
<i>gentamicin sulfate (gentamicin sulfate 10 mg/ml solution, gentamicin sulfate 40 mg/ml solution)</i>	1	
KITABIS PAK	1	QL 10 ML / DAY SP P
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	

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

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADALIMUMAB-FKJP (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
ADALIMUMAB-FKJP (2 SYRINGE)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.4ML SOLN A-INJ, AMJEVITA 40 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN PRSYR, AMJEVITA 80 MG/0.8ML SOLN A-INJ)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
AMJEVITA 40 MG/0.8ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 1.6 ml / 28 days PA SP NP
CYLTEZO	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
CYLTEZO (2 PEN)	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP
CYLTEZO (2 SYRINGE)	2	<ul style="list-style-type: none"> QL 1 EA / 6 MONTHS PA SP NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA-PED>/=40KG CROHNS START	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP P
HUMIRA-PED>/=40KG UC STARTER	2	<ul style="list-style-type: none"> QL 4 EA / 180 DAYS PA SP P
HUMIRA-PS/UV/ADOL HS STARTER	2	<ul style="list-style-type: none"> QL 4 EA / 180 DAYS PA SP P
HUMIRA-PSORIASIS/VEIT STARTER	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP P
HYRIMOZ (HYRIMOZ 10 MG/0.1 ML SOLN PRSYR, HYRIMOZ 20 MG/0.2ML SOLN PRSYR, HYRIMOZ 40 MG/0.4ML SOLN A-INJ, HYRIMOZ 40 MG/0.4ML SOLN PRSYR, HYRIMOZ 40 MG/0.8ML SOLN A-INJ, HYRIMOZ 40 MG/0.8ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
HYRIMOZ 80 MG/0.8ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP NP
HYRIMOZ-CROHNS/UC STARTER	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP NP

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FENORTHO	2	PA NP
<i>flurbiprofen 100 mg tab</i>	1	EDS P
<i>ibuprofen (motrin)</i>	1	OTC EDS P
<i>ibuprofen-famotidine</i>	1	PA EDS NP
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	1	EDS P
KETOPROFEN (KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	P
KETOPROFEN 25 MG CAP	1	P
KETOPROFEN ER	2	PA NP
<i>ketorolac tromethamine 10 mg tab</i>	1	P
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	1	PA NP
KIPROFEN	1	P
MECLOFENAMATE SODIUM	2	PA NP
<i>mefenamic acid</i>	1	PA NP
<i>meloxicam (meloxicam 5 mg cap, meloxicam 10 mg cap)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>meloxicam (meloxicam 7.5 mg tab, meloxicam 15 mg tab)</i>	1	EDS P
MOBIC	2	PA NP
<i>nabumetone</i>	1	EDS P
NALFON	2	PA NP
NAPRELAN	2	PA NP
<i>naproxen (aleve)</i>	1	PA OTC EDS NP
<i>naproxen (naproxen 250 mg tab, naproxen 375 mg tab, naproxen 500 mg tab)</i>	1	EDS P
<i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i>	1	P
<i>naproxen 125 mg/5ml suspension</i>	1	EDS
<i>naproxen dr</i>	1	P
NAPROXEN SODIUM	1	OTC EDS P
NAPROXEN SODIUM ER	2	PA NP
<i>naproxen-esomeprazole mg</i>	1	QL 68 UNITS / 30 DAYS PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxaprozin 600 mg tab</i>	1	<div data-bbox="1133 170 1195 205">PA</div> <div data-bbox="1133 218 1195 254">EDS</div> <div data-bbox="1133 266 1195 302">NP</div>
<i>piroxicam</i>	1	<div data-bbox="1133 327 1195 363">EDS</div>
<i>relafen</i>	1	<div data-bbox="1133 390 1195 426">EDS</div> <div data-bbox="1133 438 1195 474">P</div>
RELAFEN DS	2	<div data-bbox="1133 506 1195 541">PA</div> <div data-bbox="1133 554 1195 590">NP</div>
<i>sulindac</i>	1	<div data-bbox="1133 621 1195 657">EDS</div> <div data-bbox="1133 669 1195 705">P</div>
ZIPSOR	2	<div data-bbox="1133 726 1195 762">PA</div> <div data-bbox="1133 774 1195 810">NP</div>
ZORVOLEX	2	<div data-bbox="1133 842 1195 877">PA</div> <div data-bbox="1133 890 1195 926">NP</div>
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 20 MG TAB)	2	<div data-bbox="1133 1020 1393 1056">QL 2 EA / 1 DAY</div> <div data-bbox="1133 1068 1195 1104">PA</div> <div data-bbox="1133 1117 1195 1152">SP</div> <div data-bbox="1133 1165 1195 1201">P</div>
OTEZLA 10 & 20 & 30 MG TAB THPK	2	<div data-bbox="1133 1230 1450 1266">QL 55 EA / 180 days</div> <div data-bbox="1133 1278 1195 1314">PA</div> <div data-bbox="1133 1327 1195 1362">SP</div> <div data-bbox="1133 1375 1195 1411">P</div>
OTEZLA 30 MG TAB	2	<div data-bbox="1133 1440 1369 1476">QL 2 EA / DAY</div> <div data-bbox="1133 1488 1195 1524">PA</div> <div data-bbox="1133 1537 1195 1572">SP</div> <div data-bbox="1133 1585 1195 1621">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	EDS
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	2	QL 4 ml / 28 days PA SP NP
ORENCIA 250 MG RECON SOLN	2	PA SP NP
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	QL 1.6 ml / 28 day PA SP NP
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	QL 2.8 ml / 28 day PA SP NP
ORENCIA CLICKJECT	2	QL 4 ml / 28 days PA SP NP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR)	2	QL 4 ml / 28 days PA SP P

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

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>acetaminophen / caffeine / pyrilamine (midol)</i>	1	OTC
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	1	OTC
<i>bac</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine (butalbital-apap-caffeine 50-325-40 mg cap, butalbital-apap-caffeine 50-325-40 mg tab)</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	2	
<i>esgic 50-325-40 mg cap</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zebutal</i>	1	
ANALGESICS OTHER		
<i>acetaminophen (tylenol)</i>	1	OTC EDS
CHILDRENS TYLENOL	2	OTC
SALICYLATES		
<i>aspirin</i>	\$0	OTC EDS
<i>aspirin (81 mg chew tab)</i>	\$0	OTC EDS
<i>aspirin (81 mg tab dr)</i>	\$0	OTC EDS
<i>aspirin / buffers (bufferin)</i>	1	OTC EDS
<i>aspirin / sodium bicarb / citric acid (alka-seltzer)</i>	1	OTC EDS
<i>aspirin 325 mg delayed release</i>	1	OTC EDS
<i>aspirin 500 mg</i>	1	OTC EDS
<i>aspirin suppository</i>	2	OTC
<i>diflunisal</i>	1	EDS
<i>salsalate</i>	1	EDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fentanyl citrate (fentanyl citrate 200 mcg loz handle, fentanyl citrate 400 mcg loz handle, fentanyl citrate 600 mcg loz handle, fentanyl citrate 800 mcg loz handle, fentanyl citrate 1200 mcg loz handle, fentanyl citrate 1600 mcg loz handle)</i>	1	<div data-bbox="1133 260 1192 296">QL</div> 4 EA / day <div data-bbox="1133 310 1192 346">PA</div>
FENTANYL CITRATE (FENTANYL CITRATE 200 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	2	<div data-bbox="1133 606 1192 642">QL</div> 4 EA / 1 DAY <div data-bbox="1133 657 1192 693">PA</div>
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H)	2	<div data-bbox="1133 947 1192 982">QL</div> 4 EA / day <div data-bbox="1133 997 1192 1033">PA</div> <div data-bbox="1133 1047 1192 1083">NP</div>
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 10 mg cap er 12h, hydrocodone bitartrate er 15 mg cap er 12h, hydrocodone bitartrate er 20 mg tb24 deter)</i>	1	<div data-bbox="1133 1220 1192 1255">QL</div> 4 EA / day <div data-bbox="1133 1270 1192 1306">PA</div> <div data-bbox="1133 1320 1192 1356">NP</div>
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 30 mg cap er 12h, hydrocodone bitartrate er 30 mg tb24 deter, hydrocodone bitartrate er 40 mg cap er 12h, hydrocodone bitartrate er 40 mg tb24 deter)</i>	1	<div data-bbox="1133 1451 1192 1486">QL</div> 3 EA / day <div data-bbox="1133 1501 1192 1537">PA</div> <div data-bbox="1133 1551 1192 1587">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H)	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter)</i>	1	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 80 mg tb24 deter, hydrocodone bitartrate er 100 mg tb24 deter, hydrocodone bitartrate er 120 mg tb24 deter)</i>	1	<ul style="list-style-type: none"> QL 1 EA / day PA NP
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	<ul style="list-style-type: none"> QL 8 ml / day
<i>hydromorphone hcl 2 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 EA / day
<i>hydromorphone hcl 4 mg tab</i>	1	<ul style="list-style-type: none"> QL 5 EA / day
<i>hydromorphone hcl 8 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / day
<i>hydromorphone hcl er</i>	1	<ul style="list-style-type: none"> QL 1 EA / day PA NP
HYSINGLA ER (HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER)	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
HYSINGLA ER (HYSINGLA ER 80 MG TB24 DETER, HYSINGLA ER 100 MG TB24 DETER, HYSINGLA ER 120 MG TB24 DETER)	2	<ul style="list-style-type: none"> QL 1 EA / day PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYSINGLA ER 20 MG TB24 DETER	2	<ul style="list-style-type: none"> QL 4 EA / day PA NP
HYSINGLA ER 60 MG TB24 DETER	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
KADIAN 200 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 1 EA / day PA NP
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	1	<ul style="list-style-type: none"> QL 10 ml / day
<i>methadone hcl 10 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>methadone hcl 5 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 EA / day PA NP
<i>methadone hcl 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> QL 20 ml / day
<i>methadone hcl intensol</i>	1	<ul style="list-style-type: none"> QL 10 ml / day
<i>morphine sulfate (concentrate)</i>	2	<ul style="list-style-type: none"> QL 4.5 ML / 1 DAY
<i>morphine sulfate 10 mg/5ml solution</i>	2	<ul style="list-style-type: none"> QL 30 ml / day
<i>morphine sulfate 15 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 EA / day
<i>morphine sulfate 20 mg/5ml solution</i>	1	<ul style="list-style-type: none"> QL 22.5 ml / day
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	<ul style="list-style-type: none"> QL 22.5 ml / day
<i>morphine sulfate 30 mg tab</i>	1	<ul style="list-style-type: none"> QL 3 EA / day
<i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i>	1	<ul style="list-style-type: none"> QL 4 EA / day PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	<div data-bbox="1133 170 1192 205">QL</div> 2 EA / day <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
MORPHINE SULFATE ER BEADS (MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H, MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H)	2	<div data-bbox="1133 415 1192 451">QL</div> 1 EA / day <div data-bbox="1133 464 1192 499">PA</div> <div data-bbox="1133 512 1192 548">NP</div>
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	2	<div data-bbox="1133 659 1192 695">QL</div> 3 EA / day <div data-bbox="1133 707 1192 743">PA</div> <div data-bbox="1133 756 1192 791">NP</div>
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	<div data-bbox="1133 814 1192 850">QL</div> 2 EA / day <div data-bbox="1133 863 1192 898">PA</div> <div data-bbox="1133 911 1192 947">NP</div>
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	<div data-bbox="1133 978 1192 1014">QL</div> 1 EA / day <div data-bbox="1133 1026 1192 1062">PA</div> <div data-bbox="1133 1075 1192 1110">NP</div>
MS CONTIN 15 MG TAB ER	2	<div data-bbox="1133 1146 1192 1182">QL</div> 4 EA / day <div data-bbox="1133 1194 1192 1230">PA</div> <div data-bbox="1133 1243 1192 1278">NP</div>
MS CONTIN 30 MG TAB ER	2	<div data-bbox="1133 1302 1192 1337">QL</div> 3 EA / day <div data-bbox="1133 1350 1192 1386">PA</div> <div data-bbox="1133 1398 1192 1434">NP</div>
NUCYNTA ER (NUCYNTA ER 150 MG TAB ER 12H, NUCYNTA ER 200 MG TAB ER 12H, NUCYNTA ER 250 MG TAB ER 12H)	2	<div data-bbox="1133 1465 1192 1501">QL</div> 1 EA / day <div data-bbox="1133 1514 1192 1549">PA</div> <div data-bbox="1133 1562 1192 1598">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H)	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 5 mg tab)</i>	1	<ul style="list-style-type: none"> QL 12 EA / day
<i>oxycodone hcl 10 mg tab</i>	1	<ul style="list-style-type: none"> QL 6 EA / day
<i>oxycodone hcl 100 mg/5ml conc</i>	1	<ul style="list-style-type: none"> QL 3 ml / day
<i>oxycodone hcl 15 mg tab</i>	1	<ul style="list-style-type: none"> QL 4 EA / day
<i>oxycodone hcl 20 mg tab</i>	1	<ul style="list-style-type: none"> QL 3 EA / day
<i>oxycodone hcl 30 mg tab</i>	1	<ul style="list-style-type: none"> QL 2 EA / day
<i>oxycodone hcl 5 mg/5ml solution</i>	1	<ul style="list-style-type: none"> QL 40 ml / day
OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 15 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER)	1	<ul style="list-style-type: none"> QL 3 EA / day PA NP
OXYCODONE HCL ER (OXYCODONE HCL ER 40 MG TB12 DETER, OXYCODONE HCL ER 60 MG TB12 DETER, OXYCODONE HCL ER 80 MG TB12 DETER)	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
OXYCODONE HCL ER 30 MG TB12 DETER	1	<ul style="list-style-type: none"> QL 2 EA / day PA NP
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	<ul style="list-style-type: none"> QL 3 EA / 1 DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXYCONTIN (OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / DAY</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN 15 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN 30 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
OXYCONTIN 40 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / 1 DAY</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>tramadol hcl (er biphasic)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>tramadol hcl 50 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">8 EA / day</div> </div>
TRAMADOL HCL ER (TRAMADOL HCL ER 100 MG CAP ER 24H, TRAMADOL HCL ER 100 MG TAB ER 24H, TRAMADOL HCL ER 200 MG CAP ER 24H, TRAMADOL HCL ER 200 MG TAB ER 24H, TRAMADOL HCL ER 300 MG CAP ER 24H, TRAMADOL HCL ER 300 MG TAB ER 24H)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">3 EA / day</div> <div style="background-color: #808080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOHYDRO ER (ZOHYDRO ER 10 MG CAP ER 12H, ZOHYDRO ER 15 MG CAP ER 12H, ZOHYDRO ER 20 MG CAP ER 12H)	2	QL 4 EA / day PA NP
ZOHYDRO ER (ZOHYDRO ER 30 MG CAP ER 12H, ZOHYDRO ER 40 MG CAP ER 12H)	2	QL 3 EA / day PA NP
ZOHYDRO ER 50 MG CAP ER 12H	2	QL 2 EA / day PA NP
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab)</i>	1	QL 12 EA / day
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 150 ml / day
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 150 ML / 1 DAY
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 6 EA / day
<i>ascomp-codeine</i>	1	QL 6 EA / day
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 6 EA / day
<i>butalbital-asa-caff-codeine</i>	1	QL 6 EA / day
<i>endocet (endocet 2.5-325 mg tab, endocet 5-325 mg tab)</i>	1	QL 12 EA / day
<i>endocet 10-325 mg tab</i>	1	QL 6 EA / day
<i>endocet 7.5-325 mg tab</i>	1	QL 8 EA / day

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 10-300 mg tab, hydrocodone-acetaminophen 10-325 mg tab)</i>	1	QL 9 EA / day
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 7.5-325 mg/15ml solution)</i>	1	QL 120 ml / day
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 5-325 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg tab)</i>	1	QL 12 EA / day
<i>hydrocodone-acetaminophen 10-325 mg/15ml solution</i>	1	QL 9 ml / day
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab)</i>	1	QL 12 EA / day
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 6 EA / day
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 8 EA / day
<i>tramadol-acetaminophen</i>	1	QL 8 EA / day
OPIOID PARTIAL AGONISTS		
BELBUCA	1	QL 2 EA / day PA P
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL 1.28 ML / 28 DAYS PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1.92 ML / 28 DAYS PA LA NP
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2.56 ML / 28 DAYS PA LA NP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.64 ML / 28 DAYS PA LA NP
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.36 ML / 28 DAYS PA LA NP
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.18 ML / 28 DAYS PA LA NP
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.27 ML / 28 DAYS PA LA NP
<i>buprenorphine</i>	1	<ul style="list-style-type: none"> QL 0.15 EA / DAY PA NP
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	<ul style="list-style-type: none"> QL 3 EA / day PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SUBOXONE 4-1 MG FILM	1	QL 6 EA / day P
SUBOXONE 8-2 MG FILM	1	QL 3 EA / day P
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	QL 12 EA / day PA NP
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	QL 2 EA / day PA NP
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 4 EA / day PA NP
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 3 EA / day PA NP
ANDROGENS-ANABOLIC		
ANDROGENS		
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
TESTIM	1	QL 10 GM / DAY PA P
<i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i>	1	QL 5 GM / DAY PA P
TESTOSTERONE 10 MG/ACT (2%) GEL	1	QL 4 GM / 1 DAY PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VOGELXO PUMP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 10 GM / 1 DAY
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
RECTAL COMBINATIONS		
<i>hemorrhoidal cream</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>hemorrhoidal ointment</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>hemorrhoidal suppository</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
PROCTOFOAM HC	2	
RECTAL LOCAL ANESTHETICS		
<i>pramoxine (procto-foam)</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
RECTAL STEROIDS		
<i>anucort-hc</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone acetate (hydrocortisone acetate 25 mg suppos, hydrocortisone acetate 30 mg suppos)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAGNESIUM OXIDE (ANTACID)	2	OTC
<i>magnesium oxide (antacid)</i>	1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	1	
BENZNIDAZOLE	2	LA
<i>cvs pinworm treatment</i>	1	OTC
<i>ivermectin 3 mg tab</i>	1	
<i>pin-away</i>	1	OTC
<i>pinworm medicine</i>	1	OTC
<i>praziquantel</i>	1	
<i>reeses pinworm medicine</i>	1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	2	
<i>bacitracin 50000 unit recon soln</i>	1	
<i>metronidazole (metronidazole 250 mg tab, metronidazole 375 mg cap, metronidazole 500 mg tab, metronidazole 500 mg/100ml solution)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GLYCOPEPTIDES		
VANCOCIN	2	QL 2 EA / DAY PA NP
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	1	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	QL 2 EA / DAY P
LEPROSTATICS		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	EDS
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	1	
MONOBACTAMS		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXAZOLIDINONES		
<i>linezolid (linezolid 100 mg/5ml recon susp, linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	PA
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	EDS
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>minitran</i>	1	EDS
NITRO-BID	2	EDS
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg sl tab, nitroglycerin 0.6 mg/hr patch 24hr)</i>	1	EDS
<i>nitroglycerin 0.4 mg/spray solution</i>	1	
ANTIANSXIETY AGENTS		
ANTIANSXIETY AGENTS - MISC.		
<i>bupirone hcl (bupirone hcl 5 mg tab, bupirone hcl 7.5 mg tab, bupirone hcl 10 mg tab, bupirone hcl 15 mg tab, bupirone hcl 30 mg tab)</i>	1	EDS
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 10 mg/5ml syrup, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	1	
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	2	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab, alprazolam 2 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clorazepate dipotassium</i>	1	
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 5 mg/5ml solution, diazepam 5 mg/ml conc, diazepam 5 mg/ml solution, diazepam 10 mg tab, diazepam 10 mg/2ml solution)</i>	1	
DIAZEPAM 10 MG/2ML SOLN A-INJ	2	
<i>diazepam intensol</i>	1	
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab, lorazepam 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	EDS
<i>procainamide hcl</i>	1	
PROCAINAMIDE HCL 500 MG/ML SOLUTION	2	
<i>quinidine gluconate er</i>	1	EDS
QUINIDINE SULFATE	2	
<i>quinidine sulfate</i>	1	EDS
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	EDS
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>propafenone hcl</i>	1	EDS
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	EDS
<i>dofetilide</i>	1	EDS
<i>pacerone</i>	1	EDS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 ML / 56 DAYS PA LA
FASENRA 30 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ml / 56 days PA LA
FASENRA PEN	2	<ul style="list-style-type: none"> QL 1 ml / 56 days PA LA
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 1 EA / 28 days PA SP
XOLAIR (XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div> 4 ML / 28 DAYS
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div> 1 ML / 28 DAYS
XOLAIR 150 MG RECON SOLN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div> 2 EA / 28 DAYS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #66bb6a; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
INCRUSE ELLIPTA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>ipratropium bromide 0.02 % solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #66bb6a; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
SPIRIVA HANDIHALER	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #66bb6a; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
SPIRIVA RESPIMAT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #66bb6a; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>tiotropium bromide monohydrate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TUDORZA PRESSAIR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #66bb6a; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
YUPELRI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
LEUKOTRIENE MODULATORS		
ACCOLATE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i>	1	EDS P
<i>montelukast sodium 4 mg packet</i>	1	PA EDS NP
SINGULAIR	2	PA NP
<i>zafirlukast</i>	1	EDS P
<i>zileuton er</i>	1	PA NP
ZYFLO	2	PA NP
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	2	PA NP
<i>roflumilast</i>	1	P
STEROID INHALANTS		
ALVESCO	2	QL 0.21 GM / DAY PA NP
ARMONAIR DIGIHALER	2	QL 0.04 EA / DAY PA NP
ARNUITY ELLIPTA	2	QL 1 EA / DAY P

