

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 12/01/2024. 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](http://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](mailto:cag@ucare.org)

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

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

## Civil Rights Complaints

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

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

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

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

Contact the OCR directly to file a complaint:

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

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

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

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

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

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

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

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

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

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

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

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

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

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

# Table of Contents

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What is a list of covered drugs? .....8

Does the list of covered drugs ever change? .....8

How are drugs listed in the list of covered drugs?.....8

What is a Preferred Drug List? .....9

What are generic or biosimilar drugs? .....9

What are over-the-counter drugs? .....9

What if a drug is not on the list of covered drugs? .....10

Are there any restrictions on my coverage? .....11

Can I ask for an exception to the coverage restrictions? .....11

What will a prescription cost? .....12

Drug List (formulary) Key.....12

Drug List (formulary) .....15

Drug Index .....348

## 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?

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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?

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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?

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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](http://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, 2024, 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](http://ucare.org).

## **Drug List (formulary) Key**

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

<b>QL</b>	Quantity Limit	There are limits to the amount of drug covered per fill
<b>LA</b>	Limited Access	Drugs that are only available at certain pharmacies
<b>PV</b>	Preventive	Drugs covered at \$0 for preventive use
<b>CDS</b>	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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
ADDERALL XR (ADDERALL XR 25 MG CAP ER 24H, ADDERALL XR 30 MG CAP ER 24H)	1	<span>QL</span> 2 EA / DAY <span>P</span>
ADDERALL XR (ADDERALL XR 5 MG CAP ER 24H, ADDERALL XR 10 MG CAP ER 24H, ADDERALL XR 15 MG CAP ER 24H)	1	<span>QL</span> 4 EA / DAY <span>P</span>
ADDERALL XR 20 MG CAP ER 24H	1	<span>QL</span> 3 EA / DAY <span>P</span>
ADZENYS ER	2	<span>QL</span> 48 ML / DAY <span>PA</span> <span>NP</span>
ADZENYS XR-ODT (ADZENYS XR-ODT 12.5 MG TAB ER DISP, ADZENYS XR-ODT 15.7 MG TAB ER DISP, ADZENYS XR-ODT 18.8 MG TAB ER DISP)	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>NP</span>
ADZENYS XR-ODT (ADZENYS XR-ODT 3.1 MG TAB ER DISP, ADZENYS XR-ODT 6.3 MG TAB ER DISP, ADZENYS XR-ODT 9.4 MG TAB ER DISP)	2	<span>QL</span> 2 EA / DAY <span>PA</span> <span>NP</span>
AMPHETAMINE ER	1	<span>QL</span> 48 ML / DAY <span>PA</span> <span>NP</span>
<i>amphetamine sulfate 10 mg tab</i>	1	<span>QL</span> 6 EA / DAY <span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine sulfate 5 mg tab</i>	1	<div data-bbox="1133 205 1192 239">QL</div> 4 EA / DAY <div data-bbox="1133 254 1192 287">PA</div> <div data-bbox="1133 302 1192 336">NP</div>
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 25 mg cap er 24h, amphetamine-dextroamphet er 30 mg cap er 24h)</i>	1	<div data-bbox="1133 396 1192 430">QL</div> 2 EA / DAY <div data-bbox="1133 445 1192 478">P</div>
<i>amphetamine-dextroamphet er (amphetamine-dextroamphet er 5 mg cap er 24h, amphetamine-dextroamphet er 10 mg cap er 24h, amphetamine-dextroamphet er 15 mg cap er 24h)</i>	1	<div data-bbox="1133 590 1192 623">QL</div> 4 EA / DAY <div data-bbox="1133 638 1192 672">P</div>
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	<div data-bbox="1133 751 1192 785">QL</div> 3 EA / DAY <div data-bbox="1133 800 1192 833">P</div>
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab, amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab)</i>	1	<div data-bbox="1133 968 1192 1001">QL</div> 4 EA / DAY <div data-bbox="1133 1016 1192 1050">P</div>
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	<div data-bbox="1133 1182 1192 1215">QL</div> 3 EA / DAY <div data-bbox="1133 1230 1192 1264">P</div>
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	<div data-bbox="1133 1297 1192 1331">QL</div> 2 EA / DAY <div data-bbox="1133 1346 1192 1379">P</div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i>	1	<div data-bbox="1133 1434 1192 1467">QL</div> 3 EA / DAY <div data-bbox="1133 1482 1192 1516">PA</div> <div data-bbox="1133 1530 1192 1564">NP</div>
<i>dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab)</i>	1	<div data-bbox="1133 1623 1192 1656">QL</div> 3 EA / DAY <div data-bbox="1133 1671 1192 1705">P</div>



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 226 1195 310">QL</div> <div data-bbox="1198 226 1422 289">2 ml/28 days; 2 fills/365 days</div> <div data-bbox="1133 327 1195 363">P</div>
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	<div data-bbox="1133 394 1195 430">PA</div> <div data-bbox="1133 447 1195 531">QL</div> <div data-bbox="1198 447 1422 510">2 ml/28 days; 2 fills/365 days</div> <div data-bbox="1133 548 1195 583">P</div>
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	<div data-bbox="1133 604 1195 640">PA</div> <div data-bbox="1133 657 1195 741">QL</div> <div data-bbox="1198 657 1422 720">2 ml/28 days; 2 fills/365 days</div> <div data-bbox="1133 737 1195 772">P</div>
XENICAL	2	<div data-bbox="1133 793 1195 829">QL</div> <div data-bbox="1198 793 1365 829">3 EA / DAY</div> <div data-bbox="1133 846 1195 882">PA</div> <div data-bbox="1133 898 1195 934">NP</div>
ZEPBOUND	2	<div data-bbox="1133 951 1195 987">QL</div> <div data-bbox="1198 951 1433 987">2 ML / 28 DAYS</div> <div data-bbox="1133 1003 1195 1039">PA</div> <div data-bbox="1133 1056 1195 1092">NP</div>
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	<div data-bbox="1133 1182 1195 1218">EDS</div> <div data-bbox="1133 1234 1195 1270">P</div>
<i>clonidine hcl er</i>	1	<div data-bbox="1133 1287 1195 1323">EDS</div>
<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	<div data-bbox="1133 1371 1195 1407">EDS</div> <div data-bbox="1133 1444 1195 1480">P</div>
INTUNIV	2	<div data-bbox="1133 1518 1195 1554">PA</div> <div data-bbox="1133 1581 1195 1617">NP</div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H)	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div> <span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
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	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 EA / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div> <span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
JORNAY PM	2	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div> <span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
METHYLIN 10 MG/5ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 ML / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
METHYLIN 5 MG/5ML SOLUTION	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 60 ML / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
<i>methylphenidate</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div> <span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 4 EA / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div> <span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>methylphenidate hcl (methylphenidate hcl 5 mg tab, methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 3 EA / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
<i>methylphenidate hcl 10 mg chew tab</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 6 EA / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div> <span style="background-color: #ff9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <span style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 30 ML / DAY         </div> <div style="margin-right: 10px;"> <span style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>

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



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

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

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

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

**ANALGESICS - ANTI-INFLAMMATORY**

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

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

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

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

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



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

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

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

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

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

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

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

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



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxaprozin 600 mg tab</i>	1	PA EDS NP
<i>piroxicam</i>	1	EDS
<i>relafen</i>	1	EDS P
RELAFEN DS	2	PA NP
<i>sulindac</i>	1	EDS P
ZIPSOR	2	PA NP
ZORVOLEX	2	PA NP
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 20 MG TAB)	2	QL 2 EA / 1 DAY PA SP P
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 55 EA / 180 days PA SP P
OTEZLA 30 MG TAB	2	QL 2 EA / DAY PA SP P

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

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

## ANALGESICS - NONNARCOTIC

### ANALGESIC COMBINATIONS

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

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

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

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

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



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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MORPHINE SULFATE ER (MORPHINE SULFATE ER 10 MG CAP ER 24H, MORPHINE SULFATE ER 20 MG CAP ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 4 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #FF9933; color: white; padding: 2px 5px;">NP</span></li> </ul>
<i>morphine sulfate er (morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 1 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #FF9933; color: white; padding: 2px 5px;">NP</span></li> </ul>
MORPHINE SULFATE ER (MORPHINE SULFATE ER 50 MG CAP ER 24H, MORPHINE SULFATE ER 60 MG CAP ER 24H, MORPHINE SULFATE ER 80 MG CAP ER 24H, MORPHINE SULFATE ER 100 MG CAP ER 24H)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 1 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #FF9933; color: white; padding: 2px 5px;">NP</span></li> </ul>
<i>morphine sulfate er (morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 1 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #009966; color: white; padding: 2px 5px;">P</span></li> </ul>
<i>morphine sulfate er 15 mg tab er</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 4 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #009966; color: white; padding: 2px 5px;">P</span></li> </ul>
<i>morphine sulfate er 30 mg cap er 24h</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 3 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #FF9933; color: white; padding: 2px 5px;">NP</span></li> </ul>
MORPHINE SULFATE ER 30 MG CAP ER 24H	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 3 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #FF9933; color: white; padding: 2px 5px;">NP</span></li> </ul>
<i>morphine sulfate er 30 mg tab er</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px 5px;">QL</span> 3 EA / day</li> <li><span style="background-color: #996633; color: white; padding: 2px 5px;">PA</span></li> <li><span style="background-color: #009966; color: white; padding: 2px 5px;">P</span></li> </ul>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NUCYNTA ER (NUCYNTA ER 50 MG TAB ER 12H, NUCYNTA ER 100 MG TAB ER 12H)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; 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> 2 EA / day
<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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 12 EA / day
<i>oxycodone hcl 10 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 6 EA / day
<i>oxycodone hcl 100 mg/5ml conc</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 3 ml / day
<i>oxycodone hcl 15 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 4 EA / day
<i>oxycodone hcl 20 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 3 EA / day
<i>oxycodone hcl 30 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 2 EA / day
<i>oxycodone hcl 5 mg/5ml solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 40 ml / day
OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 15 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 3 EA / day
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: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; 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> 2 EA / DAY
OXYCODONE HCL ER 30 MG TB12 DETER	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; 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> 2 EA / day
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div> 3 EA / 1 DAY

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OXYCONTIN (OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 EA / DAY         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
OXYCONTIN 15 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 3 EA / day         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
OXYCONTIN 30 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 EA / day         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
OXYCONTIN 40 MG TB12 DETER	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 EA / 1 DAY         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>tramadol hcl (er biphasic)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>tramadol hcl 50 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / day         </div> </div>
TRAMADOL HCL ER (TRAMADOL HCL ER 100 MG CAP ER 24H, TRAMADOL HCL ER 100 MG TAB ER 24H, TRAMADOL HCL ER 200 MG CAP ER 24H, TRAMADOL HCL ER 200 MG TAB ER 24H, TRAMADOL HCL ER 300 MG CAP ER 24H, TRAMADOL HCL ER 300 MG TAB ER 24H)	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
XTAMPZA ER (XTAMPZA ER 27 MG CP12 DETER, XTAMPZA ER 36 MG CP12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 EA / day         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
XTAMPZA ER (XTAMPZA ER 9 MG CP12 DETER, XTAMPZA ER 13.5 MG CP12 DETER, XTAMPZA ER 18 MG CP12 DETER)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 3 EA / day         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>

