

2024

# Danh sách các loại Thuốc được Bảo hiểm của Medicaid (Được thụ)

- Families and Children (Chương trình Hỗ trợ Y tế Trả trước (PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (Chăm sóc Người cao tuổi Bổ sung) (MSC Plus)
- UCare Connect (SNBC)

**Chương trình 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 và Wright

**Chương trình 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 và Wright

**Chương trình 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 và Yellow Medicine

**Chương trình 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 và Yellow Medicine

Thông tin có trong danh sách các loại thuốc được bảo hiểm này được áp dụng từ ngày 12/01/2024. Để biết thông tin mới nhất, vui lòng truy cập vào [ucare.org](http://ucare.org). Nếu quý vị có thắc mắc, hãy liên hệ với Dịch vụ Khách hàng của UCare theo số điện thoại trên trang này. Quý vị có thể yêu cầu in bản sao Danh sách các loại Thuốc được Bảo hiểm này của Medicaid bất cứ lúc nào.

**Dịch vụ Khách hàng của UCare:** Chương trình Families and Children (PMAP), MinnesotaCare và MSC+: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước). Giờ làm việc: 8 am – 5 pm, Thứ Hai – Thứ Sáu. Đây là các số miễn cước. Để biết thêm thông tin, hãy truy cập vào [ucare.org](http://ucare.org). UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

Ngày Chấp nhận DHS: 15/12/2023.



**VUI LÒNG ĐỌC: TÀI LIỆU NÀY CÓ THÔNG TIN VỀ CÁC LOẠI THUỐC MÀ CHÚNG TÔI BAO TRẢ TRONG NHỮNG CHƯƠNG TRÌNH BẢO HIỂM NÀY. Hội viên phải đến các tiệm thuốc tây trong mạng lưới UCare để nhận quyền lợi thuốc theo toa.**

Danh sách này có thể thay đổi và không bao gồm tất cả các loại thuốc. Danh sách này phải tuân theo các quy định và quy chế cụ thể của tiểu bang, bao gồm nhưng không giới hạn ở những quy định liên quan đến việc thay thế các loại thuốc gốc, lịch trình sử dụng các chất bị kiểm soát, ưu tiên các loại thuốc biệt dược và thuốc gốc bắt buộc (nếu có).

Lưu ý cho hội viên hiện tại: Danh sách các loại thuốc được bảo hiểm này đã thay đổi kể từ năm ngoái và có thể thay đổi trong cả năm. Vui lòng xem lại tài liệu này để đảm bảo vẫn có loại thuốc mà quý vị đang dùng trong danh sách này. Vui lòng liên hệ với Dịch vụ Khách hàng của UCare nếu có thắc mắc: Hội viên Chương trình Families and Children (PMAP), MinnesotaCare và MSC+: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước). Giờ làm việc: 8 giờ sáng – 5 giờ chiều, Thứ Hai – Thứ Sáu. Đây là các số miễn cước.

Danh sách cập nhật cũng có tại [ucare.org](http://ucare.org).

Nếu có Medicare, quý vị phải nhận hầu hết các loại thuốc theo toa của mình thông qua Chương trình Thuốc Theo toa Medicare (Medicare Phần D). Quý vị phải đăng ký vào một chương trình bảo hiểm thuốc theo toa của Medicare để hưởng quyền lợi thuốc theo toa của Medicare.

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

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ပတ်သည့်ပတ်သားဘဉ်တကွၢ်. ဖဲနမ့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်.ကိးဘဉ် လီတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တကွၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫິໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

## Civil Rights Notice

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

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

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

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: [cag@ucare.org](mailto:cag@ucare.org)

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

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

## Civil Rights Complaints

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

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

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

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

Contact the OCR directly to file a complaint:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Mục Lục

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## THÔNG TIN QUAN TRỌNG

### **Danh sách các loại thuốc được bảo hiểm là gì?**

Danh sách các loại thuốc được bảo hiểm bao gồm các loại thuốc kê toa được UCare bao trả. Các loại thuốc trong danh sách được UCare lựa chọn với sự trợ giúp của đội ngũ bác sĩ và dược sĩ. Thông thường, UCare sẽ bao trả các thuốc được liệt kê trong danh sách các loại thuốc được bảo hiểm, miễn là thuốc đó cần thiết về mặt y tế, bệnh nhân mua thuốc theo toa tại tiệm thuốc tây trong mạng lưới UCare và tuân thủ các yêu cầu khác liên quan đến thuốc. Hầu hết các loại thuốc và một số tiếp liệu được cấp với liều dùng lên đến 30 ngày. Một số thuốc mà quý vị dùng thường xuyên để trị bệnh mãn tính hoặc dài hạn được cấp với liều dùng lên đến 90 ngày và được xác định trong Danh sách các loại Thuốc được Bảo hiểm này là 90 ngày.

### **Danh sách các loại thuốc được bảo hiểm có thay đổi không?**

Danh sách các loại thuốc được bảo hiểm của UCare có thể thay đổi trong suốt 1 năm theo lịch. Nếu việc thay đổi ảnh hưởng đến phạm vi bảo hiểm của một loại thuốc mà quý vị đang dùng thì UCare sẽ cố gắng liên hệ với quý vị và bác sĩ kê toa để cho biết về sự thay đổi đó. UCare cũng sẽ cho quý vị biết về các loại thuốc thay thế được bảo hiểm.

Một số thay đổi có thể là:

- Thuốc mà quý vị đang dùng không còn được ưu tiên nữa (Hãy tham khảo "Danh sách Thuốc Ưu tiên là gì?" trong phần sau).
- Chúng tôi đã loại bỏ một loại thuốc khỏi danh sách các loại thuốc được bảo hiểm vì lý do an toàn.
- Các yêu cầu về ủy quyền trước đã thay đổi. (Xem phần "Có bất kỳ quy định hạn chế nào đối với bảo hiểm của tôi không?"

### **Thuốc được liệt kê trong danh sách các loại thuốc được bảo hiểm theo cách nào?**

Có hai cách để tìm thuốc theo toa của quý vị trong dược thư. Quý vị có thể tìm kiếm theo tình trạng bệnh liên quan đến thuốc của mình hoặc theo thứ tự bảng chữ cái.

#### ***Tìm theo Tình trạng Bệnh***

Các thuốc được liệt kê theo tình trạng y tế bắt đầu ở trang 1. Các thuốc trong dược thư này được nhóm thành các loại tùy thuộc vào loại bệnh mà loại thuốc đó điều trị. Nếu biết công dụng của thuốc thì quý vị hãy tìm danh mục đó trong danh sách ở trang 1. Sau đó, xem dưới tên phân loại để tìm thuốc của quý vị.

#### ***Tìm kiếm theo Thứ tự bảng Chữ cái***

Nếu không chắc nên tìm danh mục nào thì quý vị có thể tìm thuốc của mình trong Danh mục này. Danh mục này có danh sách tất cả các loại thuốc trong dược thư theo bảng chữ cái. Cả thuốc biệt dược và thuốc gốc đều được liệt kê trong Danh mục thuốc. Xem Danh mục này và tìm thuốc của quý vị. Bên cạnh tên thuốc, quý vị sẽ thấy số trang để xem thông tin bảo hiểm trong dược thư.



## **Danh sách Thuốc Ưu tiên là gì?**

Ở Minnesota, tất cả các chương trình bảo hiểm sức khỏe đều phải sử dụng Danh sách Thuốc Ưu tiên (PDL) của Bộ Dịch vụ Nhân sinh Minnesota (DHS). PDL này do DHS soạn lập và được tham khảo ý kiến của Ủy ban Phụ trách Dược Thư để bác sĩ kê toa và hội viên biết về các thuốc hoặc các loại thuốc tiết kiệm chi phí. Nói chung, các thuốc được "ưu tiên" tiết kiệm chi phí hơn và các thuốc "không được ưu tiên" sẽ có chi phí cao hơn. Các loại thuốc ưu tiên có sẵn cho hội viên ít bị hạn chế hơn. Các loại thuốc không ưu tiên yêu cầu phải được ủy quyền trước. Để nhận thuốc không ưu tiên, bác sĩ hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị phải xin phép trước. PDL được đưa vào danh sách các loại thuốc được bảo hiểm của UCare. Danh sách đầy đủ các loại thuốc được bảo hiểm của UCare bao gồm các loại thuốc khác ngoài các loại thuốc trên PDL. PDL có sẵn trên trang web của DHS tại <http://minnesota.magellanmedicaid.com/pdl.asp>.

## **Thuốc gốc hoặc thuốc tương đương sinh học là gì?**

Thuốc gốc là thuốc được Cơ quan Quản lý Thực phẩm và Dược phẩm (FDA) phê duyệt và có các thành phần hoạt chất tương tự như thuốc biệt dược. Thuốc gốc có tác dụng lâm sàng tương tự như thuốc biệt dược.

Thuốc tương đương sinh học là một loại thuốc sinh học được FDA phê duyệt (thường là thuốc theo toa ở dạng tiêm) rất giống với một thuốc sinh học đã được phê duyệt. Thuốc tương đương sinh học không khác biệt về mặt lâm sàng ở góc độ an toàn và hiệu quả. Thuốc tương đương sinh học không giống như thuốc gốc, nhưng tương tự như thuốc gốc, thuốc tương đương sinh học có thể là các lựa chọn điều trị với giá cả phù hợp hơn.

Thuốc thay thế ở dạng thuốc gốc hoặc thuốc tương đương sinh học có nghĩa là phiên bản gốc hoặc tương đương sinh học của một loại thuốc thay vì tên biệt dược hoặc phiên bản không tương đương sinh học của thuốc đó.

UCare chỉ bao trả cho thuốc biệt dược hoặc phiên bản không tương đương sinh học của thuốc đó khi:

1. Bác sĩ kê toa cho quý vị có văn bản thông báo với UCare rằng thuốc biệt dược hoặc phiên bản không tương đương sinh học của thuốc đó là cần thiết về mặt y tế HOẶC
2. UCare có thể ưu tiên phân phối một số phiên bản thuốc biệt dược nhất định thay vì phiên bản gốc hoặc phiên bản không tương đương sinh học thay vì phiên bản tương đương sinh học của thuốc đó HOẶC
3. Luật Minnesota yêu cầu phải phân phối thuốc biệt dược hoặc thuốc không tương đương sinh học của thuốc đó.

Trong danh sách các loại thuốc được bảo hiểm thì thuốc biệt dược được viết hoa (ví dụ: EPIPEN) và thuốc gốc được liệt kê dưới dạng viết thường in nghiêng (ví dụ: *viên nén sertraline*).

## **Thuốc không kê toa là gì?**

Các loại thuốc và sản phẩm bán sẵn trên thị trường không cần toa được gọi là thuốc không kê toa (OTC). Mặc dù thuốc OTC được bán mà không cần toa của bác sĩ, nhưng nếu bác sĩ kê toa cho một loại thuốc OTC thì UCare có thể bao trả cho thuốc đó. Trong danh sách các thuốc được bảo hiểm thì thuốc và sản phẩm OTC được liệt kê sau danh mục trong một danh sách thuốc không kê toa (OTC) riêng.

## Thuốc đặc hiệu là gì?

Thuốc đặc hiệu dùng cho bệnh nhân mắc các bệnh phức tạp hoặc mãn tính. Những loại thuốc này thường được yêu cầu phải xử lý, phân phối hoặc theo dõi đặc biệt bởi dược sĩ được đào tạo chuyên môn.

Nếu quý vị được kê toa một loại thuốc có trong Danh sách Thuốc Đặc hiệu của UCare thì bác sĩ kê toa phải gửi toa thuốc đến tiệm thuốc tây đặc hiệu của UCare.

**Tên của Tiệm thuốc tây Đặc hiệu:** Fairview Specialty Pharmacy

**Điện thoại và TTY:** 612-672-5260 hoặc 1-800-595-7140 (đây là số miễn cước) TTY gọi cho Trung tâm Tiếp âm Quốc gia (National Relay Center) theo số 711 và yêu cầu gọi đến 1-800-595-7140 (đây là số miễn cước).

**Fax:** 1-866-347-4939

**Giờ làm việc:** 24 giờ/ngày, 7 ngày/tuần

Quý vị cũng cần gọi cho Tiệm thuốc tây Đặc hiệu theo số 612-672-5260 hoặc 1-800-595-7140 (đây là số miễn cước), TTY gọi cho Trung tâm Tiếp âm Quốc gia (National Relay Center) theo số 711 và yêu cầu gọi đến 1-800-595-7140 (đây là số miễn cước) để thiết lập tài khoản. Quý vị cần phải có thẻ Hội viên UCare (ID) khi gọi cho Tiệm thuốc tây Đặc hiệu.

## Nếu một loại thuốc không có trong danh sách các loại thuốc được bảo hiểm thì sao?

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Không phải tất cả các thuốc đều được bảo hiểm. Nếu loại thuốc mà quý vị muốn mua không có trong danh sách thuốc được bảo hiểm thì quý vị có thể gọi Dịch vụ Khách hàng của UCare cho Gia đình và Trẻ em (PMAP), MinnesotaCare và MSC+ theo số: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước) và hỏi xem loại thuốc đó có được bảo hiểm không. Nếu không thì loại thuốc đó được coi là không có trong dược thư.

Nếu cần một loại thuốc không có trong danh sách các thuốc được bảo hiểm:

- thì quý vị có thể hỏi nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị xem có loại thuốc nào khác được bảo hiểm mà vẫn có hiệu quả cho quý vị không.
- quý vị và/hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị có thể yêu cầu UCare áp dụng "trường hợp ngoại lệ" và bao trả thuốc cho quý vị hoặc loại bỏ các quy định hạn chế hoặc giới hạn. Nếu yêu cầu ngoại lệ của quý vị được phê duyệt thì loại thuốc đó sẽ được bảo hiểm chi trả theo mức đồng thanh toán với thuốc gốc hoặc biệt dược.

Thông thường, UCare sẽ chỉ phê duyệt yêu cầu của nhà cung cấp dịch vụ chăm sóc sức khỏe về trường hợp ngoại lệ trong dược thư nếu loại thuốc thay thế có trong danh sách các thuốc được bảo hiểm của UCare không hiệu quả để điều trị bệnh của quý vị và/hoặc sẽ khiến quý vị gặp tác dụng bất lợi về sức khỏe.

