

2024

Medicaid List of Covered Drugs (Formulary)

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

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

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

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

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

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

The information included in this list of covered drugs was correct as of 09/01/2024. To get the most current information, please visit [ucare.org](https://www.ucare.org). If you have questions, contact UCare Customer Service at the number listed on this page. You can ask for a printed copy of this Medicaid List of Covered Drugs at any time.

UCare Customer Service: Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free). Hours of operation: 8 am – 5 pm, Monday – Friday. These calls are free. For more information visit [ucare.org](https://www.ucare.org). UCare, 500 Stinson Blvd. NE, Minneapolis, MN 55413-2615

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS. Members must use UCare network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact UCare Customer Services with questions: Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free). Hours of operation: 8 am – 5 pm, Monday – Friday. These calls are free.

You can also find updates to this list at ucare.org.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get Medicare prescription drug benefits.

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်.ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫີໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

Civil Rights Notice

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

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

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

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

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

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

Civil Rights Complaints

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

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

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

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

Contact the OCR directly to file a complaint:

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

Minnesota Department of Human Rights (MDHR)

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

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

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

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

Minnesota Department of Human Services (DHS)

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

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

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

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

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

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

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IMPORTANT INFORMATION

What is a list of covered drugs?

A list of covered drugs includes the prescription drugs covered by UCare. The drugs on the list are selected by UCare with the help of a team of doctors and pharmacists. UCare will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a UCare network pharmacy, and other requirements related to the drug are followed. Most drugs and certain supplies are available up to a 30-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are identified on this List of Covered Drugs as 90-day.

Does the list of covered drugs ever change?

The UCare list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, UCare will make reasonable efforts to contact you and your prescriber to tell you about the change. UCare will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred (Refer to “What is a Preferred Drug List?” in the section following).
- A drug is removed from the list of covered drugs for safety reasons.
- Prior authorization requirements have changed. (Refer to “Are there any restrictions on my coverage?”)

How are drugs listed in the list of covered drugs?

There are two ways to find your prescription drugs in the formulary. You can search by medical condition associated with your drug or by alphabetical listing.

Search by Medical Condition

Drugs listed by medical condition begin on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions they are used to treat. If you know what your drug is used for, look for the category in the list that begins on page 1. Then look under the category name for your drug.

Search by Alphabetical Listing

If you are not sure what category to look under, you can look for your drug in the Index. The Index gives an alphabetical list of all of the drugs included in the formulary. Both brand name and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information within the formulary.

What is a Preferred Drug List?

In Minnesota, all health plans are required to use the Minnesota Department of Human Services' (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are “preferred” are more cost effective and drugs that are “non-preferred” are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a non-preferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of UCare’s list of covered drugs. UCare’s complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS’s website at <http://minnesota.magellanmedicaid.com/pdl.asp>.

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It produces the same clinical effect as the brand name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

UCare will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs UCare in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. UCare may prefer the dispensing of certain brand-name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are capitalized (e.g. EPIPEN) and generic drugs are listed in lower-case italics (e.g. *sertraline tablet*).

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, UCare may cover it. Within the list of covered drugs, OTC drugs and products are listed after the index in a separate over-the-counter (OTC) drug list.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is on the UCare Specialty Drug List, your prescriber will need to send the prescription to UCare's specialty pharmacy.

Name of Specialty Pharmacy: Fairview Specialty Pharmacy

Phone and TTY: 612-672-5260 or 1-800-595-7140 (this call is free) TTY call the National Relay Center at 711 and ask for 1-800-595-7140 (this call is free).

Fax: 1-866-347-4939

Hours of operation: 24 hours a day, seven days a week

You will also need to call the Specialty Pharmacy at 612-672-5260 or 1-800-595-7140 (this call is free), TTY call the National Relay Center at 711 and ask for 1-800-595-7140 (this call is free), to set up an account. You will need to have your UCare Member Identification (ID) card when you call the Specialty Pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug you want to take is not listed in the list of covered drugs, you can call contact UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free) and ask if the drug is covered. If not, it is considered a non-formulary drug.

If you need a drug that is not included in the list of covered drugs:

- you can ask your health care provider if there is another covered drug that will work for you.
- you and/or your health care provider can ask UCare to make an "exception" and cover the drug for you or remove the restrictions or limits. If your exception request is approved, the drug will be covered at the appropriate generic or brand name copay level.

Generally, UCare will only approve your health care provider's request for a formulary exception if the alternative drug included on UCare's list of covered drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

If your healthcare provider prescribes a drug that is not on our list of covered drugs or a drug that requires prior authorization, your provider should call Navitus Health Solutions or visit our provider website to complete a request form. Members may also find more information on ucare.org. Please call UCare Customer Service at the number listed on the front cover for help.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include the following:

- **Prior authorization:** UCare requires you or your doctor or health care provider to get prior authorization for certain drugs. This means that you will need to get approval from UCare before you fill your prescription. If you don't get approval, UCare may not cover the drug.
- **Quantity limits:** For certain drugs, UCare limits the amount of the drug that we will cover.
- **Age requirements:** Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to Prescription Drugs in section 7: Covered Services of your *Member Handbook* for more information. You can also get more information about the restrictions applied to specific covered drugs by calling UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free) or by visiting our website at [ucare.org](https://www.ucare.org). Also refer to “Can I ask for an exception to the coverage restrictions?”

- **Excluded Drugs:** Some drugs are excluded from the list of covered drugs. This means they are not covered. Excluded drugs include the following:
 - Drugs used to treat sexual or erectile dysfunction
 - Drugs used to enhance fertility
 - Drugs used for cosmetic purposes, including drugs to treat hair loss
 - Drugs excluded from coverage by federal or state law
 - Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
 - Medical cannabis

Can I ask for an exception to the coverage restrictions?

Yes. You or your healthcare provider can get the Minnesota Uniform Form for Prescription Drug Prior Authorization (PA) Requests and Formulary Exceptions from [ucare.org](https://www.ucare.org) or by contacting, UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free). Your

provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your healthcare provider gets a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used and the reason for failure (e.g. side effects).

What will a prescription cost?

As of January 1, 2025, Medical Assistance covered drugs no longer have copays. You do not have cost sharing for drugs covered under Medical Assistance. MinnesotaCare member do have copays. All copay information for prescriptions is listed in the *Member Handbook* in Section 6: Cost-Sharing. If you have additional questions, contact UCare Customer Service for Families and Children (PMAP), MinnesotaCare, and MSC+: 612-676-3200 or 1-800-203-7225 (this call is free). UCare Connect: 612-676-3395 or 1-877-903-0061 (this call is free). TTY: 612-676-6810 or 1-800-688-2534 (this call is free) or visit our website at ucare.org.

Drug List (formulary) Key

Explanation of Coverage Status and Requirements		
P	Preferred Drugs	Preferred drugs
NP	Non-Preferred Drugs	Non-preferred drugs require Prior Authorization from UCare
SF	Split Fill	Oncology drugs limited to a 14 or 15 day supply per fill for the first 90-days of therapy
EDS	Extended Day Supply	Drugs that can be filled for up to a 90-day supply
MFG	Manufacturer Limitations	<ul style="list-style-type: none"> • Mylan manufacturer is Preferred • Non-Mylan manufacturer is Non-Preferred
OTC	Over the Counter	Covered OTC (over the counter) drugs
PA	Prior Authorization	Drugs that require approval from UCare before you fill your prescription
SP	Specialty Drug	Drugs that require you to fill your prescription through Fairview Specialty Pharmacy

QL	Quantity Limit	There are limits to the amount of drug covered per fill
LA	Limited Access	Drugs that are only available at certain pharmacies
PV	Preventive	Drugs covered at \$0 for preventive use
CDS	Chronic Disease Supplies	MinnesotaCare members have a monthly maximum out of pocket amount of \$50 for medical supplies used to treat a chronic disease

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine sulfate 5 mg tab</i>	1	QL 4 EA / DAY PA NP
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)</i>	1	QL 2 EA / DAY P
<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	QL 4 EA / DAY P
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 3 EA / DAY P
<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	QL 4 EA / DAY P
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 3 EA / DAY P
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 2 EA / DAY P
<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	QL 3 EA / DAY PA NP
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	QL 3 EA / DAY P

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	PA QL 2 ml/28 days; 2 fills/365 days P
XENICAL	2	QL 3 EA / DAY PA NP
ZEPBOUND	2	QL 2 ML / 28 DAYS PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	EDS P
<i>clonidine hcl er 0.1 mg tab er 12h</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
QELBREE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STRATTERA	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	<div data-bbox="1133 357 1195 388">QL</div> 1 EA / DAY <div data-bbox="1133 405 1195 436">PA</div>
STIMULANTS - MISC.		
ADHANSIA XR (ADHANSIA XR 35 MG CAP ER 24H, ADHANSIA XR 45 MG CAP ER 24H, ADHANSIA XR 55 MG CAP ER 24H, ADHANSIA XR 70 MG CAP ER 24H, ADHANSIA XR 85 MG CAP ER 24H)	2	<div data-bbox="1133 604 1195 636">QL</div> 1 EA / DAY <div data-bbox="1133 653 1195 684">PA</div> <div data-bbox="1133 701 1195 732">NP</div>
ADHANSIA XR 25 MG CAP ER 24H	2	<div data-bbox="1133 829 1195 861">QL</div> 2 EA / DAY <div data-bbox="1133 877 1195 909">PA</div> <div data-bbox="1133 926 1195 957">NP</div>
APTENSIO XR	2	<div data-bbox="1133 987 1195 1018">QL</div> 2 EA / DAY <div data-bbox="1133 1035 1195 1066">PA</div> <div data-bbox="1133 1083 1195 1115">NP</div>
<i>armodafinil</i>	1	<div data-bbox="1133 1144 1195 1176">QL</div> 1 EA / DAY
AZSTARYS 26.1-5.2 MG CAP	2	<div data-bbox="1133 1207 1195 1239">QL</div> 1 EA / DAY <div data-bbox="1133 1255 1195 1287">PA</div> <div data-bbox="1133 1304 1195 1335">NP</div>
AZSTARYS 39.2-7.8 MG CAP	2	<div data-bbox="1133 1365 1195 1396">QL</div> 2 EA / DAY <div data-bbox="1133 1413 1195 1444">PA</div> <div data-bbox="1133 1461 1195 1493">NP</div>
AZSTARYS 52.3-10.4 MG CAP	2	<div data-bbox="1133 1522 1195 1554">QL</div> 3 EA / DAY <div data-bbox="1133 1570 1195 1602">PA</div> <div data-bbox="1133 1619 1195 1650">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 36 MG TAB ER)	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>
CONCERTA 54 MG TAB ER	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>
COTEMPLA XR-ODT	2	<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: #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> <div>2 EA / DAY</div> </div>
DAYTRANA	2	<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: #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> <div>1 EA / DAY</div> </div>
<i>dexmethylphenidate hcl</i>	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>
<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	<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>
<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	<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>
FOCALIN	2	<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: #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> <div>2 EA / DAY</div> </div>
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	<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: #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> <div>1 EA / DAY</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	QL 2 EA / DAY PA NP
JORNAY PM	2	QL 1 EA / DAY PA NP
METHYLIN 10 MG/5ML SOLUTION	1	QL 30 ML / DAY P
METHYLIN 5 MG/5ML SOLUTION	1	QL 60 ML / DAY P
<i>methylphenidate</i>	1	QL 1 EA / DAY PA NP
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	QL 4 EA / DAY PA NP
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	QL 3 EA / DAY P
<i>methylphenidate hcl 10 mg chew tab</i>	1	QL 6 EA / DAY PA NP
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	QL 30 ML / DAY P
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	QL 60 ML / DAY P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl er (osm)</i> <i>(methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 36 mg tab er)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; 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> <div>2 EA / DAY</div> </div>
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; 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> <div>1 EA / DAY</div> </div>
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8e7cc3; 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> <div>1 EA / 1 DAY</div> </div>
<i>methylphenidate hcl er (xr)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8e7cc3; 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> <div>2 EA / DAY</div> </div>
<i>methylphenidate hcl er 10 mg tab er</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; 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> <div>4 EA / DAY</div> </div>
<i>methylphenidate hcl er 20 mg tab er</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; 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> <div>3 EA / DAY</div> </div>
<i>modafinil</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> <div>2 EA / DAY</div> </div>
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 30 MG CHER)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8e7cc3; 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> <div>2 EA / DAY</div> </div>
QUILLICHEW ER 40 MG CHER	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8e7cc3; 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> <div>1 EA / DAY</div> </div>
QUILLIVANT XR	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8e7cc3; 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> <div>12 ML / DAY</div> </div>
RITALIN	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #8e7cc3; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8e7cc3; 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> <div>3 EA / DAY</div> </div>

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>
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
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>
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - C'S		
ACTIVATED CHARCOAL	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>cranberry supplement</i>	1	<div style="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="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
ALTERNATIVE MEDICINE - G'S		
<i>cvs glucosamine</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>glucosamine hcl 1500 mg tab</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>glucosamine sulfate</i>	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>sm glucosamine hcl</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
ALTERNATIVE MEDICINE - M'S		
MELATONIN	2	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>melatonin</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>melatonin / pyridoxine</i>	1	<div style="background-color: #993399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>