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

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

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>testosterone 10 mg/act (2%) gel</i>	1	<div data-bbox="1133 176 1377 212">QL 4 GM / DAY</div> <div data-bbox="1133 222 1192 258">PA</div> <div data-bbox="1133 268 1192 304">NP</div>
TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	<div data-bbox="1133 333 1419 369">QL 10 GM / 1 DAY</div> <div data-bbox="1133 380 1192 415">PA</div> <div data-bbox="1133 426 1192 462">NP</div>
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	1	<div data-bbox="1133 491 1419 527">QL 1.25 GM / DAY</div> <div data-bbox="1133 537 1192 573">PA</div> <div data-bbox="1133 583 1192 619">NP</div>
<i>testosterone 25 mg/2.5gm (1%) gel</i>	1	<div data-bbox="1133 648 1403 684">QL 2.5 GM / DAY</div> <div data-bbox="1133 695 1192 730">PA</div> <div data-bbox="1133 741 1192 777">NP</div>
<i>testosterone 30 mg/act solution</i>	1	<div data-bbox="1133 806 1370 842">QL 6 ML / DAY</div> <div data-bbox="1133 852 1192 888">PA</div> <div data-bbox="1133 898 1192 934">NP</div>
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	1	<div data-bbox="1133 963 1377 999">QL 5 GM / DAY</div> <div data-bbox="1133 1010 1192 1045">PA</div> <div data-bbox="1133 1056 1192 1092">NP</div>
<i>testosterone 50 mg/5gm (1%) gel</i>	1	<div data-bbox="1133 1121 1393 1157">QL 10 GM / DAY</div> <div data-bbox="1133 1167 1192 1203">PA</div> <div data-bbox="1133 1213 1192 1249">NP</div>
TESTOSTERONE 50 MG/5GM (1%) GEL	2	<div data-bbox="1133 1278 1393 1314">QL 10 GM / DAY</div> <div data-bbox="1133 1325 1192 1360">PA</div> <div data-bbox="1133 1371 1192 1407">NP</div>
<i>testosterone cypionate</i>	1	
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	2	
VOGELXO	2	<div data-bbox="1133 1604 1393 1640">QL 10 GM / DAY</div> <div data-bbox="1133 1650 1192 1686">PA</div> <div data-bbox="1133 1696 1192 1732">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VOGELXO PUMP	2	<div data-bbox="1133 170 1192 205">QL</div> <div data-bbox="1203 170 1419 205">10 GM / 1 DAY</div> <div data-bbox="1133 218 1192 254">PA</div> <div data-bbox="1133 266 1192 302">NP</div>
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)</i>	1	<div data-bbox="1133 472 1192 508">PA</div> <div data-bbox="1133 520 1192 556">NP</div>
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	<div data-bbox="1133 644 1192 680">PA</div> <div data-bbox="1133 693 1192 728">NP</div>
<b>RECTAL COMBINATIONS</b>		
<i>hemorrhoidal cream</i>	1	<div data-bbox="1133 827 1192 863">OTC</div>
<i>hemorrhoidal ointment</i>	1	<div data-bbox="1133 888 1192 924">OTC</div>
<i>hemorrhoidal suppository</i>	1	<div data-bbox="1133 949 1192 984">OTC</div>
<i>phenylephrine / shark liver / petrolatum (preparation h)</i>	1	<div data-bbox="1133 1010 1192 1045">OTC</div>
PROCTOFOAM HC	2	
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>pramoxine (procto-foam)</i>	1	<div data-bbox="1133 1253 1192 1289">OTC</div>
<b>RECTAL STEROIDS</b>		
<i>anucort-hc</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone acetate (hydrocortisone acetate 25 mg suppos, hydrocortisone acetate 30 mg suppos)</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<b>GLYCOPEPTIDES</b>		
VANCOCIN	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>vancomycin hcl (vancomycin hcl 1 gm recon soln, vancomycin hcl 5 gm recon soln, vancomycin hcl 10 gm recon soln, vancomycin hcl 500 mg recon soln, vancomycin hcl 750 mg recon soln)</i>	1	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 EA / DAY</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<b>LEPROSTATICS</b>		
<i>dapsone (dapsone 25 mg tab, dapsone 100 mg tab)</i>	1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #5d2d2d; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> </div>
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (clindamycin phosphate 9 gm/60ml solution, clindamycin phosphate 300 mg/2ml solution, clindamycin phosphate 600 mg/4ml solution, clindamycin phosphate 900 mg/6ml solution, clindamycin phosphate 9000 mg/60ml solution)</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>propafenone hcl</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (amiodarone hcl 100 mg tab, amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	1	EDS
<i>dofetilide</i>	1	EDS
<i>pacerone</i>	1	EDS
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	QL 0.5 ML / 56 DAYS PA LA
FASENRA 30 MG/ML SOLN PRSYR	2	QL 1 ml / 56 days PA LA
FASENRA PEN	2	QL 1 ml / 56 days PA LA
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	2	QL 1 EA / 28 days PA SP
XOLAIR (XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR)	2	QL 2 ML / 28 DAYS PA SP

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR (XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 4 ML / 28 DAYS
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 1 ML / 28 DAYS
XOLAIR 150 MG RECON SOLN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: gray; padding: 2px;">SP</div> </div> 2 EA / 28 DAYS
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
INCRUSE ELLIPTA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>ipratropium bromide 0.02 % solution</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993333; color: white; padding: 2px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SPIRIVA HANDIHALER	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SPIRIVA RESPIMAT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
<i>tiotropium bromide monohydrate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #993333; color: white; padding: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
TUDORZA PRESSAIR	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
YUPELRI	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ASMANEX HFA	2	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
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

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



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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fondaparinux sodium</i>	1	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
FRAGMIN (FRAGMIN 10000 UNIT/4ML SOLUTION, FRAGMIN 95000 UNIT/3.8ML SOLUTION)	2	<div data-bbox="1133 321 1195 357">P</div>
FRAGMIN (FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR, FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, FRAGMIN 10000 UNIT/ML SOLN PRSYR, FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR, FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR, FRAGMIN 18000 UNT/0.72ML SOLN PRSYR)	2	<div data-bbox="1133 590 1195 625">PA</div> <div data-bbox="1133 638 1195 674">NP</div>
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i>	1	
<i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
HEPARIN SOD (PORCINE) IN D5W	2	
<i>heparin sod (pork) lock flush</i>	1	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobazam 2.5 mg/ml suspension</i>	1	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">NP</div>
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab, clonazepam 1 mg tab disp, clonazepam 2 mg tab, clonazepam 2 mg tab disp)</i>	1	
DIAZEPAM (DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL)	1	<div data-bbox="1133 548 1195 585">QL</div> <div data-bbox="1203 548 1365 585">2 EA / FILL</div> <div data-bbox="1133 596 1195 634">P</div>
LIBERVANT	2	<div data-bbox="1133 674 1195 711">QL</div> <div data-bbox="1203 674 1451 711">10 EA / 30 DAYS</div> <div data-bbox="1133 722 1195 760">PA</div> <div data-bbox="1133 770 1195 808">NP</div>
NAYZILAM	2	<div data-bbox="1133 835 1195 873">QL</div> <div data-bbox="1203 835 1393 873">2 EA / 1 FILL</div> <div data-bbox="1133 884 1195 921">P</div>
ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB)	2	<div data-bbox="1133 953 1195 991">PA</div> <div data-bbox="1133 1001 1195 1039">NP</div>
SYMPAZAN	2	<div data-bbox="1133 1079 1195 1117">PA</div> <div data-bbox="1133 1127 1195 1165">NP</div>
VALTOCO 10 MG DOSE	2	<div data-bbox="1133 1190 1195 1228">QL</div> <div data-bbox="1203 1190 1393 1228">2 EA / 1 FILL</div> <div data-bbox="1133 1239 1195 1276">P</div>
VALTOCO 15 MG DOSE	2	<div data-bbox="1133 1302 1195 1339">QL</div> <div data-bbox="1203 1302 1393 1339">2 EA / 1 FILL</div> <div data-bbox="1133 1350 1195 1388">P</div>
VALTOCO 20 MG DOSE	2	<div data-bbox="1133 1413 1195 1451">QL</div> <div data-bbox="1203 1413 1393 1451">2 EA / 1 FILL</div> <div data-bbox="1133 1461 1195 1499">P</div>
VALTOCO 5 MG DOSE	2	<div data-bbox="1133 1524 1195 1562">QL</div> <div data-bbox="1203 1524 1393 1562">2 EA / 1 FILL</div> <div data-bbox="1133 1572 1195 1610">P</div>



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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI (350 MG DAILY DOSE)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">2 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK, XCOPRI 50 MG TAB, XCOPRI 100 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">1 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XCOPRI (XCOPRI 150 MG TAB, XCOPRI 200 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">2 EA / DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
XCOPRI 25 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px;">1 EA / 1 DAY</div> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<b>GABA MODULATORS</b>		
GABITRIL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #339933; color: white; padding: 2px;">P</div> </div>
SABRIL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab, tiagabine hcl 12 mg tab, tiagabine hcl 16 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #660000; color: white; padding: 2px;">EDS</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>vigabatrin</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>
<i>vigadrone</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px;">PA</div> <div style="background-color: #cccccc; color: white; padding: 2px;">LA</div> <div style="background-color: #ff9933; color: white; padding: 2px;">NP</div> </div>



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
WELLBUTRIN XL	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 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>
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #CCCCCC; color: #666666; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
NARDIL	1	
PHENELZINE SULFATE	1	<div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>tranylcypromine sulfate</i>	1	<div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #CCCCCC; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
SPRAVATO (84 MG DOSE)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #CCCCCC; color: #666666; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #FF9933; color: white; padding: 2px 5px; border-radius: 3px;">NP</div> </div>
<i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 10 mg/5ml solution, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #993333; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #339933; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #996633; color: white; padding: 2px 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
<i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab, escitalopram oxalate 20 mg tab)</i>	1	EDS P
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PA EDS NP
<i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 20 mg cap, fluoxetine hcl 20 mg/5ml solution, fluoxetine hcl 40 mg cap)</i>	1	EDS P
<i>fluoxetine hcl (fluoxetine hcl 20 mg tab, fluoxetine hcl 60 mg tab)</i>	1	PA EDS NP
FLUOXETINE HCL (FLUOXETINE HCL 60 MG TAB, FLUOXETINE HCL 90 MG CAP DR)	2	PA NP
<i>fluoxetine hcl 10 mg tab</i>	1	QL 30 UNITS / 30 DAYS PA EDS NP
<i>fluvoxamine maleate 100 mg tab</i>	1	QL 90 UNITS / 30 DAYS EDS P
<i>fluvoxamine maleate 25 mg tab</i>	1	QL 30 UNITS / 30 DAYS EDS P
<i>fluvoxamine maleate 50 mg tab</i>	1	QL 60 UNITS / 30 DAYS EDS P

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

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

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



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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JANUVIA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>P</div> </div>
NESINA	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>P</div> </div>
ONGLYZA	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>P</div> </div>
<i>saxagliptin hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>NP</div> </div>
TRADJENTA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1 EA / DAY</div> <div>PA</div> <div>P</div> </div>
INCRETIN MIMETIC AGENTS		
BYDUREON BCISE	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 3.4 ml / 28 days</div> <div>PA</div> <div>P</div> </div>
BYETTA 10 MCG PEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 2.4 ml / 28 days</div> <div>PA</div> <div>P</div> </div>
BYETTA 5 MCG PEN	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 1.2 ml / 28 days</div> <div>PA</div> <div>P</div> </div>
LIRAGLUTIDE	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div>QL 0.3 ML / DAY</div> <div>PA</div> </div>

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




























DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADLYXIN STARTER PACK	2	<div data-bbox="1133 170 1192 212">QL</div> <div data-bbox="1192 170 1406 212">6 ml / 28 days</div> <div data-bbox="1133 222 1192 264">PA</div> <div data-bbox="1133 275 1192 317">NP</div>
<b>INSULIN</b>		
ADMELOG	2	<div data-bbox="1133 407 1192 449">PA</div> <div data-bbox="1133 459 1192 501">NP</div>
ADMELOG SOLOSTAR	2	<div data-bbox="1133 520 1192 562">PA</div> <div data-bbox="1133 573 1192 615">NP</div>
AFREZZA	2	<div data-bbox="1133 634 1192 676">PA</div> <div data-bbox="1133 686 1192 728">NP</div>
APIDRA	2	<div data-bbox="1133 747 1192 789">PA</div> <div data-bbox="1133 800 1192 842">NP</div>
APIDRA SOLOSTAR	2	<div data-bbox="1133 861 1192 903">PA</div> <div data-bbox="1133 913 1192 955">NP</div>
BASAGLAR KWIKPEN	2	<div data-bbox="1133 974 1192 1016">PA</div> <div data-bbox="1133 1026 1192 1068">NP</div>
BASAGLAR TEMPO PEN	2	<div data-bbox="1133 1087 1192 1129">PA</div> <div data-bbox="1133 1140 1192 1182">NP</div>
FIASP	2	<div data-bbox="1133 1201 1192 1243">PA</div> <div data-bbox="1133 1253 1192 1295">NP</div>
FIASP FLEXTOUCH	2	<div data-bbox="1133 1314 1192 1356">PA</div> <div data-bbox="1133 1367 1192 1409">NP</div>
FIASP PENFILL	2	<div data-bbox="1133 1428 1192 1470">PA</div> <div data-bbox="1133 1480 1192 1522">NP</div>
FIASP PUMPCART	2	<div data-bbox="1133 1541 1192 1583">PA</div> <div data-bbox="1133 1593 1192 1635">NP</div>

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOVOLIN N RELION	2	 
NOVOLIN R	2	 
NOVOLIN R FLEXPEN	2	  
NOVOLIN R FLEXPEN RELION	2	  
NOVOLIN R RELION	2	 
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
REZVOGLAR KWIKPEN	2	 
SEMGLEE	2	 