Nếu nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị kê toa thuốc không có trong danh sách các thuốc được bảo hiểm hoặc thuốc cần ủy quyền trước thì họ phải gọi cho Navitus Health Solutions hoặc truy cập vào trang web nhà cung cấp của chúng tôi để điền mẫu đơn yêu cầu. Hội viên cũng có thể xem thêm thông tin về [ucare.org](http://ucare.org). Vui lòng gọi cho Dịch vụ Khách hàng của UCare theo số được ghi trên bì thuốc để được trợ giúp.

## **Có bất kỳ quy định hạn chế nào đối với quyền lợi bảo hiểm của tôi không?**

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Một số loại thuốc được bảo hiểm có thể áp dụng các yêu cầu hoặc giới hạn bổ sung về bảo hiểm. Những yêu cầu và giới hạn này có thể bao gồm như sau:

- **Ủy quyền trước:** UCare yêu cầu quý vị hoặc bác sĩ hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị phải xin phép trước cho một số loại thuốc nhất định. Có nghĩa là quý vị sẽ phải được UCare phê duyệt trước khi mua toa thuốc của mình. Nếu quý vị không được phê duyệt thì UCare có thể không bao trả cho thuốc đó.
- **Giới hạn về số lượng:** Với một số loại thuốc nhất định, UCare có giới hạn về số lượng thuốc mà chúng tôi sẽ bao trả.
- **Yêu cầu về độ tuổi:** Một số loại thuốc có yêu cầu về độ tuổi. Có thể cần giấy ủy quyền trước tùy thuộc vào độ tuổi của quý vị và thuốc được kê toa cụ thể.

Quý vị có thể kiểm tra xem thuốc của mình có cần ủy quyền trước hay không, có giới hạn về số lượng hay không hoặc có yêu cầu về độ tuổi hay không bằng cách xem danh sách các loại thuốc được bảo hiểm này. Có thể có ngoại lệ đối với các quy định hạn chế hoặc giới hạn về thuốc nếu bác sĩ của quý vị gửi thông báo hoặc văn bản hỗ trợ cho yêu cầu đó. Xem Thuốc Theo Toa trong phần 7: Dịch vụ được Bảo hiểm trong *Sổ tay Hội viên của quý vị* để biết thêm thông tin. Quý vị cũng có thể tìm hiểu thêm thông tin về các quy định hạn chế áp dụng cho các thuốc được bảo hiểm cụ thể bằng cách gọi cho Dịch vụ khách hàng của UCare đối với Chương trình Families and Children (PMAP), MinnesotaCare và MSC+ theo số 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước) hoặc bằng cách truy cập vào trang web của chúng tôi tại [ucare.org](http://ucare.org). Quý vị cũng có thể xem phần "Tôi có thể yêu cầu một ngoại lệ cho các quy định hạn chế về bảo hiểm không?"

- **Thuốc bị Loại trừ:** Một số loại thuốc bị loại trừ khỏi danh sách các loại thuốc được bảo hiểm. Có nghĩa là những loại thuốc đó không được bảo hiểm. Các loại thuốc bị loại trừ bao gồm:
  - Thuốc được dùng để điều trị rối loạn chức năng tinh dục hoặc cương dương
  - Thuốc được dùng để tăng cường khả năng sinh sản
  - Thuốc được dùng cho mục đích thẩm mỹ, kể cả thuốc để điều trị rụng tóc
  - Thuốc bị loại trừ khỏi phạm vi bảo hiểm của luật liên bang hoặc tiểu bang
  - Thuốc thử nghiệm, thuốc nghiên cứu hoặc thuốc không được Cơ quan Quản lý Thực phẩm và Dược phẩm (FDA) phê duyệt hoặc chấp thuận
  - Cần sa y tế

## **Tôi có thể yêu cầu một ngoại lệ cho các quy định hạn chế về bảo hiểm không?**

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Có. Quý vị hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị có thể tải xuống Mẫu đơn Thống nhất về Yêu cầu Ủy quyền Trước cho Thuốc Theo toa (PA) và Ngoại lệ trong Dược thư của Minnesota tại địa chỉ [ucare.org](http://ucare.org) hoặc liên hệ với Dịch vụ Khách hàng của UCare cho

Families and Children (PMAP), MinnesotaCare và MSC+ theo số: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước). Nhà cung cấp của quý vị phải gửi lại mẫu đơn này theo số fax hoặc địa chỉ được nêu trên tài liệu này. Để xem xét kỹ lưỡng và đảm bảo rằng quý vị hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị nhận được phản hồi trong vòng 24 giờ thì nhà cung cấp/quý vị phải cung cấp tất cả thông tin được yêu cầu trong mẫu này, bao gồm tài liệu về loại thuốc đã được dùng và không đạt hiệu quả, kê cả liều lượng đã sử dụng và lý do thất bại (ví dụ: tác dụng phụ).

## **Chi phí thuốc kê toa sẽ là bao nhiêu?**

Kể từ ngày 1 tháng 1 năm 2024, các loại thuốc được Medical Assistance bao trả sẽ không còn có khoản đồng thanh toán. Quý vị không phải chia sẻ chi phí cho các loại thuốc được bảo hiểm theo chương trình Medical Assistance. Hội viên Chương trình MinnesotaCare không phải trả khoản đồng thanh toán. Tất cả các thông tin về đồng thanh toán cho thuốc kê toa đều được liệt kê trong Phần 6 của *Sổ tay Hội viên*: Chia sẻ Chi phí. Nếu quý vị có thắc mắc khác, hãy liên hệ với Dịch vụ Khách hàng của UCare đối với Chương trình Families and Children (PMAP), MinnesotaCare và MSC+ theo số: 612-676-3200 hoặc 1-800-203-7225 (đây là số miễn cước). Chương trình UCare Connect: 612-676-3395 hoặc 1-877-903-0061 (đây là số miễn cước). TTY: 612-676-6810 hoặc 1-800-688-2534 (đây là số miễn cước) hoặc truy cập vào trang web của chúng tôi tại [ucare.org](http://ucare.org).

## **Danh sách Thuốc (dược thư) Chính**

<b>Giải thích về Trạng thái Bảo hiểm và Yêu cầu</b>		
<b>P</b>	Thuốc ưu tiên	Thuốc ưu tiên
<b>NP</b>	Thuốc Không Ưu tiên	Thuốc không ưu tiên cần phải có quyết định Ủy quyền Trước của UCare
<b>SF</b>	Mua Toa thuốc Riêng	Các loại thuốc uống điều trị ung thư với liều dùng 14 hoặc 15 ngày mỗi lần mua cho 90 ngày điều trị đầu tiên
<b>EDS</b>	Tăng Số Ngày Cung cấp Thuốc	Các loại thuốc có liều lượng lên đến 90 ngày
<b>MFG</b>	Giới hạn của Nhà sản xuất	<ul style="list-style-type: none"> <li>• Ưu tiên Nhà sản xuất Mylan.</li> <li>• Không ưu tiên Nhà sản xuất không thuộc Mylan</li> </ul>
<b>OTC</b>	Thuốc Không Kê Toa	Thuốc OTC (không kê toa) được bảo hiểm
<b>PA</b>	Quyết định Ủy quyền Trước	Các loại thuốc cần được UCare phê duyệt trước khi quý vị mua toa thuốc

<b>SP</b>	Thuốc Đặc hiệu	Các loại thuốc yêu cầu quý vị phải mua theo toa của mình thông qua Tiệm thuốc tây Đặc hiệu Fairview
<b>QL</b>	Giới hạn Số lượng	Có giới hạn về số lượng thuốc được bảo hiểm cho mỗi lần mua
<b>LA</b>	Hạn chế Sử dụng	Các thuốc chỉ có sẵn tại một số hiệu thuốc nhất định
<b>PV</b>	Phòng ngừa	Thuốc được bảo hiểm với chi phí \$0 sử dụng cho việc phòng ngừa bệnh
<b>CDS</b>	Vật tư điều trị bệnh mãn tính	Hội viên MinnesotaCare có số tiền tự trả tối đa hàng tháng là \$50 cho các vật tư y tế dùng để điều trị bệnh mãn tính

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

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



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

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"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
XELSTRYM	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
zenzedi (zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab)	1	<ul style="list-style-type: none"> <li>QL 3 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
zenzedi 30 mg tab	1	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
<b>ANALEPTICS</b>		
CAFFEINE-SODIUM BENZOATE	2	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
phentermine hcl	1	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> </ul>
<b>ANTI-OBESITY AGENTS</b>		
ORLISTAT	1	<ul style="list-style-type: none"> <li>QL 3 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
SAXENDA	2	<ul style="list-style-type: none"> <li>QL 15 ML / 30 days</li> <li>PA</li> <li>P</li> </ul>
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"> <li>QL 3 ML / 28 DAYS</li> <li>PA</li> <li>P</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WEGOVIY 0.25 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVIY 0.5 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVIY 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
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	EDS P
<i>clonidine hcl er</i>	1	EDS
<i>guanfacine hcl er (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
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	2	QL 1 EA / DAY PA
<b>STIMULANTS - MISC.</b>		
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		<span>QL</span> 3 EA / DAY <span>PA</span> <span>NP</span>
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 36 MG TAB ER)	1		<span>QL</span> 2 EA / DAY <span>P</span>
CONCERTA 54 MG TAB ER	1		<span>QL</span> 1 EA / DAY <span>P</span>
COTEMPLA XR-ODT	2		<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>
DAYTRANA	2		<span>QL</span> 1 EA / DAY <span>PA</span> <span>NP</span>
<i>dexmethylphenidate hcl</i>	1		<span>QL</span> 2 EA / DAY <span>P</span>
<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		<span>QL</span> 1 EA / DAY <span>P</span>
<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		<span>QL</span> 2 EA / DAY <span>P</span>
FOCALIN	2		<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>

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"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
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"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
JORNAY PM	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
METHYLIN 10 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 30 ML / DAY</li> <li>P</li> </ul>
METHYLIN 5 MG/5ML SOLUTION	1	<ul style="list-style-type: none"> <li>QL 60 ML / DAY</li> <li>P</li> </ul>
<i>methylphenidate</i>	1	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	<ul style="list-style-type: none"> <li>QL 4 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
<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"> <li>QL 3 EA / DAY</li> <li>P</li> </ul>
<i>methylphenidate hcl 10 mg chew tab</i>	1	<ul style="list-style-type: none"> <li>QL 6 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	<ul style="list-style-type: none"> <li>QL 30 ML / DAY</li> <li>P</li> </ul>

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



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

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

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

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

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

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



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA-PED>/=40KG CROHNS START	2	QL 3 EA / 180 DAYS PA SP P
HUMIRA-PED>/=40KG UC STARTER	2	QL 4 EA / 180 DAYS PA SP P
HUMIRA-PS/UV/ADOL HS STARTER	2	QL 4 EA / 180 DAYS PA SP P
HUMIRA-PSORIASIS/UEIT STARTER	2	QL 3 EA / 180 DAYS PA SP P
HYRIMOZ (HYRIMOZ 10 MG/0.1 ML SOLN PRSYR, HYRIMOZ 20 MG/0.2ML SOLN PRSYR, HYRIMOZ 40 MG/0.4ML SOLN A-INJ, HYRIMOZ 40 MG/0.4ML SOLN PRSYR, HYRIMOZ 40 MG/0.8ML SOLN A-INJ, HYRIMOZ 40 MG/0.8ML SOLN PRSYR)	2	QL 2 EA / 28 DAYS PA SP NP
HYRIMOZ 80 MG/0.8ML SOLN A-INJ	2	QL 3 EA / 180 DAYS PA SP NP
HYRIMOZ-CROHNS/UC STARTER	2	QL 3 EA / 180 DAYS PA SP NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YUSIMRY	2	QL 2 EA / 28 DAYS PA SP NP
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
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
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	2	QL 4 EA / 28 DAYS PA LA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
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	PA EDS NP
<i>piroxicam</i>	1	EDS
<i>relafen</i>	1	EDS P
RELAFEN DS	2	PA NP
<i>sulindac</i>	1	EDS P
ZIPSOR	2	PA NP
ZORVOLEX	2	PA NP
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 20 MG TAB)	2	QL 2 EA / 1 DAY PA SP P
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 55 EA / 180 days PA SP P
OTEZLA 30 MG TAB	2	QL 2 EA / DAY PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	EDS
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
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
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
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"> <li>QL 2 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
ENBREL MINI	2		<ul style="list-style-type: none"> <li>QL 4 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>
ENBREL SURECLICK	2		<ul style="list-style-type: none"> <li>QL 4 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>P</li> </ul>

## 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	
<b>ANALGESICS OTHER</b>		
<i>acetaminophen (tylenol)</i>	1	OTC EDS
CHILDRENS TYLENOL	2	OTC
<b>SALICYLATES</b>		
<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
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
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"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<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"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<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"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>NP</li> </ul>
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	<ul style="list-style-type: none"> <li>QL 8 ml / day</li> </ul>
<i>hydromorphone hcl 2 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 6 EA / day</li> </ul>
<i>hydromorphone hcl 4 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 5 EA / day</li> </ul>
<i>hydromorphone hcl 8 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> </ul>
<i>hydromorphone hcl er</i>	1	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>
HYSINGLA ER (HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>
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"> <li>QL 1 EA / day</li> <li>PA</li> <li>NP</li> </ul>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYSINGLA ER 20 MG TB24 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day
HYSINGLA ER 60 MG TB24 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day
KADIAN 200 MG CAP ER 24H	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / day
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 10 ml / day
<i>methadone hcl 10 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 2 EA / day
<i>methadone hcl 5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day
<i>methadone hcl 5 mg/5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 20 ml / day
<i>methadone hcl intensol</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 10 ml / day
<i>morphine sulfate (concentrate)</i>	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 4.5 ML / 1 DAY
<i>morphine sulfate 10 mg/5ml solution</i>	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 30 ml / day
<i>morphine sulfate 15 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 6 EA / day
<i>morphine sulfate 20 mg/5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 22.5 ml / day
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 22.5 ml / day
<i>morphine sulfate 30 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 3 EA / day
<i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 4 EA / day