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BROVANA	2	PA NP
<i>budesonide-formoterol fumarate</i>	1	QL 0.69 GM / DAY PA EDS NP
COMBIVENT RESPIMAT	2	QL 0.14 GM / DAY P
DUAKLIR PRESSAIR	2	QL 0.04 EA / DAY PA NP
DULERA	2	QL 0.87 GM / DAY P
FLUTICASONE FUROATE-VILANTEROL	1	QL 2 EA / DAY PA NP
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	QL 2 EA / DAY PA NP
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	QL 12 GM / 30 DAYS PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	<ul style="list-style-type: none"> QL 1 EA / 1 FILL PA NP
<i>formoterol fumarate</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>ipratropium-albuterol</i>	1	<ul style="list-style-type: none"> QL 18 ML / DAY EDS P
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	<ul style="list-style-type: none"> PA EDS NP
LEVALBUTEROL TARTRATE	1	<ul style="list-style-type: none"> QL 1 GM / DAY PA NP
PERFOROMIST	2	<ul style="list-style-type: none"> PA NP
PROAIR DIGIHALER	2	<ul style="list-style-type: none"> QL 2 EA / fill PA NP
PROAIR RESPICLICK	2	<ul style="list-style-type: none"> QL 2 EA / fill PA NP
SEREVENT DISKUS	2	<ul style="list-style-type: none"> QL 2 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STIOLTO RESPIMAT	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">0.14 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
STRIVERDI RESPIMAT	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">0.14 GM / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
SYMBICORT	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">0.69 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	1	<div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div>
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / 1 DAY</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</div>
VENTOLIN HFA	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1.2 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
<i>wixela inhub</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / DAY</div> </div> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">EDS</div>
XOPENEX HFA	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 GM / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
XANTHINES		
<i>theophylline 80 mg/15ml solution</i>	1	<div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div>
<i>theophylline er (theophylline er 300 mg tab er 12h, theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	1	<div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fondaparinux sodium</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
FRAGMIN (FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	2	<div data-bbox="1133 321 1195 352">P</div>
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR)	2	<div data-bbox="1133 590 1195 621">PA</div> <div data-bbox="1133 638 1195 669">NP</div>
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i>	1	
<i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
HEPARIN SOD (PORCINE) IN D5W	2	
<i>heparin sod (pork) lock flush</i>	1	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>heparin sodium (porcine) pf (heparin sodium (porcine) pf 1000 unit/ml solution, heparin sodium (porcine) pf 5000 unit/0.5ml solution, heparin sodium (porcine) pf 5000 unit/ml solution)</i>	1	
LOVENOX	2	<div data-bbox="1133 386 1195 422">PA</div> <div data-bbox="1133 432 1195 468">NP</div>
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	1	<div data-bbox="1133 573 1195 609">PA</div> <div data-bbox="1133 619 1195 655">NP</div>
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET)	2	<div data-bbox="1133 770 1195 806">PA</div> <div data-bbox="1133 816 1195 852">NP</div>
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	<div data-bbox="1133 1001 1195 1037">P</div>
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	2	<div data-bbox="1133 1318 1195 1354">PA</div> <div data-bbox="1133 1365 1195 1400">NP</div>
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	<div data-bbox="1133 1581 1195 1617">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobazam 2.5 mg/ml suspension</i>	1	PA NP
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab, clonazepam 1 mg tab disp, clonazepam 2 mg tab, clonazepam 2 mg tab disp)</i>	1	
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	QL 2 EA / FILL P
LIBERVANT	2	QL 10 EA / 30 DAYS PA NP
NAYZILAM	2	QL 2 EA / 1 FILL P
ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB)	2	PA NP
SYMPAZAN	2	PA NP
VALTOCO 10 MG DOSE	2	QL 2 EA / 1 FILL P
VALTOCO 15 MG DOSE	2	QL 2 EA / 1 FILL P
VALTOCO 20 MG DOSE	2	QL 2 EA / 1 FILL P
VALTOCO 5 MG DOSE	2	QL 2 EA / 1 FILL P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS - MISC.		
APTIOM	2	PA NP
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	PA NP
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	2	PA NP
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i>	1	EDS P
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 300 mg cap er 12h)</i>	1	PA EDS NP
<i>carbamazepine er (carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	EDS P
CARBATROL	2	PA NP
DIACOMIT	2	PA LA NP
ELEPSIA XR	2	PA NP
EPIDIOLEX	2	PA SP NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LAMICTAL ODT	2	PA NP
LAMICTAL STARTER	2	PA NP
LAMICTAL XR	2	PA NP
<i>lamotrigine (lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 42 x 50 mg & 14x100 mg kit)</i>	1	PA NP
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	1	PA EDS NP
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	EDS P
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	1	EDS P
<i>lamotrigine starter kit-blue</i>	1	PA NP
<i>lamotrigine starter kit-green</i>	1	PA NP
<i>lamotrigine starter kit-orange</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 250 mg tab, levetiracetam 500 mg tab, levetiracetam 500 mg/5ml solution, levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	1	EDS P
<i>levetiracetam er</i>	1	EDS P
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	QL 2 EA / DAY PA NP
LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP)	2	QL 3 EA / DAY PA NP
LYRICA 20 MG/ML SOLUTION	2	QL 30 ML / DAY PA NP
MOTPOLY XR	2	PA NP
MYSOLINE	2	PA NP
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 300 MG CAP, NEURONTIN 400 MG CAP)	2	QL 9 EA / DAY PA NP
NEURONTIN 250 MG/5ML SOLUTION	2	QL 72 ML / DAY PA NP
NEURONTIN 600 MG TAB	2	QL 6 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEURONTIN 800 MG TAB	2	QL 4.5 EA / DAY PA NP
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	EDS P
<i>oxcarbazepine er</i>	1	
OXTELLAR XR	2	PA NP
<i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	QL 2 EA / DAY P
<i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i>	1	QL 3 EA / DAY P
<i>pregabalin 20 mg/ml solution</i>	1	QL 30 ML / DAY PA NP
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	EDS P
PRIMIDONE 125 MG TAB	2	P
QUDEXY XR	2	PA NP
<i>roweepra</i>	1	EDS P
<i>roweepra xr</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</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 (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	PA NP
TEGRETOL-XR	2	PA NP
TOPAMAX	2	PA NP
TOPAMAX SPRINKLE	2	PA NP
<i>topiramate</i>	1	EDS P
<i>topiramate er</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 300 MG/5ML SUSPENSION, TRILEPTAL 600 MG TAB)	2	PA NP
TROKENDI XR	2	PA NP
VIMPAT (VIMPAT 10 MG/ML SOLUTION, VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB)	2	PA NP
ZONEGRAN	2	PA NP
ZONISADE	2	PA NP
<i>zonisamide</i>	1	EDS P
ZTALMY	2	PA LA NP
CARBAMATES		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab, felbamate 600 mg/5ml suspension)</i>	1	EDS P
FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB)	2	PA NP
FELBATOL 600 MG/5ML SUSPENSION	1	P
XCOPRI (250 MG DAILY DOSE)	2	QL 2 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 2 EA / DAY
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 1 EA / DAY
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 2 EA / DAY
XCOPRI 25 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div> 1 EA / 1 DAY
GABA MODULATORS		
GABITRIL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
SABRIL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #660000; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>vigabatrin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>vigadrone</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF9933; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vigpoder</i>	1	PA LA NP
HYDANTOINS		
DILANTIN 100 MG CAP	1	P
DILANTIN 125 MG/5ML SUSPENSION	2	PA NP
DILANTIN 30 MG CAP	2	P
DILANTIN INFATABS	2	PA NP
DILANTIN-125	2	PA NP
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	EDS P
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	EDS P
<i>phenytoin infatabs</i>	1	EDS P
<i>phenytoin sodium extended</i>	1	EDS P
SUCCINIMIDES		
CELONTIN	1	P
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	EDS P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	2	PA NP
ANTIDEPRESSANTS - MISC.		
APLENZIN	2	QL 1 EA / DAY PA NP
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	1	QL 3 EA / DAY EDS P
<i>bupropion hcl er (smoking det)</i>	\$0	QL 2 EA / DAY EDS
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	QL 2 EA / DAY EDS P
<i>bupropion hcl er (xl) (bupropion hcl er (xl) 150 mg tab er 24h, bupropion hcl er (xl) 300 mg tab er 24h)</i>	1	QL 1 EA / DAY EDS P
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	2	QL 1 EA / DAY PA NP
FORFIVO XL	2	QL 1 EA / DAY PA NP
WELLBUTRIN SR	2	QL 2 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WELLBUTRIN XL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">NP</div> </div> 1 EA / DAY
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #CCCCCC; color: #666666; padding: 2px;">LA</div> </div> 28 EA / 30 DAYS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
NARDIL	1	
PHENELZINE SULFATE	1	<div style="background-color: #993333; color: white; padding: 2px;">EDS</div>
<i>tranylcypromine sulfate</i>	1	<div style="background-color: #993333; color: white; padding: 2px;">EDS</div>
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #CCCCCC; color: #666666; padding: 2px;">SP</div> </div>
SPRAVATO (84 MG DOSE)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #CCCCCC; color: #666666; padding: 2px;">SP</div> </div>
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">NP</div> </div>
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">NP</div> </div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLOFT (ZOLOFT 20 MG/ML CONC, ZOLOFT 25 MG TAB, ZOLOFT 50 MG TAB, ZOLOFT 100 MG TAB)	2	PA NP
SEROTONIN MODULATORS		
NEFAZODONE HCL	1	EDS P
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab, trazodone hcl 300 mg tab)</i>	1	EDS P
TRINTELLIX	2	QL 1 EA / DAY PA NP
VIIBRYD	1	P
<i>vilazodone hcl</i>	1	PA EDS NP
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA	2	PA NP
<i>desvenlafaxine succinate er</i>	1	PA EDS NP
DRIZALMA SPRINKLE	2	PA NP
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>duloxetine hcl 40 mg cp dr part</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">EDS</div> <div data-bbox="1133 270 1195 302">NP</div>
EFFEXOR XR 150 MG CAP ER 24H	2	<div data-bbox="1133 331 1195 394">QL 60 UNITS / 30 DAYS</div> <div data-bbox="1133 411 1195 443">PA</div> <div data-bbox="1133 459 1195 491">NP</div>
EFFEXOR XR 37.5 MG CAP ER 24H	2	<div data-bbox="1133 520 1195 583">QL 30 UNITS / 30 DAYS</div> <div data-bbox="1133 600 1195 632">PA</div> <div data-bbox="1133 648 1195 680">NP</div>
EFFEXOR XR 75 MG CAP ER 24H	2	<div data-bbox="1133 709 1195 741">PA</div> <div data-bbox="1133 758 1195 789">NP</div>
FETZIMA	2	<div data-bbox="1133 814 1195 846">PA</div> <div data-bbox="1133 863 1195 894">NP</div>
FETZIMA TITRATION	2	<div data-bbox="1133 930 1195 961">PA</div> <div data-bbox="1133 978 1195 1010">NP</div>
PRISTIQ	2	<div data-bbox="1133 1045 1195 1077">PA</div> <div data-bbox="1133 1094 1195 1125">NP</div>
<i>venlafaxine hcl</i>	1	<div data-bbox="1133 1161 1195 1192">EDS</div> <div data-bbox="1133 1209 1195 1241">P</div>
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	<div data-bbox="1133 1297 1195 1329">EDS</div> <div data-bbox="1133 1346 1195 1377">P</div>
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg tab er 24h, venlafaxine hcl er 75 mg tab er 24h, venlafaxine hcl er 150 mg tab er 24h, venlafaxine hcl er 225 mg tab er 24h)</i>	1	<div data-bbox="1133 1465 1195 1497">PA</div> <div data-bbox="1133 1514 1195 1545">EDS</div> <div data-bbox="1133 1562 1195 1593">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	EDS
<i>amoxapine</i>	1	EDS
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i>	1	EDS
<i>desipramine hcl</i>	1	EDS
<i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 10 mg/ml conc, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 100 mg cap, doxepin hcl 150 mg cap)</i>	1	EDS
<i>imipramine hcl</i>	1	EDS
<i>imipramine pamoate</i>	1	EDS
<i>nortriptyline hcl (nortriptyline hcl 10 mg cap, nortriptyline hcl 10 mg/5ml solution, nortriptyline hcl 25 mg cap, nortriptyline hcl 50 mg cap, nortriptyline hcl 75 mg cap)</i>	1	EDS
<i>protriptyline hcl</i>	1	EDS
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	EDS P
MIGLITOL	2	PA NP
<i>miglitol</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRECOSE	2	PA NP
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	2	PA P
SYMLINPEN 60	2	PA P
ANTIDIABETIC COMBINATIONS		
ALOGLIPTIN-METFORMIN HCL	1	QL 2 EA / DAY PA NP
ALOGLIPTIN-PIOGLITAZONE	1	QL 1 EA / DAY PA NP
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB ER 24H	1	QL 1 EA / DAY PA NP
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB ER 24H	1	QL 2 EA / DAY PA NP
DUETACT	2	PA NP
<i>glipizide-metformin hcl</i>	1	EDS
<i>glyburide-metformin</i>	1	EDS
GLYXAMBI	2	QL 1 EA / DAY PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OSENI	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>pioglitazone hcl-glimepiride</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>pioglitazone hcl-metformin hcl</i>	1	<ul style="list-style-type: none"> PA EDS NP
QTERN	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>saxagliptin-metformin er</i>	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SEGLUROMET	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SOLIQUA	2	<ul style="list-style-type: none"> QL 0.6 ML / DAY PA NP
STEGLUJAN	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
SYNJARDY	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SYNJARDY XR (SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 25-1000 MG TAB ER 24H)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	QL 2 EA / DAY PA NP
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 1 EA / DAY PA NP
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 2 EA / DAY PA NP
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H)	2	QL 2 EA / DAY PA NP
XIGDUO XR (XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	2	QL 1 EA / DAY PA NP
XULTOPHY	2	QL 0.5 ML / DAY PA NP
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	EDS
<i>metformin hcl er</i>	1	EDS
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL 2 EA / 1 FILL P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BAQSIMI TWO PACK	2	QL 2 EA / 1 FILL P
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	QL 2 EA / fill
GLUCAGON EMERGENCY 1 MG KIT	1	QL 2 EA / FILL P
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	QL 2 EA / fill PA NP
<i>glucose (dextrose)</i>	2	OTC
GVOKE HYPOPEN 1-PACK	2	QL 2 EA / fill PA NP
GVOKE HYPOPEN 2-PACK	2	QL 2 EA / fill PA NP
GVOKE KIT	2	QL 2 EA / fill PA NP
GVOKE PFS	2	QL 2 EA / fill PA NP
ZEGALOGUE	2	QL 2 EA / fill PA NP
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	1	QL 1 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JANUVIA	2	QL 1 EA / DAY PA P
NESINA	1	QL 1 EA / DAY PA P
ONGLYZA	1	QL 1 EA / DAY PA P
<i>saxagliptin hcl</i>	1	QL 1 EA / DAY PA NP
TRADJENTA	2	QL 1 EA / DAY PA P
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	2	QL 3.4 ml / 28 days PA P
BYETTA 10 MCG PEN	2	QL 2.4 ml / 28 days PA P
BYETTA 5 MCG PEN	2	QL 1.2 ml / 28 days PA P
LIRAGLUTIDE	1	QL 0.3 ML / DAY PA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOUNJARO	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NP
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	<ul style="list-style-type: none"> QL 1.5 ml / 28 days PA P
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	<ul style="list-style-type: none"> QL 3 ml / 28 days PA P
OZEMPIC (1 MG/DOSE)	2	<ul style="list-style-type: none"> QL 3 ml / 28 days PA P
OZEMPIC (2 MG/DOSE)	2	<ul style="list-style-type: none"> QL 3 ml / 28 days PA P
RYBELSUS	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
TRULICITY	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA NP
VICTOZA	1	<ul style="list-style-type: none"> QL 0.3 ML / DAY PA P
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN	2	<ul style="list-style-type: none"> QL 6 ml / 28 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADLYXIN STARTER PACK	2	<div data-bbox="1133 170 1192 205">QL</div> <div data-bbox="1192 170 1406 205">6 ml / 28 days</div> <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
INSULIN		
ADMELOG	2	<div data-bbox="1133 407 1192 443">PA</div> <div data-bbox="1133 455 1192 491">NP</div>
ADMELOG SOLOSTAR	2	<div data-bbox="1133 516 1192 552">PA</div> <div data-bbox="1133 564 1192 600">NP</div>
AFREZZA	2	<div data-bbox="1133 625 1192 661">PA</div> <div data-bbox="1133 674 1192 709">NP</div>
APIDRA	2	<div data-bbox="1133 735 1192 770">PA</div> <div data-bbox="1133 783 1192 819">NP</div>
APIDRA SOLOSTAR	2	<div data-bbox="1133 844 1192 879">PA</div> <div data-bbox="1133 892 1192 928">NP</div>
BASAGLAR KWIKPEN	2	<div data-bbox="1133 953 1192 989">PA</div> <div data-bbox="1133 1001 1192 1037">NP</div>
BASAGLAR TEMPO PEN	2	<div data-bbox="1133 1062 1192 1098">PA</div> <div data-bbox="1133 1110 1192 1146">NP</div>
FIASP	2	<div data-bbox="1133 1171 1192 1207">PA</div> <div data-bbox="1133 1220 1192 1255">NP</div>
FIASP FLEXTOUCH	2	<div data-bbox="1133 1281 1192 1316">PA</div> <div data-bbox="1133 1329 1192 1365">NP</div>
FIASP PENFILL	2	<div data-bbox="1133 1390 1192 1425">PA</div> <div data-bbox="1133 1438 1192 1474">NP</div>
FIASP PUMPCART	2	<div data-bbox="1133 1499 1192 1535">PA</div> <div data-bbox="1133 1547 1192 1583">NP</div>