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

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

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HULIO (2 SYRINGE)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
HUMIRA	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP P
HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP P
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	2	<ul style="list-style-type: none"> QL 2 UNITS / 28 DAYS PA SP P
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	<ul style="list-style-type: none"> QL 2 UNITS / 28 DAYS PA SP P
HUMIRA PEN	2	<ul style="list-style-type: none"> QL 2 UNITS / 28 DAYS PA SP P
HUMIRA PEN-CD/UC/HS STARTER	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA PEN-PSOR/UEVEIT STARTER	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP P
HUMIRA-CD/UC/HS STARTER	2	<ul style="list-style-type: none"> QL 6 EA / 180 DAYS PA SP P
HUMIRA-PED<40KG CROHNS STARTER	2	<ul style="list-style-type: none"> QL 2 EA / 180 DAYS PA SP P
HUMIRA-PED>/=40KG CROHNS START	2	<ul style="list-style-type: none"> QL 3 EA / 180 DAYS PA SP P
HUMIRA-PED>/=40KG UC STARTER	2	<ul style="list-style-type: none"> QL 4 EA / 180 DAYS PA SP P
HUMIRA-PS/UV/ADOL HS STARTER	2	<ul style="list-style-type: none"> QL 4 EA / 180 DAYS PA SP P
HYRIMOZ (HYRIMOZ 10 MG/0.1 ML SOLN PRSYR, HYRIMOZ 20 MG/0.2ML SOLN PRSYR, HYRIMOZ 40 MG/0.4ML SOLN A-INJ, HYRIMOZ 40 MG/0.4ML SOLN PRSYR, HYRIMOZ 40 MG/0.8ML SOLN A-INJ, HYRIMOZ 40 MG/0.8ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IDACIO FOR CROHNS DISEASE/UC	2	<ul style="list-style-type: none"> QL 6 EA / 180 DAYS PA SP NP
IDACIO FOR PLAQUE PSORIASIS	2	<ul style="list-style-type: none"> QL 4 EA / 180 DAYS PA SP NP
SIMPONI (SIMPONI 100 MG/ML SOLN A-INJ, SIMPONI 100 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 1 ml / 28 days PA SP NP
SIMPONI (SIMPONI 50 MG/0.5ML SOLN A-INJ, SIMPONI 50 MG/0.5ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 0.5 ml / 28 days PA SP NP
SIMPONI ARIA	2	<ul style="list-style-type: none"> PA SP NP
YUFLYMA (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP
YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 EA / 180 DAYS PA SP NP
YUFLYMA (2 PEN)	2	<ul style="list-style-type: none"> QL 2 EA / 28 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YUFLYMA 2-SYRINGE KIT	2	QL 2 EA / 28 DAYS PA SP NP
YUFLYMA-CD/UC/HS STARTER	2	QL 3 EA / 180 DAYS PA SP NP
YUSIMRY	2	QL 2 EA / 28 DAYS PA SP NP
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT	2	QL 30 EA / 30 days PA SP NP
RINVOQ	2	QL 1 EA / DAY PA SP NP
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	2	QL 2 EA / DAY PA SP P
XELJANZ 1 MG/ML SOLUTION	2	QL 10 ML / DAY PA SP NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ACTEMRA ACTPEN	2	<ul style="list-style-type: none"> QL 1.8 ml / 28 days PA SP NP
KEVZARA	2	<ul style="list-style-type: none"> QL 2.28 ML / 28 DAYS PA SP NP
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 1.8 ML / 28 DAYS PA SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ARTHROTEC	2	<ul style="list-style-type: none"> PA NP
<i>cataflam</i>	1	EDS
CELEBREX	2	<ul style="list-style-type: none"> PA NP
<i>celecoxib</i>	1	<ul style="list-style-type: none"> EDS P
CHILDRENS ADVIL	2	OTC
DAYPRO	2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> EDS P
<i>diclofenac sodium er</i>	1	<ul style="list-style-type: none"> EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diclofenac-misoprostol (diclofenac-misoprostol 50-0.2 mg tab dr, diclofenac-misoprostol 75-0.2 mg tab dr)</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
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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	EDS
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125 MG/ML SOLN PRSYR	2	QL 4 ml / 28 days PA SP NP
ORENCIA 250 MG RECON SOLN	2	PA SP NP
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	QL 1.6 ml / 28 day PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2.8 ml / 28 day PA SP NP
ORENCIA CLICKJECT	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP NP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (ENBREL 25 MG RECON SOLN, ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 50 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P
ENBREL 25 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 2 ml / 28 days PA SP P
ENBREL MINI	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P
ENBREL SURECLICK	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
<i>zebutal</i>	1	
ANALGESICS OTHER		
<i>acetaminophen (tylenol)</i>	1	OTC EDS
CHILDRENS TYLENOL	2	OTC
SALICYLATES		
<i>aspirin</i>	\$0	OTC EDS
<i>aspirin (81 mg chew tab)</i>	\$0	OTC EDS
<i>aspirin (81 mg tab dr)</i>	\$0	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CONZIP	2	PA NP
DURAGESIC-100	2	QL 0.34 EA / DAY PA NP
DURAGESIC-12	2	QL 0.34 EA / DAY PA NP
DURAGESIC-25	2	QL 0.34 EA / DAY PA NP
DURAGESIC-50	2	QL 0.34 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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	QL 4 EA / day PA
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	QL 4 EA / day PA NP
<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	QL 4 EA / day PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 218 1192 254">QL</div> 3 EA / day <div data-bbox="1133 268 1192 304">PA</div> <div data-bbox="1133 319 1192 354">NP</div>
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H)	2	<div data-bbox="1133 470 1192 506">QL</div> 3 EA / day <div data-bbox="1133 520 1192 556">PA</div> <div data-bbox="1133 571 1192 606">NP</div>
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter)</i>	1	<div data-bbox="1133 680 1192 716">QL</div> 2 EA / day <div data-bbox="1133 730 1192 766">PA</div> <div data-bbox="1133 781 1192 816">NP</div>
<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	<div data-bbox="1133 869 1192 905">QL</div> 1 EA / day <div data-bbox="1133 919 1192 955">PA</div> <div data-bbox="1133 970 1192 1005">NP</div>
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	2	<div data-bbox="1133 1058 1192 1094">QL</div> 2 EA / day <div data-bbox="1133 1108 1192 1144">PA</div> <div data-bbox="1133 1159 1192 1194">NP</div>
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	<div data-bbox="1133 1226 1192 1262">QL</div> 8 ml / day
<i>hydromorphone hcl 2 mg tab</i>	1	<div data-bbox="1133 1289 1192 1325">QL</div> 6 EA / day
<i>hydromorphone hcl 4 mg tab</i>	1	<div data-bbox="1133 1352 1192 1388">QL</div> 5 EA / day
<i>hydromorphone hcl 8 mg tab</i>	1	<div data-bbox="1133 1415 1192 1451">QL</div> 2 EA / day
<i>hydromorphone hcl er</i>	1	<div data-bbox="1133 1478 1192 1514">QL</div> 1 EA / day <div data-bbox="1133 1528 1192 1564">PA</div> <div data-bbox="1133 1579 1192 1614">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HYSINGLA ER (HYSINGLA ER 30 MG TB24 DETER, HYSINGLA ER 40 MG TB24 DETER)	2	QL 3 EA / day PA NP
HYSINGLA ER (HYSINGLA ER 80 MG TB24 DETER, HYSINGLA ER 100 MG TB24 DETER, HYSINGLA ER 120 MG TB24 DETER)	2	QL 1 EA / day PA NP
HYSINGLA ER 20 MG TB24 DETER	2	QL 4 EA / day PA NP
HYSINGLA ER 60 MG TB24 DETER	2	QL 2 EA / day PA NP
KADIAN 200 MG CAP ER 24H	2	QL 1 EA / day PA NP
<i>methadone hcl (methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i>	1	QL 10 ml / day
<i>methadone hcl 10 mg tab</i>	1	QL 2 EA / day PA NP
<i>methadone hcl 5 mg tab</i>	1	QL 4 EA / day PA NP
<i>methadone hcl 5 mg/5ml solution</i>	1	QL 20 ml / day
<i>methadone hcl intensol</i>	1	QL 10 ml / day
<i>morphine sulfate (concentrate)</i>	2	QL 4.5 ML / 1 DAY
<i>morphine sulfate 10 mg/5ml solution</i>	2	QL 30 ml / day

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>morphine sulfate 15 mg tab</i>	1	QL 6 EA / day
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL 22.5 ml / day
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	QL 22.5 ml / day
<i>morphine sulfate 30 mg tab</i>	1	QL 3 EA / day
<i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i>	1	QL 4 EA / day PA NP
MORPHINE SULFATE ER (MORPHINE SULFATE ER 10 MG CAP ER 24H, MORPHINE SULFATE ER 20 MG CAP ER 24H)	2	QL 4 EA / day PA NP
<i>morphine sulfate er (morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i>	1	QL 1 EA / day PA NP
MORPHINE SULFATE ER (MORPHINE SULFATE ER 50 MG CAP ER 24H, MORPHINE SULFATE ER 60 MG CAP ER 24H, MORPHINE SULFATE ER 80 MG CAP ER 24H, MORPHINE SULFATE ER 100 MG CAP ER 24H)	2	QL 1 EA / day PA NP
<i>morphine sulfate er (morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	QL 1 EA / day PA P
<i>morphine sulfate er 15 mg tab er</i>	1	QL 4 EA / day PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>morphine sulfate er 30 mg cap er 24h</i>	1	<ul style="list-style-type: none"> QL 3 EA / day PA NP
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
<i>morphine sulfate er 30 mg tab er</i>	1	<ul style="list-style-type: none"> QL 3 EA / day PA P
MORPHINE SULFATE ER 40 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
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	<ul style="list-style-type: none"> QL 1 EA / day PA NP
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
MS CONTIN (MS CONTIN 60 MG TAB ER, MS CONTIN 100 MG TAB ER, MS CONTIN 200 MG TAB ER)	2	<ul style="list-style-type: none"> QL 1 EA / day PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MS CONTIN 15 MG TAB ER	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;">4 EA / day</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>
MS CONTIN 30 MG TAB ER	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;">3 EA / day</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>
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 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;">1 EA / day</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>
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H)	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;">2 EA / day</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>
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone 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;">12 EA / day</div> </div>
<i>oxycodone 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;">6 EA / day</div> </div>
<i>oxycodone hcl 100 mg/5ml 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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">3 ml / day</div> </div>
<i>oxycodone hcl 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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">4 EA / day</div> </div>
<i>oxycodone hcl 20 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;">3 EA / day</div> </div>
<i>oxycodone hcl 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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">2 EA / day</div> </div>
<i>oxycodone 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 style="background-color: #999966; color: white; padding: 2px 5px; border-radius: 3px;">40 ml / day</div> </div>
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	<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;">3 EA / day</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>
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	<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;">2 EA / DAY</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>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXYCODONE HCL ER 30 MG TB12 DETER	1	<ul style="list-style-type: none"> QL 2 EA / day PA NP
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	<ul style="list-style-type: none"> QL 3 EA / 1 DAY PA NP
OXYCONTIN (OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
OXYCONTIN 15 MG TB12 DETER	2	<ul style="list-style-type: none"> QL 3 EA / day PA NP
OXYCONTIN 30 MG TB12 DETER	2	<ul style="list-style-type: none"> QL 2 EA / day PA NP
OXYCONTIN 40 MG TB12 DETER	2	<ul style="list-style-type: none"> QL 2 EA / 1 DAY PA NP
<i>tramadol hcl (er biphasic)</i>	1	<ul style="list-style-type: none"> PA NP
<i>tramadol hcl 50 mg tab</i>	1	<ul style="list-style-type: none"> QL 8 EA / day
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	<ul style="list-style-type: none"> PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>2 EA / day</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NP</div> </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; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>3 EA / day</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NP</div> </div> </div>
ZOHYDRO ER (ZOHYDRO ER 10 MG CAP ER 12H, ZOHYDRO ER 15 MG CAP ER 12H, ZOHYDRO ER 20 MG CAP ER 12H)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>4 EA / day</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NP</div> </div> </div>
ZOHYDRO ER (ZOHYDRO ER 30 MG CAP ER 12H, ZOHYDRO ER 40 MG CAP ER 12H)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>3 EA / day</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NP</div> </div> </div>
ZOHYDRO ER 50 MG CAP ER 12H	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>2 EA / day</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">PA</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">NP</div> </div> </div>

OPIOID COMBINATIONS

<i>acetaminophen-codeine (acetaminophen-codeine 300-15 mg tab, acetaminophen-codeine 300-30 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>12 EA / day</div> </div>
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>150 ml / day</div> </div>
<i>acetaminophen-codeine 300-60 mg tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>6 EA / day</div> </div>
<i>ascomp-codeine</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>6 EA / day</div> </div>
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>6 EA / day</div> </div>
<i>butalbital-asa-caff-codeine</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>6 EA / day</div> </div>
<i>endocet (endocet 2.5-325 mg tab, endocet 5-325 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">QL</div> <div>12 EA / day</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>endocet 10-325 mg tab</i>	1	QL 6 EA / day
<i>endocet 7.5-325 mg tab</i>	1	QL 8 EA / day
<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>lorcet</i>	1	QL 12 EA / day
<i>lorcet hd</i>	1	QL 9 EA / day
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab)</i>	1	QL 12 EA / day
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 6 EA / day
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 8 EA / day
<i>tramadol-acetaminophen</i>	1	QL 8 EA / day
OPIOID PARTIAL AGONISTS		
BELBUCA	1	QL 2 EA / day PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1.28 ML / 28 DAYS PA LA NP
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1.92 ML / 28 DAYS PA LA NP
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 2.56 ML / 28 DAYS PA LA NP
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.64 ML / 28 DAYS PA LA NP
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.36 ML / 28 DAYS PA LA NP
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.18 ML / 28 DAYS PA LA NP
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.27 ML / 28 DAYS PA LA NP
<i>buprenorphine</i>	1	<ul style="list-style-type: none"> QL 0.15 EA / DAY PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SUBOXONE 12-3 MG FILM	1	QL 2 EA / day P
SUBOXONE 2-0.5 MG FILM	1	QL 12 EA / day P
SUBOXONE 4-1 MG FILM	1	QL 6 EA / day P
SUBOXONE 8-2 MG FILM	1	QL 3 EA / day P
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	QL 12 EA / day PA NP
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	QL 2 EA / day PA NP
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 4 EA / day PA NP
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 3 EA / day PA NP

ANDROGENS-ANABOLIC

ANDROGENS

<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
TESTIM	1	QL 10 GM / DAY PA P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone cypionate</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	
VOGELXO	2	<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: #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> <div>10 GM / DAY</div> </div>
VOGELXO PUMP	2	<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: #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> <div>10 GM / 1 DAY</div> </div>
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	1	<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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	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: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> </div>
RECTAL COMBINATIONS		
<i>hemorrhoidal cream</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>hemorrhoidal ointment</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>hemorrhoidal suppository</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>phenylephrine / shark liver / petrolatum (preparation h)</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>
PROCTOFOAM HC	2	
RECTAL LOCAL ANESTHETICS		
<i>pramoxine (procto-foam)</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
RECTAL STEROIDS		
<i>anucort-hc</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone acetate (hydrocortisone acetate 25 mg suppos, hydrocortisone acetate 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
VASODILATING AGENTS		
RECTIV	2	
ANTACIDS		
ANTACID COMBINATIONS		
ANTACID	2	OTC
<i>calcium carbonate / magnesium hydroxide (mylanta supreme)</i>	1	OTC
<i>magnesium carbonate / aluminum hydroxide (gaviscon)</i>	1	OTC
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	1	OTC
ANTACIDS - ALUMINUM SALTS		
<i>aluminum hydroxide (alternagel)</i>	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTACIDS - BICARBONATE		
SODIUM BICARBONATE	2	OTC
<i>sodium bicarbonate</i>	1	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (tums)</i>	1	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide</i>	1	OTC EDS
MAGNESIUM OXIDE (ANTACID)	2	OTC
<i>magnesium oxide (antacid)</i>	1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole</i>	1	
BENZNIDAZOLE	2	LA
<i>cvs pinworm treatment</i>	1	OTC
<i>ivermectin 3 mg tab</i>	1	
<i>pin-away</i>	1	OTC
<i>pinworm medicine</i>	1	OTC
<i>praziquantel</i>	1	
<i>reeses pinworm medicine</i>	1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>baciim</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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	
XIFAXAN 200 MG TAB	2	QL 3 EA / DAY
XIFAXAN 550 MG TAB	2	QL 2 EA / DAY PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>multivitamins / minerals</i>	2	OTC
<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)</i>	1	
<i>sulfatrim pediatric</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	1	
LAMPIT	2	
CARBAPENEMS		
<i>ertapenem sodium</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>meropenem (meropenem 1 gm recon soln, meropenem 500 mg recon soln)</i>	1	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	2	
CYCLIC LIPOPEPTIDES		
<i>daptomycin</i>	1	
GLYCOPEPTIDES		
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> 2 EA / DAY </div> <div style="background-color: #8b5732; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #e69138; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">NP</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> 2 EA / DAY </div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
LEPROSTATICS		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	<div style="background-color: #8b1a1a; color: white; padding: 2px 5px; border-radius: 3px; display: inline-block;">EDS</div>
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	1	
MONOBACTAMS		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	<div data-bbox="1133 590 1195 625">PA</div> <div data-bbox="1133 642 1195 678">LA</div> <div data-bbox="1133 695 1195 730">NP</div>
OXAZOLIDINONES		
<i>linezolid (linezolid 100 mg/5ml recon susp, linezolid 600 mg tab, linezolid 600 mg/300ml solution)</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
PLEUROMUTILINS		
XENLETA 600 MG TAB	2	<div data-bbox="1133 1125 1195 1161">PA</div>
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomicin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	EDS
NITRATES		
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	1	EDS
<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	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
<i>buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 7.5 mg tab, buspirone hcl 10 mg tab, buspirone hcl 15 mg tab, buspirone 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap)</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	2	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab, alprazolam 2 mg tab)</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 5 mg/5ml solution, diazepam 5 mg/ml conc, diazepam 5 mg/ml solution, diazepam 10 mg tab, diazepam 10 mg/2ml solution)</i>	1	
DIAZEPAM 10 MG/2ML SOLN A-INJ	2	
<i>diazepam intensol</i>	1	
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab, lorazepam 2 mg tab, lorazepam 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	EDS
<i>procainamide hcl</i>	1	
PROCAINAMIDE HCL 500 MG/ML SOLUTION	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quinidine gluconate er</i>	1	EDS
QUINIDINE SULFATE	2	
<i>quinidine sulfate</i>	1	EDS
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	EDS
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	EDS
<i>dofetilide</i>	1	EDS
<i>pacerone</i>	1	EDS
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px 5px; border-radius: 3px;">LA</div> </div> 0.5 ML / 56 DAYS
FASENRA 30 MG/ML SOLN PRSYR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px 5px; border-radius: 3px;">LA</div> </div> 1 ml / 56 days