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

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	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 5 mg tab)</i>	1	<span>QL</span> 12 EA / day
<i>oxycodone hcl 10 mg tab</i>	1	<span>QL</span> 6 EA / day
<i>oxycodone hcl 100 mg/5ml conc</i>	1	<span>QL</span> 3 ml / day
<i>oxycodone hcl 15 mg tab</i>	1	<span>QL</span> 4 EA / day
<i>oxycodone hcl 20 mg tab</i>	1	<span>QL</span> 3 EA / day
<i>oxycodone hcl 30 mg tab</i>	1	<span>QL</span> 2 EA / day
<i>oxycodone hcl 5 mg/5ml solution</i>	1	<span>QL</span> 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	<span>QL</span> 3 EA / day <span>PA</span> <span>NP</span>
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	<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>
OXYCODONE HCL ER 30 MG TB12 DETER	1	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	<span>QL</span> 3 EA / 1 DAY <span>PA</span> <span>NP</span>

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: #e69d00; 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: #e69d00; 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: #e69d00; 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: #e69d00; 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: #e69d00; 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: #e69d00; 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: #e69d00; 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: #e69d00; 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	<span>QL</span> 4 EA / day <span>PA</span> <span>NP</span>
ZOHYDRO ER (ZOHYDRO ER 30 MG CAP ER 12H, ZOHYDRO ER 40 MG CAP ER 12H)	2	<span>QL</span> 3 EA / day <span>PA</span> <span>NP</span>
ZOHYDRO ER 50 MG CAP ER 12H	2	<span>QL</span> 2 EA / day <span>PA</span> <span>NP</span>
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab)</i>	1	<span>QL</span> 12 EA / day
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	<span>QL</span> 150 ml / day
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	<span>QL</span> 150 ML / 1 DAY
<i>acetaminophen-codeine 300-60 mg tab</i>	1	<span>QL</span> 6 EA / day
<i>ascomp-codeine</i>	1	<span>QL</span> 6 EA / day
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	<span>QL</span> 6 EA / day
<i>butalbital-asa-caff-codeine</i>	1	<span>QL</span> 6 EA / day
<i>endocet (endocet 2.5-325 mg tab, endocet 5-325 mg tab)</i>	1	<span>QL</span> 12 EA / day
<i>endocet 10-325 mg tab</i>	1	<span>QL</span> 6 EA / day
<i>endocet 7.5-325 mg tab</i>	1	<span>QL</span> 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
<b>OPIOID PARTIAL AGONISTS</b>		
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"> <li>QL 1.92 ML / 28 DAYS</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 2.56 ML / 28 DAYS</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.64 ML / 28 DAYS</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.36 ML / 28 DAYS</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.18 ML / 28 DAYS</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.27 ML / 28 DAYS</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
<i>buprenorphine</i>	1	<ul style="list-style-type: none"> <li>QL 0.15 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i>	1	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>NP</li> </ul>



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

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

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

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;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">10 GM / 1 DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">NP</div> </div>
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<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;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">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;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">NP</div> </div>
<b>RECTAL COMBINATIONS</b>		
<i>hemorrhoidal cream</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px;">OTC</div>
<i>hemorrhoidal ointment</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px;">OTC</div>
<i>hemorrhoidal suppository</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px;">OTC</div>
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px;">OTC</div>
PROCTOFOAM HC	2	
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>pramoxine (procto-foam)</i>	1	<div style="background-color: #CC3399; color: white; padding: 2px;">OTC</div>
<b>RECTAL STEROIDS</b>		
<i>anucort-hc</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone acetate (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	
<b>VASODILATING AGENTS</b>		
RECTIV	2	
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
ANTACID	2	OTC
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	1	OTC EDS
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	1	OTC
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	1	OTC
<b>ANTACIDS - ALUMINUM SALTS</b>		
<i>aluminum hydroxide (alternagel)</i>	2	OTC
<b>ANTACIDS - BICARBONATE</b>		
SODIUM BICARBONATE	2	OTC
<i>sodium bicarbonate</i>	1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (tums)</i>	1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<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
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<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
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<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
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<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	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	1	
LAMPIT	2	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1	
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	1	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	2	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GLYCOPEPTIDES</b>		
VANCOCIN	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>2 EA / DAY</span> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	1	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>2 EA / DAY</span> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
<b>LINCOSAMIDES</b>		
<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	
<b>MONOBACTAMS</b>		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>OXAZOLIDINONES</b>		
<i>linezolid (linezolid 100 mg/5ml recon susp, linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	2	PA
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<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	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	EDS
<b>NITRATES</b>		
<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	
<b>ANTIANSXIETY AGENTS</b>		
<b>ANTIANSXIETY AGENTS - MISC.</b>		
<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	
<b>BENZODIAZEPINES</b>		
<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	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<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
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>propafenone hcl</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE III</b>		
<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
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	QL 0.5 ML / 56 DAYS PA LA
FASENRA 30 MG/ML SOLN PRSYR	2	QL 1 ml / 56 days PA LA
FASENRA PEN	2	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	QL 1 EA / 28 days PA SP
XOLAIR (XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR)	2	QL 2 ML / 28 DAYS PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 4 ML / 28 DAYS
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 1 ML / 28 DAYS
XOLAIR 150 MG RECON SOLN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 2 EA / 28 DAYS
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
INCRUSE ELLIPTA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>ipratropium bromide 0.02 % solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #990000; color: white; padding: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SPIRIVA HANDIHALER	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SPIRIVA RESPIMAT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
<i>tiotropium bromide monohydrate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #990000; color: white; padding: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
TUDORZA PRESSAIR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
YUPELRI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i>	1	EDS P
<i>montelukast sodium 4 mg packet</i>	1	PA EDS NP
SINGULAIR	2	PA NP
<i>zafirlukast</i>	1	EDS P
<i>zileuton er</i>	1	PA NP
ZYFLO	2	PA NP
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP	2	PA NP
<i>roflumilast</i>	1	P
<b>STEROID INHALANTS</b>		
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"> <li>QL 0.44 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
ASMANEX INHALATION POWDER	2	<ul style="list-style-type: none"> <li>QL 0.04 EA / DAY</li> <li>P</li> </ul>
<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"> <li>EDS</li> <li>P</li> </ul>
FLUTICASONE PROPIONATE DISKUS	1	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> </ul>
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> <li>QL 12 GM / FILL</li> <li>P</li> </ul>
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> <li>QL 24 GM / FILL</li> <li>P</li> </ul>
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	<ul style="list-style-type: none"> <li>QL 10.6 GM / FILL</li> <li>P</li> </ul>
PULMICORT	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
PULMICORT FLEXHALER	2	<ul style="list-style-type: none"> <li>QL 0.04 EA / DAY</li> <li>P</li> </ul>
QVAR REDIHALER 40 MCG/ACT AERO BA	2	<ul style="list-style-type: none"> <li>QL 0.36 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>
QVAR REDIHALER 80 MCG/ACT AERO BA	2	<ul style="list-style-type: none"> <li>QL 0.71 GM / DAY</li> <li>PA</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKUS	1	<span>QL</span> 2 EA / DAY <span>P</span>
ADVAIR HFA	1	<span>QL</span> 0.4 GM / DAY <span>P</span>
AIRDUO DIGIHALER	2	<span>QL</span> 0.04 EA / DAY <span>PA</span> <span>NP</span>
AIRDUO RESPICLICK 113/14	2	<span>QL</span> 1 EA / 1 FILL <span>PA</span> <span>NP</span>
AIRDUO RESPICLICK 232/14	2	<span>QL</span> 1 EA / 1 FILL <span>PA</span> <span>NP</span>
AIRDUO RESPICLICK 55/14	2	<span>QL</span> 1 EA / 1 FILL <span>PA</span> <span>NP</span>
AIRSUPRA	2	<span>QL</span> 0.72 GM / DAY <span>PA</span> <span>NP</span>
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	<span>EDS</span> <span>P</span>
<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	<span>EDS</span> <span>P</span>



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BROVANA	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
<i>budesonide-formoterol fumarate</i>	1	<div data-bbox="1133 283 1419 315">QL 0.69 GM / DAY</div> <div data-bbox="1133 331 1195 363">PA</div> <div data-bbox="1133 380 1195 411">EDS</div> <div data-bbox="1133 428 1195 459">NP</div>
COMBIVENT RESPIMAT	2	<div data-bbox="1133 493 1419 525">QL 0.14 GM / DAY</div> <div data-bbox="1133 541 1195 573">P</div>
DUAKLIR PRESSAIR	2	<div data-bbox="1133 602 1419 634">QL 0.04 EA / DAY</div> <div data-bbox="1133 651 1195 682">PA</div> <div data-bbox="1133 699 1195 730">NP</div>
DULERA	2	<div data-bbox="1133 760 1419 791">QL 0.87 GM / DAY</div> <div data-bbox="1133 808 1195 840">P</div>
FLUTICASONE FUROATE-VILANTEROL	1	<div data-bbox="1133 869 1365 900">QL 2 EA / DAY</div> <div data-bbox="1133 917 1195 949">PA</div> <div data-bbox="1133 966 1195 997">NP</div>
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	1	<div data-bbox="1133 1056 1365 1087">QL 2 EA / DAY</div> <div data-bbox="1133 1104 1195 1136">PA</div> <div data-bbox="1133 1152 1195 1184">NP</div>
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	<div data-bbox="1133 1304 1458 1335">QL 12 GM / 30 DAYS</div> <div data-bbox="1133 1352 1195 1383">PA</div> <div data-bbox="1133 1400 1195 1432">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	<span>QL</span> 1 EA / 1 FILL <span>PA</span> <span>NP</span>
<i>formoterol fumarate</i>	1	<span>PA</span> <span>EDS</span> <span>NP</span>
<i>ipratropium-albuterol</i>	1	<span>QL</span> 18 ML / DAY <span>EDS</span> <span>P</span>
<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	<span>PA</span> <span>EDS</span> <span>NP</span>
LEVALBUTEROL TARTRATE	1	<span>QL</span> 1 GM / DAY <span>PA</span> <span>NP</span>
PERFOROMIST	2	<span>PA</span> <span>NP</span>
PROAIR DIGIHALER	2	<span>QL</span> 2 EA / fill <span>PA</span> <span>NP</span>
PROAIR RESPICLICK	2	<span>QL</span> 2 EA / fill <span>PA</span> <span>NP</span>
SEREVENT DISKUS	2	<span>QL</span> 2 EA / DAY <span>P</span>