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN N RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLIN R	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLIN R FLEXPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
NOVOLIN R FLEXPEN RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
NOVOLIN R RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #e91e63; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG 70/30 FLEXPEN RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG FLEXPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG FLEXPEN RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG MIX 70/30	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG MIX 70/30 FLEXPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG MIX 70/30 RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG PENFILL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
NOVOLOG RELION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #4caf50; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
REZVOGLAR KWIKPEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SEMGLEE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #795548; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9800; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JARDIANCE	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1 EA / DAY</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px; background-color: #28a745; color: white; border-radius: 3px; padding: 2px 5px;">P</div> </div>
STEGLATRO	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div style="margin-right: 5px;">1 EA / DAY</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px; background-color: #6c5e4a; color: white; border-radius: 3px; padding: 2px 5px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px; background-color: #fd7e14; color: white; border-radius: 3px; padding: 2px 5px;">NP</div> </div>
SULFONYLUREAS		
<i>glimepiride (glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</i>	1	<div style="background-color: #6c3d3d; color: white; border-radius: 3px; padding: 2px 5px;">EDS</div>
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	<div style="background-color: #6c3d3d; color: white; border-radius: 3px; padding: 2px 5px;">EDS</div>
<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1	<div style="background-color: #6c3d3d; color: white; border-radius: 3px; padding: 2px 5px;">EDS</div>
<i>glipizide xl</i>	1	<div style="background-color: #6c3d3d; color: white; border-radius: 3px; padding: 2px 5px;">EDS</div>
<i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i>	1	<div style="background-color: #6c3d3d; color: white; border-radius: 3px; padding: 2px 5px;">EDS</div>
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBSALICYLATE	2	<div style="background-color: #e91e63; color: white; border-radius: 3px; padding: 2px 5px;">OTC</div>
<i>bismuth subsalicylate</i>	1	<div style="background-color: #e91e63; color: white; border-radius: 3px; padding: 2px 5px;">OTC</div>
<i>bismuth subsalicylate (pepto-bismol)</i>	1	<div style="background-color: #e91e63; color: white; border-radius: 3px; padding: 2px 5px;">OTC</div>
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	<div style="background-color: #e91e63; color: white; border-radius: 3px; padding: 2px 5px;">OTC</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN PRSYR, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/10ML SOLUTION)	1	P
NALOXONE HCL 0.4 MG/ML SOLN CART	2	QL 2 EA / 1 FILL P
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	PA OTC NP
<i>naltrexone hcl</i>	1	EDS
NARCAN	1	OTC P
OPVEE	2	PA NP
REXTOVY	2	
RIVIVE	2	
ZIMHI	2	PA NP
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET 50 MG TAB	2	PA NP
<i>granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	QL 14 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp, ondansetron 16 mg tab disp)</i>	1	P
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 4 mg/5ml solution, ondansetron hcl 8 mg tab)</i>	1	P
<i>ondansetron hcl (ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)</i>	1	
SANCUSO	2	QL 1 UNIT / FILL PA NP
ZOFRAN	2	PA NP
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate (dramamine)</i>	1	OTC
DRAMAMINE	2	OTC
<i>meclizine</i>	1	OTC
<i>scopolamine</i>	1	PA NP
TRANSDERM SCOP (1.5 MG)	1	P
TRANSDERM-SCOP	1	P
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	PA NP
BONJESTA	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DICLEGIS	1	P
<i>doxylamine-pyridoxine</i>	1	PA NP
<i>dronabinol</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	1	QL 3 EA / fill
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME	2	PA NP
<i>micafungin sodium</i>	1	
ANTIFUNGALS		
AMPHOTERICIN B	2	
ANCOBON	2	PA NP
<i>flucytosine</i>	1	PA NP
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	1	PA NP
<i>griseofulvin ultramicrosize</i>	1	PA NP
<i>nystatin 500000 unit tab</i>	1	PA NP
<i>terbinafine hcl 250 mg tab</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	2	PA NP
DIFLUCAN (DIFLUCAN 10 MG/ML RECON SUSP, DIFLUCAN 40 MG/ML RECON SUSP)	2	PA NP
<i>fluconazole (fluconazole 10 mg/ml recon susp, fluconazole 40 mg/ml recon susp, fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	1	P
<i>fluconazole in sodium chloride (fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, fluconazole in sodium chloride 400-0.9 mg/200ml-% solution)</i>	1	
FLUCONAZOLE IN SODIUM CHLORIDE 100-0.9 MG/50ML-% SOLUTION	2	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	1	PA NP
<i>ketoconazole 200 mg tab</i>	1	PA NP
NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR)	2	PA NP
<i>posaconazole (posaconazole 40 mg/ml suspension, posaconazole 100 mg tab dr)</i>	1	PA NP
SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SPORANOX PULSEPAK	2	PA NP
TOLSURA	2	PA NP
VIVJOA	2	PA NP
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg recon soln, voriconazole 200 mg tab)</i>	1	
<i>voriconazole 40 mg/ml recon susp</i>	1	PA NP
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
<i>chlorpheniramine</i>	1	OTC
ANTIHISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate 4 mg tab</i>	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	2	
CLEMASTINE FUMARATE	2	
<i>clemastine fumarate</i>	1	OTC
<i>diphenhydramine (benadryl)</i>	1	OTC
<i>diphenhydramine (sleep)</i>	1	OTC
<i>diphenydramine</i>	1	OTC
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine (zyrtec)</i>	1	OTC EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>cetirizine chew tab (zyrtec)</i>	1	PA OTC EDS NP
CLARINEX	2	PA NP
DESLORATADINE (DESLORATADINE 2.5 MG TAB DISP, DESLORATADINE 5 MG TAB DISP)	2	PA NP
<i>desloratadine 5 mg tab</i>	1	PA EDS NP
<i>levocetirizine (xyzal)</i>	1	OTC EDS P
<i>loratadine (claritin)</i>	1	OTC EDS P

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg tab, promethazine hcl 50 mg/ml solution)</i>	1	
<i>promethegan (promethegan 12.5 mg suppos, promethegan 25 mg suppos)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>omega-3-acid ethyl esters</i>	1	EDS P
VASCEPA	2	PA NP
BILE ACID SEQUESTRANTS		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	1	EDS P
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	1	EDS P
<i>colesevelam hcl</i>	1	PA EDS NP
COLESTID 1 GM TAB	2	PA NP
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	1	EDS P
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	1	EDS P
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	2	PA NP
QUESTRAN LIGHT	2	PA NP
WELCHOL	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FIBRIC ACID DERIVATIVES		
ANTARA	2	PA NP
FENOFIBRATE (FENOFIBRATE 40 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 120 MG TAB, FENOFIBRATE 150 MG CAP)	1	PA NP
<i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i>	1	EDS P
FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP)	1	PA NP
<i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)</i>	1	PA EDS NP
<i>fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i>	1	EDS P
FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB)	1	PA NP
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	1	PA EDS NP
FENOGLIDE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FIBRICOR	1	PA NP
<i>gemfibrozil</i>	1	EDS P
LIPOFEN	2	PA NP
LOPID	2	PA NP
TRICOR	2	PA NP
TRILIPIX	2	PA NP
HMG COA REDUCTASE INHIBITORS		
ALTOPREV	2	PA NP
ATORVALIQ	2	PA NP
<i>atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab)</i>	\$0	EDS P
<i>atorvastatin calcium (atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)</i>	1	EDS P
CRESTOR	2	PA NP
EZALLOR SPRINKLE	2	PA NP
<i>fluvastatin sodium</i>	\$0	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvastatin sodium er</i>	\$0	PA NP
LESCOL XL	2	QL 34 UNITS / FILL PA NP
LIPITOR	2	PA NP
LIVALO	2	PA NP
<i>lovastatin</i>	\$0	EDS P
<i>pravastatin sodium</i>	\$0	EDS P
<i>rosuvastatin calcium (rosuvastatin calcium 20 mg tab, rosuvastatin calcium 40 mg tab)</i>	1	EDS P
<i>rosuvastatin calcium (rosuvastatin calcium 5 mg tab, rosuvastatin calcium 10 mg tab)</i>	\$0	EDS P
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab)</i>	\$0	EDS P
<i>simvastatin 80 mg tab</i>	1	EDS P
ZOCOR	2	PA NP
ZYPITAMAG (ZYPITAMAG 2 MG TAB, ZYPITAMAG 4 MG TAB)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	EDS P
ZETIA	2	PA NP
NICOTINIC ACID DERIVATIVES		
NIACIN (ANTHYPERLIPIDEMIC)	2	PA NP
<i>niacin er (antihyperlipidemic)</i>	1	EDS P
NIACOR	2	PA NP
NIASPAN	1	P
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	2	PA NP
PRALUENT	2	QL 2 EA / 28 days PA NP
REPATHA	2	QL 2 EA / 28 days PA NP
REPATHA PUSHTRONEX SYSTEM	2	QL 3.5 ML / 28 DAYS PA NP
REPATHA SURECLICK	2	QL 2 EA / 28 days PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>perindopril erbumine</i>	1	EDS P
PERINDOPRIL ERBUMINE 2 MG TAB	1	P
PERINDOPRIL ERBUMINE 8 MG TAB	2	EDS P
PRINIVIL	2	PA NP
QBRELIS	2	PA NP
<i>quinapril hcl</i>	1	EDS P
<i>ramipril</i>	1	EDS P
<i>trandolapril</i>	1	EDS P
VASOTEC	2	PA NP
ZESTRIL	2	PA NP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	2	PA NP
AVAPRO	2	PA NP
BENICAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>candesartan cilexetil</i>	1	PA EDS NP
COZAAR	2	PA NP
DIOVAN	2	PA NP
EDARBI	2	PA NP
EPROSARTAN MESYLATE	2	PA NP
<i>irbesartan</i>	1	EDS P
<i>losartan potassium</i>	1	EDS P
MICARDIS	2	PA NP
<i>olmesartan medoxomil</i>	1	EDS P
<i>telmisartan</i>	1	PA EDS NP
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab, valsartan 320 mg tab)</i>	1	EDS P
VALSARTAN 4 MG/ML SOLUTION	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA	2	PA NP
<i>clonidine (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)</i>	1	EDS
<i>clonidine hcl (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)</i>	1	EDS
<i>doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)</i>	1	QL 30 UNITS / 30 DAYS EDS P
<i>doxazosin mesylate 8 mg tab</i>	1	QL 60 UNITS / 30 DAYS EDS P
<i>guanfacine hcl (guanfacine hcl 1 mg tab, guanfacine hcl 2 mg tab)</i>	1	EDS
<i>methyldopa</i>	1	EDS
<i>prazosin hcl</i>	1	EDS
<i>terazosin hcl (terazosin hcl 1 mg cap, terazosin hcl 5 mg cap)</i>	1	QL 30 UNITS / 30 DAYS EDS P
<i>terazosin hcl 10 mg cap</i>	1	QL 60 UNITS / 30 DAYS EDS P
<i>terazosin hcl 2 mg cap</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	EDS P
<i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i>	1	EDS P
<i>amlodipine-olmesartan</i>	1	PA EDS NP
<i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i>	1	P
ATACAND HCT	2	PA NP
<i>atenolol-chlorthalidone</i>	1	PA EDS NP
AVALIDE	2	PA NP
AZOR	2	PA NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	1	EDS P
TEKTURNA HCT	2	P
TELMISARTAN-AMLODIPINE	2	PA NP
<i>telmisartan-amlodipine</i>	1	PA NP
<i>telmisartan-hctz</i>	1	PA NP
TENORETIC 100	2	PA NP
TENORETIC 50	2	PA NP
TRANDOLAPRIL-VERAPAMIL HCL ER	2	PA NP
TRIBENZOR	2	PA NP
<i>valsartan-hydrochlorothiazide</i>	1	EDS P
VASERETIC	2	PA NP
ZESTORETIC	2	PA NP
ZIAC	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	PA NP
TEKTURNA	2	PA NP
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	EDS
VASODILATORS		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab, hydralazine hcl 100 mg tab)</i>	1	EDS
<i>hydralazine hcl 20 mg/ml solution</i>	1	
<i>minoxidil</i>	1	EDS
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	EDS
COARTEM	2	
ANTIMALARIALS		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	EDS
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	PA LA
<i>quinine sulfate</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	2	PA LA
GUANIDINE HCL	2	
NEOSTIGMINE METHYLSULFATE (NEOSTIGMINE METHYLSULFATE 3 MG/3ML SOLUTION, NEOSTIGMINE METHYLSULFATE 5 MG/5ML SOLUTION)	2	
<i>neostigmine methylsulfate (neostigmine methylsulfate 5 mg/10ml solution, neostigmine methylsulfate 10 mg/10ml solution)</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER	2	
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
ISONIAZID (ISONIAZID 100 MG TAB, ISONIAZID 100 MG/ML SOLUTION)	2	
<i>isoniazid (isoniazid 50 mg/5ml syrup, isoniazid 300 mg tab)</i>	1	
PRETOMANID	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>capecitabine 500 mg tab</i>	1	SP
<i>fluorouracil (fluorouracil 1 gm/20ml solution, fluorouracil 2.5 gm/50ml solution, fluorouracil 5 gm/100ml solution, fluorouracil 500 mg/10ml solution)</i>	1	
<i>mercaptopurine</i>	1	EDS
<i>methotrexate sodium (methotrexate sodium 1 gm recon soln, methotrexate sodium 50 mg/2ml solution, methotrexate sodium 1000 mg/40ml solution)</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	EDS
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	
ONUREG	2	QL 1 EA / DAY PA SP
TABLOID	2	SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1 MG CAP	2	QL 84 EA / 28 DAYS PA SP
FRUZAQLA 5 MG CAP	2	QL 21 EA / 28 DAYS PA SP
INLYTA	2	QL 8 EA / 1 DAY PA SP

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERLEADA 60 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
<i>exemestane</i>	\$0	<div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
FLUTAMIDE	2	
<i>flutamide</i>	1	<div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div>
<i>letrozole</i>	1	<div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>leuprolide acetate</i>	1	<div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
LEUPROLIDE ACETATE (3 MONTH)	2	<div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab, megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	1	<div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>nilutamide</i>	1	<div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
NUBEQA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">SF</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
ORGOVYX	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
ORSERDU 345 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">SF</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 16 EA / FILL PA LA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	<ul style="list-style-type: none"> QL 8 EA / FILL PA LA
XPOVIO (80 MG TWICE WEEKLY)	2	<ul style="list-style-type: none"> QL 32 EA / FILL PA LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA
KISQALI FEMARA (200 MG DOSE)	2	<ul style="list-style-type: none"> QL 3.25 EA / DAY PA SP
KISQALI FEMARA (400 MG DOSE)	2	<ul style="list-style-type: none"> QL 3.25 EA / DAY PA SP
KISQALI FEMARA (600 MG DOSE)	2	<ul style="list-style-type: none"> QL 3.25 EA / DAY PA SP
LONSURF	2	<ul style="list-style-type: none"> PA LA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	2	<ul style="list-style-type: none"> QL 8 EA / day PA SF SP

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IBRANCE	2	QL 1 EA / DAY PA SP
ICLUSIG	2	QL 1 EA / day PA SF SP
IDHIFA	2	QL 1 EA / DAY PA LA
<i>imatinib mesylate</i>	1	PA SP
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB)	2	QL 1 EA / DAY PA LA
IMBRUVICA 140 MG CAP	2	QL 4 EA / 1 DAY PA LA
IMBRUVICA 70 MG/ML SUSPENSION	2	QL 6 ML / DAY PA LA
JAKAFI	2	QL 2 EA / day PA SF SP
JAYPIRCA	2	QL 2 EA / 1 DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI (200 MG DOSE)	2	<ul style="list-style-type: none"> QL 2.25 EA / DAY PA SP
KISQALI (400 MG DOSE)	2	<ul style="list-style-type: none"> QL 2.25 EA / DAY PA SP
KISQALI (600 MG DOSE)	2	<ul style="list-style-type: none"> QL 2.25 EA / DAY PA SP
KOSELUGO 10 MG CAP	2	<ul style="list-style-type: none"> QL 8 EA / DAY PA SP
KOSELUGO 25 MG CAP	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
KRAZATI	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA LA
<i>lapatinib ditosylate</i>	1	<ul style="list-style-type: none"> PA SP
LORBRENA 100 MG TAB	2	<ul style="list-style-type: none"> QL 1 EA / 1 DAY PA SP
LORBRENA 25 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / 1 DAY PA SP
LUMAKRAS 120 MG TAB	2	<ul style="list-style-type: none"> QL 8 EA / day PA SF SP

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLINZA	2	QL 4 EA / day SF SP
ZYDELIG	2	PA LA
ZYKADIA	2	QL 3 EA / day PA SF SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA SP
<i>hydroxyurea</i>	1	EDS
INTRON A (INTRON A 6000000 UNIT/ML SOLUTION, INTRON A 10000000 UNIT RECON SOLN, INTRON A 10000000 UNIT/ML SOLUTION, INTRON A 18000000 UNIT RECON SOLN, INTRON A 50000000 UNIT RECON SOLN)	2	SP
<i>tretinoin 10 mg cap</i>	1	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN	2	QL 8 EA / DAY PA
<i>leucovorin calcium (leucovorin calcium 5 mg tab, leucovorin calcium 10 mg tab, leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	1	
<i>mesna</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MESNEX 400 MG TAB	2	SP
MITOTIC INHIBITORS		
ETOPOSIDE 50 MG CAP	2	LA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
NOURIANZ	2	PA SP NP
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	1	EDS
<i>benztropine mesylate 1 mg/ml solution</i>	1	
<i>trihexyphenidyl hcl (trihexyphenidyl hcl 0.4 mg/ml solution, trihexyphenidyl hcl 2 mg tab, trihexyphenidyl hcl 5 mg tab)</i>	1	EDS
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	EDS
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	1	EDS P
ONGENTYS	2	QL 1 EA / DAY PA NP
TASMAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tolcapone</i>	1	PA NP
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	EDS
<i>bromocriptine mesylate 2.5 mg tab</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS P
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	2	EDS P
<i>carbidopa-levodopa er</i>	1	EDS P
<i>carbidopa-levodopa-entacapone</i>	1	EDS P
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB)	1	P
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB	1	NP
DHIVY	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GOCOVRI	2	PA LA NP
INBRIJA	2	PA LA NP
KYNMOBI	2	PA SP NP
MIRAPEX ER	2	PA NP
NEUPRO	2	PA NP
<i>pramipexole dihydrochloride</i>	1	EDS P
<i>pramipexole dihydrochloride er</i>	1	PA NP
REQUIP XL	2	PA NP
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	EDS P
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	1	PA EDS NP