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FASENRA PEN	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;">LA</div> </div> 1 ml / 56 days
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	<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 EA / 28 days
XOLAIR (XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML 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> 2 ML / 28 DAYS
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
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #66cc66; 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: #66cc66; color: white; padding: 2px;">P</div> </div>
SPIRIVA HANDIHALER	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #66cc66; color: white; padding: 2px;">P</div> </div>
SPIRIVA RESPIMAT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #66cc66; color: white; padding: 2px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tiotropium bromide monohydrate</i>	1	PA EDS NP
TUDORZA PRESSAIR	2	P
YUPELRI	2	PA NP
LEUKOTRIENE MODULATORS		
ACCOLATE	2	PA NP
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i>	1	EDS P
<i>montelukast sodium 4 mg packet</i>	1	PA EDS NP
SINGULAIR	2	PA NP
<i>zafirlukast</i>	1	EDS P
<i>zileuton er</i>	1	PA NP
ZYFLO	2	PA NP
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	2	PA NP
<i>roflumilast</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STEROID INHALANTS		
ALVESCO	2	QL 0.21 GM / DAY PA NP
ARMONAIR DIGIHALER	2	QL 0.04 EA / DAY PA NP
ARNUITY ELLIPTA	2	QL 1 EA / DAY P
ASMANEX HFA	2	QL 0.44 GM / DAY PA NP
ASMANEX INHALATION POWDER	2	QL 0.04 EA / DAY P
<i>budesonide (budesonide 0.25 mg/2ml suspension, budesonide 0.5 mg/2ml suspension, budesonide 1 mg/2ml suspension)</i>	1	EDS P
FLUTICASONE PROPIONATE DISKUS	1	QL 2 EA / DAY
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL 12 GM / FILL P
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL 24 GM / FILL P
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL 10.6 GM / FILL P
PULMICORT	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PULMICORT FLEXHALER	2	QL 0.04 EA / DAY P
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 0.36 GM / DAY PA NP
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 0.71 GM / DAY PA NP
SYMPATHOMIMETICS		
ADVAIR DISKUS	1	QL 2 EA / DAY P
ADVAIR HFA	1	QL 0.4 GM / DAY P
AIRDUO DIGIHALER	2	QL 0.04 EA / DAY PA NP
AIRDUO RESPICLICK 113/14	2	QL 1 EA / 1 FILL PA NP
AIRDUO RESPICLICK 232/14	2	QL 1 EA / 1 FILL PA NP
AIRDUO RESPICLICK 55/14	2	QL 1 EA / 1 FILL PA NP
AIRSUPRA	2	QL 0.72 GM / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	EDS P
<i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i>	1	EDS P
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BREO ELLIPTA	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
<i>breynd</i>	1	<ul style="list-style-type: none"> QL 0.69 GM / DAY PA EDS NP
BREZTRI AEROSPHERE	2	<ul style="list-style-type: none"> QL 0.36 GM / DAY PA NP
BROVANA	2	<ul style="list-style-type: none"> PA NP
<i>budesonide-formoterol fumarate</i>	1	<ul style="list-style-type: none"> QL 0.69 GM / DAY PA EDS NP
COMBIVENT RESPIMAT	2	<ul style="list-style-type: none"> QL 0.14 GM / DAY P
DUAKLIR PRESSAIR	2	<ul style="list-style-type: none"> QL 0.04 EA / DAY PA NP
DULERA	2	<ul style="list-style-type: none"> QL 0.87 GM / DAY P
FLUTICASONE FUROATE-VILANTEROL	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 45-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 115-21 MCG/ACT AEROSOL, FLUTICASONE-SALMETEROL 230-21 MCG/ACT AEROSOL)	1	<ul style="list-style-type: none"> QL 12 GM / 30 DAYS PA NP
FLUTICASONE-SALMETEROL (FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA, FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA)	1	<ul style="list-style-type: none"> QL 1 EA / 1 FILL PA NP
<i>formoterol fumarate</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>ipratropium-albuterol</i>	1	<ul style="list-style-type: none"> QL 18 ML / DAY EDS P
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/0.5ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	1	<ul style="list-style-type: none"> PA EDS NP
LEVALBUTEROL TARTRATE	1	<ul style="list-style-type: none"> QL 1 GM / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PERFOROMIST	2	PA NP
PROAIR DIGIHALER	2	QL 2 EA / fill PA NP
PROAIR RESPICLICK	2	QL 2 EA / fill PA NP
SEREVENT DISKUS	2	QL 2 EA / DAY P
STIOLTO RESPIMAT	2	QL 0.14 GM / DAY P
STRIVERDI RESPIMAT	2	QL 0.14 GM / DAY PA NP
SYMBICORT	1	QL 0.69 GM / DAY P
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	1	EDS
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	QL 2 EA / DAY PA NP
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	QL 2 EA / 1 DAY PA NP
VENTOLIN HFA	1	QL 1.2 GM / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>wixela inhub</i>	1	QL 2 EA / DAY EDS
XOPENEX HFA	1	QL 1 GM / DAY P
XANTHINES		
<i>theophylline 80 mg/15ml solution</i>	1	EDS
<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	EDS
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN	2	PA NP
<i>jantoven</i>	1	EDS P
<i>warfarin sodium</i>	1	EDS P
DIRECT FACTOR XA INHIBITORS		
ELIQUIS	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
SAVAYSA	2	PA NP
XARELTO (XARELTO 2.5 MG TAB, XARELTO 10 MG TAB, XARELTO 15 MG TAB, XARELTO 20 MG TAB)	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XARELTO 1 MG/ML RECON SUSP	2	PA NP
XARELTO STARTER PACK	2	P
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA	2	PA NP
<i>bd heparin posiflush</i>	1	
<i>enoxaparin sodium</i>	1	P
<i>fondaparinux sodium</i>	1	PA NP
FRAGMIN (FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	2	P
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	PA NP
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i>	1	
<i>heparin lock flush</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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
HEPARIN SOD (PORCINE) IN D5W	2	
<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	
<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	
<i>heparin sodium lock flush</i>	1	
LOVENOX	2	PA NP
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate</i>	1	PA NP
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	PA NP
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	2	PA NP
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (clobazam 10 mg tab, clobazam 20 mg tab)</i>	1	P
<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	
DIASTAT ACUDIAL	1	QL 2 EA / FILL P
DIASTAT PEDIATRIC	1	QL 2 EA / FILL P
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	QL 2 EA / FILL P
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gabapentin 800 mg tab</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;">4.5 EA / DAY</div> </div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
KEPPRA (KEPPRA 100 MG/ML SOLUTION, KEPPRA 250 MG TAB, KEPPRA 500 MG TAB, KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB)	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
KEPPRA XR	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<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	<div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
LAMICTAL	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
LAMICTAL ODT	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
LAMICTAL STARTER	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
LAMICTAL XR	2	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>
<i>lamotrigine (lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 42 x 50 mg & 14x100 mg kit)</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">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 style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #cc6633; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 222 1195 254">EDS</div> <div data-bbox="1133 275 1195 306">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 455 1195 487">EDS</div> <div data-bbox="1133 508 1195 539">P</div>
<i>lamotrigine starter kit-blue</i>	1	<div data-bbox="1133 638 1195 669">PA</div> <div data-bbox="1133 690 1195 722">NP</div>
<i>lamotrigine starter kit-green</i>	1	<div data-bbox="1133 747 1195 779">PA</div> <div data-bbox="1133 800 1195 831">NP</div>
<i>lamotrigine starter kit-orange</i>	1	<div data-bbox="1133 856 1195 888">PA</div> <div data-bbox="1133 909 1195 940">NP</div>
<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	<div data-bbox="1133 1014 1195 1045">EDS</div> <div data-bbox="1133 1066 1195 1098">P</div>
<i>levetiracetam er</i>	1	<div data-bbox="1133 1182 1195 1213">EDS</div> <div data-bbox="1133 1234 1195 1266">P</div>
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	<div data-bbox="1133 1287 1365 1329">QL 2 EA / DAY</div> <div data-bbox="1133 1350 1195 1381">PA</div> <div data-bbox="1133 1402 1195 1434">NP</div>
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	<div data-bbox="1133 1476 1365 1518">QL 3 EA / DAY</div> <div data-bbox="1133 1539 1195 1570">PA</div> <div data-bbox="1133 1591 1195 1623">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
NEURONTIN 800 MG TAB	2	QL 4.5 EA / DAY PA NP
<i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 300 mg/5ml suspension, oxcarbazepine 600 mg tab)</i>	1	EDS P
OXTELLAR XR	2	PA NP
<i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i>	1	QL 2 EA / DAY P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 EA / DAY</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>pregabalin 20 mg/ml solution</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;">30 ML / DAY</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <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; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>
PRIMIDONE 125 MG TAB	2	<div style="display: flex; align-items: center;"> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
QUDEXY XR	2	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>roweepra</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>roweepra xr</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
SPRITAM	2	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>subvenite</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</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>subvenite starter kit-blue</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>subvenite starter kit-green</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>subvenite starter kit-orange</i>	1	<div style="display: flex; align-items: center;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zonisamide</i>	1	EDS P
ZTALMY	2	PA LA NP
CARBAMATES		
<i>felbamate (felbamate 400 mg tab, felbamate 600 mg tab, felbamate 600 mg/5ml suspension)</i>	1	EDS P
FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB)	2	PA NP
FELBATOL 600 MG/5ML SUSPENSION	1	P
XCOPRI (250 MG DAILY DOSE)	2	QL 2 EA / DAY PA NP
XCOPRI (350 MG DAILY DOSE)	2	QL 2 EA / DAY PA NP
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X 200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X 100 MG TAB THPK, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	2	QL 1 EA / DAY PA NP
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	2	QL 2 EA / DAY PA NP
XCOPRI 25 MG TAB	2	QL 1 EA / 1 DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GABA MODULATORS		
GABITRIL	1	P
SABRIL	2	PA LA NP
<i>tiagabine hcl</i>	1	PA EDS NP
<i>vigabatrin</i>	1	PA LA NP
<i>vigadrone</i>	1	PA LA NP
<i>vigpoder</i>	1	PA LA NP
HYDANTOINS		
DILANTIN 100 MG CAP	1	P
DILANTIN 125 MG/5ML SUSPENSION	2	PA NP
DILANTIN 30 MG CAP	2	P
DILANTIN INFATABS	2	PA NP
DILANTIN-125	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	EDS P
<i>phenytoin (phenytoin 50 mg chew tab, phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i>	1	EDS P
<i>phenytoin infatabs</i>	1	EDS P
<i>phenytoin sodium extended</i>	1	EDS P
SUCCINIMIDES		
CELONTIN	1	P
<i>ethosuximide (ethosuximide 250 mg cap, ethosuximide 250 mg/5ml solution)</i>	1	EDS P
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	2	PA NP
VALPROIC ACID		
DEPAKOTE	2	PA NP
DEPAKOTE ER	2	PA NP
DEPAKOTE SPRINKLES	2	PA NP
<i>divalproex sodium</i>	1	EDS P
<i>divalproex sodium er</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	1	EDS P
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	EDS P
REMERON	2	PA NP
REMERON SOLTAB	2	PA NP
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	2	PA NP
ANTIDEPRESSANTS - MISC.		
APLENZIN	2	QL 1 EA / DAY PA NP
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	1	QL 3 EA / DAY EDS P
<i>bupropion hcl er (smoking det)</i>	\$0	QL 2 EA / DAY EDS
<i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i>	1	QL 2 EA / DAY EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
WELLBUTRIN XL	2	QL 1 EA / DAY PA NP

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

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

NARDIL	1	
PHENELZINE SULFATE	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS

N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS

SPRAVATO (56 MG DOSE)	2	PA SP
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SPRAVATO (84 MG DOSE)	2	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">SP</div>
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	2	<div data-bbox="1133 357 1195 394">PA</div> <div data-bbox="1133 405 1195 443">NP</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 data-bbox="1133 520 1195 558">EDS</div> <div data-bbox="1133 569 1195 606">P</div>
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	<div data-bbox="1133 680 1195 718">PA</div> <div data-bbox="1133 728 1195 766">NP</div>
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	<div data-bbox="1133 810 1195 848">EDS</div> <div data-bbox="1133 858 1195 896">P</div>
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	<div data-bbox="1133 928 1195 966">PA</div> <div data-bbox="1133 976 1195 1014">EDS</div> <div data-bbox="1133 1024 1195 1062">NP</div>
<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	<div data-bbox="1133 1100 1195 1138">EDS</div> <div data-bbox="1133 1148 1195 1186">P</div>
<i>fluoxetine hcl (fluoxetine hcl 10 mg tab, fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab)</i>	1	<div data-bbox="1133 1226 1195 1264">PA</div> <div data-bbox="1133 1274 1195 1312">EDS</div> <div data-bbox="1133 1323 1195 1360">NP</div>
FLUOXETINE HCL (FLUOXETINE HCL 60 MG TAB, FLUOXETINE HCL 90 MG CAP DR)	2	<div data-bbox="1133 1394 1195 1432">PA</div> <div data-bbox="1133 1442 1195 1480">NP</div>
<i>fluvoxamine maleate 100 mg tab</i>	1	<div data-bbox="1133 1520 1195 1558">QL</div> <div data-bbox="1203 1520 1406 1583">90 UNITS / 30 DAYS</div> <div data-bbox="1133 1593 1195 1631">EDS</div> <div data-bbox="1133 1642 1195 1680">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluvoxamine maleate 25 mg tab</i>	1	<div data-bbox="1133 170 1192 233">QL</div> <div data-bbox="1203 170 1406 233">30 UNITS / 30 DAYS</div> <div data-bbox="1133 243 1192 281">EDS</div> <div data-bbox="1133 296 1192 333">P</div>
<i>fluvoxamine maleate 50 mg tab</i>	1	<div data-bbox="1133 352 1192 415">QL</div> <div data-bbox="1203 352 1406 415">60 UNITS / 30 DAYS</div> <div data-bbox="1133 426 1192 464">EDS</div> <div data-bbox="1133 478 1192 516">P</div>
<i>fluvoxamine maleate er (fluvoxamine maleate er 100 mg cap er 24h, fluvoxamine maleate er 150 mg cap er 24h)</i>	1	<div data-bbox="1133 541 1192 604">QL</div> <div data-bbox="1203 541 1433 604">68 UNITS / FILL</div> <div data-bbox="1133 594 1192 632">PA</div> <div data-bbox="1133 646 1192 684">EDS</div> <div data-bbox="1133 699 1192 737">NP</div>
LEXAPRO	2	<div data-bbox="1133 751 1192 789">PA</div> <div data-bbox="1133 804 1192 842">NP</div>
<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	<div data-bbox="1133 877 1192 915">EDS</div> <div data-bbox="1133 930 1192 968">P</div>
<i>paroxetine hcl 10 mg/5ml suspension</i>	1	<div data-bbox="1133 1003 1192 1041">PA</div> <div data-bbox="1133 1056 1192 1094">NP</div>
<i>paroxetine hcl er</i>	1	<div data-bbox="1133 1119 1192 1157">PA</div> <div data-bbox="1133 1171 1192 1209">EDS</div> <div data-bbox="1133 1224 1192 1262">NP</div>
PAXIL (PAXIL 10 MG TAB, PAXIL 10 MG/5ML SUSPENSION, PAXIL 20 MG TAB, PAXIL 30 MG TAB, PAXIL 40 MG TAB)	2	<div data-bbox="1133 1308 1192 1346">PA</div> <div data-bbox="1133 1360 1192 1398">NP</div>
PAXIL CR	2	<div data-bbox="1133 1455 1192 1493">PA</div> <div data-bbox="1133 1507 1192 1545">NP</div>
PEXEVA	2	<div data-bbox="1133 1560 1192 1598">PA</div> <div data-bbox="1133 1612 1192 1650">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>duloxetine hcl 40 mg cp dr part</i>	1	PA EDS NP
EFFEXOR XR 150 MG CAP ER 24H	2	QL 60 UNITS / 30 DAYS PA NP
EFFEXOR XR 37.5 MG CAP ER 24H	2	QL 30 UNITS / 30 DAYS PA NP
EFFEXOR XR 75 MG CAP ER 24H	2	PA NP
FETZIMA	2	PA NP
FETZIMA TITRATION	2	PA NP
PRISTIQ	2	PA NP
<i>venlafaxine hcl</i>	1	EDS P
<i>venlafaxine hcl er (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	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 201 1195 233">PA</div> <div data-bbox="1133 254 1195 285">EDS</div> <div data-bbox="1133 306 1195 338">NP</div>
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	<div data-bbox="1133 457 1195 489">EDS</div>
<i>amoxapine</i>	1	<div data-bbox="1133 520 1195 552">EDS</div>
<i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap, clomipramine hcl 75 mg cap)</i>	1	<div data-bbox="1133 625 1195 657">EDS</div>
<i>desipramine hcl</i>	1	<div data-bbox="1133 720 1195 751">EDS</div>
<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	<div data-bbox="1133 863 1195 894">EDS</div>
<i>imipramine hcl</i>	1	<div data-bbox="1133 993 1195 1024">EDS</div>
<i>imipramine pamoate</i>	1	<div data-bbox="1133 1056 1195 1087">EDS</div>
<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	<div data-bbox="1133 1178 1195 1209">EDS</div>
<i>protriptyline hcl</i>	1	<div data-bbox="1133 1297 1195 1329">EDS</div>
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	<div data-bbox="1133 1507 1195 1539">EDS</div> <div data-bbox="1133 1560 1195 1591">P</div>
GLYSET	2	<div data-bbox="1133 1619 1195 1650">PA</div> <div data-bbox="1133 1671 1195 1703">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glipizide-metformin hcl (glipizide-metformin hcl 2.5-250 mg tab, glipizide-metformin hcl 2.5-500 mg tab, glipizide-metformin hcl 5-500 mg tab)</i>	1	EDS
<i>glyburide-metformin</i>	1	EDS
GLYXAMBI	2	QL 1 EA / DAY PA NP
INVOKAMET	2	QL 2 EA / DAY PA NP
INVOKAMET XR	2	QL 2 EA / DAY PA NP
JANUMET	2	QL 2 EA / DAY PA P
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	2	QL 2 EA / DAY PA P
JANUMET XR 100-1000 MG TAB ER 24H	2	QL 1 EA / DAY PA P
JENTADUETO	2	QL 2 EA / DAY PA P
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 2 EA / DAY PA P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JENTADUETO XR 5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA P
KAZANO	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
KOMBIGLYZE XR	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA P
OSENI	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>pioglitazone hcl-glimepiride</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>pioglitazone hcl-metformin hcl</i>	1	<ul style="list-style-type: none"> PA EDS NP
QTERN	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
<i>saxagliptin-metformin er</i>	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SEGLUROMET	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SOLIQUA	2	<ul style="list-style-type: none"> QL 0.6 ML / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STEGLUJAN	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
SYNJARDY	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
SYNJARDY XR (SYNJARDY XR 10-1000 MG TAB ER 24H, SYNJARDY XR 25-1000 MG TAB ER 24H)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
SYNJARDY XR (SYNJARDY XR 5-1000 MG TAB ER 24H, SYNJARDY XR 12.5-1000 MG TAB ER 24H)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H)	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA NP
XIGDUO XR (XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA NP
XULTOPHY	2	<ul style="list-style-type: none"> QL 0.5 ML / DAY PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BIGUANIDES		
<i>metformin hcl (metformin hcl 500 mg tab, metformin hcl 850 mg tab, metformin hcl 1000 mg tab)</i>	1	EDS
<i>metformin hcl er</i>	1	EDS
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL 2 EA / 1 FILL
BAQSIMI TWO PACK	2	QL 2 EA / 1 FILL
<i>diazoxide</i>	1	
GLUCAGEN HYPOKIT	2	QL 2 EA / fill
GLUCAGON EMERGENCY 1 MG KIT	1	QL 2 EA / FILL
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QL 2 EA / fill
<i>glucose (dextrose)</i>	2	OTC
GVOKE HYPOPEN 1-PACK	2	QL 2 EA / fill
GVOKE HYPOPEN 2-PACK	2	QL 2 EA / fill
GVOKE KIT	2	QL 2 EA / fill
GVOKE PFS	2	QL 2 EA / fill
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN BENZOATE	1	QL 1 EA / DAY PA NP
JANUVIA	2	QL 1 EA / DAY PA P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 1.5 ml / 28 days </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> P </div> </div>
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 3 ml / 28 days </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> P </div> </div>
OZEMPIC (1 MG/DOSE)	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 3 ml / 28 days </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> P </div> </div>
OZEMPIC (2 MG/DOSE)	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 3 ml / 28 days </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> P </div> </div>
RYBELSUS	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 1 EA / DAY </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> NP </div> </div>
TRULICITY	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 2 ML / 28 DAYS </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> NP </div> </div>
VICTOZA	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 0.3 ML / DAY </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> P </div> </div>
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 6 ml / 28 days </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> NP </div> </div>
ADLYXIN STARTER PACK	2	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 2px;"> QL 6 ml / 28 days </div> <div style="display: flex; align-items: center; margin-bottom: 2px;"> PA </div> <div style="display: flex; align-items: center;"> NP </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INSULIN		
ADMELOG	2	PA NP
ADMELOG SOLOSTAR	2	PA NP
AFREZZA	2	PA NP
APIDRA	2	PA NP
APIDRA SOLOSTAR	2	PA NP
BASAGLAR KWIKPEN	2	PA NP
BASAGLAR TEMPO PEN	2	PA NP
FIASP	2	PA NP
FIASP FLEXTOUCH	2	PA NP
FIASP PENFILL	2	PA NP
FIASP PUMPCART	2	PA NP
HUMALOG 100 UNIT/ML SOLN CART	2	P
HUMALOG 100 UNIT/ML SOLUTION	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
HUMULIN R U-500 (CONCENTRATED)	2	P
HUMULIN R U-500 KWIKPEN	2	P
INSULIN ASP PROT & ASP FLEXPEN	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
LANTUS	2	P
LANTUS SOLOSTAR	2	P
LEVEMIR	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
NOVOLIN N RELION	2	OTC P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN R	2	<div data-bbox="1133 170 1195 205">OTC</div> <div data-bbox="1133 218 1195 254">P</div>
NOVOLIN R FLEXPEN	2	<div data-bbox="1133 281 1195 317">PA</div> <div data-bbox="1133 329 1195 365">OTC</div> <div data-bbox="1133 378 1195 413">NP</div>
NOVOLIN R FLEXPEN RELION	2	<div data-bbox="1133 443 1195 478">PA</div> <div data-bbox="1133 491 1195 527">OTC</div> <div data-bbox="1133 539 1195 575">NP</div>
NOVOLIN R RELION	2	<div data-bbox="1133 602 1195 638">OTC</div> <div data-bbox="1133 651 1195 686">P</div>
NOVOLOG	2	<div data-bbox="1133 711 1195 747">P</div>
NOVOLOG 70/30 FLEXPEN RELION	2	<div data-bbox="1133 795 1195 831">P</div>
NOVOLOG FLEXPEN	2	<div data-bbox="1133 873 1195 909">P</div>
NOVOLOG FLEXPEN RELION	2	<div data-bbox="1133 936 1195 972">P</div>
NOVOLOG MIX 70/30	2	<div data-bbox="1133 999 1195 1035">P</div>
NOVOLOG MIX 70/30 FLEXPEN	2	<div data-bbox="1133 1062 1195 1098">P</div>
NOVOLOG MIX 70/30 RELION	2	<div data-bbox="1133 1125 1195 1161">P</div>
NOVOLOG PENFILL	2	<div data-bbox="1133 1188 1195 1224">P</div>
NOVOLOG RELION	2	<div data-bbox="1133 1251 1195 1287">P</div>
REZVOGLAR KWIKPEN	2	<div data-bbox="1133 1314 1195 1350">PA</div> <div data-bbox="1133 1362 1195 1398">NP</div>
SEMGLEE	2	<div data-bbox="1133 1425 1195 1461">PA</div> <div data-bbox="1133 1474 1195 1509">NP</div>
SEMGLEE (YFGN)	2	<div data-bbox="1133 1537 1195 1572">PA</div> <div data-bbox="1133 1585 1195 1621">NP</div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STEGLATRO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 1 EA / DAY
SULFONYLUREAS		
<i>glimepiride</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glipizide (glipizide 5 mg tab, glipizide 10 mg tab)</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glipizide er (glipizide er 2.5 mg tab er 24h, glipizide er 5 mg tab er 24h, glipizide er 10 mg tab er 24h)</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glipizide xl</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i>	1	<div style="background-color: #663333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBSALICYLATE	2	<div style="background-color: #CC6699; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>bismuth subsalicylate</i>	1	<div style="background-color: #CC6699; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>bismuth subsalicylate (pepto-bismol)</i>	1	<div style="background-color: #CC6699; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	2	
LOPERAMIDE	2	<div style="background-color: #CC6699; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div>
<i>loperamide</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #CC6699; 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>
<i>opium</i>	1	<div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2.4 ML / DAY