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; text-align: center;">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; text-align: center;">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>
<b>XANTHINES</b>		
<i>theophylline 80 mg/15ml solution</i>	1	<div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; text-align: center;">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; text-align: center;">EDS</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
COUMADIN	2	PA NP
<i>jantoven</i>	1	EDS P
<i>warfarin sodium</i>	1	EDS P
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
SAVAYSA	2	PA NP
XARELTO (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
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA	2	PA NP
<i>bd heparin posiflush</i>	1	
<i>enoxaparin sodium</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fondaparinux sodium</i>	1	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">NP</div>
FRAGMIN (FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	2	<div data-bbox="1133 321 1195 359">P</div>
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR)	2	<div data-bbox="1133 590 1195 627">PA</div> <div data-bbox="1133 638 1195 676">NP</div>
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i>	1	
<i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
HEPARIN SOD (PORCINE) IN D5W	2	
<i>heparin sod (pork) lock flush</i>	1	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>heparin sodium (porcine) pf (heparin sodium (porcine) pf 1000 unit/ml solution, heparin sodium (porcine) pf 5000 unit/0.5ml solution, heparin sodium (porcine) pf 5000 unit/ml solution)</i>	1	
LOVENOX	2	<div data-bbox="1133 386 1195 422">PA</div> <div data-bbox="1133 432 1195 468">NP</div>
<b>THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate mesylate</i>	1	<div data-bbox="1133 575 1195 611">PA</div> <div data-bbox="1133 621 1195 657">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 768 1195 804">PA</div> <div data-bbox="1133 814 1195 850">NP</div>
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	<div data-bbox="1133 1003 1195 1039">P</div>
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
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>
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<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
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM	2	PA NP
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	PA NP
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	2	PA NP
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg tab, carbamazepine 200 mg/10ml suspension)</i>	1	EDS P
<i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 300 mg cap er 12h)</i>	1	PA EDS NP
<i>carbamazepine er (carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 400 mg tab er 12h)</i>	1	EDS P
CARBATROL	2	PA NP
DIACOMIT	2	PA LA NP
ELEPSIA XR	2	PA NP
EPIDIOLEX	2	PA SP NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LAMICTAL ODT	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
LAMICTAL STARTER	2	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
LAMICTAL XR	2	<div data-bbox="1133 401 1195 432">PA</div> <div data-bbox="1133 449 1195 480">NP</div>
<i>lamotrigine (lamotrigine 21 x 25 mg &amp; 7 x 50 mg kit, lamotrigine 25 &amp; 50 &amp; 100 mg kit, lamotrigine 42 x 50 mg &amp; 14x100 mg kit)</i>	1	<div data-bbox="1133 535 1195 567">PA</div> <div data-bbox="1133 583 1195 615">NP</div>
<i>lamotrigine (lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	1	<div data-bbox="1133 682 1195 714">PA</div> <div data-bbox="1133 730 1195 762">EDS</div> <div data-bbox="1133 779 1195 810">NP</div>
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab, lamotrigine 100 mg tab, lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	1	<div data-bbox="1133 892 1195 924">EDS</div> <div data-bbox="1133 940 1195 972">P</div>
<i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i>	1	<div data-bbox="1133 1123 1195 1155">EDS</div> <div data-bbox="1133 1171 1195 1203">P</div>
<i>lamotrigine starter kit-blue</i>	1	<div data-bbox="1133 1312 1195 1344">PA</div> <div data-bbox="1133 1360 1195 1392">NP</div>
<i>lamotrigine starter kit-green</i>	1	<div data-bbox="1133 1417 1195 1449">PA</div> <div data-bbox="1133 1465 1195 1497">NP</div>
<i>lamotrigine starter kit-orange</i>	1	<div data-bbox="1133 1522 1195 1554">PA</div> <div data-bbox="1133 1570 1195 1602">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NEURONTIN 800 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">4.5 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #990000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>oxcarbazepine er</i>	1	
OXTELLAR XR	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">2 EA / DAY</div> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">3 EA / DAY</div> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>pregabalin 20 mg/ml solution</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">30 ML / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #990000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
PRIMIDONE 125 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
QUDEXY XR	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>roweepra</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #990000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>roweepra xr</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #990000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #009933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i>	1	<div data-bbox="1133 170 1195 205">PA</div> <div data-bbox="1133 218 1195 254">EDS</div> <div data-bbox="1133 266 1195 302">NP</div>
SPRITAM	2	<div data-bbox="1133 323 1195 359">PA</div> <div data-bbox="1133 371 1195 407">NP</div>
<i>subvenite</i>	1	<div data-bbox="1133 434 1195 470">EDS</div> <div data-bbox="1133 483 1195 518">P</div>
<i>subvenite starter kit-blue</i>	1	<div data-bbox="1133 546 1195 581">PA</div> <div data-bbox="1133 594 1195 630">NP</div>
<i>subvenite starter kit-green</i>	1	<div data-bbox="1133 657 1195 693">PA</div> <div data-bbox="1133 705 1195 741">NP</div>
<i>subvenite starter kit-orange</i>	1	<div data-bbox="1133 768 1195 804">PA</div> <div data-bbox="1133 816 1195 852">NP</div>
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	<div data-bbox="1133 879 1195 915">PA</div> <div data-bbox="1133 928 1195 963">NP</div>
TEGRETOL-XR	2	<div data-bbox="1133 1012 1195 1047">PA</div> <div data-bbox="1133 1060 1195 1096">NP</div>
TOPAMAX	2	<div data-bbox="1133 1123 1195 1159">PA</div> <div data-bbox="1133 1171 1195 1207">NP</div>
TOPAMAX SPRINKLE	2	<div data-bbox="1133 1234 1195 1270">PA</div> <div data-bbox="1133 1283 1195 1318">NP</div>
<i>topiramate</i>	1	<div data-bbox="1133 1346 1195 1381">EDS</div> <div data-bbox="1133 1394 1195 1430">P</div>
<i>topiramate er</i>	1	<div data-bbox="1133 1457 1195 1493">PA</div> <div data-bbox="1133 1505 1195 1541">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 300 MG/5ML SUSPENSION, TRILEPTAL 600 MG TAB)	2	PA NP
TROKENDI XR	2	PA NP
VIMPAT (VIMPAT 10 MG/ML SOLUTION, VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB)	2	PA NP
ZONEGRAN	2	PA NP
ZONISADE	2	PA NP
<i>zonisamide</i>	1	EDS P
ZTALMY	2	PA LA NP
<b>CARBAMATES</b>		
<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 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
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 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">1 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
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 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XCOPRI 25 MG TAB	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;">1 EA / 1 DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<b>GABA MODULATORS</b>		
GABITRIL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; 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 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; 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 5px; border-radius: 3px;">PA</div> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; 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 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; 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 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	2	PA NP
<b>ANTIDEPRESSANTS - MISC.</b>		
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
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
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
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
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>
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
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>
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
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
<b>SEROTONIN MODULATORS</b>		
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
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA	2	PA NP
<i>desvenlafaxine succinate er</i>	1	PA EDS NP
DRIZALMA SPRINKLE	2	PA NP
<i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>duloxetine hcl 40 mg cp dr part</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">EDS</div> <div data-bbox="1133 270 1195 302">NP</div>
EFFEXOR XR 150 MG CAP ER 24H	2	<div data-bbox="1133 331 1195 363">QL</div> <div data-bbox="1203 331 1409 394">60 UNITS / 30 DAYS</div> <div data-bbox="1133 411 1195 443">PA</div> <div data-bbox="1133 459 1195 491">NP</div>
EFFEXOR XR 37.5 MG CAP ER 24H	2	<div data-bbox="1133 520 1195 552">QL</div> <div data-bbox="1203 520 1409 583">30 UNITS / 30 DAYS</div> <div data-bbox="1133 600 1195 632">PA</div> <div data-bbox="1133 648 1195 680">NP</div>
EFFEXOR XR 75 MG CAP ER 24H	2	<div data-bbox="1133 709 1195 741">PA</div> <div data-bbox="1133 758 1195 789">NP</div>
FETZIMA	2	<div data-bbox="1133 814 1195 846">PA</div> <div data-bbox="1133 863 1195 894">NP</div>
FETZIMA TITRATION	2	<div data-bbox="1133 930 1195 961">PA</div> <div data-bbox="1133 978 1195 1010">NP</div>
PRISTIQ	2	<div data-bbox="1133 1045 1195 1077">PA</div> <div data-bbox="1133 1094 1195 1125">NP</div>
<i>venlafaxine hcl</i>	1	<div data-bbox="1133 1161 1195 1192">EDS</div> <div data-bbox="1133 1209 1195 1241">P</div>
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg cap er 24h, venlafaxine hcl er 75 mg cap er 24h, venlafaxine hcl er 150 mg cap er 24h)</i>	1	<div data-bbox="1133 1287 1195 1318">EDS</div> <div data-bbox="1133 1335 1195 1367">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 1455 1195 1486">PA</div> <div data-bbox="1133 1503 1195 1535">EDS</div> <div data-bbox="1133 1551 1195 1583">NP</div>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>TRICYCLIC AGENTS</b>		
<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
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<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
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	2	PA P
SYMLINPEN 60	2	PA P
<b>ANTIDIABETIC COMBINATIONS</b>		
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"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
INVOKAMET XR	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
JANUMET	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
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"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JANUMET XR 100-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JENTADUETO	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
JENTADUETO XR 5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>P</li> </ul>
KAZANO	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
KOMBIGLYZE XR	1	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>P</li> </ul>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BAQSIMI TWO PACK	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / 1 FILL</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / fill</div> </div>
GLUCAGON EMERGENCY 1 MG KIT	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / FILL</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>glucose (dextrose)</i>	2	<div style="background-color: #cc66cc; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">OTC</div>
GVOKE HYPOPEN 1-PACK	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
GVOKE HYPOPEN 2-PACK	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
GVOKE KIT	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
GVOKE PFS	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ZEGALOGUE	2	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 EA / fill</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN BENZOATE	1	<div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 EA / DAY</div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOUNJARO	2	QL 2 ML / 28 DAYS PA NP
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 1.5 ml / 28 days PA P
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 ml / 28 days PA P
OZEMPIC (1 MG/DOSE)	2	QL 3 ml / 28 days PA P
OZEMPIC (2 MG/DOSE)	2	QL 3 ml / 28 days PA P
RYBELSUS	2	QL 1 EA / DAY PA NP
TRULICITY	2	QL 2 ML / 28 DAYS PA NP
VICTOZA	1	QL 0.3 ML / DAY PA P
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
ADLYXIN	2	QL 6 ml / 28 days PA NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADLYXIN STARTER PACK	2	<div data-bbox="1133 170 1192 205">QL</div> <div data-bbox="1192 170 1515 212">6 ml / 28 days</div> <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 260 1192 296">NP</div>
<b>INSULIN</b>		
ADMELOG	2	<div data-bbox="1133 407 1192 443">PA</div> <div data-bbox="1133 449 1192 485">NP</div>
ADMELOG SOLOSTAR	2	<div data-bbox="1133 516 1192 552">PA</div> <div data-bbox="1133 558 1192 594">NP</div>
AFREZZA	2	<div data-bbox="1133 625 1192 661">PA</div> <div data-bbox="1133 667 1192 703">NP</div>
APIDRA	2	<div data-bbox="1133 735 1192 770">PA</div> <div data-bbox="1133 777 1192 812">NP</div>
APIDRA SOLOSTAR	2	<div data-bbox="1133 844 1192 879">PA</div> <div data-bbox="1133 886 1192 921">NP</div>
BASAGLAR KWIKPEN	2	<div data-bbox="1133 953 1192 989">PA</div> <div data-bbox="1133 995 1192 1031">NP</div>
BASAGLAR TEMPO PEN	2	<div data-bbox="1133 1062 1192 1098">PA</div> <div data-bbox="1133 1104 1192 1140">NP</div>
FIASP	2	<div data-bbox="1133 1171 1192 1207">PA</div> <div data-bbox="1133 1213 1192 1249">NP</div>
FIASP FLEXTOUCH	2	<div data-bbox="1133 1281 1192 1316">PA</div> <div data-bbox="1133 1323 1192 1358">NP</div>
FIASP PENFILL	2	<div data-bbox="1133 1390 1192 1425">PA</div> <div data-bbox="1133 1432 1192 1467">NP</div>
FIASP PUMPCART	2	<div data-bbox="1133 1499 1192 1535">PA</div> <div data-bbox="1133 1541 1192 1577">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	OTC P
NOVOLIN R	2	OTC P
NOVOLIN R FLEXPEN	2	PA OTC NP
NOVOLIN R FLEXPEN RELION	2	PA OTC NP
NOVOLIN R RELION	2	OTC P
NOVOLOG	2	P
NOVOLOG 70/30 FLEXPEN RELION	2	P
NOVOLOG FLEXPEN	2	P
NOVOLOG FLEXPEN RELION	2	P
NOVOLOG MIX 70/30	2	P
NOVOLOG MIX 70/30 FLEXPEN	2	P
NOVOLOG MIX 70/30 RELION	2	P
NOVOLOG PENFILL	2	P
NOVOLOG RELION	2	P
REZVOGLAR KWIKPEN	2	PA NP
SEMGLEE	2	PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JARDIANCE	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / DAY</div> </div> <div style="margin-top: 2px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">P</div> </div> </div>
STEGLATRO	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">QL</div> <div>1 EA / DAY</div> </div> <div style="margin-top: 2px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">PA</div> </div> <div style="margin-top: 2px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">NP</div> </div> </div> </div>
<b>SULFONYLUREAS</b>		
<i>glimepiride (glimepiride 1 mg tab, glimepiride 2 mg tab, glimepiride 4 mg tab)</i>	1	EDS
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	EDS
<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1	EDS
<i>glipizide xl</i>	1	EDS
<i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i>	1	EDS
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
BISMUTH SUBSALICYLATE	2	OTC
<i>bismuth subsalicylate</i>	1	OTC
<i>bismuth subsalicylate (pepto-bismol)</i>	1	OTC
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	2	
LOPERAMIDE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>loperamide</i>	1	OTC EDS
<i>opium</i>	1	QL 2.4 ML / DAY
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
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
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<i>activated charcoal</i>	1	OTC
VISTOGARD	2	LA
<b>OPIOID ANTAGONISTS</b>		
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
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
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
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<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	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
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	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	1	QL 3 EA / fill
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
BREXAFEMME	2	PA NP
<i>micafungin sodium</i>	1	
<b>ANTIFUNGALS</b>		
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
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
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
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
<i>chlorpheniramine</i>	1	OTC
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<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
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	1	OTC EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cetirizine chew tab (zyrtec)</i>	1	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">OTC</div> <div data-bbox="1133 270 1195 302">EDS</div> <div data-bbox="1133 319 1195 350">NP</div>
CLARINEX	2	<div data-bbox="1133 384 1195 415">PA</div> <div data-bbox="1133 432 1195 464">NP</div>
DES Loratadine (Desloratadine 2.5 mg tab disp, Desloratadine 5 mg tab disp)	2	<div data-bbox="1133 525 1195 556">PA</div> <div data-bbox="1133 573 1195 604">NP</div>
<i>desloratadine 5 mg tab</i>	1	<div data-bbox="1133 667 1195 699">PA</div> <div data-bbox="1133 716 1195 747">EDS</div> <div data-bbox="1133 764 1195 795">NP</div>
<i>levocetirizine (xyzal)</i>	1	<div data-bbox="1133 825 1195 856">OTC</div> <div data-bbox="1133 873 1195 905">EDS</div> <div data-bbox="1133 921 1195 953">P</div>
<i>loratadine (claritin)</i>	1	<div data-bbox="1133 982 1195 1014">OTC</div> <div data-bbox="1133 1031 1195 1062">EDS</div> <div data-bbox="1133 1079 1195 1110">P</div>

## ANTI-HISTAMINES - PHENOTHIAZINES

*promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg suppos, promethazine hcl 12.5 mg tab, promethazine hcl 25 mg suppos, promethazine hcl 25 mg tab, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg tab, promethazine hcl 50 mg/ml solution)*

1

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

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (cyproheptadine hcl 2 mg/5ml syrup, cyproheptadine hcl 4 mg tab)</i>	1	
<b>ANTHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA NP
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	2	PA LA NP
<b>ANTHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA EDS NP
NEXLIZET	2	PA NP
VYTORIN	2	PA NP
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<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
<b>BILE ACID SEQUESTRANTS</b>		
<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
<b>FIBRIC ACID DERIVATIVES</b>		
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
<b>HMG COA REDUCTASE INHIBITORS</b>		
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
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	EDS P
ZETIA	2	PA NP
<b>NICOTINIC ACID DERIVATIVES</b>		
NIACIN (ANTHYPERLIPIDEMIC)	2	PA NP
<i>niacin er (antihyperlipidemic)</i>	1	EDS P
NIACOR	2	PA NP
NIASPAN	1	P
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
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
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
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
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
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
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<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
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	PA NP
TEKTURNA	2	PA NP
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	EDS
<b>VASODILATORS</b>		
<i>hydralazine hcl (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
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	EDS
COARTEM	2	
<b>ANTIMALARIALS</b>		
<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
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
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	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFATER	2	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<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
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<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
<b>ANTIMETABOLITES</b>		
<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
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
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"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (12 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (14 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (18 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (20 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (24 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (4 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
LENVIMA (8 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
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
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<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;">4 EA / DAY</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="display: flex; flex-direction: column; gap: 5px;"> <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> </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="display: flex; flex-direction: column; gap: 5px;"> <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>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="display: flex; flex-direction: column; gap: 5px;"> <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> </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;">4 EA / day</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;">1 EA / DAY</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;">1 EA / day</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"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<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"> <li>QL 4 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
XTANDI 80 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>LA</li> </ul>
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>LA</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
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	<span>QL</span> 16 EA / FILL <span>PA</span> <span>LA</span>
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	<span>QL</span> 8 EA / FILL <span>PA</span> <span>LA</span>
XPOVIO (80 MG TWICE WEEKLY)	2	<span>QL</span> 32 EA / FILL <span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>LA</span>
KISQALI FEMARA (200 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
KISQALI FEMARA (400 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
KISQALI FEMARA (600 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
LONSURF	2	<span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	<span>QL</span> 8 EA / day <span>PA</span> <span>SF</span> <span>SP</span>