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BUTYROPHENONES		
<i>haloperidol</i>	\$0	EDS
<i>haloperidol decanoate</i>	\$0	EDS
<i>haloperidol lactate 2 mg/ml conc</i>	\$0	EDS
<i>haloperidol lactate 5 mg/ml solution</i>	\$0	
DIBENZAPINES		
<i>asenapine maleate</i>	\$0	PA EDS NP
<i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	\$0	EDS P
CLOZAPINE 12.5 MG TAB DISP	\$0	P
CLOZARIL	\$0	PA NP
<i>loxapine succinate</i>	\$0	EDS
<i>olanzapine (olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	\$0	QL 30 UNITS / 30 DAYS PA EDS NP
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 10 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	\$0	EDS P
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp)</i>	\$0	QL 60 UNITS / 30 DAYS PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>olanzapine 10 mg recon soln</i>	\$0	P
<i>quetiapine fumarate (quetiapine fumarate 25 mg tab, quetiapine fumarate 50 mg tab, quetiapine fumarate 100 mg tab, quetiapine fumarate 200 mg tab, quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	\$0	EDS P
<i>quetiapine fumarate er</i>	\$0	EDS P
SAPHRIS	\$0	PA NP
SECUADO	\$0	PA NP
SEROQUEL	\$0	PA NP
SEROQUEL XR	\$0	PA NP
VERSACLOZ	\$0	PA NP
ZYPREXA (ZYPREXA 2.5 MG TAB, ZYPREXA 5 MG TAB, ZYPREXA 7.5 MG TAB, ZYPREXA 10 MG RECON SOLN, ZYPREXA 10 MG TAB, ZYPREXA 15 MG TAB)	\$0	PA NP
ZYPREXA 20 MG TAB	\$0	PA EDS NP
ZYPREXA RELPREVV	\$0	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYPREXA ZYDIS	\$0	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i>	\$0	<div data-bbox="1133 432 1195 464">EDS</div>
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i>	\$0	
<i>compro</i>	\$0	
<i>fluphenazine decanoate</i>	\$0	<div data-bbox="1133 768 1195 800">EDS</div>
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i>	\$0	<div data-bbox="1133 884 1195 915">EDS</div>
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 2.5 MG/ML SOLUTION, FLUPHENAZINE HCL 5 MG/ML CONC)	\$0	
<i>perphenazine</i>	\$0	<div data-bbox="1133 1251 1195 1283">EDS</div>
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate (prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution)</i>	\$0	
<i>prochlorperazine maleate</i>	\$0	
<i>thioridazine hcl</i>	\$0	<div data-bbox="1133 1608 1195 1640">EDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trifluoperazine hcl</i>	\$0	EDS
QUINOLINONE DERIVATIVES		
ABILIFY	\$0	PA NP
ABILIFY ASIMTUFII	\$0	P
ABILIFY MAINTENA	\$0	P
ABILIFY MYCITE	\$0	PA LA NP
<i>aripiprazole (aripiprazole 1 mg/ml solution, aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab, aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i>	\$0	EDS P
<i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i>	\$0	PA NP
ARISTADA	\$0	PA NP
ARISTADA INITIO	\$0	PA NP
REXULTI	\$0	PA NP
THIOXANTHENES		
<i>thiothixene</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES	2	
MICROCLENS WIPES	2	
UNI-SOLVE	2	
ANTISEPTICS & DISINFECTANTS		
<i>hydrogen peroxide</i>	1	OTC
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate</i>	1	OTC
HIBICLENS 4 % LIQUID	1	OTC
IODINE ANTISEPTICS		
APLICARE POVIDONE-IODINE 10 % GEL	2	OTC
LUGOLS STRONG IODINE	2	
<i>povidone-iodine (betadine)</i>	1	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate (abacavir sulfate 20 mg/ml solution, abacavir sulfate 300 mg tab)</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
APRETUDE	\$0	
APTIVUS (APTIVUS 100 MG/ML SOLUTION, APTIVUS 250 MG CAP)	2	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREZCOBIX	2	
PREZISTA (PREZISTA 75 MG TAB, PREZISTA 100 MG/ML SUSPENSION, PREZISTA 150 MG TAB, PREZISTA 600 MG TAB, PREZISTA 800 MG TAB)	2	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY 20 MG/ML SOLUTION	2	
<i>stavudine</i>	1	
STRIBILD	2	
SUNLENCA (SUNLENCA 4 X 300 MG TAB THPK, SUNLENCA 5 X 300 MG TAB THPK, SUNLENCA 463.5 MG/1.5ML SOLUTION)	2	
SYMTUZA	2	
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
VIRACEPT	2	
VIREAD (VIREAD 40 MG/GM POWDER, VIREAD 150 MG TAB, VIREAD 200 MG TAB, VIREAD 250 MG TAB)	2	SP
<i>zidovudine (zidovudine 50 mg/5ml syrup, zidovudine 100 mg cap, zidovudine 300 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	QL 20 EA / fill
PAXLOVID (300/100)	2	QL 30 EA / fill
CMV AGENTS		
<i>foscarnet sodium</i>	1	
PREVYMIS (PREVYMIS 240 MG/12ML SOLUTION, PREVYMIS 480 MG/24ML SOLUTION)	2	
PREVYMIS 240 MG TAB	2	QL 1 TAB / 1 DAY; 200 TABS / 365 DAYS
PREVYMIS 480 MG TAB	2	QL 1 UNIT / 1 DAY; 100 TABS / 6 MONTHS
<i>valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)</i>	1	EDS
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	1	PA SP NP
BARACLUDGE (BARACLUDGE 0.5 MG TAB, BARACLUDGE 1 MG TAB)	2	QL 1 EA / DAY PA SP NP
BARACLUDGE 0.05 MG/ML SOLUTION	2	SP P
<i>entecavir</i>	1	QL 1 EA / DAY EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPCLUSA 200-50 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: left; margin: 2px 0;">28 UNITS / FILL; 84 UNITS / 365 DAYS</div> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EPCLUSA 400-100 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: left; margin: 2px 0;">84 EA / 365 DAYS</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
EPIVIR HBV 100 MG TAB	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
EPIVIR HBV 5 MG/ML SOLUTION	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: left; margin: 2px 0;">56 UNITS / FILL; 112 UNITS / 365 DAYS</div> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HARVONI 33.75-150 MG PACKET	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: left; margin: 2px 0;">28 UNITS / FILL; 56 UNITS / 365 DAYS</div> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HARVONI 90-400 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6A329F; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="text-align: left; margin: 2px 0;">84 EA / 365 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
HEPSERA	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #A9A9A9; color: #444; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lamivudine 100 mg tab</i>	1	<div data-bbox="1133 170 1192 205">EDS</div> <div data-bbox="1133 218 1192 254">SP</div> <div data-bbox="1133 266 1192 302">P</div>
LEDIPASVIR-SOFOSBUVIR	1	<div data-bbox="1133 331 1446 367">QL 84 EA / 365 days</div> <div data-bbox="1133 380 1192 415">PA</div> <div data-bbox="1133 428 1446 621"> QL 28 UNITS / FILL; 56 UNITS / 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER </div> <div data-bbox="1133 634 1192 669">SP</div> <div data-bbox="1133 682 1192 718">NP</div>
MAVYRET 100-40 MG TAB	2	<div data-bbox="1133 739 1468 774">QL 168 EA / 365 days</div> <div data-bbox="1133 787 1192 823">PA</div> <div data-bbox="1133 835 1192 871">SP</div> <div data-bbox="1133 884 1192 919">P</div>
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	<div data-bbox="1133 949 1414 984">QL 0.08 ML / DAY</div> <div data-bbox="1133 997 1192 1033">SP</div> <div data-bbox="1133 1045 1192 1081">P</div>
PEGASYS 180 MCG/ML SOLUTION	2	<div data-bbox="1133 1108 1414 1144">QL 0.15 ML / DAY</div> <div data-bbox="1133 1157 1192 1192">SP</div> <div data-bbox="1133 1205 1192 1241">P</div>
PEGINTRON	2	<div data-bbox="1133 1264 1192 1299">PA</div> <div data-bbox="1133 1312 1192 1348">LA</div> <div data-bbox="1133 1360 1192 1396">NP</div>
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	<div data-bbox="1133 1423 1192 1459">SP</div> <div data-bbox="1133 1472 1192 1507">P</div>
RIBAVIRIN 200 MG TAB	2	<div data-bbox="1133 1533 1192 1568">SP</div> <div data-bbox="1133 1581 1192 1617">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOFOSBUVIR-VELPATASVIR	1	<ul style="list-style-type: none"> QL 84 EA / 365 DAYS PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP
SOVALDI (SOVALDI 150 MG PACKET, SOVALDI 400 MG TAB)	2	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP
SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB)	2	<ul style="list-style-type: none"> QL 168 EA / 365 days PA SP NP
VEMLIDY	2	<ul style="list-style-type: none"> PA SP NP
VIEKIRA PAK	2	<ul style="list-style-type: none"> QL 336 EA / 365 days PA SP NP
VOSEVI	2	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP P
ZEPATIER	2	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HERPES AGENTS		
<i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	P
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	PA EDS NP
SITAVIG	2	PA NP
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	1	EDS P
VALTREX	2	PA NP
INFLUENZA AGENTS		
<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	QL 10 EA / fill P
<i>oseltamivir phosphate 30 mg cap</i>	1	QL 20 EA / fill P
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL 250 ml / fill P
RELENZA DISKHALER	2	QL 0.67 GM / DAY P
RIMANTADINE HCL	2	
TAMIFLU (TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	2	QL 10 EA / fill PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAMIFLU 30 MG CAP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>20 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
TAMIFLU 6 MG/ML RECON SUSP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>250 ml / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>1 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>2 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>1 EA / fill</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
MISC. ANTIVIRALS		
LAGEVRIO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div>40 EA / fill</div> </div>
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
<i>carvedilol phosphate er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
COREG	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	PA EDS NP
<i>atenolol</i>	1	EDS P
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	PA EDS NP
<i>bisoprolol fumarate</i>	1	EDS P
KAPSPARGO SPRINKLE	2	PA NP
LOPRESSOR	2	PA NP
<i>metoprolol succinate er</i>	1	EDS P
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	EDS P
<i>nebivolol hcl</i>	1	PA EDS NP
TENORMIN	2	PA NP
TOPROL XL	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BETA BLOCKERS NON-SELECTIVE		
BETAPACE	2	PA NP
BETAPACE AF	2	PA NP
CORGARD	2	PA NP
HEMANGEOL	2	PA LA NP
INDERAL LA	2	PA NP
INDERAL XL	2	PA NP
INNOPRAN XL	2	PA NP
<i>nadolol</i>	1	EDS P
<i>pindolol</i>	1	EDS P
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	1	EDS P
PROPRANOLOL HCL 40 MG/5ML SOLUTION	2	EDS P
<i>propranolol hcl er</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sorine</i>	1	EDS P
<i>sotalol hcl (af)</i>	1	EDS P
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	1	EDS P
SOTYLIZE	2	PA NP
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	1	PA EDS NP
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	1	EDS P
CALAN SR	2	PA NP
CARDIZEM	2	PA NP
CARDIZEM CD	2	PA NP
CARDIZEM LA	2	PA NP
<i>cartia xt</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dilt-xr</i>	1	EDS P
<i>diltiazem hcl (diltiazem hcl 25 mg/5ml solution, diltiazem hcl 50 mg/10ml solution, diltiazem hcl 125 mg/25ml solution)</i>	1	
<i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab, diltiazem hcl 90 mg tab, diltiazem hcl 120 mg tab)</i>	1	EDS P
DILTIAZEM HCL 100 MG RECON SOLN	2	
<i>diltiazem hcl er (diltiazem hcl er 120 mg tab er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i>	1	PA EDS NP
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h, diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 240 mg cap er 24h)</i>	1	EDS P
<i>diltiazem hcl er beads</i>	1	EDS P
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 240 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	1	EDS P
<i>felodipine er</i>	1	EDS P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NORLIQVA	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
NORVASC	2	<div data-bbox="1133 283 1195 315">PA</div> <div data-bbox="1133 331 1195 363">NP</div>
NYMALIZE	2	<div data-bbox="1133 392 1195 424">PA</div> <div data-bbox="1133 441 1195 472">NP</div>
PROCARDIA	2	<div data-bbox="1133 501 1195 533">PA</div> <div data-bbox="1133 550 1195 581">NP</div>
PROCARDIA XL	2	<div data-bbox="1133 611 1195 642">PA</div> <div data-bbox="1133 659 1195 690">NP</div>
SULAR	2	<div data-bbox="1133 720 1195 751">PA</div> <div data-bbox="1133 768 1195 800">NP</div>
<i>taztia xt</i>	1	<div data-bbox="1133 829 1195 861">EDS</div> <div data-bbox="1133 877 1195 909">P</div>
<i>tiadylt er</i>	1	<div data-bbox="1133 938 1195 970">EDS</div> <div data-bbox="1133 987 1195 1018">P</div>
TIAZAC	2	<div data-bbox="1133 1050 1195 1081">PA</div> <div data-bbox="1133 1098 1195 1129">NP</div>
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	<div data-bbox="1133 1157 1195 1188">EDS</div> <div data-bbox="1133 1205 1195 1236">P</div>
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h)</i>	1	<div data-bbox="1133 1392 1195 1423">EDS</div> <div data-bbox="1133 1440 1195 1472">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	EDS NP
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PA NP
VERELAN PM	2	PA NP
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	EDS
<i>digox</i>	1	EDS
<i>digoxin (digoxin 0.05 mg/ml solution, digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	1	EDS
<i>digoxin 0.25 mg/ml solution</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	2	QL 1 EA / DAY PA LA

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORENITRAM MONTH 1	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
ORENITRAM MONTH 2	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
ORENITRAM MONTH 3	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO DPI INSTITUTIONAL KIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 4 EA / DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO DPI MAINTENANCE KIT (TYVASO DPI MAINTENANCE KIT 16 MCG POWDER, TYVASO DPI MAINTENANCE KIT 32 MCG POWDER, TYVASO DPI MAINTENANCE KIT 48 MCG POWDER, TYVASO DPI MAINTENANCE KIT 64 MCG POWDER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 4 EA / DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 196 EA / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6A5ACD; color: white; padding: 2px; border-radius: 3px;">QL 252 EA / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px; border-radius: 3px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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TRACLEER 32 MG TAB SOL	2	QL 4 EA / DAY PA LA NP
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PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA NP
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	2	<ul style="list-style-type: none"> PA LA NP
SINUS NODE INHIBITORS		
<i>ivabradine hcl 7.5 mg tab</i>	1	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
VYNDAQEL	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	<ul style="list-style-type: none"> P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFADROXIL 1 GM TAB	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM 2 GM RECON SOLN, CEFAZOLIN SODIUM 100 GM RECON SOLN, CEFAZOLIN SODIUM 300 GM RECON SOLN)	2	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	2	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap, cephalexin 750 mg cap)</i>	1	<div data-bbox="1133 1087 1195 1123">P</div>
<i>cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab)</i>	1	<div data-bbox="1133 1213 1195 1249">PA</div> <div data-bbox="1133 1262 1195 1297">NP</div>
KEFLEX	2	<div data-bbox="1133 1329 1195 1365">PA</div> <div data-bbox="1133 1377 1195 1413">NP</div>

CEPHALOSPORINS - 2ND GENERATION

CEFACLOR (CEFACLOR 125 MG/5ML RECON SUSP, CEFACLOR 250 MG CAP, CEFACLOR 250 MG/5ML RECON SUSP, CEFACLOR 375 MG/5ML RECON SUSP, CEFACLOR 500 MG CAP)	2	<div data-bbox="1133 1619 1195 1654">P</div>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFACLOR ER	2	PA NP
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	P
<i>cefuroxime axetil</i>	1	P
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	P
<i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)</i>	1	PA NP
<i>cefixime 400 mg cap</i>	1	NP
<i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg tab, cefpodoxime proxetil 100 mg/5ml recon susp, cefpodoxime proxetil 200 mg tab)</i>	1	PA NP
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 10 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFTRIAZONE SODIUM IN DEXTROSE	2	
CEFTRIAZONE SODIUM-DEXTROSE	2	
SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 200 MG CHEW TAB, SUPRAX 200 MG/5ML RECON SUSP, SUPRAX 500 MG/5ML RECON SUSP)	2	PA NP
<i>tazicef (tazicef 1 gm recon soln, tazicef 2 gm recon soln)</i>	1	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 2 gm recon soln)</i>	1	
CEFEPIME HCL (CEFEPIME HCL 1 GM/50ML SOLUTION, CEFEPIME HCL 2 GM/100ML SOLUTION)	2	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethia lo</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>apri</i>	\$0	EDS
<i>aranelle</i>	\$0	EDS
<i>ashlyna</i>	\$0	EDS
<i>aubra</i>	\$0	EDS
<i>aubra eq</i>	\$0	EDS
<i>aurovela 1.5/30</i>	\$0	EDS
<i>aurovela 1/20</i>	\$0	EDS
<i>aurovela 24 fe</i>	\$0	EDS
<i>aurovela fe 1.5/30</i>	\$0	EDS
<i>aurovela fe 1/20</i>	\$0	EDS
<i>aviane</i>	\$0	EDS
<i>ayuna</i>	\$0	EDS
<i>azurette</i>	\$0	EDS
<i>balziva</i>	\$0	EDS
<i>bekyree</i>	\$0	EDS
<i>blisovi 24 fe</i>	\$0	EDS
<i>blisovi fe 1.5/30</i>	\$0	EDS
<i>blisovi fe 1/20</i>	\$0	EDS
<i>briellyn</i>	\$0	EDS
<i>camrese</i>	\$0	EDS
<i>camrese lo</i>	\$0	EDS
<i>caziant</i>	\$0	EDS
<i>charlotte 24 fe</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>chateal</i>	\$0	EDS
<i>chateal eq</i>	\$0	EDS
<i>cryselle-28</i>	\$0	EDS
<i>cyclafem 1/35</i>	\$0	EDS
<i>cyclafem 7/7/7</i>	\$0	EDS
<i>cyred</i>	\$0	EDS
<i>cyred eq</i>	\$0	EDS
<i>dasetta 1/35</i>	\$0	EDS
<i>dasetta 7/7/7</i>	\$0	EDS
<i>daysee</i>	\$0	EDS
<i>delyla</i>	\$0	EDS
<i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i>	\$0	EDS
<i>dolishale</i>	\$0	EDS
<i>drospiren-eth estrad-levomefol</i>	\$0	EDS
<i>drospirenone-ethinyl estradiol</i>	\$0	EDS
<i>elinest</i>	\$0	EDS
<i>emoquette</i>	\$0	EDS
<i>enpresse-28</i>	\$0	EDS
<i>enskyce</i>	\$0	EDS
<i>estarylla</i>	\$0	EDS
<i>ethynodiol diac-eth estradiol</i>	\$0	EDS
<i>falmina</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fayosim</i>	\$0	EDS
<i>femynor</i>	\$0	EDS
<i>finzala</i>	\$0	EDS
<i>gemmily</i>	\$0	EDS
<i>gianvi</i>	\$0	EDS
<i>hailey 1.5/30</i>	\$0	EDS
<i>hailey 24 fe</i>	\$0	EDS
<i>hailey fe 1.5/30</i>	\$0	EDS
<i>hailey fe 1/20</i>	\$0	EDS
<i>iclevia</i>	\$0	EDS
<i>introvale</i>	\$0	EDS
<i>isibloom</i>	\$0	EDS
<i>jaimiess</i>	\$0	EDS
<i>jasmiel</i>	\$0	EDS
<i>jolessa</i>	\$0	EDS
<i>joyeaux</i>	\$0	EDS
<i>juleber</i>	\$0	EDS
<i>junel 1.5/30</i>	\$0	EDS
<i>junel 1/20</i>	\$0	EDS
<i>junel fe 1.5/30</i>	\$0	EDS
<i>junel fe 1/20</i>	\$0	EDS
<i>junel fe 24</i>	\$0	EDS
<i>kaitlib fe</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>kalliga</i>	\$0	EDS
<i>kariva</i>	\$0	EDS
<i>kelnor 1/35</i>	\$0	EDS
<i>kelnor 1/50</i>	\$0	EDS
<i>kurvelo</i>	\$0	EDS
<i>larin 1.5/30</i>	\$0	EDS
<i>larin 1/20</i>	\$0	EDS
<i>larin 24 fe</i>	\$0	EDS
<i>larin fe 1.5/30</i>	\$0	EDS
<i>larin fe 1/20</i>	\$0	EDS
<i>larissia</i>	\$0	EDS
<i>layolis fe</i>	\$0	EDS
<i>leena</i>	\$0	EDS
<i>lessina</i>	\$0	EDS
<i>levonest</i>	\$0	EDS
<i>levonorg-eth estrad triphasic</i>	\$0	EDS
<i>levonorgest-eth est & eth est</i>	\$0	EDS
<i>levonorgest-eth estrad 91-day</i>	\$0	EDS
<i>levonorgest-eth estradiol-iron</i>	\$0	EDS
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	\$0	EDS
<i>levora 0.15/30 (28)</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lillow</i>	\$0	EDS
<i>lo-zumandimine</i>	\$0	EDS
<i>loestrin 1.5/30 (21)</i>	\$0	EDS
<i>loestrin 1/20 (21)</i>	\$0	EDS
<i>loestrin fe 1.5/30</i>	\$0	EDS
<i>loestrin fe 1/20</i>	\$0	EDS
<i>lojaimiess</i>	\$0	EDS
<i>loryna</i>	\$0	EDS
<i>low-ogestrel</i>	\$0	EDS
<i>luteru</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS
<i>melodetta 24 fe</i>	\$0	EDS
<i>merzee</i>	\$0	EDS
<i>mibelas 24 fe</i>	\$0	EDS
<i>microgestin 1.5/30</i>	\$0	EDS
<i>microgestin 1/20</i>	\$0	EDS
<i>microgestin 24 fe</i>	\$0	EDS
<i>microgestin fe 1.5/30</i>	\$0	EDS
<i>microgestin fe 1/20</i>	\$0	EDS
<i>mili</i>	\$0	EDS
<i>mono-lynyah</i>	\$0	EDS
<i>necon 0.5/35 (28)</i>	\$0	EDS
<i>nikki</i>	\$0	EDS