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NALOXONE HCL 0.4 MG/ML SOLN CART	2	QL 2 EA / 1 FILL P
NALOXONE HCL 2 MG/0.4ML SOLN A-INJ	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	PA OTC NP
<i>naltrexone hcl</i>	1	EDS
NARCAN	1	OTC P
OPVEE	2	PA NP
REXTOVY	2	
RIVIVE	2	
ZIMHI	2	PA NP
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET 50 MG TAB	2	PA NP
<i>granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	QL 14 EA / fill PA NP
<i>ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp, ondansetron 16 mg tab disp)</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 4 mg/5ml solution, ondansetron hcl 8 mg tab)</i>	1	P
<i>ondansetron hcl (ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)</i>	1	
SANCUSO	2	QL 1 UNIT / FILL PA NP
ZOFRAN	2	PA NP
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate (dramamine)</i>	1	OTC
DRAMAMINE	2	OTC
<i>meclizine</i>	1	OTC
<i>scopolamine</i>	1	PA NP
TRANSDERM SCOP (1.5 MG)	1	P
TRANSDERM-SCOP	1	P
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	PA NP
<i>dronabinol</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	1	QL 3 EA / fill

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME	2	PA NP
<i>micafungin sodium</i>	1	
ANTIFUNGALS		
AMPHOTERICIN B	2	
ANCOBON	2	PA NP
<i>flucytosine</i>	1	PA NP
<i>griseofulvin microsize (griseofulvin microsize 125 mg/5ml suspension, griseofulvin microsize 500 mg tab)</i>	1	PA NP
<i>griseofulvin ultramicrosize</i>	1	PA NP
<i>nystatin 500000 unit tab</i>	1	PA NP
<i>terbinafine hcl 250 mg tab</i>	1	P
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	2	PA NP
DIFLUCAN (DIFLUCAN 10 MG/ML RECON SUSP, DIFLUCAN 40 MG/ML RECON SUSP)	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
SPORANOX PULSEPAK	2	PA NP
TOLSURA	2	PA NP
VIVJOA	2	PA NP

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

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

ANTIHISTAMINES - 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

ANTIHISTAMINES - PIPERIDINES

cyproheptadine hcl (cyproheptadine hcl 2 mg/5ml syrup, cyproheptadine hcl 4 mg tab)

1

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA NP
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	2	PA LA NP
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	PA EDS NP
NEXLIZET	2	PA NP
VYTORIN	2	PA NP
ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl</i>	1	PA EDS NP
LOVAZA	2	PA NP
<i>omega-3-acid ethyl esters</i>	1	EDS P
VASCEPA	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BILE ACID SEQUESTRANTS		
<i>cholestyramine (cholestyramine 4 gm packet, cholestyramine 4 gm/dose powder)</i>	1	EDS P
<i>cholestyramine light (cholestyramine light 4 gm packet, cholestyramine light 4 gm/dose powder)</i>	1	EDS P
<i>colesevelam hcl</i>	1	PA EDS NP
COLESTID 1 GM TAB	2	PA NP
<i>colestipol hcl (colestipol hcl 1 gm tab, colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	1	EDS P
<i>prevalite (prevalite 4 gm packet, prevalite 4 gm/dose powder)</i>	1	EDS P
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	2	PA NP
QUESTRAN LIGHT	2	PA NP
WELCHOL	2	PA NP
FIBRIC ACID DERIVATIVES		
ANTARA	2	PA NP
FENOFIBRATE (FENOFIBRATE 40 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 120 MG TAB, FENOFIBRATE 150 MG CAP)	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
FIBRICOR	1	PA NP
<i>gemfibrozil</i>	1	EDS P
LIPOFEN	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LOPID	2	PA NP
TRICOR	2	PA NP
TRILIPIX	2	PA NP
HMG COA REDUCTASE INHIBITORS		
ALTOPREV	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
<i>fluvastatin sodium er</i>	\$0	PA NP
LESCOL XL	2	QL 34 UNITS / FILL PA NP
LIPITOR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LIVALO	2	PA NP
<i>lovastatin</i>	\$0	EDS P
PRAVACHOL	2	PA NP
<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
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	EDS P
ZETIA	2	PA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>perindopril erbumine</i>	1	EDS P
PERINDOPRIL ERBUMINE 2 MG TAB	1	P
PERINDOPRIL ERBUMINE 8 MG TAB	2	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRINIVIL	2	PA NP
QBRELIS	2	PA NP
<i>quinapril hcl</i>	1	EDS P
<i>ramipril</i>	1	EDS P
<i>trandolapril</i>	1	EDS P
VASOTEC	2	PA NP
ZESTRIL	2	PA NP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	2	PA NP
AVAPRO	2	PA NP
BENICAR	2	PA NP
<i>candesartan cilexetil</i>	1	PA EDS NP
COZAAR	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA	2	PA NP
<i>clonidine (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BENICAR HCT	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<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	<div data-bbox="1133 310 1195 346">PA</div> <div data-bbox="1133 359 1195 394">EDS</div> <div data-bbox="1133 407 1195 443">NP</div>
<i>candesartan cilexetil-hctz</i>	1	<div data-bbox="1133 499 1195 535">PA</div> <div data-bbox="1133 548 1195 583">EDS</div> <div data-bbox="1133 596 1195 632">NP</div>
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	<div data-bbox="1133 846 1195 882">P</div>
DIOVAN HCT	2	<div data-bbox="1133 1098 1195 1134">PA</div> <div data-bbox="1133 1146 1195 1182">NP</div>
EDARBYCLOR	2	<div data-bbox="1133 1213 1195 1249">PA</div> <div data-bbox="1133 1262 1195 1297">NP</div>
<i>enalapril-hydrochlorothiazide</i>	1	<div data-bbox="1133 1329 1195 1365">EDS</div> <div data-bbox="1133 1377 1195 1413">P</div>
EXFORGE	2	<div data-bbox="1133 1444 1195 1480">PA</div> <div data-bbox="1133 1493 1195 1528">NP</div>
EXFORGE HCT	2	<div data-bbox="1133 1560 1195 1596">PA</div> <div data-bbox="1133 1608 1195 1644">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fosinopril sodium-hctz</i>	1	EDS P
HYZAAR	2	PA NP
<i>irbesartan-hydrochlorothiazide</i>	1	EDS P
<i>lisinopril-hydrochlorothiazide</i>	1	EDS P
<i>losartan potassium-hctz</i>	1	EDS P
LOTENSIN HCT	2	PA NP
LOTREL	2	PA NP
<i>metoprolol-hydrochlorothiazide</i>	1	PA NP
MICARDIS HCT	2	PA NP
<i>olmesartan medoxomil-hctz</i>	1	EDS P
<i>olmesartan-amlodipine-hctz</i>	1	PA NP
PROPRANOLOL-HCTZ	1	P
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	1	EDS P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<i>trandolapril-verapamil hcl er 2-180 mg tab er</i>	1	PA EDS NP
TRIBENZOR	2	PA NP
<i>valsartan-hydrochlorothiazide</i>	1	EDS P
VASERETIC	2	PA NP
ZESTORETIC	2	PA NP
ZIAC	2	PA NP

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap, rifampin 600 mg recon soln)</i>	1	
SIRTURO	2	LA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide (cyclophosphamide 1 gm recon soln, cyclophosphamide 2 gm recon soln, cyclophosphamide 500 mg recon soln)</i>	1	LA
CYCLOPHOSPHAMIDE (CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 50 MG TAB)	1	
GLEOSTINE	2	PA SP
MYLERAN	2	SP
<i>temozolomide</i>	1	SP
<i>thiotepa 15 mg recon soln</i>	1	LA
ANTIMETABOLITES		
<i>adrucil</i>	1	
<i>capecitabine</i>	1	SP

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EMCYT	2	SP
ERLEADA 240 MG TAB	2	QL 1 EA / DAY PA SP
ERLEADA 60 MG TAB	2	QL 4 EA / DAY PA SP
<i>exemestane</i>	\$0	EDS
FLUTAMIDE	2	
<i>flutamide</i>	1	EDS LA
<i>letrozole</i>	1	EDS
<i>leuprolide acetate</i>	1	SP
LEUPROLIDE ACETATE (3 MONTH)	2	PA SP
<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	PA EDS P
<i>nilutamide</i>	1	SP
NUBEQA	2	QL 4 EA / day PA SF SP
ORGOVYX	2	QL 1 EA / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ORSERDU 345 MG TAB	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP
ORSERDU 86 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
<i>tamoxifen citrate</i>	\$0	EDS
<i>toremifene citrate</i>	1	SP
XTANDI (XTANDI 40 MG CAP, XTANDI 40 MG TAB)	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
XTANDI 80 MG TAB	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	2	<ul style="list-style-type: none"> QL 3 EA / day PA SF SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 20 EA / FILL PA LA
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	<ul style="list-style-type: none"> QL 8 EA / FILL PA LA
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 8 EA / FILL PA LA
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	2	<ul style="list-style-type: none"> QL 4 EA / FILL PA LA
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 16 EA / FILL PA LA
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	<ul style="list-style-type: none"> QL 8 EA / FILL PA LA
XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 12 EA / FILL PA LA
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	<ul style="list-style-type: none"> QL 4 EA / FILL PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (60 MG TWICE WEEKLY)	2	QL 24 EA / FILL PA LA
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	2	QL 16 EA / FILL PA LA
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	QL 8 EA / FILL PA LA
XPOVIO (80 MG TWICE WEEKLY)	2	QL 32 EA / FILL PA LA
ANTINEOPLASTIC COMBINATIONS		
INQOVI	2	QL 1 EA / DAY PA LA
KISQALI FEMARA (200 MG DOSE)	2	QL 3.25 EA / DAY PA SP
KISQALI FEMARA (400 MG DOSE)	2	QL 3.25 EA / DAY PA SP
KISQALI FEMARA (600 MG DOSE)	2	QL 3.25 EA / DAY PA SP
LONSURF	2	PA LA