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"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
ALUNBRIG 30 MG TAB	2	<ul style="list-style-type: none"> <li>QL 4 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
AUGTYRO	2	<ul style="list-style-type: none"> <li>QL 8 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
BALVERSA 3 MG TAB	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
BALVERSA 4 MG TAB	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
BALVERSA 5 MG TAB	2	<ul style="list-style-type: none"> <li>QL 1 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
BOSULIF (BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	2	<ul style="list-style-type: none"> <li>QL 1 EA / 1 DAY</li> <li>PA</li> <li>SP</li> </ul>
BOSULIF 100 MG CAP	2	<ul style="list-style-type: none"> <li>QL 4 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
BOSULIF 100 MG TAB	2	<ul style="list-style-type: none"> <li>QL 4 EA / 1 DAY</li> <li>PA</li> <li>SP</li> </ul>



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMETRIQ (60 MG DAILY DOSE)	2	<ul style="list-style-type: none"> <li>QL 3 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
COPIKTRA	2	<ul style="list-style-type: none"> <li>QL 2 EA / day</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
COTELLIC	2	<ul style="list-style-type: none"> <li>QL 3 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
<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"> <li>QL 1 EA / 1 DAY</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<i>dasatinib 70 mg tab</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / 1 DAY</li> <li>PA</li> <li>SF</li> <li>SP</li> </ul>
<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"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>SP</li> </ul>
FOTIVDA	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>LA</li> </ul>
GAVRETO	2	<ul style="list-style-type: none"> <li>QL 4 EA / 1 DAY</li> <li>PA</li> <li>LA</li> </ul>

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

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

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

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

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

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOLINZA	2	<span>QL</span> 4 EA / day <span>SF</span> <span>SP</span>
ZYDELIG	2	<span>PA</span> <span>LA</span>
ZYKADIA	2	<span>QL</span> 3 EA / day <span>PA</span> <span>SF</span> <span>SP</span>
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene 75 mg cap</i>	1	<span>PA</span> <span>SP</span>
<i>hydroxyurea</i>	1	<span>EDS</span>
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	<span>SP</span>
<i>tretinoin 10 mg cap</i>	1	<span>SP</span>
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	2	<span>QL</span> 8 EA / DAY <span>PA</span>
<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
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	2	LA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
NOURIANZ	2	PA SP NP
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (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
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<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
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	EDS
<i>bromocriptine mesylate 2.5 mg tab</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS P
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	2	EDS P
<i>carbidopa-levodopa er</i>	1	EDS P
<i>carbidopa-levodopa-entacapone</i>	1	EDS P
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB)	1	P
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB	1	NP
DHIVY	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GOCOVRI	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">LA</div> <div data-bbox="1133 270 1195 306">NP</div>
INBRIJA	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">LA</div> <div data-bbox="1133 428 1195 464">NP</div>
KYNMOBI	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">NP</div>
MIRAPEX ER	2	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">NP</div>
NEUPRO	2	<div data-bbox="1133 762 1195 798">PA</div> <div data-bbox="1133 810 1195 846">NP</div>
<i>pramipexole dihydrochloride</i>	1	<div data-bbox="1133 877 1195 913">EDS</div> <div data-bbox="1133 926 1195 961">P</div>
<i>pramipexole dihydrochloride er</i>	1	<div data-bbox="1133 993 1195 1029">PA</div> <div data-bbox="1133 1041 1195 1077">NP</div>
REQUIP XL	2	<div data-bbox="1133 1108 1195 1144">PA</div> <div data-bbox="1133 1157 1195 1192">NP</div>
<i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i>	1	<div data-bbox="1133 1266 1195 1302">EDS</div> <div data-bbox="1133 1314 1195 1350">P</div>
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	1	<div data-bbox="1133 1444 1195 1480">PA</div> <div data-bbox="1133 1493 1195 1528">EDS</div> <div data-bbox="1133 1541 1195 1577">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTIPSYCHOTICS - MISC.</b>		
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
<b>BENZISOXAZOLES</b>		
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
<b>BUTYROPHENONES</b>		
<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	
<b>DIBENZAPINES</b>		
<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>
<b>PHENOTHIAZINES</b>		
<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
<b>QUINOLINONE DERIVATIVES</b>		
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
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTIC COMBINATIONS</b>		
IV PREP WIPES	2	
MICROCLENS WIPES	2	
UNI-SOLVE	2	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>hydrogen peroxide</i>	1	OTC
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate</i>	1	OTC
HIBICLENS 4 % LIQUID	1	OTC
<b>IODINE ANTISEPTICS</b>		
APLICARE POVIDONE-IODINE 10 % GEL	2	OTC
LUGOLS STRONG IODINE	2	
<i>povidone-iodine (betadine)</i>	1	OTC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate (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
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	QL 20 EA / fill
PAXLOVID (300/100)	2	QL 30 EA / fill
<b>CMV AGENTS</b>		
<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
<b>HEPATITIS AGENTS</b>		
<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 data-bbox="1133 170 1195 207">PA</div> <div data-bbox="1133 218 1446 317"> <span data-bbox="1133 218 1195 306">QL</span> 28 UNITS / FILL; 84 UNITS / 365 DAYS         </div> <div data-bbox="1133 327 1195 365">SP</div> <div data-bbox="1133 375 1195 411">NP</div>
EPCLUSA 400-100 MG TAB	2	<div data-bbox="1133 432 1468 470"><span data-bbox="1133 432 1195 470">QL</span> 84 EA / 365 DAYS</div> <div data-bbox="1133 480 1195 518">PA</div> <div data-bbox="1133 529 1195 567">SP</div> <div data-bbox="1133 577 1195 615">NP</div>
EPIVIR HBV 100 MG TAB	1	<div data-bbox="1133 642 1195 680">SP</div> <div data-bbox="1133 690 1195 730">P</div>
EPIVIR HBV 5 MG/ML SOLUTION	2	<div data-bbox="1133 751 1195 789">SP</div> <div data-bbox="1133 800 1195 840">P</div>
HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	2	<div data-bbox="1133 863 1195 900">PA</div> <div data-bbox="1133 911 1446 1010"> <span data-bbox="1133 911 1195 999">QL</span> 56 UNITS / FILL; 112 UNITS / 365 DAYS         </div> <div data-bbox="1133 1020 1195 1058">SP</div> <div data-bbox="1133 1068 1195 1106">NP</div>
HARVONI 33.75-150 MG PACKET	2	<div data-bbox="1133 1131 1195 1169">PA</div> <div data-bbox="1133 1180 1446 1278"> <span data-bbox="1133 1180 1195 1268">QL</span> 28 UNITS / FILL; 56 UNITS / 365 DAYS         </div> <div data-bbox="1133 1289 1195 1327">SP</div> <div data-bbox="1133 1337 1195 1375">NP</div>
HARVONI 90-400 MG TAB	2	<div data-bbox="1133 1394 1446 1432"><span data-bbox="1133 1394 1195 1432">QL</span> 84 EA / 365 days</div> <div data-bbox="1133 1442 1195 1480">PA</div> <div data-bbox="1133 1491 1195 1528">SP</div> <div data-bbox="1133 1539 1195 1577">NP</div>
HEPSERA	1	<div data-bbox="1133 1604 1195 1642">SP</div> <div data-bbox="1133 1652 1195 1692">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lamivudine 100 mg tab</i>	1	<div data-bbox="1133 174 1192 205">EDS</div> <div data-bbox="1133 226 1192 258">SP</div> <div data-bbox="1133 279 1192 310">P</div>
LEDIPASVIR-SOFOSBUVIR	1	<div data-bbox="1133 331 1450 363">QL 84 EA / 365 days</div> <div data-bbox="1133 384 1192 415">PA</div> <div data-bbox="1133 436 1450 615">QL 28 UNITS / FILL; 56 UNITS / 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER</div> <div data-bbox="1133 636 1192 667">SP</div> <div data-bbox="1133 688 1192 720">NP</div>
MAVYRET 100-40 MG TAB	2	<div data-bbox="1133 741 1466 772">QL 168 EA / 365 days</div> <div data-bbox="1133 793 1192 825">PA</div> <div data-bbox="1133 846 1192 877">SP</div> <div data-bbox="1133 898 1192 930">P</div>
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	<div data-bbox="1133 951 1417 982">QL 0.08 ML / DAY</div> <div data-bbox="1133 1003 1192 1035">SP</div> <div data-bbox="1133 1056 1192 1087">P</div>
PEGASYS 180 MCG/ML SOLUTION	2	<div data-bbox="1133 1108 1417 1140">QL 0.15 ML / DAY</div> <div data-bbox="1133 1161 1192 1192">SP</div> <div data-bbox="1133 1213 1192 1245">P</div>
PEGINTRON	2	<div data-bbox="1133 1266 1192 1297">PA</div> <div data-bbox="1133 1318 1192 1350">LA</div> <div data-bbox="1133 1371 1192 1402">NP</div>
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	<div data-bbox="1133 1434 1192 1465">SP</div> <div data-bbox="1133 1486 1192 1518">P</div>
RIBAVIRIN 200 MG TAB	2	<div data-bbox="1133 1539 1192 1570">SP</div> <div data-bbox="1133 1591 1192 1623">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SOFOSBUVIR-VELPATASVIR	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 84 EA / 365 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 28 UNITS / FILL; 84 UNITS / 365 DAYS</li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
SOVALDI (SOVALDI 150 MG PACKET, SOVALDI 400 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 84 EA / 365 days</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 168 EA / 365 days</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
VEMLIDY	2	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
VIEKIRA PAK	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 336 EA / 365 days</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
VOSEVI	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 84 EA / 365 days</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #009966; color: white; padding: 2px;">P</span></li> </ul>
ZEPATIER	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 84 EA / 365 days</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>HERPES AGENTS</b>		
<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
<b>INFLUENZA AGENTS</b>		
<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 style="background-color: #996633; color: white; padding: 2px;">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 style="background-color: #996633; color: white; padding: 2px;">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 style="background-color: #996633; color: white; padding: 2px;">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 style="background-color: #996633; color: white; padding: 2px;">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 style="background-color: #996633; color: white; padding: 2px;">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>
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	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;">40 EA / fill</div> </div>
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div> </div>
<i>carvedilol phosphate er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
COREG	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<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
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE	2	PA NP
BETAPACE AF	2	PA NP
CORGARD	2	PA NP
HEMANGEOL	2	PA LA NP
INDERAL LA	2	PA NP
INDERAL XL	2	PA NP
INNOPRAN XL	2	PA NP
<i>nadolol</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
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	1	EDS P
CALAN SR	2	PA NP
CARDIZEM	2	PA NP
CARDIZEM CD	2	PA NP
CARDIZEM LA	2	PA NP
<i>cartia xt</i>	1	EDS P

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<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
<b>CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS</b>		
INPEFA	2	QL 1 EA / DAY PA NP
<b>PROSTAGLANDIN VASODILATORS</b>		
<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; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENITRAM MONTH 2	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
ORENITRAM MONTH 3	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TYVASO	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TYVASO DPI INSTITUTIONAL KIT	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL 4 EA / DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; 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; align-items: center;"> <div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL 4 EA / DAY</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; 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; align-items: center;"> <div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL 196 EA / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6A5ACD; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL 252 EA / 28 days</div> <div style="background-color: #8B4513; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #A9A9A9; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">LA</div> <div style="background-color: #FF8C00; color: white; padding: 2px 5px; 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
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<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
TRACLEER 32 MG TAB SOL	2	QL 4 EA / DAY PA LA NP
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
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
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	2	<ul style="list-style-type: none"> <li>QL 2 EA / DAY</li> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
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**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

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

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

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

**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"> <li>P</li> </ul>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFADROXIL 1 GM TAB	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">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 1119">P</div>
<i>cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab)</i>	1	<div data-bbox="1133 1213 1195 1245">PA</div> <div data-bbox="1133 1262 1195 1293">NP</div>
KEFLEX	2	<div data-bbox="1133 1329 1195 1360">PA</div> <div data-bbox="1133 1377 1195 1409">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 1650">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	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<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	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<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	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethia lo</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS

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 &amp; eth est</i>	\$0	EDS
<i>levonorgest-eth estrad 91-day</i>	\$0	EDS
<i>levonorgest-eth estradiol-iron</i>	\$0	EDS
<i>levonorgestrel-ethinyl estrad (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
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	\$0	EDS
<i>xulane</i>	\$0	EDS
<i>zafemy</i>	\$0	EDS
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<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
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	\$0	
<i>levonorgestrel (plan b)</i>	\$0	QL 1 EA / FILL OTC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	\$0	QL 0.04 ML / DAY
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	\$0	EDS
<i>deblitane</i>	\$0	EDS
<i>emzahh</i>	\$0	EDS
<i>errin</i>	\$0	EDS
<i>heather</i>	\$0	EDS
<i>incassia</i>	\$0	EDS
<i>jencycla</i>	\$0	EDS
<i>lyleq</i>	\$0	EDS
<i>lyza</i>	\$0	EDS
<i>nora-be</i>	\$0	EDS
<i>norethindrone</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
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<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
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>dextromethorphan (robitussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	1	OTC P
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
<b>EXPECTORANTS</b>		
GERI-TUSSIN 100 MG/5ML SYRUP	2	OTC
<i>guaifenesin (mucinex)</i>	1	OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride nasal spray</i>	1	OTC EDS
<b>MUCOLYTICS</b>		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACANYA	2	PA NP
<i>acutane</i>	1	
<i>adapalene (adapalene 0.1 % cream, adapalene 0.3 % gel)</i>	1	PA NP
<i>adapalene 0.1 % gel</i>	1	OTC P
<i>adapalene treatment</i>	1	OTC P

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

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

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



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tretinoin microsphere 0.08 % gel</i>	1	
<i>tretinoin microsphere pump</i>	1	PA NP
VELTIN	2	PA NP
WINLEVI	2	PA NP
<i>zenatane</i>	1	
ZIANA	2	PA NP
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
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
<b>ANTIBIOTICS - TOPICAL</b>		
<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
<b>ANTIFUNGALS - TOPICAL</b>		
<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
<b>ANTIHISTAMINES-TOPICAL</b>		
<i>diphenhydramine / zinc</i>	1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	PA SP
<i>diclofenac sodium 3 % gel</i>	1	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
<b>ANTIPRURITICS - TOPICAL</b>		
<i>anti-itch lotion</i>	1	OTC
<b>ANTIPSORIATICS</b>		
<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"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.5 ml / 28 days</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX SENSOREADY (300 MG)	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX SENSOREADY PEN	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
COSENTYX UNOREADY	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 DAYS</li> <li>PA</li> <li>SP</li> <li>NP</li> </ul>
ILUMYA	2	<ul style="list-style-type: none"> <li>QL 1 EA / 84 days</li> <li>PA</li> <li>LA</li> <li>SP</li> <li>NP</li> </ul>