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>enilloring</i>	\$0	EDS
<i>etonogestrel-ethinyl estradiol</i>	\$0	EDS
<i>haloette</i>	\$0	EDS
EMERGENCY CONTRACEPTIVES		
ELLA	\$0	
<i>levonorgestrel (plan b)</i>	\$0	QL 1 EA / FILL OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	\$0	QL 0.04 ML / DAY
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	\$0	EDS
<i>deblitane</i>	\$0	EDS
<i>emzahh</i>	\$0	EDS
<i>errin</i>	\$0	EDS
<i>heather</i>	\$0	EDS
<i>incassia</i>	\$0	EDS
<i>jencycla</i>	\$0	EDS
<i>lyleq</i>	\$0	EDS
<i>lyza</i>	\$0	EDS
<i>nora-be</i>	\$0	EDS
<i>norethindrone</i>	\$0	EDS
<i>norlyda</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norlyroc</i>	\$0	EDS
OPILL	\$0	
<i>sharobel</i>	\$0	EDS
<i>tulana</i>	\$0	EDS
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	QL 1 EA / DAY PA NP
CORTISONE ACETATE	2	
<i>decadron</i>	1	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SOD PHOS +RFID	1	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution, dexamethasone sodium phosphate 10 mg/ml solution, dexamethasone sodium phosphate 20 mg/5ml solution, dexamethasone sodium phosphate 100 mg/10ml solution, dexamethasone sodium phosphate 120 mg/30ml solution)</i>	1	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	1	EDS
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 4 mg tab thpk, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	
<i>methylprednisolone acetate (methylprednisolone acetate 40 mg/ml suspension, methylprednisolone acetate 80 mg/ml suspension)</i>	1	
<i>methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 125 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 15 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	1	
<i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab, prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk, prednisone 10 mg tab, prednisone 20 mg tab, prednisone 50 mg tab)</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
PREDNISONE INTENSOL	2	
SOLU-CORTEF	2	
SOLU-MEDROL (PF)	2	
SOLU-MEDROL (SOLU-MEDROL 2 GM RECON SOLN, SOLU-MEDROL 500 MG RECON SOLN, SOLU-MEDROL 1000 MG RECON SOLN)	2	
TARPEYO	2	PA LA
UCERIS 9 MG TAB ER 24H	2	QL 1 EA / DAY PA NP
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>dextromethorphan (robitussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	1	OTC P
CHILDRENS COLD-ALLERGY	2	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	1	OTC
<i>chlorpheniramine / phenylephrine / aspirin</i>	1	OTC
CHLORPHENIRAMINE / PSEUDOEPHEDRINE	2	OTC
<i>chlorpheniramine / pseudoephedrine</i>	1	OTC
CLARINEX-D 12 HOUR	2	PA NP
<i>dextromethorphan / phenylephrine / acetaminophen</i>	1	OTC
<i>doxylamine / dextromethorphan</i>	2	
<i>guaifenesin / codeine</i>	1	QL 60 ML / 1 DAY OTC

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>phenylephrine / guaifenesin</i>	1	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
PSEUDOEPHEDRINE / IBUPROFEN	2	OTC
EXPECTORANTS		
GERI-TUSSIN 100 MG/5ML SYRUP	2	OTC
<i>guaifenesin (mucinex)</i>	1	OTC
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride nasal spray</i>	1	OTC EDS
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACANYA	2	PA NP
<i>acutane</i>	1	
<i>adapalene (adapalene 0.1 % cream, adapalene 0.3 % gel)</i>	1	PA NP
<i>adapalene 0.1 % gel</i>	1	OTC P
<i>adapalene treatment</i>	1	OTC P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	PA NP
ALTRENO	2	PA NP
<i>amnesteem</i>	1	
AMZEEQ	2	PA NP
ARAZLO	2	PA NP
ATRALIN	2	PA NP
<i>avar cleanser</i>	1	PA NP
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
AVAR-E LS	2	PA NP
<i>avita</i>	1	PA NP
BENZAACLIN WITH PUMP	1	P
BENZAMYCIN	2	PA NP
<i>benzoyl peroxide</i>	1	PA OTC NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA OTC NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate (clindamycin phosphate 1 % gel, clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % solution, clindamycin phosphate 1 % swab)</i>	1	P
<i>clindamycin phosphate 1 % foam</i>	1	PA NP
<i>clindamycin-tretinoin</i>	1	PA NP
<i>cvs adapalene</i>	1	OTC P
<i>dapsone (dapsone 5 % gel, dapsone 7.5 % gel)</i>	1	PA NP
ERY	2	
<i>erythromycin (erythromycin 2 % gel, erythromycin 2 % solution)</i>	1	P
FABIOR	1	PA NP
<i>isotretinoin</i>	1	
<i>myorisan</i>	1	
<i>neuac 1.2-5 % gel</i>	1	PA NP
NEUAC 1.2-5 % KIT	2	PA NP
ONEXTON	2	PA NP
RETIN-A	1	P
RETIN-A MICRO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETIN-A MICRO PUMP	2	PA NP
<i>sss 10-5 10-5 % cream</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 10-4 % pad, sulfacetamide sodium-sulfur 10-5 % cream)</i>	1	
<i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 10-5 % liquid, sulfacetamide sodium-sulfur 10-5 % lotion)</i>	1	P
<i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 8-4 % suspension, sulfacetamide sodium-sulfur 10-5 % suspension)</i>	1	PA NP
SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION	2	PA NP
<i>sulfacleanse 8/4</i>	1	PA NP
<i>sulfamez wash</i>	1	PA NP
TAZAROTENE 0.1 % FOAM	1	PA NP
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.05 % gel, tretinoin 0.1 % cream)</i>	1	PA NP
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tretinoin microsphere 0.08 % gel</i>	1	
<i>tretinoin microsphere pump</i>	1	PA NP
VELTIN	2	PA NP
WINLEVI	2	PA NP
<i>zenatane</i>	1	
ZIANA	2	PA NP
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	1	QL 2 EA / DAY PA NP
<i>diclofenac sodium 1 % gel</i>	1	QL 16.6 GM / DAY OTC EDS P
FLECTOR	2	QL 2 EA / DAY PA NP
LICART	2	QL 1 EA / DAY PA NP
ANTIBIOTICS - TOPICAL		
<i>bacitracin</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bacitracin / polymyxin b (polysporin)</i>	1	OTC
<i>bacitracin zinc</i>	1	OTC
CENTANY	2	PA NP
CENTANY AT	2	PA NP
<i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	P
<i>mupirocin calcium</i>	1	PA NP
<i>neomycin / bacitracin / polymixin (neosporin)</i>	1	OTC
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	OTC
XEPI	2	PA NP
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	P
<i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i>	1	PA NP
<i>ciclopirox 8 % solution</i>	1	P
<i>ciclopirox olamine (ciclopirox olamine 0.77 % cream, ciclopirox olamine 0.77 % suspension)</i>	1	P
<i>clotrimazole (lotrimin)</i>	1	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	P
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	PA NP
<i>econazole nitrate</i>	1	P
ERTACZO	2	PA NP
JUBLIA	2	PA NP
KERYDIN	2	PA NP
<i>ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)</i>	1	P
<i>ketoconazole 2 % foam</i>	1	PA NP
<i>ketodan 2 % foam</i>	1	PA NP
<i>klayesta</i>	1	P
LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION, LOPROX 1 % SHAMPOO)	2	PA NP
LULICONAZOLE	1	QL 60 GM / 30 days PA NP
LUZU	2	QL 60 GM / 30 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MICATIN	2	OTC
<i>miconazole (micatin)</i>	1	OTC P
MICONAZOLE-ZINC OXIDE-PETROLAT	1	PA NP
<i>naftifine hcl (naftifine hcl 1 % gel, naftifine hcl 2 % gel)</i>	1	PA NP
NAFTIN	2	PA NP
<i>nyamyc</i>	1	P
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder)</i>	1	P
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	P
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	PA NP
<i>nystop</i>	1	P
<i>oxiconazole nitrate</i>	1	PA NP
OXISTAT 1 % LOTION	2	PA NP
<i>tavaborole</i>	1	PA NP
<i>terbinafine (lamisil)</i>	1	OTC P
<i>tolnaftate (tinactin)</i>	1	PA OTC NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VUSION	2	PA NP
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine / zinc</i>	1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA SP
<i>diclofenac sodium 3 % gel</i>	1	QL 300 GM / 30 DAYS PA
<i>fluorouracil (fluorouracil 5 % cream, fluorouracil 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
VALCHLOR	2	QL 240 GM / 30 days LA
ANTIPRURITICS - TOPICAL		
<i>anti-itch lotion</i>	1	OTC
ANTIPSORIATICS		
<i>acitretin</i>	1	SP
BIMZELX	2	QL 2 EA / 56 DAYS PA SP NP
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTISEBORRHEIC PRODUCTS		
<i>anti-dandruff shampoo</i>	1	OTC EDS
OVACE PLUS (OVACE PLUS 10 % CREAM, OVACE PLUS 10 % SHAMPOO)	2	PA NP
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	2	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	PA NP
<i>acyclovir 5 % ointment</i>	1	P
DENAVIR	1	P
<i>penciclovir</i>	1	PA NP
XERESE	2	PA NP
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	2	PA NP
BATH PRODUCTS		
<i>emollient</i>	2	OTC
MOISTURIZING CREAM (VANICREAM)	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % lotion, betamethasone dipropionate 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % ointment)</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	2	
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (clobetasol propionate 0.05 % cream, clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % gel, clobetasol propionate 0.05 % solution)</i>	1	
<i>clobetasol propionate 0.05 % ointment</i>	1	QL 120 UNITS / 30 DAYS
<i>clobetasol propionate e</i>	1	
<i>desonide (desonide 0.05 % cream, desonide 0.05 % ointment)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (fluocinonide 0.05 % cream, fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution, fluocinonide 0.1 % cream)</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i>	1	
<i>hydrocortisone</i>	1	OTC EDS
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
<i>mometasone furoate (mometasone furoate 0.1 % cream, mometasone furoate 0.1 % ointment, mometasone furoate 0.1 % solution)</i>	1	
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % lotion, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % lotion, triamcinolone acetonide 0.1 % ointment, triamcinolone acetonide 0.5 % cream, triamcinolone acetonide 0.5 % ointment)</i>	1	
<i>triderm</i>	1	
DIAPER RASH PRODUCTS		
<i>diaper rash products</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	2	QL 4 EA / 28 days PA SP NP
ADBRY 300 MG/2ML SOLN A-INJ	2	QL 4 ML / 28 DAYS PA SP NP
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	2	QL 2.28 ML / 28 DAYS PA SP P
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	QL 2.68 ml / 28 days PA SP P
DUPIXENT 300 MG/2ML SOLN A-INJ	2	QL 4 ML / 28 DAYS PA SP P
DUPIXENT 300 MG/2ML SOLN PRSYR	2	QL 4 UNITS / 28 DAYS PA SP P
OPZELURA	2	QL 240 GM / 30 days PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
METHYL SALICYLATE / MENTHOL	2	OTC
<i>methyl salicylate / menthol</i>	1	OTC
TIGER BALM MUSCLE RUB	2	OTC
<i>trolamine salicylate</i>	1	OTC
TROLAMINE SALICYLATE (MYOFLEX)	2	OTC
<i>trolamine salicylate (myoflex)</i>	1	OTC
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin (zostrix)</i>	1	OTC
<i>glydo</i>	1	
LIDOCAINE 5 % OINTMENT	1	QL 107 GM / 30 days
LIDOCAINE 5 % PATCH	1	QL 3 EA / DAY PA NP
<i>lidocaine hcl 4 % solution</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	2	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
LIDOCAINE PATCH 4%	1	QL 3 EA / DAY OTC
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine cream kit</i>	1	
<i>pramoxine / calamine</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MISC. TOPICAL		
A+D FIRST AID	2	OTC
a+d first aid	1	OTC
<i>benzoin tincture</i>	2	OTC
<i>calamine</i>	2	OTC
<i>calamine / zinc oxide</i>	2	OTC
<i>cvs multi-purpose 15.5-53.4 % ointment</i>	1	OTC
<i>dermamed</i>	1	OTC
<i>dimethicone</i>	2	OTC
DIMETHICONE CREAM	2	OTC
DRYSOL	2	
<i>eyelid cleansers</i>	2	OTC
<i>isopropyl alcohol (skin cleanser)</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	1	OTC
MENTHOL / ZINC OXIDE	2	OTC
<i>menthol / zinc oxide</i>	1	OTC
MINERAL OIL	2	OTC
SODIUM CHLORIDE	2	OTC
<i>witch hazel</i>	1	OTC
<i>zinc oxide (desitin)</i>	1	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	QL 120 GM / 30 days PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel, metronidazole 0.75 % lotion)</i>	1	
<i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i>	1	
SCABICIDES PEDICULICIDES		
CROTAN	2	PA NP
LINDANE	2	PA NP
<i>malathion</i>	1	PA NP
NATROBA	1	P
OVIDE	2	PA NP
<i>permethrin (nix)</i>	1	OTC P
<i>piperonyl / pyrethrins (rid)</i>	1	OTC P
SPINOSAD	1	PA NP
TAR PRODUCTS		
<i>coal tar</i>	1	OTC
X-SEB T 10 % SHAMPOO	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WOUND CARE PRODUCTS		
<i>gauze pads and dressings</i>	2	P
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	2	
DIAGNOSTIC TESTS		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC CDS P
ACCU-CHEK SMARTVIEW	\$0	OTC CDS P
ALBUSTIX	\$0	OTC
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10/SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 5 OB	2	
CHEMSTRIP 7	2	
CHEMSTRIP 9	2	
CHEMSTRIP K	\$0	OTC
CHEMSTRIP MICRAL	\$0	OTC
CHEMSTRIP UGK	\$0	OTC CDS
CONTOUR NEXT TEST	\$0	OTC CDS P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GLUCOCARD SHINE TEST	\$0	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">OTC</div> <div data-bbox="1133 270 1195 302">CDS</div> <div data-bbox="1133 319 1195 350">NP</div>
<i>glucose urine test</i>	\$0	<div data-bbox="1133 380 1195 411">OTC</div> <div data-bbox="1133 428 1195 459">CDS</div>
GOJJI BLOOD KETONE TEST	\$0	<div data-bbox="1133 493 1195 525">OTC</div> <div data-bbox="1133 541 1195 573">CDS</div>
KETO-DIASTIX	\$0	<div data-bbox="1133 604 1195 636">OTC</div> <div data-bbox="1133 653 1195 684">CDS</div>
KETONE TEST	\$0	<div data-bbox="1133 714 1195 745">OTC</div>
KETOSTIX	\$0	<div data-bbox="1133 779 1195 810">OTC</div>
MULTISTIX 10 SG	2	
NOVA MAX PLUS KETONE TEST	\$0	<div data-bbox="1133 909 1195 940">OTC</div> <div data-bbox="1133 957 1195 989">CDS</div>
ONETOUCH ULTRA	\$0	<div data-bbox="1133 1016 1195 1047">PA</div> <div data-bbox="1133 1064 1195 1096">OTC</div> <div data-bbox="1133 1113 1195 1144">CDS</div> <div data-bbox="1133 1161 1195 1192">NP</div>
ONETOUCH ULTRA BLUE TEST	\$0	<div data-bbox="1133 1220 1195 1251">PA</div> <div data-bbox="1133 1268 1195 1299">OTC</div> <div data-bbox="1133 1316 1195 1348">CDS</div> <div data-bbox="1133 1365 1195 1396">NP</div>
ONETOUCH ULTRA TEST	\$0	<div data-bbox="1133 1425 1195 1457">PA</div> <div data-bbox="1133 1474 1195 1505">OTC</div> <div data-bbox="1133 1522 1195 1554">CDS</div> <div data-bbox="1133 1570 1195 1602">NP</div>