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

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

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



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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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<i>cetirizine chew tab (zyrtec)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #8B0000; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
CLARINEX	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
DESLORATADINE (DESLORATADINE 2.5 MG TAB DISP, DESLORATADINE 5 MG TAB DISP)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>desloratadine 5 mg tab</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8B4513; color: white; padding: 2px; border-radius: 3px;">PA</div> <div style="background-color: #8B0000; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #FF8C00; color: white; padding: 2px; border-radius: 3px;">NP</div> </div>
<i>levocetirizine (xyzal)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #8B0000; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px; border-radius: 3px;">P</div> </div>
<i>loratadine (claritin)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px; border-radius: 3px;">OTC</div> <div style="background-color: #8B0000; color: white; padding: 2px; border-radius: 3px;">EDS</div> <div style="background-color: #008000; color: white; padding: 2px; border-radius: 3px;">P</div> </div>

### ANTI-HISTAMINES - PHENOTHIAZINES

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ERLEADA 60 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">4 EA / DAY</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
<i>exemestane</i>	\$0	<div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
FLUTAMIDE	2	
<i>flutamide</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>
<i>letrozole</i>	1	<div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div>
<i>leuprolide acetate</i>	1	<div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
LEUPROLIDE ACETATE (3 MONTH)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab, megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #c0392b; color: white; padding: 2px 5px; border-radius: 3px;">EDS</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</div> </div>
<i>nilutamide</i>	1	<div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div>
NUBEQA	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">4 EA / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">SF</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
ORGOVYX	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">1 EA / DAY</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>
ORSERDU 345 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">1 EA / day</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">SF</div> <div style="background-color: #95a5a6; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> </div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	2	<span>QL</span> 16 EA / FILL <span>PA</span> <span>LA</span>
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	<span>QL</span> 8 EA / FILL <span>PA</span> <span>LA</span>
XPOVIO (80 MG TWICE WEEKLY)	2	<span>QL</span> 32 EA / FILL <span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	2	<span>QL</span> 1 EA / DAY <span>PA</span> <span>LA</span>
KISQALI FEMARA (200 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
KISQALI FEMARA (400 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
KISQALI FEMARA (600 MG DOSE)	2	<span>QL</span> 3.25 EA / DAY <span>PA</span> <span>SP</span>
LONSURF	2	<span>PA</span> <span>LA</span>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	<span>QL</span> 8 EA / day <span>PA</span> <span>SF</span> <span>SP</span>

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYPREXA ZYDIS	\$0	<div data-bbox="1133 174 1195 212">PA</div> <div data-bbox="1133 222 1195 260">NP</div>
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i>	\$0	<div data-bbox="1133 432 1195 470">EDS</div>
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i>	\$0	
<i>compro</i>	\$0	
<i>fluphenazine decanoate</i>	\$0	<div data-bbox="1133 768 1195 806">EDS</div>
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i>	\$0	<div data-bbox="1133 884 1195 921">EDS</div>
FLUPHENAZINE HCL (FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, FLUPHENAZINE HCL 2.5 MG/ML SOLUTION, FLUPHENAZINE HCL 5 MG/ML CONC)	\$0	
<i>perphenazine</i>	\$0	<div data-bbox="1133 1251 1195 1289">EDS</div>
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate (prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution)</i>	\$0	
<i>prochlorperazine maleate</i>	\$0	
<i>thioridazine hcl</i>	\$0	<div data-bbox="1133 1608 1195 1646">EDS</div>

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

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

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

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



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lamivudine 100 mg tab</i>	1	<div data-bbox="1133 174 1192 205">EDS</div> <div data-bbox="1133 222 1192 254">SP</div> <div data-bbox="1133 270 1192 302">P</div>
LEDIPASVIR-SOFOSBUVIR	1	<div data-bbox="1133 331 1446 363">QL 84 EA / 365 days</div> <div data-bbox="1133 380 1192 411">PA</div> <div data-bbox="1133 428 1446 621">           QL 28 UNITS / FILL;            56 UNITS / 365            DAYS FOR            MEMBERS 18            YEARS OF AGE            AND OLDER         </div> <div data-bbox="1133 638 1192 669">SP</div> <div data-bbox="1133 686 1192 718">NP</div>
MAVYRET 100-40 MG TAB	2	<div data-bbox="1133 739 1468 770">QL 168 EA / 365 days</div> <div data-bbox="1133 787 1192 819">PA</div> <div data-bbox="1133 835 1192 867">SP</div> <div data-bbox="1133 884 1192 915">P</div>
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	<div data-bbox="1133 949 1414 980">QL 0.08 ML / DAY</div> <div data-bbox="1133 997 1192 1029">SP</div> <div data-bbox="1133 1045 1192 1077">P</div>
PEGASYS 180 MCG/ML SOLUTION	2	<div data-bbox="1133 1106 1414 1138">QL 0.15 ML / DAY</div> <div data-bbox="1133 1155 1192 1186">SP</div> <div data-bbox="1133 1203 1192 1234">P</div>
PEGINTRON	2	<div data-bbox="1133 1264 1192 1295">PA</div> <div data-bbox="1133 1312 1192 1344">LA</div> <div data-bbox="1133 1360 1192 1392">NP</div>
<i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i>	1	<div data-bbox="1133 1425 1192 1457">SP</div> <div data-bbox="1133 1474 1192 1505">P</div>
RIBAVIRIN 200 MG TAB	2	<div data-bbox="1133 1535 1192 1566">SP</div> <div data-bbox="1133 1583 1192 1614">P</div>

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAMIFLU 30 MG CAP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 20 EA / fill         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
TAMIFLU 6 MG/ML RECON SUSP	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 250 ml / fill         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / fill         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 2 EA / fill         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 1 EA / fill         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 40 EA / fill         </div> </div>
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">EDS</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
<i>carvedilol phosphate er</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
COREG	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e69d00; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>labetalol hcl (labetalol hcl 100 mg tab, labetalol hcl 200 mg tab, labetalol hcl 300 mg tab)</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #8b6914; color: white; padding: 2px 5px; border-radius: 3px;">EDS</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>

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



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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NORLIQVA	2	<div data-bbox="1133 174 1195 205">PA</div> <div data-bbox="1133 222 1195 254">NP</div>
NORVASC	2	<div data-bbox="1133 287 1195 319">PA</div> <div data-bbox="1133 336 1195 367">NP</div>
NYMALIZE	2	<div data-bbox="1133 401 1195 432">PA</div> <div data-bbox="1133 449 1195 480">NP</div>
PROCARDIA	2	<div data-bbox="1133 514 1195 546">PA</div> <div data-bbox="1133 562 1195 594">NP</div>
PROCARDIA XL	2	<div data-bbox="1133 630 1195 661">PA</div> <div data-bbox="1133 678 1195 709">NP</div>
SULAR	2	<div data-bbox="1133 741 1195 772">PA</div> <div data-bbox="1133 789 1195 821">NP</div>
<i>taztia xt</i>	1	<div data-bbox="1133 854 1195 886">EDS</div> <div data-bbox="1133 903 1195 934">P</div>
<i>tiadylt er</i>	1	<div data-bbox="1133 968 1195 999">EDS</div> <div data-bbox="1133 1016 1195 1047">P</div>
TIAZAC	2	<div data-bbox="1133 1081 1195 1113">PA</div> <div data-bbox="1133 1129 1195 1161">NP</div>
<i>verapamil hcl (verapamil hcl 40 mg tab, verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i>	1	<div data-bbox="1133 1203 1195 1234">EDS</div> <div data-bbox="1133 1251 1195 1283">P</div>
<i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 120 mg tab er, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er, verapamil hcl er 300 mg cap er 24h)</i>	1	<div data-bbox="1133 1430 1195 1461">EDS</div> <div data-bbox="1133 1478 1195 1509">P</div>

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

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

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



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

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

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

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

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

**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil (cefadroxil 250 mg/5ml recon susp, cefadroxil 500 mg cap, cefadroxil 500 mg/5ml recon susp)</i>	1	<ul style="list-style-type: none"> <li>P</li> </ul>
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CEFADROXIL 1 GM TAB	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<i>cefazolin sodium (cefazolin sodium 1 gm recon soln, cefazolin sodium 10 gm recon soln, cefazolin sodium 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM (CEFAZOLIN SODIUM 1 GM RECON SOLN, CEFAZOLIN SODIUM 2 GM RECON SOLN, CEFAZOLIN SODIUM 100 GM RECON SOLN, CEFAZOLIN SODIUM 300 GM RECON SOLN)	2	
CEFAZOLIN SODIUM-DEXTROSE (CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% SOLUTION, CEFAZOLIN SODIUM-DEXTROSE 2-3 GM-%(50ML) RECON SOLN)	2	
<i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg cap, cephalexin 250 mg/5ml recon susp, cephalexin 500 mg cap, cephalexin 750 mg cap)</i>	1	<div data-bbox="1133 1087 1195 1123">P</div>
<i>cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab)</i>	1	<div data-bbox="1133 1213 1195 1249">PA</div> <div data-bbox="1133 1262 1195 1297">NP</div>
KEFLEX	2	<div data-bbox="1133 1329 1195 1365">PA</div> <div data-bbox="1133 1377 1195 1413">NP</div>

## CEPHALOSPORINS - 2ND GENERATION

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STELARA 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 0.5 ML / 84 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
STELARA 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 ML / 84 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
TALTZ (TALTZ 20 MG/0.25ML SOLN PRSYR, TALTZ 40 MG/0.5ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 0.5 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
<i>tazarotene (tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % cream, tazarotene 0.1 % gel)</i>	1	<ul style="list-style-type: none"> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
TREMFYA (TREMFYA 100 MG/ML SOLN A-INJ, TREMFYA 200 MG/2ML SOLN A-INJ, TREMFYA 200 MG/2ML SOLN PRSYR)	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 2 ML / 28 DAYS</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>
TREMFYA 100 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 1 ml / 56 days</li> <li><span style="background-color: #996633; color: white; padding: 2px;">PA</span></li> <li><span style="background-color: #cccccc; color: gray; padding: 2px;">SP</span></li> <li><span style="background-color: #ff9933; color: white; padding: 2px;">NP</span></li> </ul>

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

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

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

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

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

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

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



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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GLUCOCARD SHINE TEST	\$0	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">OTC</div> <div data-bbox="1133 270 1195 306">CDS</div> <div data-bbox="1133 319 1195 354">NP</div>
<i>glucose urine test</i>	\$0	<div data-bbox="1133 380 1195 415">OTC</div> <div data-bbox="1133 428 1195 464">CDS</div>
GOJJI BLOOD KETONE TEST	\$0	<div data-bbox="1133 493 1195 529">OTC</div> <div data-bbox="1133 541 1195 577">CDS</div>
KETO-DIASTIX	\$0	<div data-bbox="1133 604 1195 640">OTC</div> <div data-bbox="1133 653 1195 688">CDS</div>
KETONE TEST	\$0	<div data-bbox="1133 714 1195 749">OTC</div>
KETOSTIX	\$0	<div data-bbox="1133 779 1195 814">OTC</div>
MULTISTIX 10 SG	2	
NOVA MAX PLUS KETONE TEST	\$0	<div data-bbox="1133 909 1195 945">OTC</div> <div data-bbox="1133 957 1195 993">CDS</div>
ONETOUCH ULTRA	\$0	<div data-bbox="1133 1016 1195 1052">PA</div> <div data-bbox="1133 1064 1195 1100">OTC</div> <div data-bbox="1133 1113 1195 1148">CDS</div> <div data-bbox="1133 1161 1195 1197">NP</div>
ONETOUCH ULTRA BLUE TEST	\$0	<div data-bbox="1133 1222 1195 1257">PA</div> <div data-bbox="1133 1270 1195 1306">OTC</div> <div data-bbox="1133 1318 1195 1354">CDS</div> <div data-bbox="1133 1367 1195 1402">NP</div>
ONETOUCH ULTRA TEST	\$0	<div data-bbox="1133 1428 1195 1463">PA</div> <div data-bbox="1133 1476 1195 1512">OTC</div> <div data-bbox="1133 1524 1195 1560">CDS</div> <div data-bbox="1133 1572 1195 1608">NP</div>