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<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
<b>HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM</b>	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	
<b>DIAPER RASH PRODUCTS</b>		
<i>diaper rash products</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ECZEMA AGENTS</b>		
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
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea 10% and 20% (carmol)</i>	1	OTC EDS
<b>EMOLLIENTS</b>		
<i>ammonium lactate (amlactin)</i>	1	OTC
EMOLLIENT	2	OTC
<i>glycerin topical liquid</i>	1	OTC
VITAMIN A	2	OTC
<i>vitamin a / vitamin d</i>	1	OTC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	1	
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
<i>salicylic acid</i>	1	OTC EDS
SALICYLIC ACID	2	OTC
<b>LINIMENTS</b>		
<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
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<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
<b>MISC. TOPICAL</b>		
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
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	2	QL 120 GM / 30 days PA NP



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>WOUND CARE PRODUCTS</b>		
<i>gauze pads and dressings</i>	2	P
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	2	
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC CDS P
ACCU-CHEK SMARTVIEW	\$0	OTC CDS P
ALBUSTIX	\$0	OTC
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10/SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 5 OB	2	
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 1192 205">PA</div> <div data-bbox="1133 222 1192 254">OTC</div> <div data-bbox="1133 270 1192 302">CDS</div> <div data-bbox="1133 319 1192 348">NP</div>
<i>glucose urine test</i>	\$0	<div data-bbox="1133 380 1192 411">OTC</div> <div data-bbox="1133 428 1192 457">CDS</div>
GOJJI BLOOD KETONE TEST	\$0	<div data-bbox="1133 491 1192 522">OTC</div> <div data-bbox="1133 539 1192 569">CDS</div>
KETO-DIASTIX	\$0	<div data-bbox="1133 602 1192 634">OTC</div> <div data-bbox="1133 651 1192 680">CDS</div>
KETONE TEST	\$0	OTC
KETOSTIX	\$0	OTC
MULTISTIX 10 SG	2	
NOVA MAX PLUS KETONE TEST	\$0	<div data-bbox="1133 905 1192 936">OTC</div> <div data-bbox="1133 953 1192 982">CDS</div>
ONETOUCH ULTRA	\$0	<div data-bbox="1133 1016 1192 1047">PA</div> <div data-bbox="1133 1064 1192 1096">OTC</div> <div data-bbox="1133 1113 1192 1144">CDS</div> <div data-bbox="1133 1161 1192 1190">NP</div>
ONETOUCH ULTRA BLUE TEST	\$0	<div data-bbox="1133 1224 1192 1255">PA</div> <div data-bbox="1133 1272 1192 1304">OTC</div> <div data-bbox="1133 1320 1192 1352">CDS</div> <div data-bbox="1133 1369 1192 1398">NP</div>
ONETOUCH ULTRA TEST	\$0	<div data-bbox="1133 1432 1192 1463">PA</div> <div data-bbox="1133 1480 1192 1512">OTC</div> <div data-bbox="1133 1528 1192 1560">CDS</div> <div data-bbox="1133 1577 1192 1606">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
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	P
<i>lactase (lactaid)</i>	1	OTC EDS
PERTZYE	2	PA NP
VIOKACE	2	PA NP
ZENPEP	2	P
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide sodium</i>	1	
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride-hydrochlorothiazide</i>	1	EDS
AMILORIDE- HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	EDS
<i>triamterene-hctz</i>	1	EDS
<b>LOOP DIURETICS</b>		
<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
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	EDS
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	EDS
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<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
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
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> <span>2 EA / DAY</span> <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
<b>BONE DENSITY REGULATORS</b>		
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
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA 150 MG TAB	2	QL 1 EA / DAY PA
ORLISSA 200 MG TAB	2	QL 2 EA / DAY PA
<b>GROWTH HORMONES</b>		
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 FLEXPRO	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 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">LA</div> <div data-bbox="1133 428 1195 464">NP</div>
SKYTROFA	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">NP</div>
SOGROYA	2	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 779">NP</div>
ZOMACTON	2	<div data-bbox="1133 804 1195 840">PA</div> <div data-bbox="1133 852 1195 888">SP</div> <div data-bbox="1133 900 1195 936">NP</div>
ZOMACTON (FOR ZOMA-JET 10)	2	<div data-bbox="1133 961 1195 997">PA</div> <div data-bbox="1133 1010 1195 1045">SP</div> <div data-bbox="1133 1058 1195 1094">NP</div>
ZORBTIVE	2	<div data-bbox="1133 1119 1195 1155">PA</div> <div data-bbox="1133 1167 1195 1203">SP</div> <div data-bbox="1133 1215 1195 1251">NP</div>
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA	2	<div data-bbox="1133 1360 1195 1396">PA</div> <div data-bbox="1133 1409 1195 1444">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
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT-PED (1-MONTH)	2	PA SP
LUPRON DEPOT-PED (3-MONTH)	2	PA SP
LUPRON DEPOT-PED (6-MONTH)	2	PA SP
TRIPTODUR	2	PA LA
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol (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
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	2	QL 1 EA / DAY PA LA
<b>POSTERIOR PITUITARY HORMONES</b>		
<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	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	1	EDS
<b>SOMATOSTATIC AGENTS</b>		
OCTREOTIDE ACETATE (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
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE	2	QL 2 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	1	EDS
<i>estradiol-norethindrone acet</i>	1	EDS
<i>fyavolv</i>	1	EDS
<i>jinteli</i>	1	EDS
<i>lopreeza</i>	1	EDS
<i>mimvey</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	EDS
ORIAHNN	2	PA
PREMPHASE	2	
<b>ESTROGENS</b>		
<i>dotti</i>	1	EDS
<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
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
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
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
BICARSIM FORTE 125 MG TAB	2	OTC
<i>simethicone (mylicon)</i>	1	OTC
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OICALIVA	2	QL 1 EA / DAY LA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	1	EDS
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	EDS
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	EDS
<b>GASTROINTESTINAL STIMULANTS</b>		
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
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO	1	P
ASACOL HD	2	PA NP
AVSOLA	2	PA SP NP
AZULFIDINE	2	PA NP
AZULFIDINE EN-TABS	2	PA NP
<i>balsalazide disodium</i>	1	P
CANASA	2	PA NP
CIMZIA	2	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	<div data-bbox="1133 174 1192 205">PA</div> <div data-bbox="1133 222 1192 254">NP</div>
ENTYVIO 108 MG/0.68ML SOLN A-INJ	2	<div data-bbox="1133 285 1432 317">QL 2 EA / 28 DAYS</div> <div data-bbox="1133 333 1192 365">PA</div> <div data-bbox="1133 382 1192 413">SP</div> <div data-bbox="1133 430 1192 462">NP</div>
ENTYVIO 300 MG RECON SOLN	2	<div data-bbox="1133 491 1192 522">PA</div> <div data-bbox="1133 539 1192 571">SP</div> <div data-bbox="1133 588 1192 619">NP</div>
INFLECTRA	2	<div data-bbox="1133 648 1192 680">PA</div> <div data-bbox="1133 697 1192 728">SP</div> <div data-bbox="1133 745 1192 777">NP</div>
INFLIXIMAB	2	<div data-bbox="1133 806 1192 837">PA</div> <div data-bbox="1133 854 1192 886">SP</div> <div data-bbox="1133 903 1192 934">P</div>
LIALDA	1	<div data-bbox="1133 963 1192 995">P</div>
<i>mesalamine (mesalamine 4 gm enema, mesalamine 400 mg cap dr)</i>	1	<div data-bbox="1133 1031 1192 1062">PA</div> <div data-bbox="1133 1079 1192 1110">EDS</div> <div data-bbox="1133 1127 1192 1159">NP</div>
<i>mesalamine 1000 mg suppos</i>	1	<div data-bbox="1133 1188 1192 1220">P</div>
<i>mesalamine 800 mg tab dr</i>	1	<div data-bbox="1133 1255 1192 1287">PA</div> <div data-bbox="1133 1304 1192 1335">EDS</div> <div data-bbox="1133 1352 1192 1383">NP</div>
<i>mesalamine er 0.375 gm cap er 24h</i>	1	<div data-bbox="1133 1413 1192 1444">PA</div> <div data-bbox="1133 1461 1192 1493">EDS</div> <div data-bbox="1133 1509 1192 1541">NP</div>
<i>mesalamine er 500 mg cap er</i>	1	<div data-bbox="1133 1570 1192 1602">PA</div> <div data-bbox="1133 1619 1192 1650">NP</div>

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
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	EDS
<i>generlac</i>	1	EDS
<i>lactulose encephalopathy</i>	1	EDS
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	1	
VIBERZI	2	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	2	PA NP
<i>calcium acetate (phos binder)</i>	1	EDS P
<i>calcium acetate 667 mg tab</i>	1	EDS P
FOSRENOL	2	PA NP
<i>lanthanum carbonate</i>	1	PA NP
RENVELA (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
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>cytra-2</i>	1	OTC
<i>potassium citrate</i>	1	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
<i>sod citrate-citric acid</i>	1	OTC
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	LA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	

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
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine (azo)</i>	1	OTC
<b>URINARY STONE AGENTS</b>		
<i>tiopronin 100 mg tab</i>	1	PA SP
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	EDS
<b>GOUT AGENTS</b>		
<i>allopurinol (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
<b>URICOSURICS</b>		
<i>probenecid</i>	1	EDS
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE	2	SP P



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADYNOVATE	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
AFSTYLA	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
ALPHANATE	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
ALPHANATE/VWF COMPLEX/HUMAN	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
ALPHANINE SD	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
ALPROLIX	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
ALTUVIIIO	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div>
BENEFIX	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
COAGADEX	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
CORIFACT	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
ELOCTATE	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
ESPEROCT	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
FEIBA	2	<div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div> <div style="background-color: #008000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">P</div>
HEMLIBRA	2	<div style="background-color: #800000; color: white; border-radius: 5px; padding: 2px; display: inline-block;">PA</div> <div style="background-color: #cccccc; border-radius: 5px; padding: 2px; display: inline-block;">SP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROFILNINE	2	SP P
REBINYN	2	SP P
RECOMBINATE	2	SP P
RIXUBIS	2	SP P
SEVENFACT	2	SP P
TRETTEN	2	SP P
VONVENDI	2	SP P
WILATE	2	SP P
XYNTHA	2	SP P
XYNTHA SOLOFUSE	2	SP P
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR	2	PA SP NP
<i>icatibant acetate</i>	1	QL 9 UNITS / day(s) PA SP P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prasugrel hcl</i>	1	EDS P
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE	2	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	2	SP
<i>miglustat</i>	1	SP
<i>yargesa</i>	1	SP
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO	2	PA SP P
DROXIA	2	P
ENDARI	1	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
<b>COBALAMINS</b>		
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
<b>FOLIC ACID/FOLATES</b>		
FOLIC ACID 1 MG	1	OTC EDS
<i>folic acid 400 mcg/800 mcg</i>	\$0	OTC EDS
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	2	PA SP P
DOPTELET	2	QL 2 EA / 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 222 1195 254">SP</div> <div data-bbox="1133 270 1195 302">NP</div>
LEUKINE	2	<div data-bbox="1133 327 1195 359">SP</div>
MIRCERA	2	<div data-bbox="1133 390 1195 422">PA</div> <div data-bbox="1133 438 1195 470">NP</div>
NEULASTA	2	<div data-bbox="1133 501 1195 533">SP</div>
NEULASTA ONPRO	2	<div data-bbox="1133 564 1195 596">SP</div>
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	<div data-bbox="1133 680 1195 711">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 863 1195 894">PA</div> <div data-bbox="1133 911 1195 942">SP</div> <div data-bbox="1133 959 1195 991">P</div>
PROCRIT 40000 UNIT/ML SOLUTION	2	<div data-bbox="1133 1089 1195 1121">PA</div> <div data-bbox="1133 1138 1195 1169">SP</div> <div data-bbox="1133 1186 1195 1218">NP</div>
PROMACTA	2	<div data-bbox="1133 1243 1195 1274">PA</div> <div data-bbox="1133 1291 1195 1323">SP</div>
REBLOZYL	2	<div data-bbox="1133 1354 1195 1386">PA</div> <div data-bbox="1133 1402 1195 1434">LA</div> <div data-bbox="1133 1451 1195 1482">NP</div>
RETACRIT (RETACRIT 2000 UNIT/ML SOLUTION, RETACRIT 40000 UNIT/ML SOLUTION)	2	<div data-bbox="1133 1507 1195 1539">PA</div> <div data-bbox="1133 1556 1195 1587">SP</div> <div data-bbox="1133 1604 1195 1635">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
<b>HEMATOPOIETIC MIXTURES</b>		
<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
<b>IRON</b>		
<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
<b>STEM CELL MOBILIZERS</b>		
<i>plerixafor</i>	1	SP
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	EDS
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
<i>acetaminophen / diphenhydramine</i>	1	OTC
DIPHENHYDRAMINE (SLEEP)	2	OTC
DOXYLAMINE (SLEEP)	2	OTC
<i>doxylamine (sleep)</i>	1	OTC