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS 120 MG TAB	2	<ul style="list-style-type: none"> QL 8 EA / day PA SF SP
LUMAKRAS 320 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / day PA SP
LYNPARZA	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
LYTGOBI (12 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 5 EA / DAY PA LA
LYTGOBI (16 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 5 EA / DAY PA LA
LYTGOBI (20 MG DAILY DOSE)	2	<ul style="list-style-type: none"> QL 5 EA / DAY PA LA
MEKINIST 0.05 MG/ML RECON SOLN	2	<ul style="list-style-type: none"> QL 40 ML / DAY PA SP
MEKINIST 0.5 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP
MEKINIST 2 MG TAB	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MEKTOVI	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA SP
NERLYNX	2	<ul style="list-style-type: none"> QL 6 EA / day PA SF SP
NINLARO	2	<ul style="list-style-type: none"> PA SP
OJJAARA	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
<i>pazopanib hcl</i>	1	<ul style="list-style-type: none"> PA SP
PEMAZYRE	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
PIQRAY (200 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
PIQRAY (250 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
PIQRAY (300 MG DAILY DOSE)	2	<ul style="list-style-type: none"> PA SP
QINLOCK	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA LA
RETEVMO (RETEVMO 40 MG CAP, RETEVMO 80 MG CAP)	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SCSEMBLIX 20 MG TAB	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
SCSEMBLIX 40 MG TAB	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
<i>sorafenib tosylate</i>	1	<ul style="list-style-type: none"> PA SP
SPRYCEL (SPRYCEL 20 MG TAB, SPRYCEL 50 MG TAB, SPRYCEL 80 MG TAB, SPRYCEL 100 MG TAB, SPRYCEL 140 MG TAB)	2	<ul style="list-style-type: none"> QL 1 EA / day PA SF SP
SPRYCEL 70 MG TAB	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
STIVARGA	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
<i>sunitinib malate</i>	1	<ul style="list-style-type: none"> PA SP
TABRECTA	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA SP
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAFINLAR 10 MG TAB SOL	2	<ul style="list-style-type: none"> QL 30 ML / DAY PA SP
TALZENNA	2	<ul style="list-style-type: none"> QL 1 EA / 1 DAY PA SF SP
TASIGNA	2	<ul style="list-style-type: none"> QL 4 EA / day PA SF SP
TAZVERIK	2	<ul style="list-style-type: none"> QL 8 EA / DAY PA LA
TEPMETKO	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA SP
TIBSOVO	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA
<i>torpenz</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP
TRUQAP	2	<ul style="list-style-type: none"> QL 64 EA / 28 DAYS PA SP
TURALIO 125 MG CAP	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VANFLYTA	2	<ul style="list-style-type: none"> QL 60 EA / 30 DAYS PA SP
VERZENIO	2	<ul style="list-style-type: none"> QL 2 EA / day PA SF SP
VITRAKVI 100 MG CAP	2	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA
VITRAKVI 20 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 10 ML / DAY PA LA
VITRAKVI 25 MG CAP	2	<ul style="list-style-type: none"> QL 6 EA / DAY PA LA
VONJO	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA LA
VOTRIENT	2	<ul style="list-style-type: none"> PA SF SP
XALKORI	2	<ul style="list-style-type: none"> QL 2 EA / 1 DAY PA SF SP
XOSPATA	2	<ul style="list-style-type: none"> QL 3 EA / 1 DAY PA SF SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZEJULA (ZEJULA 100 MG TAB, ZEJULA 200 MG TAB, ZEJULA 300 MG TAB)	2	QL 1 EA / DAY PA SP
ZELBORAF	2	QL 8 EA / DAY PA SP
ZOLINZA	2	QL 4 EA / day SF SP
ZYDELIG	2	PA LA
ZYKADIA	2	QL 3 EA / day PA SF SP
ANTINEOPLASTICS MISC.		
<i>bexarotene 75 mg cap</i>	1	PA SP
<i>hydroxyurea</i>	1	EDS
INTRON A (INTRON A 6000000 UNIT/ML SOLUTION, INTRON A 10000000 UNIT RECON SOLN, INTRON A 10000000 UNIT/ML SOLUTION, INTRON A 18000000 UNIT RECON SOLN, INTRON A 50000000 UNIT RECON SOLN)	2	SP
<i>tretinoin 10 mg cap</i>	1	SP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ONGENTYS	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: #999966; color: white; padding: 2px;">1 EA / DAY</div> <div style="background-color: #999966; color: white; padding: 2px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">NP</div> </div>
<i>tolcapone</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #999966; color: white; padding: 2px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px;">NP</div> </div>
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	1	<div style="background-color: #663333; color: white; padding: 2px;">EDS</div>
<i>bromocriptine mesylate 2.5 mg tab</i>	1	<div style="background-color: #663333; color: white; padding: 2px;">EDS</div>
<i>carbidopa-levodopa</i>	1	<div style="background-color: #663333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div>
CARBIDOPA-LEVODOPA (CARBIDOPA-LEVODOPA 10-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-100 MG TAB DISP, CARBIDOPA-LEVODOPA 25-250 MG TAB DISP)	2	<div style="background-color: #663333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div>
<i>carbidopa-levodopa er</i>	1	<div style="background-color: #663333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div>
<i>carbidopa-levodopa-entacapone</i>	1	<div style="background-color: #663333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339966; color: white; padding: 2px;">P</div>
CARBIDOPA-LEVODOPA-ENTACAPONE (CARBIDOPA-LEVODOPA-ENTACAPONE 18.75-75-200 MG TAB, CARBIDOPA-LEVODOPA-ENTACAPONE 37.5-150-200 MG TAB)	1	<div style="background-color: #339966; color: white; padding: 2px;">P</div>
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5-50-200 MG TAB	1	<div style="background-color: #FF9933; color: white; padding: 2px;">NP</div>

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 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">LA</div> <div data-bbox="1133 426 1195 462">NP</div>
KYNMOBI	2	<div data-bbox="1133 485 1195 520">PA</div> <div data-bbox="1133 533 1195 569">SP</div> <div data-bbox="1133 581 1195 617">NP</div>
MIRAPEX	2	<div data-bbox="1133 640 1195 676">PA</div> <div data-bbox="1133 688 1195 724">NP</div>
MIRAPEX ER	2	<div data-bbox="1133 756 1195 791">PA</div> <div data-bbox="1133 804 1195 840">NP</div>
NEUPRO	2	<div data-bbox="1133 871 1195 907">PA</div> <div data-bbox="1133 919 1195 955">NP</div>
<i>pramipexole dihydrochloride</i>	1	<div data-bbox="1133 976 1195 1012">EDS</div> <div data-bbox="1133 1024 1195 1060">P</div>
<i>pramipexole dihydrochloride er</i>	1	<div data-bbox="1133 1092 1195 1127">PA</div> <div data-bbox="1133 1140 1195 1176">NP</div>
REQUIP XL	2	<div data-bbox="1133 1207 1195 1243">PA</div> <div data-bbox="1133 1255 1195 1291">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 1365 1195 1400">EDS</div> <div data-bbox="1133 1413 1195 1449">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i>	1	PA EDS NP
RYTARY	2	PA NP
SINEMET	2	PA NP
STALEVO 100	2	PA NP
STALEVO 125	2	PA NP
STALEVO 150	1	PA NP
STALEVO 200	2	PA NP
STALEVO 50	1	PA NP
STALEVO 75	2	PA NP
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>selegiline hcl</i>	1	EDS
XADAGO	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium</i>	\$0	
<i>lithium carbonate</i>	\$0	EDS
<i>lithium carbonate er</i>	\$0	EDS
ANTIPSYCHOTICS - MISC.		
CAPLYTA	\$0	PA NP
EQUETRO	2	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BENZISOXAZOLES		
FANAPT	\$0	PA NP
FANAPT TITRATION PACK	\$0	PA NP
INVEGA	\$0	PA NP
INVEGA HAFYERA	\$0	P
INVEGA SUSTENNA	\$0	P
INVEGA TRINZA	\$0	P
<i>paliperidone er</i>	\$0	PA EDS NP
PERSERIS	\$0	P
RISPERDAL (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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
BUTYROPHENONES		
<i>haloperidol</i>	\$0	EDS
<i>haloperidol decanoate</i>	\$0	EDS
<i>haloperidol lactate 2 mg/ml conc</i>	\$0	EDS
<i>haloperidol lactate 5 mg/ml solution</i>	\$0	
DIBENZAPINES		
<i>asenapine maleate</i>	\$0	PA EDS NP
<i>clozapine (clozapine 25 mg tab, clozapine 25 mg tab disp, clozapine 50 mg tab, clozapine 100 mg tab, clozapine 100 mg tab disp, clozapine 150 mg tab disp, clozapine 200 mg tab, clozapine 200 mg tab disp)</i>	\$0	EDS P
CLOZAPINE 12.5 MG TAB DISP	\$0	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SEROQUEL	\$0	PA NP
SEROQUEL XR	\$0	PA NP
VERSACLOZ	\$0	PA NP
ZYPREXA	\$0	PA NP
ZYPREXA RELPREVV	\$0	PA NP
ZYPREXA ZYDIS	\$0	PA NP
PHENOTHIAZINES		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i>	\$0	EDS
<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	EDS
<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	EDS
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 2.5 MG/ML SOLUTION, FLUPHENAZINE HCL 5 MG/ML CONC)	\$0	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>perphenazine</i>	\$0	EDS
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate</i> (<i>prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution</i>)	\$0	
<i>prochlorperazine maleate</i>	\$0	
<i>thioridazine hcl</i>	\$0	EDS
<i>trifluoperazine hcl</i>	\$0	EDS
QUINOLINONE DERIVATIVES		
ABILIFY	\$0	PA NP
ABILIFY ASIMTUFII	\$0	P
ABILIFY MAINTENA	\$0	P
ABILIFY MYCITE	\$0	PA LA NP
<i>aripiprazole (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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>abacavir-lamivudine-zidovudine</i>	1	
APRETUDE	\$0	
APTIVUS (APTIVUS 100 MG/ML SOLUTION, APTIVUS 250 MG CAP)	2	
<i>atazanavir sulfate</i>	1	
BIKTARVY	2	
CABENUVA	2	
CIMDUO	2	
COMPLERA	2	
CRIXIVAN	2	
DELSTRIGO	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	PV
DIDANOSINE (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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1	
FUZEON	2	SP
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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB)	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP NP
BARACLUDE 0.05 MG/ML SOLUTION	2	<ul style="list-style-type: none"> SP P
<i>entecavir</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY EDS P
EPCLUSA 200-50 MG TAB	2	<ul style="list-style-type: none"> PA QL 28 UNITS / FILL; 84 UNITS / 365 DAYS SP NP
EPCLUSA 400-100 MG TAB	2	<ul style="list-style-type: none"> QL 84 EA / 365 DAYS PA SP NP
EPIVIR HBV 100 MG TAB	1	<ul style="list-style-type: none"> SP P
EPIVIR HBV 5 MG/ML SOLUTION	2	<ul style="list-style-type: none"> SP P
HARVONI (HARVONI 45-200 MG PACKET, HARVONI 45-200 MG TAB)	2	<ul style="list-style-type: none"> PA QL 56 UNITS / FILL; 112 UNITS / 365 DAYS SP NP
HARVONI 33.75-150 MG PACKET	2	<ul style="list-style-type: none"> PA QL 28 UNITS / FILL; 56 UNITS / 365 DAYS SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HARVONI 90-400 MG TAB	2	<p>QL 84 EA / 365 days</p> <p>PA</p> <p>SP</p> <p>NP</p>
HEPSERA	1	<p>SP</p> <p>P</p>
<i>lamivudine 100 mg tab</i>	1	<p>EDS</p> <p>SP</p> <p>P</p>
LEDIPASVIR-SOFOSBUVIR	1	<p>QL 84 EA / 365 days</p> <p>PA</p> <p>QL 28 UNITS / FILL; 56 UNITS / 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER</p> <p>SP</p> <p>NP</p>
MAVYRET 100-40 MG TAB	2	<p>QL 168 EA / 365 days</p> <p>PA</p> <p>SP</p> <p>P</p>
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	<p>QL 0.08 ML / DAY</p> <p>SP</p> <p>P</p>
PEGASYS 180 MCG/ML SOLUTION	2	<p>QL 0.15 ML / DAY</p> <p>SP</p> <p>P</p>
PEGINTRON	2	<p>PA</p> <p>LA</p> <p>NP</p>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">P</div> </div>
RIBAVIRIN 200 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">P</div> </div>
SOFOSBUVIR-VELPATASVIR	1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #663399; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QL 84 EA / 365 DAYS</div> <div style="background-color: #8b4513; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #663399; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QL 28 UNITS / FILL; 84 UNITS / 365 DAYS</div> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #ff8c00; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
SOVALDI (SOVALDI 150 MG PACKET, SOVALDI 400 MG TAB)	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #663399; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QL 84 EA / 365 days</div> <div style="background-color: #8b4513; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #ff8c00; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
SOVALDI (SOVALDI 200 MG PACKET, SOVALDI 200 MG TAB)	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #663399; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QL 168 EA / 365 days</div> <div style="background-color: #8b4513; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #ff8c00; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
VEMLIDY	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #8b4513; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #ff8c00; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
VIEKIRA PAK	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #663399; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QL 336 EA / 365 days</div> <div style="background-color: #8b4513; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #ff8c00; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">NP</div> </div>
VOSEVI	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #663399; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">QL 84 EA / 365 days</div> <div style="background-color: #8b4513; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">PA</div> <div style="background-color: #cccccc; border: 1px solid #000; border-radius: 5px; padding: 2px 5px; margin-bottom: 2px;">SP</div> <div style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 5px; padding: 2px 5px;">P</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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ZEPATIER	2	<ul style="list-style-type: none"> QL 84 EA / 365 days PA SP NP
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HERPES AGENTS

<i>acyclovir (acyclovir 200 mg cap, acyclovir 200 mg/5ml suspension, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	1	P
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	<ul style="list-style-type: none"> PA EDS NP
SITAVIG	2	<ul style="list-style-type: none"> PA NP
<i>valacyclovir hcl</i>	1	<ul style="list-style-type: none"> EDS P
VALTREX	2	<ul style="list-style-type: none"> PA NP
ZOVIRAX 200 MG/5ML SUSPENSION	2	<ul style="list-style-type: none"> PA NP

INFLUENZA AGENTS

<i>oseltamivir phosphate (oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i>	1	<ul style="list-style-type: none"> QL 10 EA / fill P
<i>oseltamivir phosphate 30 mg cap</i>	1	<ul style="list-style-type: none"> QL 20 EA / fill P
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	<ul style="list-style-type: none"> QL 250 ml / fill P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RELENZA DISKHALER	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">0.67 GM / DAY</div> </div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
RIMANTADINE HCL	2	
TAMIFLU (TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">10 EA / fill</div> </div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
TAMIFLU 30 MG CAP	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">20 EA / fill</div> </div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
TAMIFLU 6 MG/ML RECON SUSP	1	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">250 ml / fill</div> </div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">P</div>
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="margin-left: 5px; margin-bottom: 2px;">1 EA / fill</div> <div style="background-color: #8b5732; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="margin-left: 5px; margin-bottom: 2px;">2 EA / fill</div> <div style="background-color: #8b5732; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">QL</div> <div style="margin-left: 5px; margin-bottom: 2px;">1 EA / fill</div> <div style="background-color: #8b5732; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
MISC. ANTIVIRALS		
LAGEVRIO	2	<div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">40 EA / fill</div> </div>
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	<div style="background-color: #8b5732; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">EDS</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div>
<i>carvedilol phosphate er</i>	1	<div style="background-color: #8b5732; color: white; padding: 2px 5px; border-radius: 3px; margin-bottom: 2px;">PA</div> <div style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COREG	2	PA NP
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	EDS P
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	PA EDS NP
<i>atenolol</i>	1	EDS P
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	1	PA EDS NP
<i>bisoprolol fumarate</i>	1	EDS P
KAPSPARGO SPRINKLE	2	PA NP
LOPRESSOR	2	PA NP
<i>metoprolol succinate er</i>	1	EDS P
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 37.5 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 75 mg tab, metoprolol tartrate 100 mg tab)</i>	1	EDS P
<i>nebivolol hcl</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TENORMIN	2	PA NP
TOPROL XL	2	PA NP
BETA BLOCKERS NON-SELECTIVE		
BETAPACE	2	PA NP
BETAPACE AF	2	PA NP
CORGARD	2	PA NP
HEMANGEOL	2	PA LA NP
INDERAL LA	2	PA NP
INDERAL XL	2	PA NP
INNOPRAN XL	2	PA NP
<i>nadolol</i>	1	EDS P
<i>pindolol</i>	1	EDS P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIZEM	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
CARDIZEM CD	2	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
CARDIZEM LA	2	<div data-bbox="1133 401 1195 432">PA</div> <div data-bbox="1133 449 1195 480">NP</div>
<i>cartia xt</i>	1	<div data-bbox="1133 514 1195 546">EDS</div> <div data-bbox="1133 562 1195 594">P</div>
<i>dilt-xr</i>	1	<div data-bbox="1133 625 1195 657">EDS</div> <div data-bbox="1133 674 1195 705">P</div>
<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	<div data-bbox="1133 869 1195 900">EDS</div> <div data-bbox="1133 917 1195 949">P</div>
DILTIAZEM HCL 100 MG RECON SOLN	2	
<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 120 mg tab er 24h, diltiazem hcl er 180 mg cap er 24h, diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg cap 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	<div data-bbox="1133 1276 1195 1308">EDS</div> <div data-bbox="1133 1325 1195 1356">P</div>
<i>diltiazem hcl er beads</i>	1	<div data-bbox="1133 1579 1195 1610">EDS</div> <div data-bbox="1133 1627 1195 1659">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>isradipine</i>	1	EDS P
<i>matzim la</i>	1	PA EDS NP
<i>nicardipine hcl (nicardipine hcl 20 mg cap, nicardipine hcl 30 mg cap)</i>	1	P
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i>	1	PA NP
CADUET	2	PA NP
ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)	2	QL 2 EA / DAY P
ENTRESTO (ENTRESTO 6-6 MG CAP SPRINK, ENTRESTO 15-16 MG CAP SPRINK)	2	QL 4 EA / 1 DAY P

CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS

INPEFA	2	QL 1 EA / DAY PA NP
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PERIPHERAL VASODILATORS

<i>niacin</i>	1	OTC EDS
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	1	LA
ORENITRAM	2	PA LA NP
ORENITRAM MONTH 1	2	PA LA NP
ORENITRAM MONTH 2	2	PA LA NP
ORENITRAM MONTH 3	2	PA LA NP
TYVASO	2	PA LA NP
TYVASO DPI INSTITUTIONAL KIT	2	QL 4 EA / DAY PA LA NP
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	QL 4 EA / DAY PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	<ul style="list-style-type: none"> QL 196 EA / 28 days PA LA NP
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	<ul style="list-style-type: none"> QL 252 EA / 28 days PA LA NP
TYVASO REFILL	2	<ul style="list-style-type: none"> PA LA NP
TYVASO STARTER	2	<ul style="list-style-type: none"> PA LA NP
VENTAVIS	2	<ul style="list-style-type: none"> PA LA NP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	<ul style="list-style-type: none"> QL 1 EA / DAY PA SP P
<i>bosentan</i>	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA NP
LETAIRIS	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPSUMIT	2	<ul style="list-style-type: none"> QL 1 EA / DAY PA LA NP
TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB)	1	<ul style="list-style-type: none"> QL 2 EA / DAY PA LA P
TRACLEER 32 MG TAB SOL	2	<ul style="list-style-type: none"> QL 4 EA / DAY PA LA NP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA	2	<ul style="list-style-type: none"> PA SP NP
<i>alyq</i>	1	<ul style="list-style-type: none"> PA SP NP
LIQREV	2	<ul style="list-style-type: none"> QL 4 ML / DAY PA SP NP
REVATIO 10 MG/ML RECON SUSP	2	<ul style="list-style-type: none"> QL 4 ML / DAY PA SP NP
REVATIO 20 MG TAB	2	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	<ul style="list-style-type: none"> QL 4 ML / DAY PA SP P
<i>sildenafil citrate 20 mg tab</i>	1	<ul style="list-style-type: none"> QL 3 EA / DAY PA SP P
<i>tadalafil (pah)</i>	1	<ul style="list-style-type: none"> PA SP NP

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

- QL 2 EA / DAY
- PA
- LA
- NP

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS

2

- PA
- LA
- NP

SINUS NODE INHIBITORS

CORLANOR (CORLANOR 5 MG TAB, CORLANOR 5 MG/5ML SOLUTION, CORLANOR 7.5 MG TAB)

2

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ivabradine hcl 7.5 mg tab</i>	1	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	2	QL 1 EA / DAY PA SP
VYNDAQEL	2	QL 4 EA / DAY PA SP
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	P
CEFADROXIL 1 GM TAB	2	PA NP
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	P
CEPHALEXIN (CEPHALEXIN 250 MG TAB, CEPHALEXIN 500 MG TAB)	2	PA NP
KEFLEX	2	PA NP
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	P
CEFACLOR ER	2	PA NP
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg tab, cefprozil 250 mg/5ml recon susp, cefprozil 500 mg tab)</i>	1	P
<i>cefuroxime axetil</i>	1	P
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp, cefdinir 300 mg cap)</i>	1	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	PA 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	
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
SUPRAX 400 MG CAP	1	P
<i>tazicef (tazicef 1 gm recon soln, tazicef 2 gm recon soln)</i>	1	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl (cefepime hcl 1 gm recon soln, cefepime hcl 2 gm recon soln)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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CEFEPIME HCL (CEFEPIME HCL 1 GM/50ML SOLUTION, CEFEPIME HCL 2 GM/100ML SOLUTION)	2	
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CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethia lo</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS
<i>apri</i>	\$0	EDS
<i>aranelle</i>	\$0	EDS
<i>ashlyna</i>	\$0	EDS
<i>abra</i>	\$0	EDS
<i>abra 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>layolis fe</i>	\$0	EDS
<i>leena</i>	\$0	EDS
<i>lessina</i>	\$0	EDS
<i>levonest</i>	\$0	EDS
<i>levonorg-eth estrad triphasic</i>	\$0	EDS
<i>levonorgest-eth est & eth est</i>	\$0	EDS
<i>levonorgest-eth estrad 91-day</i>	\$0	EDS
<i>levonorgest-eth estradiol-iron</i>	\$0	EDS
<i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg- mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i>	\$0	EDS
<i>levora 0.15/30 (28)</i>	\$0	EDS
<i>lillow</i>	\$0	EDS
<i>lo-zumandimine</i>	\$0	EDS
<i>loestrin 1.5/30 (21)</i>	\$0	EDS
<i>loestrin 1/20 (21)</i>	\$0	EDS
<i>loestrin fe 1.5/30</i>	\$0	EDS
<i>loestrin fe 1/20</i>	\$0	EDS
<i>lojaimiess</i>	\$0	EDS
<i>loryna</i>	\$0	EDS
<i>low-ogestrel</i>	\$0	EDS
<i>lutra</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nylia 7/7/7</i>	\$0	EDS
<i>nymyo</i>	\$0	EDS
<i>ocella</i>	\$0	EDS
<i>orsythia</i>	\$0	EDS
<i>philith</i>	\$0	EDS
<i>pimtrea</i>	\$0	EDS
<i>pirmella 1/35</i>	\$0	EDS
<i>pirmella 7/7/7</i>	\$0	EDS
<i>portia-28</i>	\$0	EDS
<i>previfem</i>	\$0	EDS
<i>reclipsen</i>	\$0	EDS
<i>rivelsa</i>	\$0	EDS
<i>setlakin</i>	\$0	EDS
<i>simliya</i>	\$0	EDS
<i>simpesse</i>	\$0	EDS
<i>sprintec 28</i>	\$0	EDS
<i>sronyx</i>	\$0	EDS
<i>syeda</i>	\$0	EDS
<i>tarina 24 fe</i>	\$0	EDS
<i>tarina fe 1/20</i>	\$0	EDS
<i>tarina fe 1/20 eq</i>	\$0	EDS
<i>taysofy</i>	\$0	EDS
<i>tilia fe</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>tri femynor</i>	\$0	EDS
<i>tri-estarylla</i>	\$0	EDS
<i>tri-legest fe</i>	\$0	EDS
<i>tri-linyah</i>	\$0	EDS
<i>tri-lo-estarylla</i>	\$0	EDS
<i>tri-lo-marzia</i>	\$0	EDS
<i>tri-lo-mili</i>	\$0	EDS
<i>tri-lo-sprintec</i>	\$0	EDS
<i>tri-mili</i>	\$0	EDS
<i>tri-nymyo</i>	\$0	EDS
<i>tri-previfem</i>	\$0	EDS
<i>tri-sprintec</i>	\$0	EDS
<i>tri-vylibra</i>	\$0	EDS
<i>tri-vylibra lo</i>	\$0	EDS
<i>trivora (28)</i>	\$0	EDS
<i>turqoz</i>	\$0	EDS
<i>tydemy</i>	\$0	EDS
<i>vestura</i>	\$0	EDS
<i>vienva</i>	\$0	EDS
<i>viorele</i>	\$0	EDS
<i>volnea</i>	\$0	EDS
<i>vyfemla</i>	\$0	EDS
<i>vylibra</i>	\$0	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>wera</i>	\$0	EDS
<i>wymzya fe</i>	\$0	EDS
<i>zarah</i>	\$0	EDS
<i>zovia 1/35 (28)</i>	\$0	EDS
<i>zovia 1/35e (28)</i>	\$0	EDS
<i>zumandimine</i>	\$0	EDS
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	\$0	EDS
<i>xulane</i>	\$0	EDS
<i>zafemy</i>	\$0	EDS
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng</i>	\$0	EDS
<i>enilloring</i>	\$0	EDS
<i>etonogestrel-ethinyl estradiol</i>	\$0	EDS
<i>haloette</i>	\$0	EDS
EMERGENCY CONTRACEPTIVES		
ELLA	\$0	
<i>levonorgestrel (plan b)</i>	\$0	QL 1 EA / FILL OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)</i>	\$0	QL 0.04 ML / DAY

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	\$0	EDS
<i>deblitane</i>	\$0	EDS
<i>emzahh</i>	\$0	EDS
<i>errin</i>	\$0	EDS
<i>heather</i>	\$0	EDS
<i>incassia</i>	\$0	EDS
<i>jencycla</i>	\$0	EDS
<i>lyleq</i>	\$0	EDS
<i>lyza</i>	\$0	EDS
<i>nora-be</i>	\$0	EDS
<i>norethindrone</i>	\$0	EDS
<i>norlyda</i>	\$0	EDS
<i>norlyroc</i>	\$0	EDS
OPILL	\$0	
<i>sharobel</i>	\$0	EDS
<i>tulana</i>	\$0	EDS
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	QL 1 EA / DAY PA NP
CORTISONE ACETATE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 4 mg tab thpk, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab, methylprednisolone 32 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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	
<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	
PREDNISON 5 MG/5ML SOLUTION	2	
PREDNISON 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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TARPEYO	2	PA LA
UCERIS 9 MG TAB ER 24H	2	QL 1 EA / DAY PA NP
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	EDS
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>dextromethorphan (robitussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec - d)</i>	1	OTC P
CHILDRENS COLD-ALLERGY	2	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	1	OTC
<i>chlorpheniramine / phenylephrine / aspirin</i>	1	OTC
CHLORPHENIRAMINE / PSEUDOEPHEDRINE	2	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
<i>phenylephrine / guaifenesin</i>	1	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
PSEUDOEPHEDRINE / IBUPROFEN	2	OTC
EXPECTORANTS		
GERI-TUSSIN 100 MG/5ML SYRUP	2	OTC
<i>guaifenesin (mucinex)</i>	1	OTC
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride nasal spray</i>	1	OTC EDS
MUCOLYTICS		
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICALS		
ACNE PRODUCTS		
ACANYA	2	PA NP
<i>acutane</i>	1	
<i>adapalene (adapalene 0.1 % cream, adapalene 0.3 % gel)</i>	1	PA NP
<i>adapalene 0.1 % gel</i>	1	OTC P
<i>adapalene treatment</i>	1	OTC P
<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	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AVAR-E LS	2	PA NP
<i>avita</i>	1	PA NP
BENZAFLIN WITH PUMP	1	P
BENZAMYCIN	2	PA NP
<i>benzoyl peroxide</i>	1	PA OTC NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA OTC NP
<i>benzoyl peroxide pad</i>	2	PA OTC NP
<i>benzoyl peroxide-erythromycin</i>	1	P
<i>bp 10-1</i>	1	PA NP
BPO GEL 4%, 8%	1	OTC P
CABTREO	2	PA NP
<i>claravis</i>	1	
CLENIA PLUS	2	PA NP
CLEOCIN-T 1 % GEL	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-5 % gel)</i>	1	P
<i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel)</i>	1	PA NP
<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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FLECTOR	2	QL 2 EA / DAY PA NP
LICART	2	QL 1 EA / DAY PA NP
ANTIBIOTICS - TOPICAL		
<i>bacitracin</i>	1	OTC
<i>bacitracin / polymyxin b (polysporin)</i>	1	OTC
<i>bacitracin zinc</i>	1	OTC
CENTANY	2	PA NP
CENTANY AT	2	PA NP
<i>gentamicin sulfate (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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS - TOPICAL		
<i>ciclofanol</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
<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
EXELDERM (EXELDERM 1 % CREAM, EXELDERM 1 % SOLUTION)	2	PA NP
JUBLIA	2	PA NP
KERYDIN	2	PA NP
<i>ketokonazole (ketokonazole 2 % cream, ketokonazole 2 % shampoo)</i>	1	P
<i>ketokonazole 2 % foam</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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
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 % cream, naftifine hcl 2 % gel)</i>	1	PA NP
NAFTIFINE HCL 1 % CREAM	2	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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<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 % CREAM	2	PA NP
SULCONAZOLE NITRATE (SULCONAZOLE NITRATE 1 % CREAM, SULCONAZOLE NITRATE 1 % SOLUTION)	1	PA NP
<i>tavaborole</i>	1	PA NP
<i>terbinafine (lamisil)</i>	1	OTC P
<i>tolnaftate (tinactin)</i>	1	PA OTC NP
VUSION	2	PA NP
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine / zinc</i>	1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>diclofenac sodium 3 % gel</i>	1	QL 300 GM / 30 DAYS PA
<i>fluorouracil (fluorouracil 5 % cream, fluorouracil 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
VALCHLOR	2	QL 240 GM / 30 days LA
ANTIPRURITICS - TOPICAL		
<i>anti-itch lotion</i>	1	OTC
ANTIPSORIATICS		
<i>acitretin</i>	1	SP
BIMZELX	2	QL 2 EA / 56 DAYS PA SP NP
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % solution)</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	2	
COSENTYX (300 MG DOSE)	2	QL 2 ML / 28 DAYS PA SP NP
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 2 ML / 28 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 ml / 28 days PA SP NP
COSENTYX SENSOREADY (300 MG)	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
COSENTYX SENSOREADY PEN	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
COSENTYX UNOREADY	2	<ul style="list-style-type: none"> QL 2 ML / 28 DAYS PA SP NP
ILUMYA	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA LA SP NP
METHOXSALEN RAPID	2	
<i>methoxsalen rapid</i>	1	
SILIQ	2	<ul style="list-style-type: none"> QL 0.11 ML / DAY PA SP NP
SKYRIZI (150 MG DOSE)	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKYRIZI 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP
SKYRIZI PEN	2	<ul style="list-style-type: none"> QL 1 EA / 84 days PA SP NP
SOTYKTU	2	<ul style="list-style-type: none"> QL 30 EA / 30 DAYS PA SP NP
SPEVIGO 450 MG/7.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 15 ML / 365 DAYS PA LA NP
STELARA 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 ml / 84 days PA SP NP
STELARA 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 0.5 ML / 84 DAYS PA SP NP
STELARA 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 ML / 84 DAYS PA SP NP
TALTZ (TALTZ 20 MG/0.25ML SOLN PRSYR, TALTZ 40 MG/0.5ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 0.5 ML / 28 DAYS PA SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> QL 1 ML / 28 DAYS PA SP NP
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	1	<ul style="list-style-type: none"> PA NP
TREMFYA	2	<ul style="list-style-type: none"> QL 1 ml / 56 days PA SP NP
ANTISEBORRHEIC PRODUCTS		
<i>anti-dandruff shampoo</i>	1	<ul style="list-style-type: none"> OTC EDS
OVACE PLUS (OVACE PLUS 10 % CREAM, OVACE PLUS 10 % SHAMPOO)	2	<ul style="list-style-type: none"> PA NP
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	2	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	<ul style="list-style-type: none"> PA NP
<i>acyclovir 5 % ointment</i>	1	<ul style="list-style-type: none"> P
DENAVIR	1	<ul style="list-style-type: none"> P
XERESE	2	<ul style="list-style-type: none"> PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	2	PA NP
BATH PRODUCTS		
<i>emollient</i>	2	OTC
MOISTURIZING CREAM (VANICREAM)	2	OTC
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>betamethasone dipropionate (betamethasone dipropionate 0.05 % cream, betamethasone dipropionate 0.05 % lotion, betamethasone dipropionate 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % cream, betamethasone dipropionate aug 0.05 % lotion, betamethasone dipropionate aug 0.05 % ointment)</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	2	
<i>betamethasone valerate (betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment)</i>	1	
<i>clobetasol prop emollient base</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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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)

triderm 1

DIAPER RASH PRODUCTS

diaper rash products 1 OTC

ECZEMA AGENTS

ADBRY 150 MG/ML SOLN PRSYR 2 QL 4 EA / 28 days
PA
SP
NP

ADBRY 300 MG/2ML SOLN A-INJ 2 QL 4 ML / 28 DAYS
PA
SP
NP

DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, 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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUPIXENT 300 MG/2ML SOLN PEN	2	<ul style="list-style-type: none"> QL 4 ml / 28 days PA SP P
DUPIXENT 300 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 4 UNITS / 28 DAYS PA SP P
OPZELURA	2	<ul style="list-style-type: none"> QL 240 GM / 30 days PA NP
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea 10% and 20% (carmol)</i>	1	<ul style="list-style-type: none"> OTC EDS
EMOLLIENTS		
<i>ammonium lactate (amlactin)</i>	1	<ul style="list-style-type: none"> OTC
EMOLLIENT	2	<ul style="list-style-type: none"> OTC
<i>glycerin topical liquid</i>	1	<ul style="list-style-type: none"> OTC
VITAMIN A	2	<ul style="list-style-type: none"> OTC
<i>vitamin a / vitamin d</i>	1	<ul style="list-style-type: none"> OTC
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	1	
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
<i>salicylic acid</i>	1	OTC EDS
SALICYLIC ACID	2	OTC
LINIMENTS		
<i>camphor / menthol / methyl salicylate (salonpas)</i>	1	OTC
METHYL SALICYLATE / MENTHOL	2	OTC
<i>methyl salicylate / menthol</i>	1	OTC
TIGER BALM MUSCLE RUB	2	OTC
<i>trolamine salicylate</i>	1	OTC
TROLAMINE SALICYLATE (MYOFLEX)	2	OTC
<i>trolamine salicylate (myoflex)</i>	1	OTC
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin (zostrix)</i>	1	OTC
<i>glydo</i>	1	
LIDOCAINE 5 % OINTMENT	1	QL 107 GM / 30 days
LIDOCAINE 5 % PATCH	1	QL 3 EA / DAY PA NP
<i>lidocaine hcl 4 % solution</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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
MISC. TOPICAL		
A+D FIRST AID	2	OTC
<i>a+d first aid</i>	1	OTC
<i>benzoin tincture</i>	2	OTC
<i>calamine</i>	2	OTC
<i>calamine / zinc oxide</i>	2	OTC
<i>cvs multi-purpose 15.5-53.4 % ointment</i>	1	OTC
<i>dermamed</i>	1	OTC
<i>dimethicone</i>	2	OTC
DIMETHICONE CREAM	2	OTC
DRYSOL	2	
<i>eyelid cleansers</i>	2	OTC
<i>isopropyl alcohol (skin cleanser)</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	1	OTC