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

### DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

#### DIETARY MANAGEMENT PRODUCTS

I-methylfolate	2	
I-methylfolate combinations	2	OTC

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bumetanide 0.25 mg/ml solution</i>	1	
<i>furosemide (furosemide 10 mg/ml solution, furosemide 20 mg tab, furosemide 40 mg tab, furosemide 80 mg tab)</i>	1	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	1	EDS
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	EDS
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab, spironolactone 100 mg tab)</i>	1	EDS
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	EDS
<i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab, hydrochlorothiazide 50 mg tab)</i>	1	EDS
<i>indapamide</i>	1	EDS
<i>metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)</i>	1	EDS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA (ISTURISA 1 MG TAB, ISTURISA 5 MG TAB)	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <span>2 EA / DAY</span> <div style="background-color: #8b572a; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #a6a6a6; color: white; padding: 2px 5px; border-radius: 3px;">LA</div> </div>

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SAIZENPREP	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
SEROSTIM	2	<div data-bbox="1133 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">LA</div> <div data-bbox="1133 426 1195 462">NP</div>
SKYTROFA	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>
SOGROYA	2	<div data-bbox="1133 640 1195 676">PA</div> <div data-bbox="1133 688 1195 724">SP</div> <div data-bbox="1133 737 1195 772">NP</div>
ZOMACTON	2	<div data-bbox="1133 795 1195 831">PA</div> <div data-bbox="1133 844 1195 879">SP</div> <div data-bbox="1133 892 1195 928">NP</div>
ZOMACTON (FOR ZOMA-JET 10)	2	<div data-bbox="1133 951 1195 987">PA</div> <div data-bbox="1133 999 1195 1035">SP</div> <div data-bbox="1133 1050 1195 1085">NP</div>
ZORBTIVE	2	<div data-bbox="1133 1106 1195 1142">PA</div> <div data-bbox="1133 1155 1195 1190">SP</div> <div data-bbox="1133 1203 1195 1239">NP</div>
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA	2	<div data-bbox="1133 1358 1195 1394">PA</div> <div data-bbox="1133 1407 1195 1442">NP</div>
<i>raloxifene hcl</i>	\$0	<div data-bbox="1133 1463 1195 1499">EDS</div> <div data-bbox="1133 1512 1195 1547">P</div>

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

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

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

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

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



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

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

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

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

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

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

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ADYNOVATE	2	<div data-bbox="1133 174 1195 205">SP</div> <div data-bbox="1133 218 1195 249">P</div>
AFSTYLA	2	<div data-bbox="1133 279 1195 310">SP</div> <div data-bbox="1133 323 1195 354">P</div>
ALPHANATE	2	<div data-bbox="1133 384 1195 415">SP</div> <div data-bbox="1133 428 1195 459">P</div>
ALPHANATE/VWF COMPLEX/HUMAN	2	<div data-bbox="1133 489 1195 520">SP</div> <div data-bbox="1133 533 1195 564">P</div>
ALPHANINE SD	2	<div data-bbox="1133 594 1195 625">SP</div> <div data-bbox="1133 638 1195 669">P</div>
ALPROLIX	2	<div data-bbox="1133 699 1195 730">SP</div> <div data-bbox="1133 743 1195 774">P</div>
ALTUVIIIO	2	<div data-bbox="1133 804 1195 835">SP</div>
BENEFIX	2	<div data-bbox="1133 909 1195 940">SP</div> <div data-bbox="1133 953 1195 984">P</div>
COAGADEX	2	<div data-bbox="1133 1014 1195 1045">SP</div> <div data-bbox="1133 1058 1195 1089">P</div>
CORIFACT	2	<div data-bbox="1133 1119 1195 1150">SP</div> <div data-bbox="1133 1163 1195 1194">P</div>
ELOCTATE	2	<div data-bbox="1133 1224 1195 1255">SP</div> <div data-bbox="1133 1268 1195 1299">P</div>
ESPEROCT	2	<div data-bbox="1133 1329 1195 1360">SP</div> <div data-bbox="1133 1373 1195 1404">P</div>
FEIBA	2	<div data-bbox="1133 1434 1195 1465">SP</div> <div data-bbox="1133 1478 1195 1509">P</div>
HEMLIBRA	2	<div data-bbox="1133 1539 1195 1570">PA</div> <div data-bbox="1133 1583 1195 1614">SP</div>

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>miscellaneous injection device</i>	2	CDS
MULTI-DRAW NEEDLE (MULTI-DRAW NEEDLE 21G X 1" MISC, MULTI-DRAW NEEDLE 22G X 1" MISC)	2	CDS
NEEDLES AND SYRINGES	2	OTC CDS
<i>needles and syringes</i>	\$0	OTC CDS
<i>sharps container</i>	2	OTC CDS
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	2	OTC CDS
<i>respiratory therapy supplies</i>	2	OTC CDS
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 1 EA / 28 days PA P
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 1 ML / 28 DAYS PA P
AJOVY	2	QL 1.5 ml / 28 days PA P

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TREXIMET	2	<span>QL</span> 18 EA / 30 days <span>PA</span> <span>NP</span>
<b>MIGRAINE PRODUCTS</b>		
TRUDHESA	2	<span>QL</span> 8 EA / 28 days <span>PA</span> <span>NP</span>
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
ELYXYB	2	<span>QL</span> 28.8 ml / 30 days <span>PA</span> <span>NP</span>
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	1	<span>QL</span> 18 EA / 30 days <span>PA</span> <span>NP</span>
AMERGE	2	<span>QL</span> 18 EA / 30 DAYS <span>PA</span> <span>NP</span>
<i>eletriptan hydrobromide</i>	1	<span>QL</span> 18 EA / 30 DAYS <span>PA</span> <span>NP</span>
FROVA	2	<span>QL</span> 18 EA / 30 days <span>PA</span> <span>NP</span>
<i>frovatriptan succinate</i>	1	<span>QL</span> 18 EA / 30 days <span>PA</span> <span>NP</span>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMITREX (IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 18 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
IMITREX 6 MG/0.5ML SOLUTION	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
IMITREX STATDOSE REFILL	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 ML / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
IMITREX STATDOSE SYSTEM	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
MAXALT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 36 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
MAXALT-MLT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 36 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>naratriptan hcl</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 18 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
RELPAX	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 18 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>
REYVOW 100 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 16 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
REYVOW 50 MG TAB	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 8 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: #e67e22; color: white; padding: 2px 5px; border-radius: 3px;">NP</span> </div> </div>
<i>rizatriptan benzoate</i>	1	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</span> 36 EA / 30 DAYS         </div> <div style="display: flex; align-items: center;"> <span style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">P</span> </div> </div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sumatriptan 20 mg/act solution</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>
<i>sumatriptan 5 mg/act solution</i>	1	<ul style="list-style-type: none"> <li>QL 36 EA / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>
<i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 DAYS</li> <li>P</li> </ul>
<i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i>	1	<ul style="list-style-type: none"> <li>QL 8 ML / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 8 ML / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>
<i>sumatriptan succinate refill</i>	1	<ul style="list-style-type: none"> <li>QL 8 ML / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>
TOSYMRA	2	<ul style="list-style-type: none"> <li>PA</li> <li>QL 6 UNITS / FILL; 2 FILLS / 30 DAYS</li> <li>NP</li> </ul>
ZEMBRACE SYMTOUCH	2	<ul style="list-style-type: none"> <li>PA</li> <li>QL 2 UNITS / FILL; 2 FILLS / 30 DAYS</li> <li>NP</li> </ul>
<i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp)</i>	1	<ul style="list-style-type: none"> <li>QL 18 EA / 30 DAYS</li> <li>PA</li> <li>NP</li> </ul>

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

## MINERALS ELECTROLYTES

### BICARBONATES

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

### CALCIUM

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	1	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">EDS</div> <div data-bbox="1133 270 1195 306">NP</div>
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	1	<div data-bbox="1133 327 1195 363">EDS</div> <div data-bbox="1133 375 1195 411">P</div>
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	1	<div data-bbox="1133 453 1195 489">PA</div> <div data-bbox="1133 501 1195 537">NP</div>
<i>memantine hcl er</i>	1	<div data-bbox="1133 569 1195 604">PA</div> <div data-bbox="1133 617 1195 653">EDS</div> <div data-bbox="1133 665 1195 701">NP</div>
NAMENDA	2	<div data-bbox="1133 726 1195 762">PA</div> <div data-bbox="1133 774 1195 810">NP</div>
NAMENDA TITRATION PAK	2	<div data-bbox="1133 837 1195 873">PA</div> <div data-bbox="1133 886 1195 921">NP</div>
NAMENDA XR	2	<div data-bbox="1133 949 1195 984">PA</div> <div data-bbox="1133 997 1195 1033">NP</div>
NAMENDA XR TITRATION PACK	2	<div data-bbox="1133 1060 1195 1096">PA</div> <div data-bbox="1133 1108 1195 1144">NP</div>
NAMZARIC	2	<div data-bbox="1133 1171 1195 1207">PA</div> <div data-bbox="1133 1220 1195 1255">NP</div>
<i>rivastigmine</i>	1	<div data-bbox="1133 1283 1195 1318">PA</div> <div data-bbox="1133 1331 1195 1367">EDS</div> <div data-bbox="1133 1379 1195 1415">NP</div>
<i>rivastigmine tartrate</i>	1	<div data-bbox="1133 1461 1195 1497">PA</div> <div data-bbox="1133 1509 1195 1545">EDS</div> <div data-bbox="1133 1558 1195 1593">NP</div>