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

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

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
<i>lidocaine-epinephrine (pf) 1.5 %-1:200000 solution</i>	1	
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>lidocaine hcl (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	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chlorprocaine hcl (pf)</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<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
<b>CLARITHROMYCIN</b>		
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
<b>ERYTHROMYCINS</b>		
E.E.S. GRANULES	2	PA NP
<i>ery-tab</i>	1	PA NP
ERYPED 200	2	PA NP
ERYPED 400	2	PA NP
ERYTHROCIN STEARATE	2	PA NP
<i>erythromycin (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
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	2	QL 2 EA / DAY
DIFICID 40 MG/ML RECON SUSP	2	QL 10 ML / DAY
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>AUDITORY SUPPLIES</b>		
<i>hearing aid batteries</i>	2	OTC
<b>BANDAGES-DRESSINGS-TAPE</b>		
<i>adhesive tape</i>	2	
<i>bandages</i>	2	
CVS EYE	2	
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	
<b>BLOOD PRESSURE DEVICES</b>		
BLOOD PRESSURE MONITORING DEVICE	2	OTC
<b>CONTRACEPTIVES</b>		
CAYA	\$0	
<i>female condoms</i>	\$0	OTC
FEMCAP	\$0	
<i>male condoms</i>	\$0	OTC
WIDE-SEAL DIAPHRAGM	\$0	
<b>DIABETIC SUPPLIES</b>		
<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	<span>QL</span> 1 UNIT / 365 DAYS <span>CDS</span>
DEXCOM G4 PLAT PED RECEIVER	\$0	<span>QL</span> 1 UNIT / 365 DAYS <span>CDS</span>
DEXCOM G4 PLATINUM RCV/SHARE	\$0	<span>QL</span> 1 UNIT / 365 DAYS <span>CDS</span>
DEXCOM G4 PLATINUM RECEIVER	\$0	<span>QL</span> 1 UNIT / 365 DAYS <span>CDS</span>
DEXCOM G4 PLATINUM TRANSMITTER	\$0	<span>QL</span> 1 EA / 90 days <span>EDS</span> <span>CDS</span>
DEXCOM G5 MOB/G4 PLAT SENSOR	\$0	<span>QL</span> 3 EA / FILL <span>PA</span> <span>CDS</span> <span>NP</span>
DEXCOM G5 MOBILE RECEIVER	\$0	<span>QL</span> 1 UNIT / 365 DAYS <span>PA</span> <span>CDS</span> <span>NP</span>
DEXCOM G5 MOBILE TRANSMITTER	\$0	<span>QL</span> 1 EA / 90 days <span>PA</span> <span>EDS</span> <span>CDS</span> <span>NP</span>
DEXCOM G5 RECEIVER KIT	\$0	<span>QL</span> 1 UNIT / 365 DAYS <span>PA</span> <span>CDS</span> <span>NP</span>

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

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>miscellaneous injection device</i>	2	CDS
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	CDS
NEEDLES AND SYRINGES	2	OTC CDS
<i>needles and syringes</i>	\$0	OTC CDS
<i>sharps container</i>	2	OTC CDS
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	2	OTC CDS
<i>respiratory therapy supplies</i>	2	OTC CDS
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
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"> <li>QL 3 ML / 28 DAYS</li> <li>PA</li> </ul>
EMGALITY 120 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 1 ml / 28 days</li> <li>PA</li> <li>P</li> </ul>
EMGALITY 120 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 ML / 28 DAYS</li> <li>PA</li> <li>P</li> </ul>
NURTEC	2	<ul style="list-style-type: none"> <li>QL 16 EA / 28 days</li> <li>PA</li> <li>NP</li> </ul>
QULIPTA	2	<ul style="list-style-type: none"> <li>QL 1 EA / DAY</li> <li>PA</li> <li>NP</li> </ul>
UBRELVY	2	<ul style="list-style-type: none"> <li>QL 20 EA / 30 DAYS</li> <li>PA</li> <li>P</li> </ul>
VYEPTI	2	<ul style="list-style-type: none"> <li>PA</li> <li>LA</li> <li>NP</li> </ul>
ZAVZPRET	2	<ul style="list-style-type: none"> <li>QL 6 EA / 28 DAYS</li> <li>PA</li> <li>NP</li> </ul>
<b>MIGRAINE COMBINATIONS</b>		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 days</li> <li>PA</li> <li>NP</li> </ul>

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

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="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 18 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
IMITREX 6 MG/0.5ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
IMITREX STATDOSE REFILL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 ML / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
IMITREX STATDOSE SYSTEM	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
MAXALT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 36 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
MAXALT-MLT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 36 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>naratriptan hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 18 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
RELPAX	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 18 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
REYVOW 100 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 16 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
REYVOW 50 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>rizatriptan benzoate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 36 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>

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 1182 1192 1218">PA</div> <div data-bbox="1133 1230 1192 1266">QL</div> 6 UNITS / FILL; 2 FILLS / 30 DAYS <div data-bbox="1133 1278 1192 1314">NP</div>
ZEMBRACE SYMTOUCH	2	<div data-bbox="1133 1358 1192 1394">PA</div> <div data-bbox="1133 1407 1192 1442">QL</div> 2 UNITS / FILL; 2 FILLS / 30 DAYS <div data-bbox="1133 1455 1192 1491">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 1556 1192 1591">QL</div> 18 EA / 30 DAYS <div data-bbox="1133 1604 1192 1640">PA</div> <div data-bbox="1133 1652 1192 1688">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
<b>ELECTROLYTE MIXTURES</b>		
<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	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	\$0	OTC EDS
<b>MAGNESIUM</b>		
<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	
<b>MANGANESE</b>		
MANGANESE SULFATE	2	
<b>MINERAL COMBINATIONS</b>		
MULTI-MINERALS	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PHOSPHATE</b>		
<i>phosphorus supplement</i>	2	OTC
<i>potassium / sodium phosphate</i>	2	EDS
<b>POTASSIUM</b>		
<i>klor-con</i>	1	EDS
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
<i>klor-con m15</i>	1	EDS
<i>klor-con m20</i>	1	EDS
<i>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
<b>POTASSIUM CHLORIDE ER 8 MEQ TAB ER</b>	2	EDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>clovique</i>	1	SP
<i>penicillamine 250 mg tab</i>	1	PA SP
<i>trientine hcl 250 mg cap</i>	1	SP
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	1	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
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
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	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">SP</div> <div data-bbox="1133 270 1195 308">NP</div>
<b>IRRIGATION SOLUTIONS</b>		
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
<b>MISC NATURAL PRODUCTS</b>		
MISCELLANEOUS NATURAL PRODUCTS	2	<div data-bbox="1133 611 1195 648">OTC</div>
<i>miscellaneous natural products</i>	2	<div data-bbox="1133 695 1195 732">OTC</div>
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (VIJOICE 50 MG TAB THPK, VIJOICE 125 MG TAB THPK)	2	<div data-bbox="1133 827 1195 865">QL</div> 1 EA / DAY <div data-bbox="1133 875 1195 913">PA</div> <div data-bbox="1133 924 1195 961">SP</div>
VIJOICE 200 & 50 MG TAB THPK	2	<div data-bbox="1133 991 1195 1029">QL</div> 2 EA / DAY <div data-bbox="1133 1039 1195 1077">PA</div> <div data-bbox="1133 1087 1195 1125">SP</div>
VIJOICE 50 MG PACKET	2	<div data-bbox="1133 1146 1195 1184">QL</div> 1 EA / 1 DAY <div data-bbox="1133 1194 1195 1232">PA</div> <div data-bbox="1133 1243 1195 1281">SP</div>
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate powder</i>	1	
VELTASSA (VELTASSA 8.4 GM PACKET, VELTASSA 16.8 GM PACKET, VELTASSA 25.2 GM PACKET)	2	<div data-bbox="1133 1493 1195 1530">SP</div>

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



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
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	1	EDS
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	1	EDS
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	1	OTC EDS
<b>B-COMPLEX W/ C</b>		
VITAMIN B COMPLEX	2	OTC
<i>vitamin b complex / vitamin c / calcium</i>	1	OTC EDS
<i>vitamin b complex / vitamin c / vitamin e / zinc</i>	1	OTC EDS
<i>vitamin b complex combinations</i>	1	OTC EDS
<b>B-COMPLEX W/ FOLIC ACID</b>		
B COMPLEX-C-BIOTIN-E-FA	\$0	OTC
<i>vitamin b complex (\$0)</i>	\$0	OTC EDS
<i>vitamin b complex / vitamin c / biotin / minerals / folic acid</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vitamin b complex / vitamin c / zinc / folic acid</i>	2	
VITAMIN B COMPLEX COMBINATIONS	2	
<b>BIOFLAVONOID PRODUCTS</b>		
<i>bioflavonoids</i>	1	OTC EDS
BIOFLAVONOIDS	2	OTC
<b>MULTIPLE VITAMINS W/ CALCIUM</b>		
<i>multivitamins / calcium</i>	1	OTC EDS
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
MULTIVITAMINS / MINERALS	2	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins / fluoride / iron</i>	1	OTC EDS
<i>pediatric multivitamin combinations</i>	1	OTC EDS
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
PEDIATRIC MULTIPLE VITAMINS / MINERALS	2	OTC EDS
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC EDS
<b>PED MV W/ FLUORIDE</b>		
<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
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins / iron</i>	2	OTC EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>pediatric multiple vitamins</i>	1	OTC EDS
PEDIATRIC MULTIPLE VITAMINS	2	OTC
<b>PEDIATRIC VITAMINS</b>		
<i>pediatric vitamins</i>	2	OTC
TRI-VI-SOL A/C/D	2	OTC
VITAMIN A-C-D INFANT	2	OTC
VITAMIN A/C/D/ INFANT/TODDLER	2	OTC
<b>PRENATAL VITAMINS</b>		
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
<b>SPECIALTY VITAMINS PRODUCTS</b>		
<i>specialty vitamins</i>	2	EDS
<b>VITAMINS W/ LIPOTROPICS</b>		
<i>vitamins / lipotropics</i>	1	OTC EDS
VITAMINS / LIPOTROPICS	2	OTC
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<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
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	1	PA NP
DYMISTA	2	PA NP
RYALTRIS	2	PA NP
<b>NASAL AGENTS - MISC.</b>		
SODIUM CHLORIDE NASAL SPRAY	2	OTC
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (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
<b>NASAL ANTICHOLINERGICS</b>		
<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
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	1	QL 2 ML / DAY PA EDS NP
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 1.07 GM / DAY EDS P
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL 0.57 GM / DAY P
NASONEX	2	QL 0.57 GM / DAY PA NP
OMNARIS	2	QL 0.42 GM / DAY PA NP
QNASL	2	QL 0.36 ML / DAY PA NP
QNASL CHILDRENS	2	QL 0.23 GM / DAY PA NP
<i>triamcinolone acetonide (nasacort)</i>	1	QL 0.57 ML / DAY OTC EDS
XHANCE	2	QL 1.07 ML / DAY PA NP

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<i>omega-3 fatty acids (fish oil)</i>	1	OTC EDS
OMEGA-3 FATTY ACIDS (FISH OIL)	2	OTC
<b>PROTEINS</b>		
CLINIMIX E/DEXTROSE	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/5)	2	
CLINIMIX/DEXTROSE (5/15)	2	
CLINIMIX/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (6/5)	2	
CLINIMIX/DEXTROSE (8/10)	2	
CLINIMIX/DEXTROSE (8/14)	2	
LEVOCARNITINE (DIETARY) 330 MG TAB	2	OTC
NEPHRAMINE	2	
PROCALAMINE	2	
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
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
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
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
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA	2	<ul style="list-style-type: none"> <li>QL 0.14 ML / DAY</li> <li>PA</li> <li>NP</li> </ul>
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SULFATE 1 % SOLUTION	2	
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	1	EDS
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P	1	P
APRACLONIDINE HCL	2	<ul style="list-style-type: none"> <li>PA</li> <li>NP</li> </ul>
<i>apraclonidine hcl</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>
<i>brimonidine tartrate (brimonidine tartrate 0.1 % solution, brimonidine tartrate 0.2 % solution)</i>	1	<ul style="list-style-type: none"> <li>EDS</li> <li>P</li> </ul>
<i>brimonidine tartrate 0.15 % solution</i>	1	<ul style="list-style-type: none"> <li>PA</li> <li>EDS</li> <li>NP</li> </ul>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IOPIDINE	2	PA NP
SIMBRINZA	2	PA NP
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	
AZASITE	2	PA NP
BACITRACIN 500 UNIT/GM OINTMENT	2	PA NP
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	PA NP
CILOXAN 0.3 % OINTMENT	2	PA NP
<i>ciprofloxacin hcl 0.3 % solution</i>	1	P
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin</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	
<b>OPHTHALMIC DECONGESTANTS</b>		
<i>advanced lubricant</i>	1	OTC EDS
<i>ft eye drops advanced relief</i>	1	OTC EDS
<i>glitch advanced relief</i>	1	OTC EDS

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
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
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
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	2	QL 2 EA / DAY P



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

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
<b>OPHTHALMICS - MISC.</b>		
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	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
ILEVRO	2	<div data-bbox="1133 283 1195 319">PA</div> <div data-bbox="1133 331 1195 367">NP</div>
<i>ketorolac tromethamine (ketorolac tromethamine 0.4 % solution, ketorolac tromethamine 0.5 % solution)</i>	1	<div data-bbox="1133 430 1195 466">P</div>
<i>ketotifen drops (zaditor)</i>	1	<div data-bbox="1133 531 1195 567">PA</div> <div data-bbox="1133 579 1195 615">OTC</div> <div data-bbox="1133 627 1195 663">NP</div>
MIEBO	2	<div data-bbox="1133 688 1195 724">QL 0.1 ML / DAY</div> <div data-bbox="1133 737 1195 772">PA</div> <div data-bbox="1133 785 1195 821">NP</div>
NEVANAC	2	<div data-bbox="1133 846 1195 882">PA</div> <div data-bbox="1133 894 1195 930">NP</div>
<i>olopatadine</i>	1	<div data-bbox="1133 955 1195 991">QL 0.085 ML / DAY</div> <div data-bbox="1133 1003 1195 1039">OTC</div> <div data-bbox="1133 1052 1195 1087">EDS</div> <div data-bbox="1133 1100 1195 1136">P</div>
PROLENSA	2	<div data-bbox="1133 1165 1195 1201">PA</div> <div data-bbox="1133 1213 1195 1249">NP</div>
<i>sodium chloride eye products (muro 128)</i>	1	<div data-bbox="1133 1274 1195 1310">OTC</div>
TRUSOPT	2	<div data-bbox="1133 1341 1195 1377">PA</div> <div data-bbox="1133 1390 1195 1425">NP</div>
ZADITOR	2	<div data-bbox="1133 1451 1195 1486">PA</div> <div data-bbox="1133 1499 1195 1535">OTC</div> <div data-bbox="1133 1547 1195 1583">NP</div>
ZERVIAE	2	<div data-bbox="1133 1608 1195 1644">PA</div> <div data-bbox="1133 1656 1195 1692">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost</i>	1	QL 0.085 ML / DAY PA EDS NP
DURYSTA	2	PA NP
IDOSE TR	2	PA LA NP
IYUZEH	2	PA NP
<i>latanoprost</i>	1	QL 0.085 ML / DAY EDS P
LUMIGAN	2	QL 0.09 ML / DAY PA NP
<i>tafluprost (pf)</i>	1	QL 1 EA / DAY PA NP
TRAVATAN Z	1	QL 0.085 ML / DAY P
<i>travoprost (bak free)</i>	1	QL 0.085 ML / DAY PA EDS NP