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENTHOL / ZINC OXIDE	2	OTC
<i>menthol / zinc oxide</i>	1	OTC
MINERAL OIL	2	OTC
SODIUM CHLORIDE	2	OTC
<i>witch hazel</i>	1	OTC
<i>zinc oxide (desitin)</i>	1	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	QL 120 GM / 30 days PA NP
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<i>metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel, metronidazole 0.75 % lotion)</i>	1	
<i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i>	1	
SCABICIDES PEDICULICIDES		
CROTAN	2	PA NP
LINDANE	2	PA NP
<i>malathion</i>	1	PA NP
NATROBA	1	P
OVIDE	2	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>permethrin (nix)</i>	1	OTC P
<i>piperonyl / pyrethrins (rid)</i>	1	PA OTC NP
RID COMPLETE LICE ELIMINATION KIT	2	PA OTC NP
SKLICE	2	PA NP
SPINOSAD	1	PA NP
TAR PRODUCTS		
<i>coal tar</i>	1	OTC
X-SEB T 10 % SHAMPOO	2	OTC
WOUND CARE PRODUCTS		
ACTICOAT 7 4"X5" PAD	2	P
DYNAGINATE AG SILVER CAL 2"X2"	2	P
<i>gauze pads and dressings</i>	2	P
RESTORE SILVER DRESSING (RESTORE SILVER DRESSING 2"X2" PAD, RESTORE SILVER DRESSING 4"X5" PAD)	2	P
SILIGENTLE AG SILVER FOAM DRES 4"X5" PAD	2	P
SILVERSEAL HYDROGEL DRESSING 4"X5" PAD	2	P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TEGADERM AG MESH 4"X5" PAD	2	P
ZENIFIBER AG 2"X2" PAD	2	P
ZENIFOAM AG 4"X5" PAD	2	P
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	2	
DIAGNOSTIC TESTS		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC CDS P
ACCU-CHEK SMARTVIEW	\$0	OTC CDS P
ALBUSTIX	\$0	OTC
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10/SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 5 OB	2	
CHEMSTRIP 7	2	
CHEMSTRIP 9	2	
CHEMSTRIP K	\$0	OTC
CHEMSTRIP MICRAL	\$0	OTC
CHEMSTRIP UGK	\$0	OTC CDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CONTOUR NEXT TEST	\$0	<p>OTC</p> <p>CDS</p> <p>P</p>
CONTOUR PLUS TEST	\$0	<p>CDS</p>
CONTOUR TEST	\$0	<p>OTC</p> <p>CDS</p> <p>P</p>
<i>covid-19 test</i>	\$0	<p>QL 8 EA / 30 DAYS</p> <p>OTC</p> <p>P</p>
CVS KETONE CARE	\$0	<p>OTC</p> <p>CDS</p>
FORA G20 BLOOD GLUCOSE TEST	\$0	<p>PA</p> <p>OTC</p> <p>CDS</p> <p>NP</p>
FORA GTEL BLOOD KETONE TEST	\$0	<p>OTC</p> <p>CDS</p>
FORA TEST N'GO ADV-VOICE-6 CON	\$0	<p>OTC</p> <p>CDS</p>
FREESTYLE INSULINX TEST	\$0	<p>PA</p> <p>OTC</p> <p>CDS</p> <p>NP</p>
FREESTYLE LITE TEST	\$0	<p>PA</p> <p>OTC</p> <p>CDS</p> <p>NP</p>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ONETOUCH ULTRA TEST	\$0	PA OTC CDS NP
ONETOUCH VERIO STRIP	\$0	PA OTC CDS NP
PRECISION XTRA BLOOD GLUCOSE	\$0	PA OTC CDS NP
PRECISION XTRA KETONE	\$0	OTC CDS
PRODIGY NO CODING BLOOD GLUC STRIP	\$0	PA OTC CDS NP
PTS PANELS KETONE TEST	\$0	OTC CDS
RELION KETONE TEST	\$0	OTC
TRUE METRIX BLOOD GLUCOSE TEST	\$0	PA OTC CDS NP
RADIOGRAPHIC CONTRAST MEDIA		
SITZMARKS	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SITZMARKS FOR KIDS	2	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
l-methylfolate combinations	2	OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON	2	P
<i>lactase (lactaid)</i>	1	OTC EDS
PERTZYE	2	PA NP
VIOKACE	2	PA NP
ZENPEP	2	P
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide sodium</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride-hydrochlorothiazide</i>	1	EDS
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>triamterene-hctz</i>	1	EDS
LOOP DIURETICS		
<i>bumetanide (bumetanide 0.5 mg tab, bumetanide 1 mg tab, bumetanide 2 mg tab)</i>	1	EDS
<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>toremide</i>	1	EDS
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	EDS
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	EDS
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	EDS
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	EDS
<i>indapamide</i>	1	EDS
<i>metolazone</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA (ISTURISA 1 MG TAB, ISTURISA 5 MG TAB)	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #6a5acd; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-bottom: 5px;">2 EA / DAY</div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
BONE DENSITY REGULATORS		
ACTONEL	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<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	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
ATELVIA	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
BONIVA 150 MG TAB	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>calcitonin (salmon) 200 unit/act solution</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b0000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
EVENITY	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
FORTEO	1	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #a9a9a9; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div style="background-color: #008000; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
FOSAMAX	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
FOSAMAX PLUS D	2	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #ff8c00; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GROWTH HORMONES		
GENOTROPIN	2	<div data-bbox="1133 243 1192 277">PA</div> <div data-bbox="1133 296 1192 329">SP</div> <div data-bbox="1133 346 1192 380">P</div>
GENOTROPIN MINIQUICK	2	<div data-bbox="1133 403 1192 436">PA</div> <div data-bbox="1133 453 1192 487">SP</div> <div data-bbox="1133 504 1192 537">P</div>
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	2	<div data-bbox="1133 583 1192 617">PA</div> <div data-bbox="1133 634 1192 667">SP</div> <div data-bbox="1133 684 1192 718">NP</div>
HUMATROPE 5 MG RECON SOLN	2	<div data-bbox="1133 772 1192 806">PA</div> <div data-bbox="1133 823 1192 856">LA</div> <div data-bbox="1133 873 1192 907">NP</div>
NGENLA	2	<div data-bbox="1133 932 1192 966">PA</div> <div data-bbox="1133 982 1192 1016">SP</div> <div data-bbox="1133 1033 1192 1066">NP</div>
NORDITROPIN FLEXPRO	2	<div data-bbox="1133 1092 1192 1125">PA</div> <div data-bbox="1133 1142 1192 1176">SP</div> <div data-bbox="1133 1192 1192 1226">P</div>
NUTROPIN AQ NUSPIN 10	2	<div data-bbox="1133 1251 1192 1285">PA</div> <div data-bbox="1133 1302 1192 1335">SP</div> <div data-bbox="1133 1352 1192 1386">P</div>
NUTROPIN AQ NUSPIN 20	2	<div data-bbox="1133 1411 1192 1444">PA</div> <div data-bbox="1133 1461 1192 1495">SP</div> <div data-bbox="1133 1512 1192 1545">P</div>
NUTROPIN AQ NUSPIN 5	2	<div data-bbox="1133 1570 1192 1604">PA</div> <div data-bbox="1133 1621 1192 1654">SP</div> <div data-bbox="1133 1671 1192 1705">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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 201 1195 233">PA</div> <div data-bbox="1133 254 1195 285">SP</div> <div data-bbox="1133 306 1195 338">NP</div>
SAIZEN	2	<div data-bbox="1133 390 1195 422">PA</div> <div data-bbox="1133 443 1195 474">SP</div> <div data-bbox="1133 495 1195 527">NP</div>
SAIZENPREP	2	<div data-bbox="1133 552 1195 583">PA</div> <div data-bbox="1133 604 1195 636">SP</div> <div data-bbox="1133 657 1195 688">NP</div>
SEROSTIM	2	<div data-bbox="1133 714 1195 745">PA</div> <div data-bbox="1133 766 1195 798">LA</div> <div data-bbox="1133 819 1195 850">NP</div>
SKYTROFA	2	<div data-bbox="1133 875 1195 907">PA</div> <div data-bbox="1133 928 1195 959">SP</div> <div data-bbox="1133 980 1195 1012">NP</div>
SOGROYA	2	<div data-bbox="1133 1037 1195 1068">PA</div> <div data-bbox="1133 1089 1195 1121">SP</div> <div data-bbox="1133 1142 1195 1173">NP</div>
ZOMACTON	2	<div data-bbox="1133 1199 1195 1230">PA</div> <div data-bbox="1133 1251 1195 1283">SP</div> <div data-bbox="1133 1304 1195 1335">NP</div>
ZOMACTON (FOR ZOMA-JET 10)	2	<div data-bbox="1133 1360 1195 1392">PA</div> <div data-bbox="1133 1413 1195 1444">SP</div> <div data-bbox="1133 1465 1195 1497">NP</div>
ZORBTIVE	2	<div data-bbox="1133 1522 1195 1554">PA</div> <div data-bbox="1133 1575 1195 1606">SP</div> <div data-bbox="1133 1627 1195 1659">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONE RECEPTOR MODULATORS		
EVISTA	2	PA NP
<i>raloxifene hcl</i>	\$0	EDS P
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT-PED (1-MONTH)	2	PA SP
LUPRON DEPOT-PED (3-MONTH)	2	PA SP
LUPRON DEPOT-PED (6-MONTH)	2	PA SP
TRIPTODUR	2	PA LA
METABOLIC MODIFIERS		
<i>calcitriol (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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CRYSVITA 30 MG/ML SOLUTION	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;">12 ml / 28 days</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<i>levocarnitine (levocarnitine 1 gm/10ml solution, levocarnitine 330 mg tab)</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
<i>levocarnitine sf</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #660000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
MYALEPT	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: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
<i>nitisinone</i>	1	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
OPFOLDA	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;">0.29 EA / DAY</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
PALYNZIQ (PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, PALYNZIQ 10 MG/0.5ML SOLN PRSYR)	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;">0.5 ML / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
PALYNZIQ 20 MG/ML SOLN PRSYR	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;">1 ML / DAY</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
RAVICTI	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: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
REVCOVI	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: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<i>sodium phenylbutyrate 500 mg tab</i>	1	<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: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
STRENSIQ	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: #cccccc; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NATRIURETIC PEPTIDES		
VOXZOGO	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> 1 EA / DAY </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #c4863d; 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>
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	<div style="background-color: #800000; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
SOMATOSTATIC AGENTS		
OCTREOTIDE ACETATE (OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR, OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR)	2	<div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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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)

1

LA

SIGNIFOR

2

QL 2 EA / DAY
PA
LA

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE

2

QL 2 EA / DAY
PA
LA

ESTROGENS

ESTROGEN COMBINATIONS

amabelz

1

EDS

estradiol-norethindrone acet

1

EDS

fyavolv

1

EDS

jinteli

1

EDS

lopreeza

1

EDS

mimvey

1

EDS

norethindrone-eth estradiol

1

EDS

ORIAHNN

2

PA

PREMPHASE

2

ESTROGENS

dotti

1

EDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>moxifloxacin hcl 400 mg tab</i>	1	PA NP
OFLOXACIN 300 MG TAB	2	PA NP
<i>ofloxacin 400 mg tab</i>	1	PA NP
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
BICARSIM FORTE 125 MG TAB	2	OTC
<i>simethicone (mylicon)</i>	1	OTC
FARNESOID X RECEPTOR (FXR) AGONISTS		
OICALIVA	2	QL 1 EA / DAY LA
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (ursodiol 250 mg tab, ursodiol 300 mg cap, ursodiol 500 mg tab)</i>	1	EDS
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	EDS
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	EDS
GASTROINTESTINAL STIMULANTS		
GIMOTI	2	PA LA NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CIMZIA STARTER KIT	2	QL 3 EA / 365 days PA SP NP
COLAZAL	1	PA NP
DIPENTUM	2	PA NP
ENTYVIO 108 MG/0.68ML SOLN PEN	2	QL 2 EA / 28 DAYS PA SP NP
ENTYVIO 300 MG RECON SOLN	2	PA SP NP
INFLECTRA	2	PA SP NP
INFLIXIMAB	2	PA SP P
LIALDA	1	P
<i>mesalamine (mesalamine 4 gm enema, mesalamine 400 mg cap dr)</i>	1	PA EDS NP
<i>mesalamine 1000 mg suppos</i>	1	P
<i>mesalamine 800 mg tab dr</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mesalamine er 0.375 gm cap er 24h</i>	1	<ul style="list-style-type: none"> PA EDS NP
<i>mesalamine er 500 mg cap er</i>	1	<ul style="list-style-type: none"> PA NP
<i>mesalamine-cleanser</i>	1	<ul style="list-style-type: none"> PA NP
PENTASA 250 MG CAP ER	2	<ul style="list-style-type: none"> P
PENTASA 500 MG CAP ER	1	<ul style="list-style-type: none"> P
REMICADE	2	<ul style="list-style-type: none"> PA SP NP
RENFLEXIS	2	<ul style="list-style-type: none"> PA SP NP
ROWASA	1	<ul style="list-style-type: none"> P
SFROWASA	1	<ul style="list-style-type: none"> P
SKYRIZI 180 MG/1.2ML SOLN CART	2	<ul style="list-style-type: none"> QL 1.2 ml / 28 days PA SP NP
SKYRIZI 360 MG/2.4ML SOLN CART	2	<ul style="list-style-type: none"> QL 2.4 ml / 28 days PA SP NP
SKYRIZI 600 MG/10ML SOLUTION	2	<ul style="list-style-type: none"> PA QL 10ml / 28 days; 30ml/180 days SP NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STELARA 130 MG/26ML SOLUTION	2	PA SP NP
<i>sulfasalazine</i>	1	EDS P
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	EDS
<i>generlac</i>	1	EDS
<i>lactulose encephalopathy</i>	1	EDS
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	1	
VIBERZI	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	
PHOSPHATE BINDER AGENTS		
AURYXIA	2	PA NP
<i>calcium acetate (phos binder)</i>	1	EDS P
<i>calcium acetate 667 mg tab</i>	1	EDS P
FOSRENOL	2	PA NP
<i>lanthanum carbonate</i>	1	PA NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RENVELA 0.8 GM PACKET	2	P
RENVELA 2.4 GM PACKET	2	PA NP
RENVELA 800 MG TAB	1	P
<i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i>	1	PA EDS NP
<i>sevelamer carbonate 800 mg tab</i>	1	EDS P
<i>sevelamer hcl</i>	1	PA EDS NP
VELPHORO	2	PA NP
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>cytra-2</i>	1	OTC
<i>potassium citrate</i>	1	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
<i>sod citrate-citric acid</i>	1	OTC
CYSTINOSIS AGENTS		
CYSTAGON	2	LA