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BRIUMVI	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">LA</div> <div data-bbox="1133 270 1195 306">NP</div>
COPAXONE 20 MG/ML SOLN PRSYR	1	<div data-bbox="1133 329 1195 365">PA</div> <div data-bbox="1133 378 1195 413">SP</div> <div data-bbox="1133 426 1195 462">P</div>
COPAXONE 40 MG/ML SOLN PRSYR	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>
<i>dalfampridine er</i>	1	<div data-bbox="1133 640 1195 676">PA</div> <div data-bbox="1133 688 1195 724">SP</div> <div data-bbox="1133 737 1195 772">NP</div>
<i>dimethyl fumarate</i>	1	<div data-bbox="1133 798 1195 833">SP</div> <div data-bbox="1133 846 1195 882">P</div>
<i>dimethyl fumarate starter pack</i>	1	<div data-bbox="1133 917 1195 953">PA</div> <div data-bbox="1133 966 1195 1001">SP</div> <div data-bbox="1133 1014 1195 1050">NP</div>
EXTAVIA	2	<div data-bbox="1133 1073 1195 1108">PA</div> <div data-bbox="1133 1121 1195 1157">SP</div> <div data-bbox="1133 1169 1195 1205">NP</div>
<i>fingolimod hcl</i>	1	<div data-bbox="1133 1228 1195 1264">PA</div> <div data-bbox="1133 1276 1195 1312">SP</div> <div data-bbox="1133 1325 1195 1360">P</div>
GILENYA 0.25 MG CAP	2	<div data-bbox="1133 1383 1195 1419">PA</div> <div data-bbox="1133 1432 1195 1467">SP</div> <div data-bbox="1133 1480 1195 1516">NP</div>
GILENYA 0.5 MG CAP	1	<div data-bbox="1133 1539 1195 1575">PA</div> <div data-bbox="1133 1587 1195 1623">SP</div> <div data-bbox="1133 1635 1195 1671">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	<div data-bbox="1133 176 1192 210">PA</div> <div data-bbox="1133 226 1192 260">SP</div> <div data-bbox="1133 277 1192 310">NP</div>
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	<div data-bbox="1133 331 1192 365">PA</div> <div data-bbox="1133 382 1192 415">SP</div> <div data-bbox="1133 432 1192 466">NP</div>
<i>glatopa 20 mg/ml soln prsyr</i>	1	<div data-bbox="1133 487 1192 520">PA</div> <div data-bbox="1133 537 1192 571">SP</div> <div data-bbox="1133 588 1192 621">NP</div>
<i>glatopa 40 mg/ml soln prsyr</i>	1	<div data-bbox="1133 642 1192 676">PA</div> <div data-bbox="1133 693 1192 726">SP</div> <div data-bbox="1133 743 1192 777">NP</div>
KESIMPTA	2	<div data-bbox="1133 798 1192 831">PA</div> <div data-bbox="1133 848 1192 882">SP</div> <div data-bbox="1133 898 1192 932">NP</div>
LEMTRADA	2	<div data-bbox="1133 953 1192 987">PA</div> <div data-bbox="1133 1003 1192 1037">LA</div> <div data-bbox="1133 1054 1192 1087">NP</div>
MAVENCLAD (10 TABS)	2	<div data-bbox="1133 1108 1192 1142">PA</div> <div data-bbox="1133 1159 1192 1192">SP</div> <div data-bbox="1133 1209 1192 1243">NP</div>
MAVENCLAD (4 TABS)	2	<div data-bbox="1133 1264 1192 1297">PA</div> <div data-bbox="1133 1314 1192 1348">SP</div> <div data-bbox="1133 1365 1192 1398">NP</div>
MAVENCLAD (5 TABS)	2	<div data-bbox="1133 1419 1192 1453">PA</div> <div data-bbox="1133 1470 1192 1503">SP</div> <div data-bbox="1133 1520 1192 1554">NP</div>
MAVENCLAD (6 TABS)	2	<div data-bbox="1133 1575 1192 1608">PA</div> <div data-bbox="1133 1625 1192 1659">SP</div> <div data-bbox="1133 1675 1192 1709">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MAVENCLAD (7 TABS)	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">NP</div>
MAVENCLAD (8 TABS)	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">NP</div>
MAVENCLAD (9 TABS)	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">NP</div>
MAYZENT	2	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 779">NP</div>
MAYZENT STARTER PACK	2	<div data-bbox="1133 804 1195 840">PA</div> <div data-bbox="1133 852 1195 888">SP</div> <div data-bbox="1133 900 1195 936">NP</div>
OCREVUS	2	<div data-bbox="1133 961 1195 997">PA</div> <div data-bbox="1133 1010 1195 1045">SP</div> <div data-bbox="1133 1058 1195 1094">NP</div>
PLEGRIDY	2	<div data-bbox="1133 1119 1195 1155">PA</div> <div data-bbox="1133 1167 1195 1203">SP</div> <div data-bbox="1133 1215 1195 1251">NP</div>
PLEGRIDY STARTER PACK	2	<div data-bbox="1133 1276 1195 1312">PA</div> <div data-bbox="1133 1325 1195 1360">SP</div> <div data-bbox="1133 1373 1195 1409">NP</div>
PONVORY	2	<div data-bbox="1133 1438 1195 1474">PA</div> <div data-bbox="1133 1486 1195 1522">SP</div> <div data-bbox="1133 1535 1195 1570">NP</div>
PONVORY STARTER PACK	2	<div data-bbox="1133 1593 1195 1629">PA</div> <div data-bbox="1133 1642 1195 1677">SP</div> <div data-bbox="1133 1690 1195 1726">NP</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REBIF	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">SP</div> <div data-bbox="1133 270 1195 306">P</div>
REBIF REBIDOSE	2	<div data-bbox="1133 331 1195 367">PA</div> <div data-bbox="1133 380 1195 415">SP</div> <div data-bbox="1133 428 1195 464">P</div>
REBIF REBIDOSE TITRATION PACK	2	<div data-bbox="1133 489 1195 525">PA</div> <div data-bbox="1133 537 1195 573">SP</div> <div data-bbox="1133 585 1195 621">P</div>
REBIF TITRATION PACK	2	<div data-bbox="1133 646 1195 682">PA</div> <div data-bbox="1133 695 1195 730">SP</div> <div data-bbox="1133 743 1195 779">P</div>
TASCENSO ODT	2	<div data-bbox="1133 804 1195 840">PA</div> <div data-bbox="1133 852 1195 888">LA</div> <div data-bbox="1133 900 1195 936">NP</div>
TECFIDERA	2	<div data-bbox="1133 961 1195 997">PA</div> <div data-bbox="1133 1010 1195 1045">SP</div> <div data-bbox="1133 1058 1195 1094">NP</div>
<i>teriflunomide</i>	1	<div data-bbox="1133 1125 1195 1161">PA</div> <div data-bbox="1133 1173 1195 1209">SP</div> <div data-bbox="1133 1222 1195 1257">P</div>
TYSABRI	2	<div data-bbox="1133 1283 1195 1318">PA</div> <div data-bbox="1133 1331 1195 1367">SP</div> <div data-bbox="1133 1379 1195 1415">NP</div>
VUMERITY	2	<div data-bbox="1133 1440 1195 1476">PA</div> <div data-bbox="1133 1488 1195 1524">SP</div> <div data-bbox="1133 1537 1195 1572">NP</div>
ZEPOSIA	2	<div data-bbox="1133 1598 1195 1633">QL 1 EA / DAY</div> <div data-bbox="1133 1646 1195 1682">PA</div> <div data-bbox="1133 1694 1195 1730">SP</div> <div data-bbox="1133 1743 1195 1778">NP</div>

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

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

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

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



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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DEXILANT	2	<div data-bbox="1133 174 1195 210">PA</div> <div data-bbox="1133 222 1195 258">NP</div>
<i>dexlansoprazole</i>	1	<div data-bbox="1133 287 1195 323">PA</div> <div data-bbox="1133 336 1195 371">NP</div>
<i>eq esomeprazole magnesium</i>	1	<div data-bbox="1133 401 1195 436">OTC</div> <div data-bbox="1133 449 1195 485">EDS</div> <div data-bbox="1133 497 1195 533">P</div>
<i>eq omeprazole magnesium</i>	1	<div data-bbox="1133 556 1195 592">OTC</div> <div data-bbox="1133 604 1195 640">EDS</div>
<i>esomeprazole magnesium (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 40 mg packet)</i>	1	<div data-bbox="1133 699 1195 735">PA</div> <div data-bbox="1133 747 1195 783">NP</div>
<i>esomeprazole magnesium 20 mg cap dr</i>	1	<div data-bbox="1133 842 1195 877">OTC</div> <div data-bbox="1133 890 1195 926">EDS</div> <div data-bbox="1133 938 1195 974">P</div>
<i>esomeprazole magnesium 40 mg cap dr</i>	1	<div data-bbox="1133 1005 1195 1041">EDS</div> <div data-bbox="1133 1054 1195 1089">P</div>
<i>ft acid reducer 20 mg cap dr</i>	1	<div data-bbox="1133 1110 1195 1146">OTC</div> <div data-bbox="1133 1159 1195 1194">EDS</div> <div data-bbox="1133 1207 1195 1243">P</div>
<i>gnp esomeprazole magnesium</i>	1	<div data-bbox="1133 1266 1195 1302">OTC</div> <div data-bbox="1133 1314 1195 1350">EDS</div> <div data-bbox="1133 1362 1195 1398">P</div>
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	<div data-bbox="1133 1430 1195 1465">OTC</div> <div data-bbox="1133 1478 1195 1514">EDS</div>
<i>goodsense esomeprazole</i>	1	<div data-bbox="1133 1543 1195 1579">OTC</div> <div data-bbox="1133 1591 1195 1627">EDS</div> <div data-bbox="1133 1640 1195 1675">P</div>

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hm esomeprazole magnesium dr</i>	1	<div data-bbox="1133 174 1192 212">OTC</div> <div data-bbox="1133 222 1192 260">EDS</div> <div data-bbox="1133 270 1192 302">P</div>
<i>kls esomeprazole magnesium</i>	1	<div data-bbox="1133 331 1192 369">OTC</div> <div data-bbox="1133 380 1192 417">EDS</div> <div data-bbox="1133 428 1192 459">P</div>
<i>kp omeprazole magnesium</i>	1	<div data-bbox="1133 489 1192 527">OTC</div> <div data-bbox="1133 537 1192 575">EDS</div>
<i>lansoprazole (prevacid)</i>	1	<div data-bbox="1133 604 1192 642">PA</div> <div data-bbox="1133 653 1192 690">OTC</div> <div data-bbox="1133 701 1192 739">EDS</div> <div data-bbox="1133 749 1192 779">NP</div>
LANSOPRAZOLE 15 MG CAP DR	1	<div data-bbox="1133 808 1192 846">OTC</div> <div data-bbox="1133 856 1192 894">EDS</div> <div data-bbox="1133 905 1192 936">P</div>
LANSOPRAZOLE 15 MG TAB DR DISP	1	<div data-bbox="1133 970 1192 1008">PA</div> <div data-bbox="1133 1018 1192 1056">OTC</div> <div data-bbox="1133 1066 1192 1098">NP</div>
LANSOPRAZOLE 30 MG CAP DR	1	<div data-bbox="1133 1125 1192 1163">EDS</div> <div data-bbox="1133 1173 1192 1211">P</div>
LANSOPRAZOLE 30 MG TAB DR DISP	1	<div data-bbox="1133 1239 1192 1276">PA</div> <div data-bbox="1133 1287 1192 1325">NP</div>
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET)	1	<div data-bbox="1133 1421 1192 1461">P</div>
NEXIUM 20 MG CAP DR	2	<div data-bbox="1133 1562 1192 1600">PA</div> <div data-bbox="1133 1610 1192 1648">OTC</div> <div data-bbox="1133 1659 1192 1690">NP</div>

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

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



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

## URINARY ANTISPASMODICS

### URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

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

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

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

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

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

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>epinephrine 0.3 mg/0.3ml soln a-inj (mylan)</i>	1	QL 2 EA / fill MFG CDS P
EPIPEN 2-PAK	1	QL 2 EA / fill CDS P
EPIPEN JR 2-PAK	1	QL 2 EA / fill CDS P
SYMJEPI	1	QL 2 EA / fill CDS P
EPINEPHRINE (EPINEPHRINE 1 MG/10ML SOLN PRSYR, EPINEPHRINE 1 MG/ML SOLUTION, EPINEPHRINE 10 MG/10ML SOLUTION)	2	
<i>epinephrine 1 mg/10ml soln prsyr</i>	1	
EPINEPHRINE PF	2	
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>beta-carotene</i>	1	OTC EDS
BETA-CAROTENE	2	OTC
<i>phytonadione 5 mg tab</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vitamin a</i>	1	<div data-bbox="1133 170 1192 205">OTC</div> <div data-bbox="1133 218 1192 254">EDS</div>
<i>vitamin d</i>	1	<div data-bbox="1133 279 1192 315">OTC</div> <div data-bbox="1133 327 1192 363">EDS</div>
VITAMIN D	2	<div data-bbox="1133 388 1192 424">OTC</div>
<i>vitamin e</i>	1	<div data-bbox="1133 457 1192 493">OTC</div> <div data-bbox="1133 506 1192 541">EDS</div>
<b>WATER SOLUBLE VITAMINS</b>		
<i>biotin</i>	1	<div data-bbox="1133 640 1192 676">OTC</div> <div data-bbox="1133 688 1192 724">EDS</div>
<i>calcium ascorbate</i>	1	<div data-bbox="1133 749 1192 785">OTC</div>
<i>calcium panthothenate</i>	1	<div data-bbox="1133 819 1192 854">OTC</div> <div data-bbox="1133 867 1192 903">EDS</div>
<i>niacin</i>	1	<div data-bbox="1133 928 1192 963">OTC</div> <div data-bbox="1133 976 1192 1012">EDS</div> <div data-bbox="1133 1024 1192 1060">P</div>
NIACIN	2	<div data-bbox="1133 1083 1192 1119">OTC</div> <div data-bbox="1133 1131 1192 1167">P</div>
<i>niacinamide</i>	1	<div data-bbox="1133 1192 1192 1228">OTC</div> <div data-bbox="1133 1241 1192 1276">EDS</div>
<i>pyridoxine (vitamin b6)</i>	1	<div data-bbox="1133 1302 1192 1337">OTC</div> <div data-bbox="1133 1350 1192 1386">EDS</div>
<i>riboflavin (vitamin b2)</i>	1	<div data-bbox="1133 1411 1192 1446">OTC</div> <div data-bbox="1133 1459 1192 1495">EDS</div>
<i>thiamine (vitamin b1)</i>	1	<div data-bbox="1133 1520 1192 1556">OTC</div> <div data-bbox="1133 1568 1192 1604">EDS</div>