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	\$0	LA
SYNAGIS	2	LA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	2	SP
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
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
<b>NATURAL PENICILLINS</b>		
<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	
<b>PENICILLIN COMBINATIONS</b>		
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	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<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	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
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	
<b>NON GELATIN CAPSULES (EMPTY)</b>		
<i>non gelatin capsules</i>	2	OTC
<b>SEMI SOLID VEHICLES</b>		
HYDROPHILIC PETROLATUM	2	OTC
<i>petrolatum (vaseline)</i>	1	OTC
<i>petrolatum ointment</i>	2	OTC
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	1	EDS
<i>disulfiram</i>	1	EDS
<b>ANTIDEMENTIA AGENTS</b>		
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	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">EDS</div> <div data-bbox="1133 270 1195 306">NP</div>
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	<div data-bbox="1133 327 1195 363">EDS</div> <div data-bbox="1133 375 1195 411">P</div>
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	1	<div data-bbox="1133 453 1195 489">PA</div> <div data-bbox="1133 501 1195 537">NP</div>
<i>memantine hcl er</i>	1	<div data-bbox="1133 569 1195 604">PA</div> <div data-bbox="1133 617 1195 653">EDS</div> <div data-bbox="1133 665 1195 701">NP</div>
NAMENDA	2	<div data-bbox="1133 726 1195 762">PA</div> <div data-bbox="1133 774 1195 810">NP</div>
NAMENDA TITRATION PAK	2	<div data-bbox="1133 842 1195 877">PA</div> <div data-bbox="1133 890 1195 926">NP</div>
NAMENDA XR	2	<div data-bbox="1133 947 1195 982">PA</div> <div data-bbox="1133 995 1195 1031">NP</div>
NAMENDA XR TITRATION PACK	2	<div data-bbox="1133 1062 1195 1098">PA</div> <div data-bbox="1133 1110 1195 1146">NP</div>
NAMZARIC	2	<div data-bbox="1133 1178 1195 1213">PA</div> <div data-bbox="1133 1226 1195 1262">NP</div>
<i>rivastigmine</i>	1	<div data-bbox="1133 1314 1195 1350">PA</div> <div data-bbox="1133 1362 1195 1398">EDS</div> <div data-bbox="1133 1411 1195 1446">NP</div>
<i>rivastigmine tartrate</i>	1	<div data-bbox="1133 1472 1195 1507">PA</div> <div data-bbox="1133 1520 1195 1556">EDS</div> <div data-bbox="1133 1568 1195 1604">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA NP
PERPHENAZINE-AMITRIPTYLINE	\$0	
SYMBYAX	\$0	PA NP
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	2	QL 2 EA / DAY P
SAVELLA TITRATION PACK	2	QL 55 EA / 180 days P
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
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	<span>QL</span> 3 EA / DAY <span>PA</span> <span>SP</span>
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	2	<span>QL</span> 1 EA / 1 DAY <span>PA</span> <span>SP</span>
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	2	<span>QL</span> 42 EA / 28 DAYS <span>PA</span> <span>SP</span>
<i>tetrabenazine</i>	1	<span>SP</span>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	2	<span>PA</span> <span>LA</span> <span>NP</span>
AUBAGIO	2	<span>PA</span> <span>SP</span> <span>NP</span>
AVONEX PEN	2	<span>PA</span> <span>SP</span> <span>P</span>
AVONEX PREFILLED	2	<span>PA</span> <span>SP</span> <span>P</span>
BAFIERTAM	2	<span>PA</span> <span>SP</span> <span>NP</span>
BETASERON	2	<span>PA</span> <span>SP</span> <span>P</span>



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIUMVI	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">LA</div> <div data-bbox="1133 270 1195 306">NP</div>
COPAXONE 20 MG/ML SOLN PRSYR	1	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">P</div>
COPAXONE 40 MG/ML SOLN PRSYR	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">NP</div>
<i>dalfampridine er</i>	1	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 779">NP</div>
<i>dimethyl fumarate</i>	1	<div data-bbox="1133 804 1195 840">SP</div> <div data-bbox="1133 852 1195 888">P</div>
<i>dimethyl fumarate starter pack</i>	1	<div data-bbox="1133 919 1195 955">PA</div> <div data-bbox="1133 968 1195 1003">SP</div> <div data-bbox="1133 1016 1195 1052">NP</div>
EXTAVIA	2	<div data-bbox="1133 1077 1195 1113">PA</div> <div data-bbox="1133 1125 1195 1161">SP</div> <div data-bbox="1133 1173 1195 1209">NP</div>
<i>fingolimod hcl</i>	1	<div data-bbox="1133 1234 1195 1270">PA</div> <div data-bbox="1133 1283 1195 1318">SP</div> <div data-bbox="1133 1331 1195 1367">P</div>
GILENYA 0.25 MG CAP	2	<div data-bbox="1133 1392 1195 1428">PA</div> <div data-bbox="1133 1440 1195 1476">SP</div> <div data-bbox="1133 1488 1195 1524">NP</div>
GILENYA 0.5 MG CAP	1	<div data-bbox="1133 1549 1195 1585">PA</div> <div data-bbox="1133 1598 1195 1633">SP</div> <div data-bbox="1133 1646 1195 1682">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate 20 mg/ml soln 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 1581 1195 1612">PA</div> <div data-bbox="1133 1629 1195 1661">SP</div> <div data-bbox="1133 1677 1195 1709">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">SP</div> <div data-bbox="1133 270 1195 302">NP</div>
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 331 1195 363">PA</div> <div data-bbox="1133 380 1195 411">SP</div> <div data-bbox="1133 428 1195 459">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 489 1195 520">PA</div> <div data-bbox="1133 537 1195 569">SP</div> <div data-bbox="1133 585 1195 617">NP</div>
MAYZENT	2	<div data-bbox="1133 646 1195 678">PA</div> <div data-bbox="1133 695 1195 726">SP</div> <div data-bbox="1133 743 1195 774">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 804 1195 835">PA</div> <div data-bbox="1133 852 1195 884">SP</div> <div data-bbox="1133 900 1195 932">NP</div>
OCREVUS	2	<div data-bbox="1133 961 1195 993">PA</div> <div data-bbox="1133 1010 1195 1041">SP</div> <div data-bbox="1133 1058 1195 1089">NP</div>
PLEGRIDY	2	<div data-bbox="1133 1119 1195 1150">PA</div> <div data-bbox="1133 1167 1195 1199">SP</div> <div data-bbox="1133 1215 1195 1247">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 1276 1195 1308">PA</div> <div data-bbox="1133 1325 1195 1356">SP</div> <div data-bbox="1133 1373 1195 1404">NP</div>
PONVORY	2	<div data-bbox="1133 1434 1195 1465">PA</div> <div data-bbox="1133 1482 1195 1514">SP</div> <div data-bbox="1133 1530 1195 1562">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 1591 1195 1623">PA</div> <div data-bbox="1133 1640 1195 1671">SP</div> <div data-bbox="1133 1688 1195 1719">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 336 1195 371">PA</div> <div data-bbox="1133 384 1195 420">SP</div> <div data-bbox="1133 432 1195 468">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 495 1195 531">PA</div> <div data-bbox="1133 543 1195 579">SP</div> <div data-bbox="1133 592 1195 627">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 653 1195 688">PA</div> <div data-bbox="1133 701 1195 737">SP</div> <div data-bbox="1133 749 1195 785">P</div>
TASCENSO ODT	2	<div data-bbox="1133 810 1195 846">PA</div> <div data-bbox="1133 858 1195 894">LA</div> <div data-bbox="1133 907 1195 942">NP</div>
TECFIDERA	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>
<i>teriflunomide</i>	1	<div data-bbox="1133 1131 1195 1167">PA</div> <div data-bbox="1133 1180 1195 1215">SP</div> <div data-bbox="1133 1228 1195 1264">P</div>
TYSABRI	2	<div data-bbox="1133 1291 1195 1327">PA</div> <div data-bbox="1133 1339 1195 1375">SP</div> <div data-bbox="1133 1388 1195 1423">NP</div>
VUMERITY	2	<div data-bbox="1133 1451 1195 1486">PA</div> <div data-bbox="1133 1499 1195 1535">SP</div> <div data-bbox="1133 1547 1195 1583">NP</div>
ZEPOSIA	2	<div data-bbox="1133 1604 1195 1640">QL 1 EA / DAY</div> <div data-bbox="1133 1652 1195 1688">PA</div> <div data-bbox="1133 1701 1195 1736">SP</div> <div data-bbox="1133 1749 1195 1785">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SMOKING DETERRENTS</b>		
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	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE	2	PA NP
<i>paroxetine mesylate</i>	1	PA EDS NP
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (KALYDECO 13.4 MG PACKET, KALYDECO 25 MG PACKET, KALYDECO 50 MG PACKET, KALYDECO 75 MG PACKET, KALYDECO 150 MG TAB)	2	QL 2 EA / DAY PA SP
KALYDECO 5.8 MG PACKET	2	QL 56 EA / 28 DAYS PA SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	1	
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
<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>monodoxyne 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	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	EDS
<i>propylthiouracil</i>	1	EDS



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>THYROID HORMONES</b>		
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
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
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
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<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	
<b>ATROPINE SULFATE (PF)</b>	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
<b>H-2 ANTAGONISTS</b>		
<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	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (sucralfate 1 gm tab, sucralfate 1 gm/10ml suspension)</i>	1	EDS
<b>PROTON PUMP INHIBITORS</b>		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC EDS
ACIPHEX	2	QL 30 EA / FILL PA NP
<i>cvs esomeprazole magnesium</i>	1	OTC EDS P
<i>cvs omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC EDS
<i>cvs omeprazole magnesium</i>	1	OTC EDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hm esomeprazole magnesium dr</i>	1	<div data-bbox="1133 174 1192 212">OTC</div> <div data-bbox="1133 222 1192 260">EDS</div> <div data-bbox="1133 270 1192 302">P</div>
<i>kls esomeprazole magnesium</i>	1	<div data-bbox="1133 331 1192 369">OTC</div> <div data-bbox="1133 380 1192 417">EDS</div> <div data-bbox="1133 428 1192 459">P</div>
<i>kp omeprazole magnesium</i>	1	<div data-bbox="1133 489 1192 527">OTC</div> <div data-bbox="1133 537 1192 575">EDS</div>
<i>lansoprazole (prevacid)</i>	1	<div data-bbox="1133 604 1192 642">PA</div> <div data-bbox="1133 653 1192 690">OTC</div> <div data-bbox="1133 701 1192 739">EDS</div> <div data-bbox="1133 749 1192 785">NP</div>
LANSOPRAZOLE 15 MG CAP DR	1	<div data-bbox="1133 814 1192 852">OTC</div> <div data-bbox="1133 863 1192 900">EDS</div> <div data-bbox="1133 911 1192 942">P</div>
LANSOPRAZOLE 15 MG TAB DR DISP	1	<div data-bbox="1133 972 1192 1010">PA</div> <div data-bbox="1133 1020 1192 1058">OTC</div> <div data-bbox="1133 1068 1192 1100">NP</div>
LANSOPRAZOLE 30 MG CAP DR	1	<div data-bbox="1133 1129 1192 1167">EDS</div> <div data-bbox="1133 1178 1192 1215">P</div>
LANSOPRAZOLE 30 MG TAB DR DISP	1	<div data-bbox="1133 1245 1192 1283">PA</div> <div data-bbox="1133 1293 1192 1331">NP</div>
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET)	1	<div data-bbox="1133 1423 1192 1461">P</div>
NEXIUM 20 MG CAP DR	2	<div data-bbox="1133 1560 1192 1598">PA</div> <div data-bbox="1133 1608 1192 1646">OTC</div> <div data-bbox="1133 1656 1192 1688">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
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol (misoprostol 100 mcg tab, misoprostol 200 mcg tab)</i>	1	EDS
<b>ULCER THERAPY COMBINATIONS</b>		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>cvs omeprazole-sod bicarbonate</i>	1	PA OTC EDS NP



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

## URINARY ANTISPASMODICS

### URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	1	PA EDS NP
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DETROL	2	PA NP
DITROPAN XL	2	PA NP
ENABLEX	2	PA NP
<i>fesoterodine fumarate er</i>	1	PA NP
<i>oxybutynin chloride (oxybutynin chloride 5 mg tab, oxybutynin chloride 5 mg/5ml solution)</i>	1	EDS P
<i>oxybutynin chloride er (oxybutynin chloride er 5 mg tab er 24h, oxybutynin chloride er 10 mg tab er 24h, oxybutynin chloride er 15 mg tab er 24h)</i>	1	EDS P
OXYTROL	2	P
<i>solifenacin succinate</i>	1	EDS P
<i>tolterodine tartrate</i>	1	EDS P
<i>tolterodine tartrate er</i>	1	EDS P
TOVIAZ	1	P
<i>trospium chloride</i>	1	PA EDS NP
<i>trospium chloride er</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VESICARE	2	PA NP
VESICARE LS	2	PA NP
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
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
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	EDS
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	PA EDS NP
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
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	
<b>VIRAL VACCINES</b>		
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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS / LIMITS</b>
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	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>SPERMICIDES</b>		
<i>vaginal contraceptive foam</i>	\$0	OTC
<b>VAGINAL ANTI-INFECTIVES</b>		
<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
<b>VAGINAL ESTROGENS</b>		
<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
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q	2	QL 2 EA / FILL PA CDS NP
<i>epinephrine (anaphylaxis)</i>	1	CDS
<i>epinephrine (epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i>	1	QL 2 EA / fill PA MFG CDS NP
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QL 2 EA / FILL PA MFG CDS NP



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>MFG</li> <li>CDS</li> <li>P</li> </ul>
EPIPEN 2-PAK	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>CDS</li> <li>P</li> </ul>
EPIPEN JR 2-PAK	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>CDS</li> <li>P</li> </ul>
SYMJEPI	1	<ul style="list-style-type: none"> <li>QL 2 EA / fill</li> <li>CDS</li> <li>P</li> </ul>
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	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>beta-carotene</i>	1	<ul style="list-style-type: none"> <li>OTC</li> <li>EDS</li> </ul>
BETA-CAROTENE	2	<ul style="list-style-type: none"> <li>OTC</li> </ul>
<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
<b>WATER SOLUBLE VITAMINS</b>		
<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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