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

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

I-methylfolate	2	
I-methylfolate combinations	2	OTC

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bumetanide 0.25 mg/ml solution</i>	1	
<i>furosemide (furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	1	EDS
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	EDS
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	EDS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	EDS
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	EDS
<i>indapamide</i>	1	EDS
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	1	EDS
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA (ISTURISA 1 MG TAB, ISTURISA 5 MG TAB)	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 EA / DAY <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px 5px; border-radius: 3px;">LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BONE DENSITY REGULATORS		
ACTONEL	2	PA NP
<i>alendronate sodium (alendronate sodium 10 mg tab, alendronate sodium 35 mg tab, alendronate sodium 70 mg tab, alendronate sodium 70 mg/75ml solution)</i>	1	EDS P
ATELVIA	2	PA NP
BONIVA 150 MG TAB	2	PA NP
<i>calcitonin (salmon) 200 unit/act solution</i>	1	EDS P
EVENITY	2	PA SP NP
FORTEO	1	SP P
FOSAMAX	2	PA NP
FOSAMAX PLUS D	2	PA NP
<i>ibandronate sodium 150 mg tab</i>	1	EDS P
PROLIA	2	PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 35 mg tab, risedronate sodium 35 mg tab dr, risedronate sodium 150 mg tab)</i>	1	PA EDS NP
<i>teriparatide</i>	1	PA SP NP
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1	PA SP NP
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	2	PA SP NP
TYMLOS	2	PA SP NP
GNRH/LHRH ANTAGONISTS		
ORLISSA 150 MG TAB	2	QL 1 EA / DAY PA
ORLISSA 200 MG TAB	2	QL 2 EA / DAY PA
GROWTH HORMONES		
GENOTROPIN	2	PA SP P
GENOTROPIN MINIQUICK	2	PA SP P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SAIZENPREP	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
SEROSTIM	2	<div data-bbox="1133 336 1195 371">PA</div> <div data-bbox="1133 384 1195 420">LA</div> <div data-bbox="1133 432 1195 468">NP</div>
SKYTROFA	2	<div data-bbox="1133 491 1195 527">PA</div> <div data-bbox="1133 539 1195 575">SP</div> <div data-bbox="1133 588 1195 623">NP</div>
SOGROYA	2	<div data-bbox="1133 651 1195 686">PA</div> <div data-bbox="1133 699 1195 735">SP</div> <div data-bbox="1133 747 1195 783">NP</div>
ZOMACTON	2	<div data-bbox="1133 810 1195 846">PA</div> <div data-bbox="1133 858 1195 894">SP</div> <div data-bbox="1133 907 1195 942">NP</div>
ZOMACTON (FOR ZOMA-JET 10)	2	<div data-bbox="1133 970 1195 1005">PA</div> <div data-bbox="1133 1018 1195 1054">SP</div> <div data-bbox="1133 1066 1195 1102">NP</div>
ZORBTIVE	2	<div data-bbox="1133 1129 1195 1165">PA</div> <div data-bbox="1133 1178 1195 1213">SP</div> <div data-bbox="1133 1226 1195 1262">NP</div>
HORMONE RECEPTOR MODULATORS		
EVISTA	2	<div data-bbox="1133 1356 1195 1392">PA</div> <div data-bbox="1133 1404 1195 1440">NP</div>
<i>raloxifene hcl</i>	\$0	<div data-bbox="1133 1470 1195 1505">EDS</div> <div data-bbox="1133 1518 1195 1554">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	2	PA SP
LUPRON DEPOT-PED (3-MONTH)	2	PA SP
LUPRON DEPOT-PED (6-MONTH)	2	PA SP
TRIPTODUR	2	PA LA
METABOLIC MODIFIERS		
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap, calcitriol 1 mcg/ml solution)</i>	1	EDS
<i>carglumic acid</i>	1	PA SP
<i>cinacalcet hcl</i>	1	EDS SP
CRYSVITA 10 MG/ML SOLUTION	2	QL 36 ml / 28 days PA LA
CRYSVITA 20 MG/ML SOLUTION	2	QL 18 ml / 28 days PA LA
CRYSVITA 30 MG/ML SOLUTION	2	QL 12 ml / 28 days PA LA
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	EDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	EDS
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	EDS
SOMATOSTATIC AGENTS		
OCTREOTIDE ACETATE (OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR)	2	LA
<i>octreotide acetate (octreotide acetate 50 mcg/ml solution, octreotide acetate 100 mcg/ml solution, octreotide acetate 200 mcg/ml solution, octreotide acetate 500 mcg/ml solution, octreotide acetate 1000 mcg/ml solution)</i>	1	LA
SIGNIFOR	2	QL 2 EA / DAY PA LA
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE	2	QL 2 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	EDS
<i>estradiol-norethindrone acet</i>	1	EDS
<i>fyavolv</i>	1	EDS
<i>jinteli</i>	1	EDS
<i>lopreeza</i>	1	EDS
<i>mimvey</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	EDS
ORIAHNN	2	PA
PREMPHASE	2	
ESTROGENS		
<i>dotti</i>	1	EDS
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch tw, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch tw, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch tw, estradiol 0.1 mg/24hr patch wk, estradiol 0.5 mg tab, estradiol 1 mg tab, estradiol 2 mg tab)</i>	1	EDS
<i>estradiol valerate</i>	1	EDS
<i>lyllana</i>	1	EDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
BICARSIM FORTE 125 MG TAB	2	OTC
<i>simethicone (mylicon)</i>	1	OTC
FARNESOID X RECEPTOR (FXR) AGONISTS		
OICALIVA	2	QL 1 EA / DAY LA
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	1	EDS
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	EDS
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	EDS
GASTROINTESTINAL STIMULANTS		
GIMOTI	2	PA LA NP
METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL 5 MG TAB DISP, METOCLOPRAMIDE HCL 10 MG TAB DISP)	2	PA NP
<i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 5 mg/ml solution, metoclopramide hcl 10 mg tab, metoclopramide hcl 10 mg/10ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFLAMMATORY BOWEL AGENTS		
APRISO	1	P
ASACOL HD	2	PA NP
AVSOLA	2	PA SP NP
AZULFIDINE	2	PA NP
AZULFIDINE EN-TABS	2	PA NP
<i>balsalazide disodium</i>	1	P
CANASA	2	PA NP
CIMZIA	2	QL 2 EA / 28 days PA SP NP
CIMZIA (2 SYRINGE)	2	QL 2 EA / 28 DAYS PA SP NP
CIMZIA-STARTER	2	QL 3 EA / 365 DAYS PA SP NP
COLAZAL	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIPENTUM	2	PA NP
ENTYVIO 108 MG/0.68ML SOLN A-INJ	2	QL 2 EA / 28 DAYS PA SP NP
ENTYVIO 300 MG RECON SOLN	2	PA SP NP
INFLECTRA	2	PA SP NP
INFLIXIMAB	2	PA SP P
LIALDA	1	P
<i>mesalamine (mesalamine 4 gm enema, mesalamine 400 mg cap dr)</i>	1	PA EDS NP
<i>mesalamine 1000 mg suppos</i>	1	P
<i>mesalamine 800 mg tab dr</i>	1	PA EDS NP
<i>mesalamine er 0.375 gm cap er 24h</i>	1	PA EDS NP
<i>mesalamine er 500 mg cap er</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mesalamine-cleanser</i>	1	PA NP
PENTASA 250 MG CAP ER	2	P
PENTASA 500 MG CAP ER	1	P
REMICADE	2	PA SP NP
RENFLEXIS	2	PA SP NP
ROWASA	1	P
SFROWASA	1	P
SKYRIZI 180 MG/1.2ML SOLN CART	2	QL 1.2 ml / 28 days PA SP NP
SKYRIZI 360 MG/2.4ML SOLN CART	2	QL 2.4 ml / 28 days PA SP NP
SKYRIZI 600 MG/10ML SOLUTION	2	PA QL 10ml / 28 days; 30ml/180 days SP NP
STELARA 130 MG/26ML SOLUTION	2	PA SP NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i>	1	PA EDS NP
<i>sevelamer carbonate 800 mg tab</i>	1	EDS P
<i>sevelamer hcl</i>	1	PA EDS NP
VELPHORO	2	PA NP
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>cytra-2</i>	1	OTC
<i>potassium citrate</i>	1	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
<i>sod citrate-citric acid</i>	1	OTC
CYSTINOSIS AGENTS		
CYSTAGON	2	LA
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	2	
<i>sodium chloride 0.9 % solution</i>	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	EDS P
AVODART	2	PA NP
CARDURA XL	2	PA NP
<i>dutasteride</i>	1	EDS P
<i>dutasteride-tamsulosin hcl</i>	1	PA EDS NP
ENTADFI	2	PA NP
<i>finasteride 5 mg tab</i>	1	EDS P
FLOMAX	2	PA NP
JALYN	2	PA NP
PROSCAR	2	PA NP
RAPAFLO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>silodosin</i>	1	PA EDS NP
<i>tamsulosin hcl</i>	1	EDS P
URINARY ANALGESICS		
<i>phenazopyridine (azo)</i>	1	OTC
URINARY STONE AGENTS		
<i>tiopronin 100 mg tab</i>	1	PA SP
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	EDS
GOUT AGENTS		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	EDS
<i>allopurinol sodium</i>	1	
<i>colchicine 0.6 mg tab</i>	1	EDS
<i>febuxostat</i>	1	EDS
URICOSURICS		
<i>probenecid</i>	1	EDS
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	2	SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADYNOVATE	2	<div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 222 1195 254">P</div>
AFSTYLA	2	<div data-bbox="1133 287 1195 319">SP</div> <div data-bbox="1133 336 1195 367">P</div>
ALPHANATE	2	<div data-bbox="1133 401 1195 432">SP</div> <div data-bbox="1133 449 1195 480">P</div>
ALPHANATE/VWF COMPLEX/HUMAN	2	<div data-bbox="1133 514 1195 546">SP</div> <div data-bbox="1133 562 1195 594">P</div>
ALPHANINE SD	2	<div data-bbox="1133 636 1195 667">SP</div> <div data-bbox="1133 684 1195 716">P</div>
ALPROLIX	2	<div data-bbox="1133 741 1195 772">SP</div> <div data-bbox="1133 789 1195 821">P</div>
ALTUVIIIO	2	<div data-bbox="1133 854 1195 886">SP</div>
BENEFIX	2	<div data-bbox="1133 968 1195 999">SP</div> <div data-bbox="1133 1016 1195 1047">P</div>
COAGADEX	2	<div data-bbox="1133 1081 1195 1113">SP</div> <div data-bbox="1133 1129 1195 1161">P</div>
CORIFACT	2	<div data-bbox="1133 1194 1195 1226">SP</div> <div data-bbox="1133 1243 1195 1274">P</div>
ELOCTATE	2	<div data-bbox="1133 1308 1195 1339">SP</div> <div data-bbox="1133 1356 1195 1388">P</div>
ESPEROCT	2	<div data-bbox="1133 1421 1195 1453">SP</div> <div data-bbox="1133 1470 1195 1501">P</div>
FEIBA	2	<div data-bbox="1133 1535 1195 1566">SP</div> <div data-bbox="1133 1583 1195 1614">P</div>
HEMLIBRA	2	<div data-bbox="1133 1648 1195 1680">PA</div> <div data-bbox="1133 1696 1195 1728">SP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROFILNINE	2	<div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 222 1195 254">P</div>
REBINYN	2	<div data-bbox="1133 283 1195 315">SP</div> <div data-bbox="1133 331 1195 363">P</div>
RECOMBINATE	2	<div data-bbox="1133 392 1195 424">SP</div> <div data-bbox="1133 441 1195 472">P</div>
RIXUBIS	2	<div data-bbox="1133 501 1195 533">SP</div> <div data-bbox="1133 550 1195 581">P</div>
SEVENFACT	2	<div data-bbox="1133 611 1195 642">SP</div> <div data-bbox="1133 659 1195 690">P</div>
TRETEN	2	<div data-bbox="1133 720 1195 751">SP</div> <div data-bbox="1133 768 1195 800">P</div>
VONVENDI	2	<div data-bbox="1133 829 1195 861">SP</div> <div data-bbox="1133 877 1195 909">P</div>
WILATE	2	<div data-bbox="1133 938 1195 970">SP</div> <div data-bbox="1133 987 1195 1018">P</div>
XYNTHA	2	<div data-bbox="1133 1052 1195 1083">SP</div> <div data-bbox="1133 1100 1195 1131">P</div>
XYNTHA SOLOFUSE	2	<div data-bbox="1133 1161 1195 1192">SP</div> <div data-bbox="1133 1209 1195 1241">P</div>
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR	2	<div data-bbox="1133 1358 1195 1390">PA</div> <div data-bbox="1133 1407 1195 1438">SP</div> <div data-bbox="1133 1455 1195 1486">NP</div>
<i>icatibant acetate</i>	1	<div data-bbox="1133 1518 1446 1549">QL 9 UNITS / day(s)</div> <div data-bbox="1133 1566 1195 1598">PA</div> <div data-bbox="1133 1614 1195 1646">SP</div> <div data-bbox="1133 1663 1195 1694">P</div>

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JESDUVROQ	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 226 1195 258">SP</div> <div data-bbox="1133 279 1195 310">NP</div>
LEUKINE	2	<div data-bbox="1133 331 1195 363">SP</div>
MIRCERA	2	<div data-bbox="1133 401 1195 432">PA</div> <div data-bbox="1133 453 1195 485">NP</div>
NEULASTA	2	<div data-bbox="1133 510 1195 541">SP</div>
NEULASTA ONPRO	2	<div data-bbox="1133 579 1195 611">SP</div>
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	<div data-bbox="1133 688 1195 720">SP</div>
PROCRIT (PROCRIT 2000 UNIT/ML SOLUTION, PROCRIT 3000 UNIT/ML SOLUTION, PROCRIT 4000 UNIT/ML SOLUTION, PROCRIT 10000 UNIT/ML SOLUTION, PROCRIT 20000 UNIT/ML SOLUTION)	2	<div data-bbox="1133 877 1195 909">PA</div> <div data-bbox="1133 930 1195 961">SP</div> <div data-bbox="1133 982 1195 1014">P</div>
PROCRIT 40000 UNIT/ML SOLUTION	2	<div data-bbox="1133 1100 1195 1131">PA</div> <div data-bbox="1133 1152 1195 1184">SP</div> <div data-bbox="1133 1205 1195 1236">NP</div>
PROMACTA	2	<div data-bbox="1133 1262 1195 1293">PA</div> <div data-bbox="1133 1314 1195 1346">SP</div>
REBLOZYL	2	<div data-bbox="1133 1373 1195 1404">PA</div> <div data-bbox="1133 1425 1195 1457">LA</div> <div data-bbox="1133 1478 1195 1509">NP</div>
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 40000 UNIT/ML SOLUTION)	2	<div data-bbox="1133 1535 1195 1566">PA</div> <div data-bbox="1133 1587 1195 1619">SP</div> <div data-bbox="1133 1640 1195 1671">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RETACRIT (RETACRIT 3000 UNIT/ML SOLUTION, RETACRIT 4000 UNIT/ML SOLUTION, RETACRIT 10000 UNIT/ML SOLUTION, RETACRIT 20000 UNIT/ML SOLUTION)	2	PA SP NP
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP
HEMATOPOIETIC MIXTURES		
<i>ferraplus 90</i>	2	
FERREX	2	OTC
FERREX 150 FORTE	2	OTC
<i>ferrex 150 forte plus</i>	2	OTC
<i>ferrex 28</i>	2	OTC
<i>ferrous fumarate / folic acid</i>	2	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	1	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	1	OTC EDS
FERROUS FUMARATE POLYSACCHARIDE COMPLEX	2	
<i>ferrous fumarate polysaccharide complex</i>	1	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	2	
<i>folic acid / vitamin d</i>	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BARBITURATE HYPNOTICS		
<i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i>	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN	2	QL 1 EA / DAY PA NP
AMBIEN CR	2	QL 1 EA / DAY PA NP
EDLUAR	2	QL 1 EA / DAY PA NP
<i>eszopiclone</i>	1	QL 1 EA / DAY P
LUNESTA	2	QL 1 EA / DAY PA NP
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	QL 2 EA / DAY P
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	QL 1 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zolpidem tartrate (zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 3.5 mg sl tab, zolpidem tartrate 7.5 mg cap)</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY P
<i>zolpidem tartrate er</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
DAYVIGO	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
QUVIVIQ	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA NP
HETLIOZ LQ	2	<ul style="list-style-type: none"> QL 5 ML / DAY PA LA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gavilyte-g</i>	\$0	
<i>gavilyte-n with flavor pack</i>	\$0	QL 8000 ML / 365 DAYS
NULYTELY LEMON-LIME	\$0	QL 8000 ML / 365 DAYS
NULYTELY WITH FLAVOR PACKS	\$0	QL 8000 ML / 365 DAYS
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	QL 8000 ML / 365 DAYS
<i>peg-3350/electrolytes</i>	\$0	
PEG-PREP	\$0	
<i>senna / docusate sodium (peri-colace)</i>	1	OTC EDS
<i>trilyte</i>	\$0	QL 8000 ML / 365 DAYS
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	EDS
<i>glycerin suppository</i>	1	OTC
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	1	EDS
MIRALAX	2	OTC
<i>polyethylene glycol</i>	\$0	OTC EDS
<i>polyethylene glycol packets</i>	1	OTC EDS
<i>sorbitol solution</i>	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUBRICANT LAXATIVES		
<i>mineral oil</i>	1	OTC EDS
SALINE LAXATIVES		
ENEMA	2	OTC
<i>enema</i>	1	OTC
<i>magnesium citrate</i>	\$0	OTC
<i>milk of magnesia</i>	\$0	OTC
STIMULANT LAXATIVES		
<i>bisacodyl</i>	\$0	OTC EDS
<i>bisacodyl 10 mg suppository</i>	1	OTC EDS
<i>bisacodyl enema</i>	2	OTC
<i>sennosides</i>	1	OTC EDS
SURFACTANT LAXATIVES		
<i>docusate calcium (surfak)</i>	1	OTC EDS
<i>docusate sodium (colace)</i>	1	OTC EDS
PEDIA-LAX LIQUID	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
<i>lidocaine-epinephrine (pf) 1.5 %-1:200000 solution</i>	1	
LOCAL ANESTHETICS - AMIDES		
<i>lidocaine hcl (lidocaine hcl 0.5 % solution, lidocaine hcl 1 % solution, lidocaine hcl 2 % solution)</i>	1	
<i>lidocaine hcl (pf) (lidocaine hcl (pf) 1 % solution, lidocaine hcl (pf) 1.5 % solution, lidocaine hcl (pf) 2 % solution, lidocaine hcl (pf) 4 % solution)</i>	1	
LOCAL ANESTHETICS - ESTERS		
<i>chlorprocaine hcl (pf)</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin (azithromycin 1 gm packet, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	P
<i>azithromycin 500 mg recon soln</i>	1	
ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZITHROMAX TRI-PAK	2	PA NP
ZITHROMAX Z-PAK	2	PA NP
CLARITHROMYCIN		
CLARITHROMYCIN (CLARITHROMYCIN 125 MG/5ML RECON SUSP, CLARITHROMYCIN 250 MG/5ML RECON SUSP)	2	PA NP
<i>clarithromycin (clarithromycin 250 mg tab, clarithromycin 500 mg tab)</i>	1	P
<i>clarithromycin er</i>	1	PA NP
ERYTHROMYCINS		
E.E.S. GRANULES	2	PA NP
<i>ery-tab</i>	1	PA NP
ERYPED 200	2	PA NP
ERYPED 400	2	PA NP
ERYTHROCIN STEARATE	2	PA NP
<i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>erythromycin base (erythromycin base 250 mg tab, erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab, erythromycin base 500 mg tab dr)</i>	1	PA NP
ERYTHROMYCIN BASE 250 MG CP DR PART	1	P
<i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i>	1	PA NP
FIDAXOMICIN		
DIFICID 200 MG TAB	2	QL 2 EA / DAY
DIFICID 40 MG/ML RECON SUSP	2	QL 10 ML / DAY
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
<i>hearing aid batteries</i>	2	OTC
BANDAGES-DRESSINGS-TAPE		
<i>adhesive tape</i>	2	
<i>bandages</i>	2	
CVS EYE	2	
GELOCAST 3"X10YD	2	
J & J EYE PADS OVAL SMALL	2	
J & J OVAL EYE PADS	2	
J & J STERILE EYE PADS	2	
JOHNSONS STERILE EYE PADS	2	
PROFORE	2	

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>0.5 EA / DAY</div> </div> <div style="margin-top: 5px;">CDS</div>
OMNIPOD 5 PACK	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>0.5 EA / DAY</div> </div> <div style="margin-top: 5px;">CDS</div>
OMNIPOD CLASSIC PDM (GEN 3)	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>1 EA / 365 DAYS</div> </div> <div style="margin-top: 5px;">CDS</div>
OMNIPOD DASH INTRO (GEN 4)	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>1 EA / 365 DAYS</div> </div> <div style="margin-top: 5px;">CDS</div>
OMNIPOD DASH PDM (GEN 4)	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>1 EA / 365 DAYS</div> </div> <div style="margin-top: 5px;">CDS</div>
OMNIPOD DASH PODS (GEN 4)	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>0.5 EA / DAY</div> </div> <div style="margin-top: 5px;">CDS</div>
GI-GU OSTOMY & IRRIGATION SUPPLIES		
<i>incontinence supplies</i>	2	OTC
<i>ostomy supplies</i>	2	OTC
INFANT CARE PRODUCTS		
<i>diapers</i>	2	OTC
MISC. DEVICES		
<i>alcohol swabs</i>	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OTC</div> </div> <div style="margin-top: 5px;">CDS</div>
<i>miscellaneous medical devices</i>	2	OTC
PARENTERAL THERAPY SUPPLIES		
BD INSULIN SYRINGE U-500	\$0	CDS
<i>insulin injection device</i>	\$0	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">OTC</div> </div> <div style="margin-top: 5px;">CDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>miscellaneous injection device</i>	2	CDS
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	CDS
NEEDLES AND SYRINGES	2	OTC CDS
<i>needles and syringes</i>	\$0	OTC CDS
<i>sharps container</i>	2	OTC CDS

RESPIRATORY THERAPY SUPPLIES

PEAK FLOW METER	2	OTC CDS
<i>respiratory therapy supplies</i>	2	OTC CDS

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 1 EA / 28 days PA P
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 1 ML / 28 DAYS PA P
AJOVY	2	QL 1.5 ml / 28 days PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EMGALITY (300 MG DOSE)	2	<ul style="list-style-type: none"> QL 3 ML / 28 DAYS PA
EMGALITY 120 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 1 ml / 28 days PA P
EMGALITY 120 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA P
NURTEC	2	<ul style="list-style-type: none"> QL 16 EA / 28 days PA NP
QULIPTA	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
UBRELVY	2	<ul style="list-style-type: none"> QL 20 EA / 30 DAYS PA P
VYEPTI	2	<ul style="list-style-type: none"> PA LA NP
ZAVZPRET	2	<ul style="list-style-type: none"> QL 6 EA / 28 DAYS PA NP
MIGRAINE COMBINATIONS		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	<ul style="list-style-type: none"> QL 18 EA / 30 days PA NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sumatriptan 20 mg/act solution</i>	1	<div data-bbox="1133 170 1192 205">QL</div> 18 EA / 30 DAYS <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
<i>sumatriptan 5 mg/act solution</i>	1	<div data-bbox="1133 325 1192 361">QL</div> 36 EA / 30 DAYS <div data-bbox="1133 373 1192 409">PA</div> <div data-bbox="1133 422 1192 457">NP</div>
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	<div data-bbox="1133 514 1192 550">QL</div> 18 EA / 30 DAYS <div data-bbox="1133 562 1192 598">P</div>
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	<div data-bbox="1133 682 1192 718">QL</div> 8 ML / 30 DAYS <div data-bbox="1133 730 1192 766">PA</div> <div data-bbox="1133 779 1192 814">NP</div>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	<div data-bbox="1133 871 1192 907">QL</div> 8 ML / 30 DAYS <div data-bbox="1133 919 1192 955">PA</div> <div data-bbox="1133 968 1192 1003">NP</div>
<i>sumatriptan succinate refill</i>	1	<div data-bbox="1133 1029 1192 1064">QL</div> 8 ML / 30 DAYS <div data-bbox="1133 1077 1192 1113">PA</div> <div data-bbox="1133 1125 1192 1161">NP</div>
TOSYMRA	2	<div data-bbox="1133 1186 1192 1222">PA</div> <div data-bbox="1133 1234 1192 1270">QL</div> 6 UNITS / FILL; 2 FILLS / 30 DAYS <div data-bbox="1133 1283 1192 1318">NP</div>
ZEMBRACE SYMTOUCH	2	<div data-bbox="1133 1375 1192 1411">PA</div> <div data-bbox="1133 1423 1192 1459">QL</div> 2 UNITS / FILL; 2 FILLS / 30 DAYS <div data-bbox="1133 1472 1192 1507">NP</div>
<i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp)</i>	1	<div data-bbox="1133 1564 1192 1600">QL</div> 18 EA / 30 DAYS <div data-bbox="1133 1612 1192 1648">PA</div> <div data-bbox="1133 1661 1192 1696">NP</div>