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

# Index

<b>A</b>		
A+D FIRST AID.....	224	acid reducer..... 332
a+d first aid.....	224	ADLARITY..... 317
abacavir sulfate.....	166	ADLYXIN..... 104
abacavir sulfate-lamivudine.....	166	ADLYXIN STARTER PACK... 105
abacavir-lamivudine- zidovudine.....	166	ADMELOG..... 105
ABILIFY.....	165	ADMELOG SOLOSTAR..... 105
ABILIFY ASIMTUFII.....	165	adrucil..... 135
ABILIFY MAINTENA.....	165	ADTHYZA..... 329
ABILIFY MYCITE.....	165	ADVAIR DISKUS..... 72
abiraterone acetate.....	139	ADVAIR HFA..... 72
ABRILADA (1 PEN).....	28	advanced lubricant..... 303
ABRILADA (2 PEN).....	29	ADVATE..... 248
ABRILADA (2 SYRINGE).....	29	ADYNOVATE..... 249
ABRYSSVO.....	340	ADZENYS ER..... 15
ACAM2000.....	340	ADZENYS XR-ODT..... 15
acamprosate calcium.....	317	afirmelle..... 190
ACANYA.....	205	ADALIMUMAB-AATY (1 PEN)29
acarbose.....	97	ADALIMUMAB-AATY (2 PEN)29
ACCOLATE.....	69	ADALIMUMAB-AATY (2 SYRINGE)..... 29
Accu-Chek Blood Glucose Meter.....	226	ADALIMUMAB-ADAZ..... 29
ACCU-CHEK SMARTVIEW.....	226	ADALIMUMAB-ADBM (2 PEN)..... 29,30
ACCUPRIL.....	125	ADALIMUMAB-ADBM (2 SYRINGE)..... 30
accutane.....	205	ADALIMUMAB- ADBM(CD/UC/HS STRT)..... 30
acebutolol hcl.....	176	ADALIMUMAB-ADBM(PS/UV STARTER)..... 30
acetaminophen (tylenol).....	45	ADALIMUMAB-FKJP (2 PEN)31
acetaminophen / caffeine / pyrilamine (midol).....	44	ADALIMUMAB-FKJP (2 SYRINGE)..... 31
acetaminophen / diphenhydramine.....	259	adapalene..... 205
acetaminophen-codeine.....	54	adapalene treatment..... 205
ACETAMINOPHEN- CODEINE.....	54	adapalene-benzoyl peroxide.206
acetazolamide.....	230	ADBRY..... 221
acetazolamide er.....	230	ADCIRCA..... 186
acetazolamide sodium.....	230	ADDERALL XR..... 15
acetic acid.....	246,311	adefovir dipivoxil..... 170
acetylcysteine.....	205	ADEMPAS..... 187
		ADHANSIA XR..... 21
		adhesive tape..... 267

alendronate sodium	232	amethia lo	190	AMPICILLIN-SULBACTAM	
alfuzosin hcl er	247	amethyst	190	SODIUM	315
aliskiren fumarate	133	amikacin sulfate	27	AMPYRA	320
allopurinol	248	amiloride hcl	231	AMZEEQ	206
allopurinol sodium	248	amiloride-		anagrelide hcl	253
almotriptan malate	275	hydrochlorothiazide	230	anastrozole	139
ALOGLIPTIN BENZOATE	102	AMILORIDE-		ANCOBON	115
ALOGLIPTIN-METFORMIN		HYDROCHLOROTHIAZIDE	230	ANORO ELLIPTA	73
HCL	98	aminoacetic acid	246	ANTACID	61
ALOGLIPTIN-		amiodarone hcl	68	ANTARA	121
PIOGLITAZONE	98	amitriptyline hcl	97	anti-dandruff shampoo	218
ALOMIDE	307	AMJEVITA	31	anti-itch lotion	214
alosetron hcl	245	amlodipine besy-benazepril		anucort-hc	60
ALPHAGAN P	301	hcl	129	anusol-hc	60
ALPHANATE	249	amlodipine besylate	178	ANZEMET	113
ALPHANATE/VWF		amlodipine besylate-		APIDRA	105
COMPLEX/HUMAN	249	valsartan	129	APIDRA SOLOSTAR	105
ALPHANINE SD	249	amlodipine-atorvastatin	183	APLENZIN	91
alprazolam	66	amlodipine-olmesartan	129	APLICARE POVIDONE-IODINE	
ALPROLIX	249	amlodipine-valsartan-hctz	129	10 % GEL	166
ALREX	305	ammonium lactate (amlactin)	222	APRACLONIDINE HCL	301
altacaine	305	amnesteem	206	apraclonidine hcl	301
ALTACE	125	amoxapine	97	aprepitant	115
altavera	190	AMOXICILLIN	313	APRETUDE	166
ALTOPREV	122	amoxicillin	313	apri	191
ALTRENO	206	AMOXICILLIN-POT		APRISO	242
ALTUVIIIO	249	CLAVULANATE	314	APTENSIO XR	21
aluminum hydroxide		amoxicillin-pot clavulanate	314	APTIOM	81
(alternagel)	61	AMOXICILLIN-POT		APTIVUS	166
ALUNBRIG	144	CLAVULANATE ER	314	aquastat	283
ALVESCO	70	AMPHETAMINE ER	15	aquastat sfr	283
alyacen 1/35	190	amphetamine sulfate	15,16	aranelle	191
alyacen 7/7/7	190	amphetamine-dextroamphet		ARANESP (ALBUMIN FREE)	255
alyq	186	er	16	ARAZLO	206
amabelz	239	amphetamine-		ARCALYST	37
amantadine hcl	157	dextroamphetamine	16	AREXVY	340
AMBIEN	260	AMPHOTERICIN B	115	arformoterol tartrate	73
AMBIEN CR	260	ampicillin	313	argyle sterile saline	246
ambrisentan	185	ampicillin sodium	313	ARICEPT	317
AMERGE	275	AMPICILLIN SODIUM	313	ARIKAYCE	27
amethia	190	ampicillin-sulbactam sodium	314	aripiprazole	165

ARISTADA.....	165	ATRALIN.....	206	azelastine-fluticasone.....	294
ARISTADA INITIO.....	165	ATROPINE SULFATE.....	301	azithromycin.....	265
ARIXTRA.....	77	atropine sulfate.....	301,331	AZOPT.....	308
armodafinil.....	21	ATROPINE SULFATE (PF).....	331	AZOR.....	129
ARMONAIR DIGIHALER.....	70	ATROVENT HFA.....	69	AZSTARYS.....	21,22
ARMOUR THYROID.....	329	AUBAGIO.....	320	aztreonam.....	64
ARNUITY ELLIPTA.....	70	aubra.....	191	AZULFIDINE.....	242
ARTHROTEC.....	39	aubra eq.....	191	AZULFIDINE EN-TABS.....	242
artificial tear drops.....	297	AUDENZ.....	340	azurette.....	191
ASACOL HD.....	242	AUGTYRO.....	144	<b>B</b>	
ascomp-codeine.....	54	aurovela 1.5/30.....	191	B COMPLEX-C-BIOTIN-E-FA.....	290
asenapine maleate.....	162	aurovela 1/20.....	191	B-12.....	255
ashlyna.....	191	aurovela 24 fe.....	191	b-12 (methylcobalamin).....	255
ASMANEX HFA.....	71	aurovela fe 1.5/30.....	191	B-12 METHYLCOBALAMIN.....	255
ASMANEX INHALATION		aurovela fe 1/20.....	191		
POWDER.....	71	AURYXIA.....	245	bac.....	44
aspirin.....	45	AUSTEDO.....	319	baciiim.....	62
aspirin (81 mg chew tab).....	45	AUSTEDO XR.....	319,320	bacitra-neomycin-polymyxin-	
aspirin (81 mg tab dr).....	45	AUSTEDO XR PATIENT		hc.....	305
aspirin / acetaminophen /		TITRATION.....	320	BACITRACIN.....	62,302
caffeine (excedrin).....	44	AUVELITY.....	91	bacitracin.....	62,210
aspirin / buffers (bufferin).....	45	AUVI-Q.....	344	bacitracin / polymyxin b	
aspirin / sodium bicarb / citric		AVALIDE.....	129	(polysporin).....	211
acid (alka-seltzer).....	45	AVAPRO.....	126	bacitracin zinc.....	211
aspirin 325 mg delayed		avar cleanser.....	206	bacitracin-polymyxin b.....	302
release.....	45	avar-e emollient.....	206	baclofen.....	293
aspirin 500 mg.....	45	avar-e green.....	206	BACTERIOSTATIC	
aspirin suppository.....	45	AVAR-E LS.....	206	WATER(BENZ ALC).....	315
aspirin-dipyridamole er.....	253	aviane.....	191	BAFIERTAM.....	320
ASTAGRAF XL.....	284	avita.....	206	BAL-CARE DHA.....	292
ATACAND.....	126	AVODART.....	247	balanced salt.....	308
ATACAND HCT.....	129	AVONEX PEN.....	320	balsalazide disodium.....	242
atazanavir sulfate.....	167	AVONEX PREFILLED.....	320	BALVERSA.....	144
ATELVIA.....	232	AVSOLA.....	242	balziva.....	191
atenolol.....	176	ayuna.....	191	bandages.....	267
atenolol-chlorthalidone.....	129	AYVAKIT.....	141	BANZEL.....	81
atomoxetine hcl.....	20	azasan.....	284	BAQSIMI ONE PACK.....	101
ATORVALIQ.....	122	AZASITE.....	302	BAQSIMI TWO PACK.....	102
atorvastatin calcium.....	122	azathioprine.....	285	BARACLUDGE.....	170
atovaquone.....	63	azelaic acid.....	225	BASAGLAR KWIKPEN.....	105
atovaquone-proguanil hcl.....	133	azelastine hcl.....	294,308	BASAGLAR TEMPO PEN.....	105

BAXDELA.....	240	betamethasone valerate.....	219	blood glucose calibration
BCG VACCINE.....	339	BETAPACE.....	177	liquid.....
bd heparin posiflush.....	77	BETAPACE AF.....	177	blood pressure monitoring
BD INSULIN SYRINGE U-		BETASERON.....	320	device.....
500.....	272	betaxolol hcl.....	176,299	BONIVA.....
bd posiflush.....	283	BETAXOLOL HCL.....	299	BONJESTA.....
bd posiflush safescrub.....	283	bethanechol chloride.....	339	BOOSTRIX.....
bekyree.....	191	BETHKIS.....	27	bosentan.....
BELBUCA.....	55	BETIMOL.....	299	BOSULIF.....
BELSOMRA.....	261	BETOPTIC-S.....	299	bp 10-1.....
benazepril hcl.....	125	BEVESPI AEROSPHERE.....	73	BPO gel 4%, 8%.....
benazepril-		bexarotene.....	155,214	BRAFTOVI.....
hydrochlorothiazide.....	130	BEXSERO.....	339	BREO ELLIPTA.....
BENEFIX.....	249	BEYFORTUS.....	313	BREXAFEMME.....
BENICAR.....	126	bicalutamide.....	139	breyana.....
BENICAR HCT.....	130	BICARSIM FORTE 125 MG		BREZTRI AEROSPHERE.....
BENLYSTA.....	288	TAB.....	241	briellyn.....
BENZAACLIN WITH PUMP.....	206	BIKTARVY.....	167	BRILINTA.....
BENZAMYCIN.....	206	bimatoprost.....	310	brimonidine tartrate.....
BENZNIDAZOLE.....	62	BIMZELX.....	214	brimonidine tartrate-timolol.....
benzoin tincture.....	224	bioflavonoids.....	291	brinzolamide.....
benzonatate.....	203	BIOFLAVONOIDS.....	291	BRISDELLE.....
benzoyl peroxide.....	206	BIOTHRAX.....	339	BRIUMVI.....
benzoyl peroxide cleanser		biotin.....	346	BRIVIACT.....
6%.....	206	bis subcit-metronid-tetracyc.....	336	BRIXADI.....
benzoyl peroxide pad.....	207	bisacodyl.....	264	BRIXADI (WEEKLY).....
benzoyl peroxide-		bisacodyl 10 mg suppository.....	264	bromfed dm.....
erythromycin.....	207	bisacodyl enema.....	264	bromfenac sodium.....
benztropine mesylate.....	156	BISMUTH SUBSALICYLATE.....	111	bromfenac sodium (once-
bepotastine besilate.....	308	bismuth subsalicylate.....	111	daily).....
BEPREVE.....	308	bismuth subsalicylate (pepto-		bromocriptine mesylate.....
BERINERT.....	252	bismol).....	111	brompheniramine /
BESIVANCE.....	302	bismuth/metronidaz/tetracyclin.....	36	phenylephrine.....
beta-carotene.....	345	36		brompheniramine /
BETA-CAROTENE.....	345	bisoprolol fumarate.....	176	pseudoephedrine.....
betamethasone		bisoprolol-		BROMSITE.....
dipropionate.....	219	hydrochlorothiazide.....	130	BROVANA.....
betamethasone dipropionate		BLEPHAMIDE.....	305	BRUKINSA.....
aug.....	219	blisovi 24 fe.....	191	budesonide.....
BETAMETHASONE		blisovi fe 1.5/30.....	191	budesonide er.....
DIPROPIONATE AUG.....	219	blisovi fe 1/20.....	191	