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	2	
<i>sodium chloride 0.9 % solution</i>	1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	2	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	EDS P
AVODART	2	PA NP
CARDURA XL 4 MG TAB ER 24H	2	PA NP
CARDURA XL 8 MG TAB ER 24H	2	QL 30 EA / FILL PA NP
<i>dutasteride</i>	1	EDS P
<i>dutasteride-tamsulosin hcl</i>	1	PA EDS NP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>finasteride 5 mg tab</i>	1	EDS P
FLOMAX	2	PA NP
JALYN	2	PA NP
PROSCAR	2	PA NP
RAPAFLO	2	PA NP
<i>silodosin</i>	1	PA EDS NP
<i>tamsulosin hcl</i>	1	EDS P
URINARY ANALGESICS		
<i>phenazopyridine (azo)</i>	1	OTC
URINARY STONE AGENTS		
<i>tiopronin 100 mg tab</i>	1	PA SP
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	EDS
GOUT AGENTS		
<i>allopurinol (allopurinol 100 mg tab, allopurinol 300 mg tab)</i>	1	EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>allopurinol sodium</i>	1	
<i>colchicine 0.6 mg tab</i>	1	EDS
<i>febuxostat</i>	1	EDS
URICOSURICS		
<i>probenecid</i>	1	EDS
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	2	SP P
ADYNOVATE	2	SP P
AFSTYLA	2	SP P
ALPHANATE	2	SP P
ALPHANATE/VWF COMPLEX/HUMAN	2	SP P
ALPHANINE SD	2	SP P
ALPROLIX	2	SP P
ALTUVIIIO	2	SP
BENEFIX	2	SP P
COAGADEX	2	SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CORIFACT	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>
ELOCTATE	2	<div data-bbox="1133 287 1195 319" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 336 1195 367" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
ESPEROCT	2	<div data-bbox="1133 401 1195 432" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 449 1195 480" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
FEIBA	2	<div data-bbox="1133 514 1195 546" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 562 1195 594" style="background-color: #008000; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">P</div>
HEMLIBRA	2	<div data-bbox="1133 627 1195 659" style="background-color: #8b4513; color: white; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">PA</div> <div data-bbox="1133 676 1195 707" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div>
HEMOFIL M	2	<div data-bbox="1133 741 1195 772" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 789 1195 821" 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 854 1195 886" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 903 1195 934" 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 968 1195 999" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1016 1195 1047" 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 1081 1195 1113" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1129 1195 1161" 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 1194 1195 1226" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1243 1195 1274" 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 1308 1195 1339" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1356 1195 1388" 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 1421 1195 1453" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1470 1195 1501" 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 1535 1195 1566" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1583 1195 1614" 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 1648 1195 1680" style="background-color: #cccccc; border: 1px solid #000; border-radius: 4px; padding: 2px; display: inline-block;">SP</div> <div data-bbox="1133 1696 1195 1728" 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
MONONINE	2	<div data-bbox="1133 174 1195 205" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 218 1195 249" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
NOVOEIGHT	2	<div data-bbox="1133 279 1195 310" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 323 1195 354" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
NOVOSEVEN RT	2	<div data-bbox="1133 384 1195 415" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 428 1195 459" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
NUWIQ	2	<div data-bbox="1133 489 1195 520" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 533 1195 564" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
OBIZUR	2	<div data-bbox="1133 594 1195 625" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 638 1195 669" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
PROFILNINE	2	<div data-bbox="1133 699 1195 730" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 743 1195 774" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
REBINYN	2	<div data-bbox="1133 804 1195 835" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 848 1195 879" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
RECOMBINATE	2	<div data-bbox="1133 909 1195 940" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 953 1195 984" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
RIXUBIS	2	<div data-bbox="1133 1014 1195 1045" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 1058 1195 1089" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
SEVENFACT	2	<div data-bbox="1133 1119 1195 1150" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 1163 1195 1194" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
TRETEN	2	<div data-bbox="1133 1224 1195 1255" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 1268 1195 1299" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
VONVENDI	2	<div data-bbox="1133 1329 1195 1360" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 1373 1195 1404" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
WILATE	2	<div data-bbox="1133 1434 1195 1465" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 1478 1195 1509" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>
XYNTHA	2	<div data-bbox="1133 1539 1195 1570" style="background-color: #cccccc; border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block;">SP</div> <div data-bbox="1133 1583 1195 1614" style="background-color: #27ae60; color: white; border: 1px solid #27ae60; border-radius: 4px; padding: 2px 5px; display: inline-block;">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XYNTHA SOLOFUSE	2	<div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 218 1195 249">P</div>
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR	2	<div data-bbox="1133 359 1195 390">PA</div> <div data-bbox="1133 403 1195 434">SP</div> <div data-bbox="1133 447 1195 478">NP</div>
<i>icatibant acetate</i>	1	<div data-bbox="1133 516 1446 548">QL 9 UNITS / day(s)</div> <div data-bbox="1133 560 1195 592">PA</div> <div data-bbox="1133 604 1195 636">SP</div> <div data-bbox="1133 648 1195 680">P</div>
COMPLEMENT INHIBITORS		
BERINERT	2	<div data-bbox="1133 795 1195 827">PA</div> <div data-bbox="1133 840 1195 871">SP</div> <div data-bbox="1133 884 1195 915">P</div>
CINRYZE	2	<div data-bbox="1133 953 1433 984">QL 16 EA / 28 days</div> <div data-bbox="1133 997 1195 1029">PA</div> <div data-bbox="1133 1041 1195 1073">SP</div> <div data-bbox="1133 1085 1195 1117">P</div>
HAEGARDA	2	<div data-bbox="1133 1159 1433 1190">QL 16 EA / 28 days</div> <div data-bbox="1133 1203 1195 1234">PA</div> <div data-bbox="1133 1247 1195 1278">LA</div> <div data-bbox="1133 1291 1195 1323">NP</div>
RUCONEST	2	<div data-bbox="1133 1365 1195 1396">PA</div> <div data-bbox="1133 1409 1195 1440">LA</div> <div data-bbox="1133 1453 1195 1484">NP</div>
TAVNEOS	2	<div data-bbox="1133 1522 1369 1554">QL 6 EA / DAY</div> <div data-bbox="1133 1566 1195 1598">PA</div> <div data-bbox="1133 1610 1195 1642">LA</div> <div data-bbox="1133 1654 1195 1686">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	EDS
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	2	PA LA NP
ORLADEYO	2	QL 28 EA / 28 days PA LA NP
TAKHZYRO (TAKHZYRO 300 MG/2ML SOLN PRSYR, TAKHZYRO 300 MG/2ML SOLUTION)	2	QL 4 ml / 28 days PA LA NP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	QL 2 ml / 28 days PA LA NP
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	PA EDS NP
BRILINTA	2	P
CABLIVI	2	PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P
<i>clopidogrel bisulfate 75 mg tab</i>	1	EDS P
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 50 mg tab, dipyridamole 75 mg tab)</i>	1	EDS P
EFFIENT	2	PA NP
PLAVIX	2	PA NP
<i>prasugrel hcl</i>	1	EDS P
ZONTIVITY	2	PA NP
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA	2	SP
<i>miglustat</i>	1	SP
<i>yargesa</i>	1	
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	2	PA SP P

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DROXIA	2	P
ENDARI	2	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
SIKLOS	2	PA NP
COBALAMINS		
b-12 (methylcobalamin)	1	OTC EDS
B-12 1000 MCG TAB DISP	2	OTC
B-12 METHYLCOBALAMIN	2	OTC
<i>vitamin b12</i>	1	OTC EDS
VITAMIN B12	2	OTC
FOLIC ACID/FOLATES		
FOLIC ACID 1 MG	1	OTC EDS

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>folic acid 400 mcg/800 mcg</i>	\$0	<div style="background-color: #e91e63; color: white; padding: 2px; border-radius: 3px; display: inline-block;">OTC</div> <div style="background-color: #8b0000; color: white; padding: 2px; border-radius: 3px; display: inline-block;">EDS</div>
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	2	<div style="background-color: #8b4513; color: white; padding: 2px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div> <div style="background-color: #32cd32; color: white; padding: 2px; border-radius: 3px; display: inline-block;">P</div>
DOPTELET	2	<div style="background-color: #673ab7; color: white; padding: 2px; border-radius: 3px; display: inline-block;">QL 2 EA / DAY</div> <div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div>
EPOGEN	2	<div style="background-color: #8b4513; color: white; padding: 2px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div> <div style="background-color: #32cd32; color: white; padding: 2px; border-radius: 3px; display: inline-block;">P</div>
GRANIX (GRANIX 300 MCG/ML SOLUTION, GRANIX 480 MCG/1.6ML SOLUTION)	2	<div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div>
LEUKINE	2	<div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div>
NEULASTA	2	<div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div>
NEULASTA ONPRO	2	<div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div>
NIVESTYM (NIVESTYM 300 MCG/0.5ML SOLN PRSYR, NIVESTYM 480 MCG/0.8ML SOLN PRSYR)	2	<div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">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 style="background-color: #8b4513; color: white; padding: 2px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div> <div style="background-color: #32cd32; color: white; padding: 2px; border-radius: 3px; display: inline-block;">P</div>
PROCRIT 40000 UNIT/ML SOLUTION	2	<div style="background-color: #8b4513; color: white; padding: 2px; border-radius: 3px; display: inline-block;">PA</div> <div style="background-color: #a9a9a9; color: black; padding: 2px; border-radius: 3px; display: inline-block;">SP</div> <div style="background-color: #e67e22; color: white; padding: 2px; border-radius: 3px; display: inline-block;">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROMACTA	2	PA SP
REBLOZYL	2	PA LA NP
RETACRIT	2	PA SP P
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP
HEMATOPOIETIC MIXTURES		
<i>ferraplus 90</i>	2	
FERREX	2	OTC
FERREX 150 FORTE	2	OTC
<i>ferrex 150 forte plus</i>	2	OTC
<i>ferrex 28</i>	2	OTC
<i>ferrous fumarate / folic acid</i>	2	
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	1	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	1	OTC EDS
FERROUS FUMARATE POLYSACCHARIDE COMPLEX	2	
<i>ferrous fumarate polysaccharide complex</i>	1	
<i>folic acid / vitamin b6 / vitamin b12 / omega-3</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>folic acid / vitamin d</i>	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
HEMATOGEN FA	2	
<i>hemetab</i>	2	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron / folic acid / vitamin c / vitamin b6 / vitamin b12 / zinc</i>	1	
<i>iron / vitamin c / vitamin b12 / folic acid</i>	1	OTC EDS
<i>iron combinations</i>	1	EDS
IRON FOLATE PLUS	2	
<i>iron polysaccharide complex</i>	2	OTC
k-tan plus	1	
<i>multigen folic</i>	2	
<i>multigen plus</i>	2	
MULTIGEN TABLET	2	
<i>multivitamin</i>	1	OTC EDS
<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	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>zolpidem tartrate (zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 3.5 mg sl tab, zolpidem tartrate 7.5 mg cap)</i>	1	QL 1 EA / DAY PA NP
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)</i>	1	QL 1 EA / DAY P
<i>zolpidem tartrate er</i>	1	QL 1 EA / DAY PA NP

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA	2	QL 1 EA / DAY PA NP
DAYVIGO	2	QL 1 EA / DAY PA NP
QUVIVIQ	2	QL 1 EA / DAY PA NP

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ROWASA	245	setlakin	197	sodium sulfacetamide wash	218
roweepra	86	sevelamer carbonate	247	SODIUM SULFACETAMIDE-	
roweepra xr	86	sevelamer hcl	247	BAKUCHIOL	218
ROZLYTREK	151	SEVENFACT	252	SOFOSBUVIR-	
RUBRACA	151	SFROWASA	245	VELPATASVIR	173
RUCONEST	253	sharobel	200	SOGROYA	236
rufinamide	86	SIGNIFOR	240	SOLQUA	100
RUKOBIA	169	SIKLOS	256	SOLU-CORTEF	202
RYBELSUS	104	sildenafil citrate	187	SOLU-MEDROL	202
RYDAPT	151	SILIGENTLE AG SILVER FOAM		SOLU-MEDROL (PF)	202
RYKINDO	162	DRES	226	sorafenib tosylate	152
RYTARY	159	SILIQ	216	sorine	178
		silodosin	249	sotalol hcl	178
		silver sulfadiazine	219	sotalol hcl (af)	178
S		SILVERSEAL HYDROGEL		SOTYKTU	217
SABRIL	89	DRESSING	226	SOTYLIZE	178
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SAIZENPREP	236	simliya	197	SPEVIGO	217
salicylic acid	223	simpesse	197	SPINOSAD	226
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salsalate	46	SIMPONI ARIA	36	SPIRIVA RESPIMAT	69
SANCUSO	114	simvastatin	123	spironolactone	232
SAPHRIS	163	SINEMET	159	spironolactone-hctz	231
SAVAYSA	77	SINGULAIR	70	SPORANOX	116
saxagliptin hcl	103	SIRTURO	135	SPORANOX PULSEPAK	116
saxagliptin-metformin er	100	SITAVIG	174	SPRAVATO (56 MG DOSE)	92
SAXENDA	19	SITZMARKS	230	SPRAVATO (84 MG DOSE)	93
SCSEMBLIX	151,152	SITZMARKS FOR KIDS	231	sprintec 28	197
scopolamine	114	SKLICE	226	SPRITAM	86
se-tan plus	259	SKYRIZI	217,245	SPRYCEL	152
SECUADO	163	SKYRIZI (150 MG DOSE)	216	sronyx	197
SEGLUROMET	100	SKYRIZI PEN	217	ssd	219
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SELZENTRY	169	sm glucosamine hcl	26	STALEVO 100	159
SEMGLEE	109	sod citrate-citric acid	247	STALEVO 125	159
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STALEVO 200	159	SYMLINPEN 60	98	AMLODIPINE
STALEVO 50	159	SYMPAZAN	81	telmisartan-amlodipine
STALEVO 75	159	SYMTUZA	169	telmisartan-hctz
stavudine	169	SYNJARDY	101	temazepam
STEGLATRO	111	SYNJARDY XR	101	TEMIXYS
STEGLUJAN	101			temozolomide
STELARA	217,246	T		tenofovir disoproxil fumarate
STIOLTO RESPIMAT	76	TABLOID	136	TENORETIC 100
STIVARGA	152	TABRECTA	152	TENORETIC 50
STRATTERA	21	tacrolimus	222	TENORMIN
STRENSIQ	238	tadalafil (pah)	187	TEPMETKO
STRIBILD	169	TAFINLAR	152,153	terazosin hcl
STRIVERDI RESPIMAT	76	TAGRISSE	138	terbinafine (lamisil)
SUBLOCADE	57	TAKHZYRO	254	terbinafine hcl
SUBOXONE	58	TALTZ	217,218	terbutaline sulfate
subvenite	86	TALZENNA	153	teriparatide
subvenite starter kit-blue	86	TAMIFLU	175	teriparatide (recombinant)
subvenite starter kit-green	86	tamoxifen citrate	141	TERIPARATIDE
subvenite starter kit-orange	86	tamsulosin hcl	249	(RECOMBINANT)
SULAR	181	tandem plus	259	TESTIM
SULCONAZOLE NITRATE	214	tarina 24 fe	197	testosterone
sulfacetamide sodium	218	tarina fe 1/20	197	TESTOSTERONE
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(acne)	209	taron forte	259	TESTOSTERONE
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SULFUR	209	tavaborole	214	theophylline er
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sulfamethoxazole-		taysofy	197	thiotepa
trimethoprim	63	TAZAROTENE	210	thiothixene
sulfamez wash	210	tazarotene	218	tiadylt er
sulfasalazine	246	tazicef	190	tiagabine hcl
sulfatrim pediatric	63	taztia xt	181	TIAZAC
sulindac	42	TAZVERIK	153	TIBSOVO
sunitinib malate	152	TEGADERM AG MESH	227	TIGER BALM MUSCLE RUB
SUNLENCA	169	TEGRETOL	87	tilia fe
SUNOSI	21	TEGRETOL-XR	87	timolol maleate
SUPRAX	190	TEKTURNA	133	tinidazole
syeda	197	TEKTURNA HCT	132	tiopronin
SYMBICORT	76	telmisartan	127	

tiotropium bromide monohydrate	70	TRESIBA	110	TROLAMINE SALICYLATE (MYOFLEX)	223
TIVICAY	169	TRESIBA FLEXTOUCH	110	trolamine salicylate (myoflex)	223
TIVICAY PD	169	tretinoin	155,210	TRUE METRIX BLOOD GLUCOSE TEST	230
TOBI	28	tretinoin microsphere	210	TRULICITY	104
TOBI PODHALER	28	tretinoin microsphere pump	210	TRUQAP	153
tobramycin	28	TRETTEN	252	TUDORZA PRESSAIR	70
TOBRAMYCIN	28	tri femynor	198	TUKYSA	138
tobramycin sulfate	28	tri-estarylla	198	tulana	200
TOBRAMYCIN SULFATE	28	tri-legest fe	198	TURALIO	153
tolcapone	157	tri-lynyah	198	turqoz	198
tolnaftate (tinactin)	214	tri-lo-estarylla	198	tydemy	198
TOLSURA	116	tri-lo-marzia	198	TYENNE	39
TOPAMAX	87	tri-lo-mili	198	TYMLOS	234
TOPAMAX SPRINKLE	87	tri-lo-sprintec	198	TYVASO	184
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toremifene citrate	141	tri-sprintec	198	TYVASO REFILL	185
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torsemide	232	tri-vylibra lo	198		
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TOUJEO SOLOSTAR	110	triamterene-hctz	232	UCERIS	60,203
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tranexamic acid	260	TRILIPIX	122	VALCHLOR	215
TRANSDERM SCOP (1.5 MG)	114	trimethobenzamide hcl	114	valganciclovir hcl	170
TRANSDERM-SCOP	114	trimethoprim	63	valproic acid	91
tranylcypromine sulfate	92	TRINTELLIX	95	valsartan	127
trazodone hcl	95	TRIPTODUR	237	VALSARTAN	127
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		trivora (28)	198		
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VANCOGIN	64	vitamin a / vitamin d	222	X	
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VASCEPA	119	VITRAKVI	154	XALKORI	154
VASERETIC	132	VITRON-C	260	XARELTO	77,78
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VELPHORO	247	VIZIMPRO	138	XCOPRI	88
VELTIN	210	VOGELXO	60	XCOPRI (250 MG DAILY DOSE)	88
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