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

MINERALS ELECTROLYTES

BICARBONATES

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

CALCIUM

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcium carbonate / folic acid / vitamin d</i>	2	
<i>calcium carbonate / vitamin d</i>	1	OTC EDS
CALCIUM CARBONATE / VITAMIN D	2	OTC
<i>calcium carbonate / vitamin d / minerals</i>	1	OTC EDS
<i>calcium citrate</i>	1	OTC EDS
CALCIUM CITRATE	2	OTC
<i>calcium citrate / vitamin d</i>	1	OTC EDS
CALCIUM CITRATE / VITAMIN D	2	OTC
ELECTROLYTE MIXTURES		
<i>dextrose in lactated ringers</i>	1	
DEXTROSE-SODIUM CHLORIDE (DEXTROSE-SODIUM CHLORIDE 10-0.2 % SOLUTION, DEXTROSE-SODIUM CHLORIDE 10-0.45 % SOLUTION)	2	
<i>dextrose-sodium chloride (dextrose-sodium chloride 2.5-0.45 % solution, dextrose-sodium chloride 5-0.2 % solution, dextrose-sodium chloride 5-0.225 % solution, dextrose-sodium chloride 5-0.3 % solution, dextrose-sodium chloride 5-0.33 % solution, dextrose-sodium chloride 5-0.45 % solution, dextrose-sodium chloride 5-0.9 % solution)</i>	1	
ELECTROLYTE SOLUTION	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>electrolyte solution</i>	1	OTC
IONOSOL-MB IN D5W	2	
ISOLYTE-S	2	
KCL (0.149%) IN NACL 20-0.45 MEQ/L-% SOLUTION	1	
KCL (0.149%) IN NACL 20-0.9 MEQ/L-% SOLUTION	2	
KCL (0.298%) IN NACL	2	
<i>kcl in dextrose-nacl (kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.2 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 20-5-0.9 meq/l-%-% solution, kcl in dextrose-nacl 30-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.45 meq/l-%-% solution, kcl in dextrose-nacl 40-5-0.9 meq/l-%-% solution)</i>	1	
KCL-LACTATED RINGERS-D5W	2	
<i>lactated ringers</i>	1	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
NORMOSOL-R PH 7.4	2	
POTASSIUM CHLORIDE IN DEXTROSE 10-5 MEQ/L-% SOLUTION	2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium chloride in nacl (potassium chloride in nacl 20-0.45 meq/l-% solution, potassium chloride in nacl 20-0.9 meq/l-% solution, potassium chloride in nacl 40-0.9 meq/l-% solution)</i>	1	
<i>ringers</i>	1	
FLUORIDE		
<i>sodium fluoride</i>	\$0	OTC EDS
MAGNESIUM		
<i>magnesium</i>	1	OTC EDS
MAGNESIUM	2	OTC
<i>magnesium chloride</i>	1	OTC EDS
MAGNESIUM CHLORIDE	2	OTC
<i>magnesium gluconate</i>	2	OTC EDS
MAGNESIUM GLUCONATE	2	OTC
<i>magnesium sulfate</i>	1	
MANGANESE		
MANGANESE SULFATE	2	
MINERAL COMBINATIONS		
MULTI-MINERALS	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PHOSPHATE		
<i>phosphorus supplement</i>	2	OTC
<i>potassium / sodium phosphate</i>	2	EDS
POTASSIUM		
<i>klor-con</i>	1	EDS
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
<i>klor-con m15</i>	1	EDS
<i>klor-con m20</i>	1	EDS
<i>klor-con sprinkle</i>	1	EDS
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq packet, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i>	1	EDS
<i>potassium chloride (potassium chloride 2 meq/ml solution, potassium chloride 10 meq/100ml solution, potassium chloride 10 meq/50ml solution, potassium chloride 20 meq/100ml solution, potassium chloride 20 meq/50ml solution, potassium chloride 40 meq/100ml solution)</i>	1	
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er (potassium chloride er 8 meq cap er, potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	1	EDS
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	2	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium gluconate</i>	1	OTC EDS
POTASSIUM GLUCONATE	2	OTC
SODIUM		
<i>aquastat</i>	1	
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	
<i>bd posiflush safescrub</i>	1	
<i>monoject flush syringe</i>	1	
<i>monoject sodium chloride flush</i>	1	
<i>normal saline flush</i>	1	
<i>saline flush</i>	1	
<i>saline flush zr</i>	1	
<i>sodium chloride</i>	1	OTC EDS
<i>sodium chloride flush</i>	1	
<i>swabflush saline flush</i>	1	
TRACE MINERALS		
<i>chromium</i>	1	OTC EDS
CHROMIUM	2	OTC
<i>selenium</i>	1	OTC EDS
ZINC		
<i>zinc</i>	1	OTC

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>azathioprine (azathioprine 50 mg tab, azathioprine 75 mg tab, azathioprine 100 mg tab)</i>	1	P
CELLCEPT (CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	2	PA SP NP
CELLCEPT 200 MG/ML RECON SUSP	1	SP P
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	1	P
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	1	P
ENSPRYNG	2	PA SP NP
ENVARBUS XR	2	PA SP NP
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	1	PA NP
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	1	P
IMURAN	2	PA NP
<i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i>	1	P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZORTRESS	2	PA SP NP
IRRIGATION SOLUTIONS		
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
MISC NATURAL PRODUCTS		
MISCELLANEOUS NATURAL PRODUCTS	2	OTC
<i>miscellaneous natural products</i>	2	OTC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	2	QL 1 EA / DAY PA SP
VIJOICE 200 & 50 MG TAB THPK	2	QL 2 EA / DAY PA SP
VIJOICE 50 MG PACKET	2	QL 1 EA / 1 DAY PA SP
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET)	2	SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluoridex</i>	1	EDS
<i>fluoridex enhanced whitening</i>	1	EDS
FLUORIDEX SENSITIVITY RELIEF	1	
<i>fluorimax 5000</i>	1	EDS
FLUORIMAX 5000 SENSITIVE	1	
<i>fraiche 5000 dental</i>	1	EDS
<i>fraiche rinse</i>	1	OTC EDS
GEL-KAM	2	OTC
<i>just right 5000</i>	1	EDS
OMNI GEL	2	OTC
<i>periomed</i>	1	OTC EDS
<i>sf</i>	1	EDS
<i>sf 5000 plus</i>	\$0	EDS
SOD FLUORIDE-POTASSIUM NITRATE	1	EDS
<i>sodium fluoride (sodium fluoride 0.2 % solution, sodium fluoride 1.1 % gel)</i>	1	EDS
<i>sodium fluoride 1.1 % cream</i>	\$0	EDS
SODIUM FLUORIDE 5000 ENAMEL	1	EDS
<i>sodium fluoride 5000 plus</i>	\$0	EDS
<i>sodium fluoride 5000 ppm (sodium fluoride 5000 ppm 1.1 % gel, sodium fluoride 5000 ppm 1.1 % paste)</i>	1	EDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	2	
VITAMIN B COMPLEX COMBINATIONS	2	
BIOFLAVONOID PRODUCTS		
<i>bioflavonoids</i>	1	OTC EDS
BIOFLAVONOIDS	2	OTC
MULTIPLE VITAMINS W/ CALCIUM		
<i>multivitamins / calcium</i>	1	OTC EDS
MULTIPLE VITAMINS W/ MINERALS		
MULTIVITAMINS / MINERALS	2	OTC
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins / fluoride / iron</i>	1	OTC EDS
<i>pediatric multivitamin combinations</i>	1	OTC EDS
PED MULTIPLE VITAMINS W/ MINERALS		
PEDIATRIC MULTIPLE VITAMINS / MINERALS	2	OTC EDS
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC EDS
PED MV W/ FLUORIDE		
<i>multivitamin (\$0)</i>	\$0	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	\$0	EDS
PED MV W/ IRON		
<i>pediatric multiple vitamins / iron</i>	2	OTC EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>pediatric multiple vitamins</i>	1	OTC EDS
PEDIATRIC MULTIPLE VITAMINS	2	OTC
PEDIATRIC VITAMINS		
<i>pediatric vitamins</i>	2	OTC
TRI-VI-SOL A/C/D	2	OTC
VITAMIN A-C-D INFANT	2	OTC
VITAMIN A/C/D/ INFANT/TODDLER	2	OTC
PRENATAL VITAMINS		
BAL-CARE DHA	2	
INATAL GT	2	
PNV-DHA+DOCUSATE	2	EDS
PNV-OMEGA	2	EDS
PNV-SELECT	2	EDS
PRENATAL VITAMIN	2	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prenatal vitamin</i>	\$0	OTC EDS
VIRT-PN PLUS	2	EDS
ZATEAN-PN PLUS	2	EDS
SPECIALTY VITAMINS PRODUCTS		
<i>specialty vitamins</i>	2	EDS
VITAMINS W/ LIPOTROPICS		
<i>vitamins / lipotropics</i>	1	OTC EDS
VITAMINS / LIPOTROPICS	2	OTC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (baclofen 10 mg tab, baclofen 20 mg tab)</i>	1	
<i>chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 500 mg tab)</i>	1	
<i>cyclobenzaprine hcl (cyclobenzaprine hcl 5 mg tab, cyclobenzaprine hcl 10 mg tab)</i>	1	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol (methocarbamol 500 mg tab, methocarbamol 750 mg tab)</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone</i>	1	PA NP
DYMISTA	2	PA NP
RYALTRIS	2	PA NP
NASAL AGENTS - MISC.		
SODIUM CHLORIDE NASAL SPRAY	2	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 0.15 % solution, azelastine hcl 137 mcg/spray solution)</i>	1	EDS P
<i>cromolyn (nasalcrom)</i>	1	OTC EDS
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide 0.03 % solution</i>	1	EDS P
<i>ipratropium bromide 0.06 % solution</i>	1	P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZETONNA	2	QL 0.21 GM / DAY PA NP
SYMPATHOMIMETIC DECONGESTANTS		
<i>oxymetazoline (afrin)</i>	1	OTC
<i>phenylephrine (neo-synephrine)</i>	1	OTC
<i>phenylephrine (sudafed pe)</i>	1	OTC
<i>pseudoephedrine (sudafed)</i>	1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole</i>	1	EDS
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	2	QL 6.67 ML / DAY PA LA
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose (dextrose 5 % solution, dextrose 10 % solution, dextrose 50 % solution, dextrose 70 % solution)</i>	1	
DEXTROSE 250 MG/ML SOLUTION	2	
LIPIDS		
INTRALIPID	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ISTALOL	2	PA NP
LEVOBUNOLOL HCL	2	PA EDS NP
<i>timolol maleate (once-daily)</i>	1	PA EDS NP
<i>timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.25 % solution, timolol maleate 0.5 % gel f soln, timolol maleate 0.5 % solution)</i>	1	EDS P
<i>timolol maleate 0.5 % (daily) solution</i>	1	PA EDS NP
<i>timolol maleate ocudose</i>	1	PA EDS NP
<i>timolol maleate pf</i>	1	PA EDS NP
TIMOPTIC	2	PA NP
TIMOPTIC OCUDOSE	2	PA NP
TIMOPTIC-XE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHOLINERGIC AGONISTS		
TYRVAYA	2	<ul style="list-style-type: none"> QL 0.14 ML / DAY PA NP
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE 1 % SOLUTION	2	
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	
MIOTICS		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	EDS
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P	1	P
APRACLONIDINE HCL	2	<ul style="list-style-type: none"> PA NP
<i>apraclonidine hcl</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.2 % solution)</i>	1	<ul style="list-style-type: none"> EDS P
<i>brimonidine tartrate 0.15 % solution</i>	1	<ul style="list-style-type: none"> PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IOPIDINE	2	PA NP
SIMBRINZA	2	PA NP
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
AZASITE	2	PA NP
BACITRACIN 500 UNIT/GM OINTMENT	2	PA NP
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	PA NP
CILOXAN 0.3 % OINTMENT	2	PA NP
<i>ciprofloxacin hcl 0.3 % solution</i>	1	P
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin</i>	1	PA NP
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	2	PA NP
MOXIFLOXACIN HCL (2X DAY)	2	PA NP
<i>moxifloxacin hcl 0.5 % solution</i>	1	P
NATACYN	2	QL 15 ml / fill PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naphazoline /pheniramine drops (naphcon-a)</i>	1	OTC EDS
<i>tetrahydrazoline drops (visine)</i>	1	OTC EDS
<i>visine red eye hydrating comf</i>	1	OTC EDS
OPHTHALMIC IMMUNOMODULATORS		
CEQUA	2	QL 2 EA / DAY PA NP
<i>cyclosporine 0.05 % emulsion</i>	1	QL 2 EA / DAY PA EDS NP
RESTASIS	1	QL 2 EA / DAY P
RESTASIS MULTIDOSE	1	QL 2 EA / DAY P
VERKAZIA	2	QL 4 EA / DAY PA NP
VEVYE	2	QL 0.07 ML / DAY PA NP
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	QL 2 EA / DAY P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUREZOL	2	PA NP
EYSUVIS	2	QL 0.6 ML / DAY PA NP
<i>fluorometholone</i>	1	P
ILUVIEN	2	PA LA NP
INVELTYS	2	PA NP
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % OINTMENT, LOTEMAX 0.5 % SUSPENSION)	2	PA NP
LOTEMAX SM	2	PA NP
<i>loteprednol etabonate (loteprednol etabonate 0.2 % suspension, loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	1	PA NP
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
OZURDEX	2	PA LA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>azelastine hcl 0.05 % solution</i>	1	PA EDS NP
AZOPT	2	PA NP
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	PA NP
BEPREVE	1	P
<i>brinzolamide</i>	1	PA EDS NP
<i>bromfenac sodium (once-daily)</i>	1	PA NP
<i>bromfenac sodium 0.075 % solution</i>	1	PA NP
BROMSITE	2	PA NP
CROMOLYN SODIUM 4 % SOLUTION	1	P
CYSTARAN	2	QL 60 ml / 28 days LA
<i>diclofenac sodium 0.1 % solution</i>	1	P
<i>dorzolamide hcl</i>	1	EDS P
<i>epinastine hcl</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLURBIPROFEN SODIUM	2	PA NP
ILEVRO	2	PA NP
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	P
<i>ketotifen drops (zaditor)</i>	1	PA OTC NP
MIEBO	2	QL 0.1 ML / DAY PA NP
NEVANAC	2	PA NP
<i>olopatadine</i>	1	QL 0.085 ML / DAY OTC EDS P
PROLENSA	2	PA NP
<i>sodium chloride eye products (muro 128)</i>	1	OTC
TRUSOPT	2	PA NP
ZADITOR	2	PA OTC NP
ZERVIATE	2	PA NP