budesonide-formoterol fumarate	74	calcium / magnesium / zinc	278	CANASA	242
bumetanide	230,231	calcium / phosphorus / vitamin d	278	candesartan cilexetil	127
buprenorphine	56	calcium / vitamin c / vitamin d	278	candesartan cilexetil-hctz	130
buprenorphine hcl	56	calcium / vitamin d / vitamin k	278	capecitabine	135,136
buprenorphine hcl-naloxone hcl	57	CALCIUM / VITAMIN D / VITAMIN K	278	CAPLYTA	160
bupropion hcl	91	calcium acetate	245	CAPRELSA	145
bupropion hcl er (smoking det)	91	calcium acetate (phos binder)	245	capsaicin (zostrix)	223
bupropion hcl er (sr)	91	calcium ascorbate	346	captopril	125
bupropion hcl er (xl)	91	calcium carbonate	278	CAPTOPRIL-HYDROCHLOROTHIAZIDE	130
BUPROPION HCL ER (XL)	91	CALCIUM CARBONATE	278	CAPVAXIVE	339
buspiron hcl	66	calcium carbonate (tums)	61	carbamazepine	81
butalbital-acetaminophen	44	calcium carbonate / folic acid / vitamin d	279	carbamazepine er	81
butalbital-apap-caff-cod	54	calcium carbonate / magnesium hydroxide (mylanta supreme)	61	carbamide peroxide (debrox)	311
butalbital-apap-caffeine	44	calcium carbonate / vitamin d	279	CARBATROL	81
butalbital-asa-caff-codeine	54	calcium carbonate / vitamin d / minerals	279	carbidopa-levodopa	157
BUTALBITAL-ASPIRIN-CAFFEINE	44	calcium citrate	279	CARBIDOPA-LEVODOPA	157
BYDUREON BCISE	103	CALCIUM CITRATE	279	carbidopa-levodopa er	157
BYETTA 10 MCG PEN	103	calcium citrate / vitamin d	279	carbidopa-levodopa-entacapone	157
BYETTA 5 MCG PEN	103	CALCIUM CITRATE / VITAMIN D	279	CARBIDOPA-LEVODOPA-ENTACAPONE	157
<b>C</b>		calcium carbonate / vitamin d / minerals	279	carbinoxamine maleate	117
CABENUVA	167	calcium carbonate / vitamin d / minerals	279	CARBINOXAMINE MALEATE	117
cabergoline	238	calcium citrate	279	CARDIZEM	178
CABLIVI	253	CALCIUM CITRATE	279	CARDIZEM CD	178
CABOMETYX	145	calcium citrate / vitamin d	279	CARDIZEM LA	178
CABTREO	207	CALCIUM CITRATE / VITAMIN D	279	CARDURA	128
CADUET	183	calcium panthothenate	346	CARDURA XL	247
CAFFEINE-SODIUM BENZOATE	19	calcium polycarbophil (fiber laxative)	262	carglumic acid	236
calamine	224	CALQUENCE	145	CARTEOLOL HCL	299
calamine / zinc oxide	224	camila	199	cartia xt	178
CALAN SR	178	camphor / menthol / methyl salicylate (salonpas)	222	carvedilol	175
calcipotriene	214	camrese	191	carvedilol phosphate er	175
CALCIPOTRIENE	214	camrese lo	191	cataflam	39
calcitonin (salmon)	232	CAMZYOS	182	CATHFLO ACTIVASE	254
calcitriol	236			cavarest	288
				CAYA	268
				CAYSTON	64
				caziant	191
				CEFACLOR	188



CEFACLOR ER.....	189	CHANTIX.....	326	chlorpheniramine / pseudoephedrine.....	203
cefadroxil.....	187	CHANTIX CONTINUING MONTH PAK.....	326	chlorpromazine hcl.....	164
CEFADROXIL.....	188	CHANTIX STARTING MONTH PAK.....	326	chlorthalidone.....	231
cefazolin sodium.....	188	charlotte 24 fe.....	191	chlorzoxazone.....	293
CEFAZOLIN SODIUM- DEXTROSE.....	188	chateal.....	192	cholestyramine.....	120
cefdinir.....	189	chateal eq.....	192	cholestyramine light.....	120
cefepime hcl.....	190	CHEMET.....	112	chromium.....	283
CEFEPIME HCL.....	190	CHEMSTRIP 10 MD.....	226	CHROMIUM.....	283
cefixime.....	189	CHEMSTRIP 10/SG.....	226	ciclodan.....	211
cefotetan disodium.....	189	CHEMSTRIP 2 GP.....	226	ciclopirox.....	211
cefoxitin sodium.....	189	CHEMSTRIP 5 OB.....	226	ciclopirox olamine.....	211
CEFOXITIN SODIUM- DEXTROSE.....	189	CHEMSTRIP 7.....	226	cilostazol.....	253
cefpodoxime proxetil.....	189	CHEMSTRIP 9.....	226	CILOXAN.....	302
cefprozil.....	189	CHEMSTRIP K.....	226	CIMDUO.....	167
ceftazidime.....	189	CHEMSTRIP MICRAL.....	226	cimetidine.....	332
ceftriaxone sodium.....	189	CHEMSTRIP UGK.....	226	CIMZIA.....	242
CEFTRIAZONE SODIUM IN DEXTROSE.....	190	CHERRY.....	316	CIMZIA (2 SYRINGE).....	242
CEFTRIAZONE SODIUM- DEXTROSE.....	190	CHERRY CONCENTRATE.....	316	CIMZIA-STARTER.....	242
cefuroxime axetil.....	189	CHILDRENS ADVIL.....	39	cinacalcet hcl.....	236
cefuroxime sodium.....	189	CHILDRENS COLD- ALLERGY.....	203	CINRYZE.....	252
CELEBREX.....	39	CHILDRENS TYLENOL.....	45	CIPRO.....	240
celecoxib.....	39	CHLORAMPHENICOL SOD SUCCINATE.....	63	CIPRO HC.....	311
CELEXA.....	92	CHLORDIAZEPOXIDE- AMITRIPTYLINE.....	319	ciprofloxacin.....	240
CELLCEPT.....	285	chlorhexidine gluconate.....	166,288	ciprofloxacin hcl.....	240,302
cellulose (unifiber).....	262	chlorprocaine hcl (pf).....	265	CIPROFLOXACIN HCL.....	240,311
CELONTIN.....	89	chloroquine phosphate.....	133	ciprofloxacin-dexamethasone.....	311
CENTANY.....	211	chlorpheniramine.....	117	CIPROFLOXACIN- FLUOCINOLONE PF.....	311
CENTANY AT.....	211	chlorpheniramine / phenylephrine.....	203	citalopram hydrobromide.....	92
cephalexin.....	188	chlorpheniramine / phenylephrine / acetaminophen.....	203	CITALOPRAM HYDROBROMIDE.....	92
CEQUA.....	304	chlorpheniramine / phenylephrine / aspirin.....	203	claravis.....	207
CERDELGA.....	254	CHLORPHENIRAMINE / PSEUDOEPHEDRINE.....	203	CLARINEX.....	118
cetirizine (zyrtec).....	117			CLARINEX-D 12 HOUR.....	203
cetirizine / pseudoephedrine (zyrtec – d).....	203			CLARITHROMYCIN.....	266
cetirizine chew tab (zyrtec).....	118			clarithromycin.....	266
cevimeline hcl.....	290			clarithromycin er.....	266

CLEOCIN-T.....	207	clotrimazole-betamethasone.....	212	CORGARD.....	177
clindacin.....	207	CLOTRIMAZOLE-		CORIFACT.....	249
clindacin etz.....	207	BETAMETHASONE.....	212	corn dextrin powder.....	262
clindacin-p.....	207	clovique.....	284	CORTISONE ACETATE.....	200
clindamycin hcl.....	64	clozapine.....	162	CORTISPORIN-TC.....	312
clindamycin palmitate hcl.....	64	CLOZAPINE.....	162	COSENTYX.....	215
clindamycin phos-benzoyl		CLOZARIL.....	162	COSENTYX (300 MG DOSE).....	215
perox.....	207	COAGADDEX.....	249	COSENTYX SENSOREADY (300	
clindamycin		coal tar.....	225	MG).....	215
phosphate.....	64,208,343	COARTEM.....	133	COSENTYX SENSOREADY	
clindamycin-tretinoin.....	208	COLAZAL.....	242	PEN.....	215
CLINIMIX E/DEXTROSE.....	297	colchicine.....	248	COSENTYX UNOREADY.....	215
CLINIMIX/DEXTROSE		colchicine-probenecid.....	248	COSOFT.....	299
(4.25/10).....	297	colesevelam hcl.....	120	COSOFT PF.....	299
CLINIMIX/DEXTROSE		COLESTID.....	120	COTELLIC.....	146
(4.25/5).....	297	colestipol hcl.....	120	COTEMPLA XR-ODT.....	22
CLINIMIX/DEXTROSE		colistimethate sodium (cba).....	65	COUMADIN.....	77
(5/15).....	297	COMBIGAN.....	299	COZAAR.....	127
CLINIMIX/DEXTROSE		COMBIVENT RESPIMAT.....	74	cranberry supplement.....	26
(5/20).....	297	COMETRIQ (100 MG DAILY		CRANBERRY SUPPLEMENT.....	26
CLINIMIX/DEXTROSE (6/5).....	297	DOSE).....	145	CREON.....	230
CLINIMIX/DEXTROSE		COMETRIQ (140 MG DAILY		CRESEMBA.....	116
(8/10).....	297	DOSE).....	145	CRESTOR.....	122
CLINIMIX/DEXTROSE		COMETRIQ (60 MG DAILY		CRIXIVAN.....	167
(8/14).....	297	DOSE).....	146	cromolyn (nasalcrom).....	294
clinpro 5000.....	288	COMIRNATY.....	340	cromolyn sodium.....	68,241
clobazam.....	79,80	COMPLERA.....	167	CROMOLYN SODIUM.....	308
clobetasol prop emollient		compro.....	164	CROTAN.....	225
base.....	219	CONCERTA.....	22	cryselle-28.....	192
clobetasol propionate.....	219	constulose.....	263	CRYSVITA.....	236
clobetasol propionate e.....	219	Contour Blood Glucose		curity sterile saline.....	246
clomipramine hcl.....	97	Meter.....	268	CUVITRU.....	312
clonazepam.....	80	CONTOUR MONITOR		cvs adapalene.....	208
clonidine.....	128	DEVICE.....	268	cvs esomeprazole	
clonidine hcl.....	128	CONTOUR NEXT TEST.....	226	magnesium.....	332
clonidine hcl er.....	20	CONTOUR PLUS TEST.....	227	CVS EYE.....	267
clopidogrel bisulfate.....	253	CONTOUR TEST.....	227	CVS GLUCOS-CHONDROIT	
clorazepate dipotassium.....	67	CONZIP.....	46	TRIPLE ST.....	27
clotrimazole.....	288	COPAXONE.....	321	cvs glucosamine.....	26
clotrimazole (gyne-lotrimin).....	343	COPIKTRA.....	146	CVS KETONE CARE.....	227
clotrimazole (lotrimin).....	211	COREG.....	175	cvs multi-purpose.....	224

cvs omeprazole	332	daptomycin	63	DETROL	338
cvs omeprazole magnesium	332	darifenacin hydrobromide er	337	dexamethasone	200
cvs omeprazole-sod bicarbonate	336	dasatinib	146	DEXAMETHASONE	200
cvs pinworm treatment	62	dasetta 1/35	192	DEXAMETHASONE INTENSOL	200
cyclafem 1/35	192	dasetta 7/7/7	192	DEXAMETHASONE SOD PHOS +RFID	200
cyclafem 7/7/7	192	DAURISMO	139	dexamethasone sod phosphate pf	200
cyclobenzaprine hcl	293	DAYPRO	39	dexamethasone sodium phosphate	201
cyclophosphamide	135	daysee	192	DEXAMETHASONE SODIUM PHOSPHATE	305
CYCLOPHOSPHAMIDE	135	DAYTRANA	22	DEXCOM G4 PLAT PED RCV/SHARE	269
cyclosporine	285,304	DAYVIGO	261	DEXCOM G4 PLAT PED RECEIVER	269
cyclosporine modified	285	deblitane	199	DEXCOM G4 PLATINUM RCV/SHARE	269
CYLTEZO	31	decadron	200	DEXCOM G4 PLATINUM RECEIVER	269
CYLTEZO (2 PEN)	31	deferasirox	112	DEXCOM G4 PLATINUM TRANSMITTER	269
CYLTEZO (2 SYRINGE)	31	deferasirox granules	112	DEXCOM G5 MOB/G4 PLAT SENSOR	269
CYLTEZO-CD/UC/HS STARTER	32	deferiprone	112	DEXCOM G5 MOBILE RECEIVER	269
CYLTEZO-PSORIASIS STARTER	32	DELSTRIGO	167	DEXCOM G5 MOBILE TRANSMITTER	269
CYLTEZO-PSORIASIS/UV STARTER	32	delyla	192	DEXCOM G6 RECEIVER	270
CYMBALTA	95	DENAVIR	218	DEXCOM G6 SENSOR	270
cyproheptadine hcl	119	DENG VAXIA	340	DEXCOM G6 TRANSMITTER	270
cyred	192	denta 5000 plus	288	DEXCOM G7 RECEIVER	270
cyred eq	192	DENTA 5000 PLUS SENSITIVE	288	DEXCOM G7 SENSOR	270
CYSTAGON	246	dentagel	288	DEXILANT	333
CYSTARAN	308	DEPAKOTE	90	dexlansoprazole	333
cytra-2	246	DEPAKOTE ER	90	dexmethylphenidate hcl	22
		DEPAKOTE SPRINKLES	90	dexmethylphenidate hcl er	22
		DEPO-PROVERA	139	DEXTENZA	305
		depo-testosterone	58		
		dermamed	224		
		DESCOVY	167		
<b>D</b>		desipramine hcl	97		
dabigatran etexilate mesylate	79	DESLORATADINE	118		
dalfampridine er	321	desloratadine	118		
DALIRESP	70	desmopressin ace spray refrig	237		
danazol	58	desmopressin acetate	238		
dantrolene sodium	294	desmopressin acetate pf	238		
DAPAGLIFLOZIN PRO-METFORMIN ER	98	desmopressin acetate spray	238		
DAPAGLIFLOZIN PROPANEDIOL	110	desogestrel-ethinyl estradiol	192		
dapsone	64,208	desonide	219		
DAPTACEL	330	desvenlafaxine succinate er	95		