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MONOCLONAL ANTIBODIES		
BEYFORTUS	\$0	LA
SYNAGIS	2	LA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	2	SP
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN (AMOXICILLIN 125 MG CHEW TAB, AMOXICILLIN 250 MG CHEW TAB)	2	
<i>amoxicillin (amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium (ampicillin sodium 1 gm recon soln, ampicillin sodium 2 gm recon soln, ampicillin sodium 10 gm recon soln, ampicillin sodium 250 mg recon soln, ampicillin sodium 500 mg recon soln)</i>	1	
AMPICILLIN SODIUM (AMPICILLIN SODIUM 1 GM RECON SOLN, AMPICILLIN SODIUM 2 GM RECON SOLN, AMPICILLIN SODIUM 125 MG RECON SOLN)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NATURAL PENICILLINS		
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
PENICILLIN V POTASSIUM (PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN)	2	
<i>penicillin v potassium (penicillin v potassium 250 mg tab, penicillin v potassium 500 mg tab)</i>	1	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (AMOXICILLIN- POT CLAVULANATE 200-28.5 MG CHEW TAB, AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB)	2	PA NP
<i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)</i>	1	P
AMOXICILLIN-POT CLAVULANATE ER	2	PA NP
<i>ampicillin-sulbactam sodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AMPICILLIN-SULBACTAM SODIUM (AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) GM RECON SOLN, AMPICILLIN-SULBACTAM SODIUM 3 (2-1) GM RECON SOLN)	2	
<i>piperacillin sod-tazobactam so (piperacillin sod-tazobactam so 2.25 (2-0.25) gm recon soln, piperacillin sod-tazobactam so 3-0.375 gm recon soln, piperacillin sod-tazobactam so 3.375 (3-0.375) gm recon soln, piperacillin sod-tazobactam so 4-0.5 gm recon soln, piperacillin sod-tazobactam so 4.5 (4-0.5) gm recon soln, piperacillin sod-tazobactam so 40.5 (36-4.5) gm recon soln)</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM (NAFCILLIN SODIUM 1 GM RECON SOLN, NAFCILLIN SODIUM 2 GM RECON SOLN)	2	
NAFCILLIN SODIUM IN DEXTROSE	2	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	2	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
BACTERIOSTATIC WATER(BENZ ALC)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHERRY	2	OTC
CHERRY CONCENTRATE SYRUP	2	OTC
<i>flavor syrup</i>	2	OTC
RASPBERRY SYRUP	2	OTC
<i>saline bacteriostatic</i>	1	
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile water for injection</i>	1	
NON GELATIN CAPSULES (EMPTY)		
<i>non gelatin capsules</i>	2	OTC
SEMI SOLID VEHICLES		
HYDROPHILIC PETROLATUM	2	OTC
<i>petrolatum (vaseline)</i>	1	OTC
<i>petrolatum ointment</i>	2	OTC
PROGESTINS		
PROGESTINS		
<i>gallifrey</i>	1	EDS
LILETTA (52 MG)	\$0	LA
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 2.5 mg tab, medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i>	1	EDS
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	EDS NP
NEXPLANON	\$0	LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norethindrone acetate</i>	1	EDS
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	1	EDS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	1	EDS
<i>disulfiram</i>	1	EDS
ANTIDEMENTIA AGENTS		
ADLARITY	2	PA NP
ARICEPT	2	PA NP
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 5 mg tab disp, donepezil hcl 10 mg tab, donepezil hcl 10 mg tab disp)</i>	1	EDS P
<i>donepezil hcl 23 mg tab</i>	1	PA EDS NP
EXELON	2	PA NP
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	1	PA EDS NP
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	2	PA NP
<i>galantamine hydrobromide er</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	1	PA EDS NP
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	EDS P
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	1	PA NP
<i>memantine hcl er</i>	1	PA EDS NP
NAMENDA	2	PA NP
NAMENDA TITRATION PAK	2	PA NP
NAMENDA XR	2	PA NP
NAMENDA XR TITRATION PACK	2	PA NP
NAMZARIC	2	PA NP
<i>rivastigmine</i>	1	PA EDS NP
<i>rivastigmine tartrate</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA NP
PERPHENAZINE-AMITRIPTYLINE	\$0	
SYMBYAX	\$0	PA NP
FIBROMYALGIA AGENTS		
SAVELLA	2	QL 2 EA / DAY P
SAVELLA TITRATION PACK	2	QL 55 EA / 180 days P
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO	2	QL 4 EA / DAY PA SP
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 24 MG TAB ER 24H)	2	QL 2 EA / DAY PA SP
AUSTEDO XR (AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	2	QL 1 EA / 1 DAY PA SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIUMVI	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">LA</div> <div data-bbox="1133 270 1195 302">NP</div>
COPAXONE 20 MG/ML SOLN PRSYR	1	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 459">P</div>
COPAXONE 40 MG/ML SOLN PRSYR	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 617">NP</div>
<i>dalfampridine er</i>	1	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 774">NP</div>
<i>dimethyl fumarate</i>	1	<div data-bbox="1133 804 1195 840">SP</div> <div data-bbox="1133 852 1195 890">P</div>
<i>dimethyl fumarate starter pack</i>	1	<div data-bbox="1133 915 1195 951">PA</div> <div data-bbox="1133 963 1195 999">SP</div> <div data-bbox="1133 1012 1195 1043">NP</div>
EXTAVIA	2	<div data-bbox="1133 1077 1195 1113">PA</div> <div data-bbox="1133 1125 1195 1161">SP</div> <div data-bbox="1133 1173 1195 1205">NP</div>
<i>fingolimod hcl</i>	1	<div data-bbox="1133 1234 1195 1270">PA</div> <div data-bbox="1133 1283 1195 1318">SP</div> <div data-bbox="1133 1331 1195 1362">P</div>
GILENYA 0.25 MG CAP	2	<div data-bbox="1133 1394 1195 1430">PA</div> <div data-bbox="1133 1442 1195 1478">SP</div> <div data-bbox="1133 1491 1195 1522">NP</div>
GILENYA 0.5 MG CAP	1	<div data-bbox="1133 1554 1195 1589">PA</div> <div data-bbox="1133 1602 1195 1638">SP</div> <div data-bbox="1133 1650 1195 1682">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">SP</div> <div data-bbox="1133 270 1195 302">NP</div>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	<div data-bbox="1133 329 1195 361">PA</div> <div data-bbox="1133 378 1195 409">SP</div> <div data-bbox="1133 426 1195 457">NP</div>
<i>glatopa 20 mg/ml soln prsy</i>	1	<div data-bbox="1133 485 1195 516">PA</div> <div data-bbox="1133 533 1195 564">SP</div> <div data-bbox="1133 581 1195 613">NP</div>
<i>glatopa 40 mg/ml soln prsy</i>	1	<div data-bbox="1133 640 1195 672">PA</div> <div data-bbox="1133 688 1195 720">SP</div> <div data-bbox="1133 737 1195 768">NP</div>
KESIMPTA	2	<div data-bbox="1133 795 1195 827">PA</div> <div data-bbox="1133 844 1195 875">SP</div> <div data-bbox="1133 892 1195 924">NP</div>
LEMTRADA	2	<div data-bbox="1133 951 1195 982">PA</div> <div data-bbox="1133 999 1195 1031">LA</div> <div data-bbox="1133 1047 1195 1079">NP</div>
MAVENCLAD (10 TABS)	2	<div data-bbox="1133 1106 1195 1138">PA</div> <div data-bbox="1133 1155 1195 1186">SP</div> <div data-bbox="1133 1203 1195 1234">NP</div>
MAVENCLAD (4 TABS)	2	<div data-bbox="1133 1262 1195 1293">PA</div> <div data-bbox="1133 1310 1195 1341">SP</div> <div data-bbox="1133 1358 1195 1390">NP</div>
MAVENCLAD (5 TABS)	2	<div data-bbox="1133 1417 1195 1449">PA</div> <div data-bbox="1133 1465 1195 1497">SP</div> <div data-bbox="1133 1514 1195 1545">NP</div>
MAVENCLAD (6 TABS)	2	<div data-bbox="1133 1593 1195 1625">PA</div> <div data-bbox="1133 1642 1195 1673">SP</div> <div data-bbox="1133 1690 1195 1722">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 176 1195 210">PA</div> <div data-bbox="1133 222 1195 256">SP</div> <div data-bbox="1133 268 1195 302">NP</div>
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 338 1195 371">PA</div> <div data-bbox="1133 384 1195 417">SP</div> <div data-bbox="1133 430 1195 464">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 499 1195 533">PA</div> <div data-bbox="1133 546 1195 579">SP</div> <div data-bbox="1133 592 1195 625">NP</div>
MAYZENT	2	<div data-bbox="1133 661 1195 695">PA</div> <div data-bbox="1133 707 1195 741">SP</div> <div data-bbox="1133 753 1195 787">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 823 1195 856">PA</div> <div data-bbox="1133 869 1195 903">SP</div> <div data-bbox="1133 915 1195 949">NP</div>
OCREVUS	2	<div data-bbox="1133 984 1195 1018">PA</div> <div data-bbox="1133 1031 1195 1064">SP</div> <div data-bbox="1133 1077 1195 1110">NP</div>
PLEGRIDY	2	<div data-bbox="1133 1146 1195 1180">PA</div> <div data-bbox="1133 1192 1195 1226">SP</div> <div data-bbox="1133 1239 1195 1272">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 1308 1195 1341">PA</div> <div data-bbox="1133 1354 1195 1388">SP</div> <div data-bbox="1133 1400 1195 1434">NP</div>
PONVORY	2	<div data-bbox="1133 1467 1195 1501">PA</div> <div data-bbox="1133 1514 1195 1547">SP</div> <div data-bbox="1133 1560 1195 1593">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 1671 1195 1705">PA</div> <div data-bbox="1133 1709 1195 1743">SP</div> <div data-bbox="1133 1755 1195 1789">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REBIF	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">SP</div> <div data-bbox="1133 426 1195 462">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 485 1195 520">PA</div> <div data-bbox="1133 533 1195 569">SP</div> <div data-bbox="1133 581 1195 617">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 640 1195 676">PA</div> <div data-bbox="1133 688 1195 724">SP</div> <div data-bbox="1133 737 1195 772">P</div>
TASCENSO ODT	2	<div data-bbox="1133 795 1195 831">PA</div> <div data-bbox="1133 844 1195 879">LA</div> <div data-bbox="1133 892 1195 928">NP</div>
TECFIDERA	2	<div data-bbox="1133 951 1195 987">PA</div> <div data-bbox="1133 999 1195 1035">SP</div> <div data-bbox="1133 1047 1195 1083">NP</div>
<i>teriflunomide</i>	1	<div data-bbox="1133 1106 1195 1142">PA</div> <div data-bbox="1133 1155 1195 1190">SP</div> <div data-bbox="1133 1203 1195 1239">P</div>
TYSABRI	2	<div data-bbox="1133 1262 1195 1297">PA</div> <div data-bbox="1133 1310 1195 1346">SP</div> <div data-bbox="1133 1358 1195 1394">NP</div>
VUMERITY	2	<div data-bbox="1133 1417 1195 1453">PA</div> <div data-bbox="1133 1465 1195 1501">SP</div> <div data-bbox="1133 1514 1195 1549">NP</div>
ZEPOSIA	2	<div data-bbox="1133 1593 1365 1629">QL 1 EA / DAY</div> <div data-bbox="1133 1642 1195 1677">PA</div> <div data-bbox="1133 1690 1195 1726">SP</div> <div data-bbox="1133 1738 1195 1774">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SMOKING DETERRENTS		
CHANTIX	\$0	
CHANTIX CONTINUING MONTH PAK	\$0	
CHANTIX STARTING MONTH PAK	\$0	
<i>nicotine gum</i>	\$0	OTC
<i>nicotine patch</i>	\$0	OTC
NICOTROL	\$0	
<i>varenicline tartrate</i>	\$0	
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate(continue)</i>	\$0	
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE	2	PA NP
<i>paroxetine mesylate</i>	1	PA EDS NP
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO (KALYDECO 13.4 MG PACKET, KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET, KALYDECO 150 MG TAB)	2	QL 2 EA / DAY PA SP
KALYDECO 5.8 MG PACKET	2	QL 56 EA / 28 DAYS PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORKAMBI (ORKAMBI 100-125 MG TAB, ORKAMBI 200-125 MG TAB)	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
ORKAMBI (ORKAMBI 75-94 MG PACKET, ORKAMBI 100-125 MG PACKET, ORKAMBI 150-188 MG PACKET)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
PULMOZYME	2	<ul style="list-style-type: none"> SP
SYMDEKO	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
TRIKAFTA (TRIKAFTA 50-25-37.5 & 75 MG TAB THPK, TRIKAFTA 100-50-75 & 150 MG TAB THPK)	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP
TRIKAFTA (TRIKAFTA 80-40-60 & 59.5 MG THER PACK, TRIKAFTA 100-50-75 & 75 MG THER PACK)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	2	<ul style="list-style-type: none"> QL 9 EA / DAY PA SP
OFEV	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA
<i>pirfenidone 267 mg tab</i>	1	<ul style="list-style-type: none"> QL 9 EA / DAY PA SP
<i>pirfenidone 801 mg tab</i>	1	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
THYROID HORMONES		
ADTHYZA (ADTHYZA 15 MG TAB, ADTHYZA 30 MG TAB, ADTHYZA 60 MG TAB, ADTHYZA 90 MG TAB, ADTHYZA 120 MG TAB)	2	EDS
ADTHYZA (ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 130 MG TAB)	2	
ARMOUR THYROID (ARMOUR THYROID 15 MG TAB, ARMOUR THYROID 30 MG TAB, ARMOUR THYROID 60 MG TAB, ARMOUR THYROID 90 MG TAB, ARMOUR THYROID 120 MG TAB)	2	EDS
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium (liothyronine sodium 5 mcg tab, liothyronine sodium 25 mcg tab, liothyronine sodium 50 mcg tab)</i>	1	EDS
NIVA THYROID	2	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NP THYROID	2	EDS
THYQUIDITY	2	
THYROID	2	EDS
<i>unithroid</i>	1	EDS
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL	\$0	
BOOSTRIX	\$0	
DAPTACEL	\$0	
DIPHTHERIA-TETANUS TOXOIDS DT	\$0	
INFANRIX	\$0	
KINRIX	\$0	
PEDIARIX	\$0	
PENTACEL	\$0	
QUADRACEL	\$0	
TDVAX	\$0	
TENIVAC	\$0	
TETANUS-DIPHTHERIA TOXOIDS TD	\$0	
VAXELIS	\$0	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>symax-sr</i>	1	EDS
H-2 ANTAGONISTS		
<i>cimetidine</i>	1	EDS
<i>famotidine (pepcid)</i>	1	OTC EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE (NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	2	EDS
NIZATIDINE 15 MG/ML SOLUTION	2	
MISC. ANTI-ULCER		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	EDS
PROTON PUMP INHIBITORS		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC EDS
ACIPHEX	2	QL 30 EA / FILL PA NP
<i>cvs esomeprazole magnesium</i>	1	OTC EDS P
<i>cvs omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC EDS
<i>cvs omeprazole magnesium</i>	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXILANT	2	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 (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 40 mg packet)</i>	1	PA NP
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC EDS P
<i>esomeprazole magnesium 40 mg cap dr</i>	1	EDS P
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hm esomeprazole magnesium dr</i>	1	<div data-bbox="1133 174 1192 212">OTC</div> <div data-bbox="1133 222 1192 260">EDS</div> <div data-bbox="1133 270 1192 302">P</div>
<i>kls esomeprazole magnesium</i>	1	<div data-bbox="1133 333 1192 371">OTC</div> <div data-bbox="1133 382 1192 420">EDS</div> <div data-bbox="1133 430 1192 462">P</div>
<i>kp omeprazole magnesium</i>	1	<div data-bbox="1133 491 1192 529">OTC</div> <div data-bbox="1133 539 1192 573">EDS</div>
<i>lansoprazole (prevacid)</i>	1	<div data-bbox="1133 604 1192 642">PA</div> <div data-bbox="1133 653 1192 690">OTC</div> <div data-bbox="1133 701 1192 739">EDS</div> <div data-bbox="1133 749 1192 779">NP</div>
LANSOPRAZOLE 15 MG CAP DR	1	<div data-bbox="1133 810 1192 848">OTC</div> <div data-bbox="1133 858 1192 896">EDS</div> <div data-bbox="1133 907 1192 938">P</div>
LANSOPRAZOLE 15 MG TAB DR DISP	1	<div data-bbox="1133 970 1192 1008">PA</div> <div data-bbox="1133 1018 1192 1056">OTC</div> <div data-bbox="1133 1066 1192 1098">NP</div>
LANSOPRAZOLE 30 MG CAP DR	1	<div data-bbox="1133 1121 1192 1159">EDS</div> <div data-bbox="1133 1169 1192 1203">P</div>
LANSOPRAZOLE 30 MG TAB DR DISP	1	<div data-bbox="1133 1236 1192 1274">PA</div> <div data-bbox="1133 1285 1192 1323">NP</div>
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET)	1	<div data-bbox="1133 1423 1192 1455">P</div>
NEXIUM 20 MG CAP DR	2	<div data-bbox="1133 1562 1192 1600">PA</div> <div data-bbox="1133 1610 1192 1648">OTC</div> <div data-bbox="1133 1659 1192 1690">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEXIUM 24HR 20 MG CAP DR	2	OTC
NEXIUM 24HR CLEAR MINIS	2	OTC
NEXIUM 40 MG CAP DR	2	PA NP
NEXIUM I.V.	2	PA NP
<i>omeprazole (prilosec)</i>	1	OTC EDS P
<i>omeprazole magnesium 20.6 (20 base) mg cap dr</i>	1	OTC EDS
<i>pantoprazole sodium (pantoprazole sodium 20 mg tab dr, pantoprazole sodium 40 mg tab dr)</i>	1	EDS P
<i>pantoprazole sodium 40 mg packet</i>	1	PA NP
PREVACID 24HR 15 MG CAP DR	2	PA OTC NP
PREVACID 30 MG CAP DR	2	PA NP
PREVACID SOLUTAB 15 MG TAB DR DISP	2	PA NP
PREVACID SOLUTAB 30 MG TAB DR DISP	2	PA NP
PRILOSEC	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROTONIX (PROTONIX 20 MG TAB DR, PROTONIX 40 MG PACKET, PROTONIX 40 MG TAB DR)	2	PA NP
<i>qc esomeprazole magnesium</i>	1	OTC EDS P
<i>qc omeprazole magnesium</i>	1	OTC EDS
<i>ra esomeprazole magnesium</i>	1	OTC EDS P
<i>rabeprazole sodium 20 mg tab dr</i>	1	PA EDS NP
<i>sm esomeprazole magnesium</i>	1	OTC EDS P
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i>	1	EDS
ULCER THERAPY COMBINATIONS		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>cvs omeprazole-sod bicarbonate</i>	1	PA OTC EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>goodsense omepr/sod bicarb</i>	1	<div data-bbox="1133 170 1195 205">PA</div> <div data-bbox="1133 218 1195 254">OTC</div> <div data-bbox="1133 266 1195 302">EDS</div> <div data-bbox="1133 315 1195 350">NP</div>
KONVOMEPR	2	<div data-bbox="1133 380 1195 415">PA</div> <div data-bbox="1133 428 1195 464">NP</div>
<i>omeprazole-sodium bicarbonate (omeprazole-sodium bicarbonate 20-1680 mg packet, omeprazole-sodium bicarbonate 40-1100 mg cap, omeprazole-sodium bicarbonate 40-1680 mg packet)</i>	1	<div data-bbox="1133 541 1195 577">PA</div> <div data-bbox="1133 590 1195 625">NP</div>
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	<div data-bbox="1133 705 1195 741">PA</div> <div data-bbox="1133 753 1195 789">OTC</div> <div data-bbox="1133 802 1195 837">EDS</div> <div data-bbox="1133 850 1195 886">NP</div>
ZEGERID (ZEGERID 20-1680 MG PACKET, ZEGERID 40-1100 MG CAP, ZEGERID 40-1680 MG PACKET)	2	<div data-bbox="1133 940 1195 976">PA</div> <div data-bbox="1133 989 1195 1024">NP</div>
ZEGERID 20-1100 MG CAP	2	<div data-bbox="1133 1087 1195 1123">PA</div> <div data-bbox="1133 1136 1195 1171">OTC</div> <div data-bbox="1133 1184 1195 1220">NP</div>
ZEGERID OTC	2	<div data-bbox="1133 1251 1195 1287">PA</div> <div data-bbox="1133 1299 1195 1335">OTC</div> <div data-bbox="1133 1348 1195 1383">NP</div>

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	1	<div data-bbox="1133 1545 1195 1581">PA</div> <div data-bbox="1133 1593 1195 1629">EDS</div> <div data-bbox="1133 1642 1195 1677">NP</div>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DETROL	2	PA NP
DITROPAN XL	2	PA NP
ENABLEX	2	PA NP
<i>fesoterodine fumarate er</i>	1	PA NP
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	EDS P
<i>oxybutynin chloride er (oxybutynin chloride er 5 mg tab er 24h, oxybutynin chloride er 10 mg tab er 24h, oxybutynin chloride er 15 mg tab er 24h)</i>	1	EDS P
OXYTROL	2	P
<i>solifenacin succinate</i>	1	EDS P
<i>tolterodine tartrate</i>	1	EDS P
<i>tolterodine tartrate er</i>	1	EDS P
TOVIAZ	1	P
<i>trospium chloride</i>	1	PA EDS NP
<i>trospium chloride er</i>	1	PA EDS NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUAD QUADRIVALENT	\$0	
FLUARIX	\$0	
FLUARIX QUADRIVALENT	\$0	
FLUBLOK	\$0	
FLUBLOK QUADRIVALENT	\$0	
FLUCELVAX	\$0	
FLUCELVAX QUADRIVALENT	\$0	
FLULAVAL	\$0	
FLULAVAL QUADRIVALENT	\$0	
FLUMIST	\$0	
FLUMIST QUADRIVALENT	\$0	
FLUZONE 0.5 ML SUSP PRSYR	\$0	
FLUZONE HIGH-DOSE	\$0	
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	
FLUZONE QUADRIVALENT	\$0	
GARDASIL 9	\$0	
HAVRIX	\$0	
HEPLISAV-B	\$0	
IMOVAX RABIES	\$0	
IPOL	\$0	
IXCHIQ	\$0	
IXIARO	\$0	
JANSSEN COVID-19 VACCINE	\$0	
JYNNEOS	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
M-M-R II	\$0	
MODERNA COVID-19 BIVAL 6M-5Y	\$0	
MODERNA COVID-19 BIVAL BOOSTER	\$0	
MODERNA COVID-19 BIVALENT	\$0	
MODERNA COVID-19 VAC (BOOSTER)	\$0	
MODERNA COVID-19 VAC 6M-11Y	\$0	
MODERNA COVID-19 VACC 6-11Y	\$0	
MODERNA COVID-19 VACC 6M-5Y	\$0	
MODERNA COVID-19 VACCINE	\$0	
MRESVIA	\$0	
NOVAVAX COVID-19 VACCINE	\$0	
PFIZER COVID-19 BIVAL 6MO-4YR	\$0	
PFIZER COVID-19 VAC BIVAL 5-11	\$0	
PFIZER COVID-19 VAC BIVALENT	\$0	
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	
PFIZER-BIONT COVID-19 VAC-TRIS	\$0	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>miconazole (monistat)</i>	1	OTC
MICONAZOLE 3 200 MG SUPPOSITORY	2	
<i>terconazole (terconazole 0.4 % cream, terconazole 0.8 % cream, terconazole 80 mg suppos)</i>	1	
<i>tioconazole (vagistat)</i>	1	OTC
VAGINAL ESTROGENS		
<i>estradiol 0.1 mg/gm cream</i>	1	EDS
<i>estradiol 10 mcg tab</i>	1	QL 0.7 EA / day EDS
<i>yuvafem</i>	1	QL 0.7 EA / day EDS
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q	2	QL 2 EA / FILL PA CDS NP
<i>epinephrine (anaphylaxis)</i>	1	CDS
<i>epinephrine (epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i>	1	QL 2 EA / fill PA MFG CDS NP
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QL 2 EA / FILL PA MFG CDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	<div data-bbox="1133 170 1333 212">QL 2 EA / fill</div> <div data-bbox="1133 218 1192 260">MFG</div> <div data-bbox="1133 266 1192 308">CDS</div> <div data-bbox="1133 315 1192 357">P</div>
EPIPEN 2-PAK	1	<div data-bbox="1133 380 1333 422">QL 2 EA / fill</div> <div data-bbox="1133 428 1192 470">CDS</div> <div data-bbox="1133 476 1192 518">P</div>
EPIPEN JR 2-PAK	1	<div data-bbox="1133 541 1333 583">QL 2 EA / fill</div> <div data-bbox="1133 590 1192 632">CDS</div> <div data-bbox="1133 638 1192 680">P</div>
SYMJEPI	1	<div data-bbox="1133 701 1333 743">QL 2 EA / fill</div> <div data-bbox="1133 749 1192 791">CDS</div> <div data-bbox="1133 798 1192 840">P</div>
EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION)	2	
<i>epinephrine 1 mg/10ml soln prsyr</i>	1	
EPINEPHRINE PF	2	
<i>midodrine hcl</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>beta-carotene</i>	1	<div data-bbox="1133 1394 1192 1436">OTC</div> <div data-bbox="1133 1442 1192 1484">EDS</div>
BETA-CAROTENE	2	<div data-bbox="1133 1503 1192 1545">OTC</div>
<i>phytonadione 5 mg tab</i>	1	

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

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

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timolol maleate pf	300	TRADJENTA	103	triamcinolone acetonide (nasacort)	295
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XPOVIO (60 MG ONCE WEEKLY)	142	ZEGALOGUE	102	ZOKINVY	288
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