dextran 70/he-cell drops (genteal tears).....	297	digitek.....	182	dofetilide.....	68
dextroamphetamine sulfate.....	16,17	digox.....	182	dolishale.....	192
dextroamphetamine sulfate er.....	17	digoxin.....	182	donepezil hcl.....	317
dextromethorphan (robitussin).....	203	DILANTIN.....	89	DOPTELET.....	255
dextromethorphan / phenylephrine / acetaminophen.....	203	DILANTIN INFATABS.....	89	dorzolamide hcl.....	308
dextrose.....	296	DILANTIN-125.....	89	dorzolamide hcl-timolol mal.....	299
DEXTROSE.....	296	dilt-xr.....	179	dorzolamide hcl-timolol mal pf.....	299
dextrose in lactated ringers.....	279	diltiazem hcl.....	179	dotti.....	239
DEXTROSE-SODIUM CHLORIDE.....	279	DILTIAZEM HCL.....	179	DOVATO.....	167
dextrose-sodium chloride.....	279	diltiazem hcl er.....	179	doxazosin mesylate.....	128
DEXYCU.....	305	diltiazem hcl er beads.....	179	doxepin hcl.....	97
DHIVY.....	157	diltiazem hcl er coated beads.....	179	doxy 100.....	328
DIACOMIT.....	81	dimenhydrinate (dramamine).....	114	doxycycline hyclate.....	328
diaper rash products.....	220	DIMETHICONE.....	224	DOXYLAMINE (SLEEP).....	259
diapers.....	272	DIMETHICONE CREAM.....	224	doxylamine (sleep).....	259
diazepam.....	67	dimethyl fumarate.....	321	doxylamine / dextromethorphan.....	203
DIAZEPAM.....	67,80	dimethyl fumarate starter pack.....	321	doxylamine-pyridoxine.....	115
diazepam intensol.....	67	DIOVAN.....	127	DRAMAMINE.....	114
diazoxide.....	102	DIOVAN HCT.....	130	DRIZALMA SPRINKLE.....	95
DICLEGIS.....	115	DIPENTUM.....	243	dronabinol.....	115
DICLOFENAC EPOLAMINE.....	210	diphenhydramine (benadryl).....	117	drosipren-eth estrad- levomefol.....	192
diclofenac potassium.....	39	diphenhydramine (sleep).....	117	drosiprenone-ethinyl estradiol.....	192
diclofenac sodium.....	39,214,308	DIPHENHYDRAMINE (SLEEP).....	259	DROXIA.....	254
diclofenac sodium 1 % gel.....	210	diphenhydramine / zinc.....	214	DRYSOL.....	224
diclofenac sodium er.....	39	diphenoxylate-atropine.....	111	DUAKLIR PRESSAIR.....	74
diclofenac-misoprostol.....	39	DIPHENOXYLATE- ATROPINE.....	111	DUETACT.....	98
dicloxacillin sodium.....	315	diphenhydramine.....	117	DULERA.....	74
dicyclomine hcl.....	331	DIPHThERIA-TETANUS TOXOIDS DT.....	330	duloxetine hcl.....	95,96
DIDANOSINE.....	167	dipyridamole.....	253	DUPIXENT.....	221
DIFICID.....	267	disopyramide phosphate.....	67	DURAGESIC-100.....	46
DIFLUCAN.....	116	disulfiram.....	317	DURAGESIC-12.....	46
diflunisal.....	45	DITROPAN XL.....	338	DURAGESIC-25.....	46
difluprednate.....	305	divalproex sodium.....	90	DURAGESIC-50.....	46
		divalproex sodium er.....	90	DURAGESIC-75.....	46
		docusate calcium (surfak).....	264	DUREZOL.....	306
		docusate sodium (colace).....	264	DURYSTA.....	310
				dutasteride.....	247
				dutasteride-tamsulosin hcl.....	247

DYANA VEL XR	17	emtricitabine-tenofovir df	167	EPOGEN	255
DYMISTA	294	EMTRIVA	167	epoprostenol sodium	183
<b>E</b>		emzahn	199	EPRONTIA	82
E.E.S. GRANULES	266	ENABLEX	338	EPROSARTAN MESYLATE	127
ec-naproxen	39	enalapril maleate	125	eq esomeprazole magnesium	333
econazole nitrate	212	enalapril-hydrochlorothiazide	130	eq omeprazole magnesium	333
ed-spaz	331	ENBREL	43,44	EQUETRO	160
EDARBI	127	ENBREL MINI	44	ERGOLOID MESYLATES	325
EDARBYCLOR	130	ENBREL SURECLICK	44	ERIVEDGE	139
EDLUAR	260	ENDARI	254	ERLEADA	139,140
EDURANT	167	endocet	54	erlotinib hcl	138
EFAVIRENZ	167	ENEMA	264	errin	199
efavirenz	167	enema	264	ERTACZO	212
efavirenz-emtricitab-tenofo df	167	ENGERIX-B	340	ertapenem sodium	63
efavirenz-lamivudine- tenofovir	167	enilloring	199	ERVEBO	340
EFFEXOR XR	96	enoxaparin sodium	77	ERY	208
EFFIENT	253	enpresse-28	192	ery-tab	266
ELECTROLYTE SOLUTION	279	enskyce	192	ERYPED 200	266
electrolyte solution	280	ENSPRYNG	285	ERYPED 400	266
ELEPSIA XR	81	entacapone	156	ERYTHROCIN STEARATE	266
eletriptan hydrobromide	275	ENTADFI	247	erythromycin	208,266,302
elinest	192	entecavir	170	erythromycin base	267
ELIQUIS	77	ENTRESTO	183	ERYTHROMYCIN BASE	267
ELIQUIS DVT/PE STARTER PACK	77	ENTYVIO	243	erythromycin ethylsuccinate	267
ELLA	199	enulose	245	ESBRIET	327
ELOCTATE	249	ENVAR SUS XR	285	escitalopram oxalate	93
eluryng	198	EPANED	125	esgic	44
ELYXYB	275	EPCLUSA	171	esomeprazole magnesium	333
EMCYT	139	EPIDIOLEX	81	ESPEROCT	249
EMGALITY	274	epinastine hcl	308	estarylla	192
EMGALITY (300 MG DOSE)	274	epinephrine	344,345	estradiol	239,344
emollient	218	EPINEPHRINE	344,345	estradiol valerate	239
EMOLLIENT	222	epinephrine (anaphylaxis)	344	estradiol-norethindrone acet	239
emoquette	192	epinephrine 0.3 mg/0.3ml soln a- inj (mylan)	345	eszopiclone	260
emtricitabine	167	EPINEPHRINE PF	345	ethambutol hcl	134
		EPIPEN 2-PAK	345	ethosuximide	89
		EPIPEN JR 2-PAK	345	ethynodiol diac-eth estradiol	192
		epitol	82	etodolac	39
		EPIVIR HBV	171	etodolac er	39
		eplerenone	133	etonogestrel-ethinyl estradiol	199
				ETOPOSIDE	156

etravirine.....	167	femynor.....	193	finasteride.....	247
EUCRISA.....	224	FENOFIBRATE.....	121	fingolimod hcl.....	321
euthyrox.....	329	fenofibrate.....	121	FINTEPLA.....	82
EVEKEO.....	17	FENOFIBRATE		finzala.....	193
EVEKEO ODT.....	17	MICRONIZED.....	121	FIRAZYR.....	251
EVENITY.....	232	fenofibrate micronized.....	121	FIRDAPSE.....	134
everolimus.....	146,285	FENOFIBRIC ACID.....	121	flac.....	312
EVISTA.....	235	fenofibric acid.....	121	flavor syrup.....	316
EVKEEZA.....	119	FENOGLIDE.....	121	flavoxate hcl.....	339
EVOTAZ.....	168	FENOPROFEN CALCIUM.....	39	flecainide acetate.....	67
EVRYSDI.....	296	FENORTHO.....	40	FLECTOR.....	210
EXELON.....	317	fentanyl.....	46	FLOMAX.....	247
exemestane.....	140	fentanyl citrate.....	47	FLUAD.....	340
EXFORGE.....	131	FENTANYL CITRATE.....	47	FLUAD QUADRIVALENT.....	341
EXFORGE HCT.....	131	ferraplus 90.....	257	FLUARIX.....	341
EXTAVIA.....	321	FERREX.....	257	FLUARIX QUADRIVALENT..	341
eyelid cleansers.....	224	FERREX 150 FORTE.....	257	FLUBLOK.....	341
EYSUVIS.....	306	ferrex 150 forte plus.....	257	FLUBLOK QUADRIVALENT..	341
EZALLOR SPRINKLE.....	122	ferrex 28.....	257	FLUCELVAX.....	341
ezetimibe.....	124	ferrous fumarate / folic acid..	257	FLUCELVAX	
ezetimibe-simvastatin.....	119	ferrous fumarate / vitamin b12 /		QUADRIVALENT.....	341
		vitamin c.....	257	fluconazole.....	116
		ferrous fumarate / vitamin c /		fluconazole in sodium	
		vitamin b12 / folic acid.....	257	chloride.....	116
<b>F</b>		FERROUS FUMARATE		FLUCONAZOLE IN SODIUM	
FABIOR.....	208	POLYSACCHARIDE		CHLORIDE.....	116
falmina.....	192	COMPLEX.....	257	flucytosine.....	115
famciclovir.....	174	ferrous fumarate polysaccharide		fludrocortisone acetate.....	202
famotidine (pepcid).....	332	complex.....	257	FLULAVAL.....	341
FAMOTIDINE PREMIXED..	332	ferrous gluconate.....	258	FLULAVAL QUADRIVALENT..	341
FANAPT.....	160	FERROUS GLUCONATE.....	259	FLUMIST.....	341
FANAPT TITRATION PACK	160	ferrous sulfate.....	259	FLUMIST QUADRIVALENT..	341
FARXIGA.....	110	FERROUS SULFATE.....	259	flunisolide.....	295
FASENRA.....	68	fesoterodine fumarate er.....	338	fluocinolone acetonide... 220,312	
FASENRA PEN.....	68	FETZIMA.....	96	fluocinolone acetonide body ..	220
fayosim.....	193	FETZIMA TITRATION.....	96	fluocinolone acetonide scalp..	220
febuxostat.....	248	FIASP.....	105	fluocinonide.....	220
FEIBA.....	249	FIASP FLEXTOUCH.....	105	fluoridex.....	289
felbamate.....	87	FIASP PENFILL.....	105	fluoridex enhanced whitening..	289
FELBATOL.....	87	FIASP PUMPCART.....	105	FLUORIDEX SENSITIVITY	
felodipine er.....	179	FIBRICOR.....	122	RELIEF.....	289
female condoms.....	268				
FEMCAP.....	268				

fluorimax 5000.....	289	FOLIC ACID 1 MG.....	255	FREESTYLE LIBRE 3	
FLUORIMAX 5000		folic acid 400 mcg/800 mcg.....	255	READER.....	271
SENSITIVE.....	289	FOLIVANE-F.....	257	FREESTYLE LIBRE 3	
fluorometholone.....	306	FOLIVANE-PLUS.....	257	SENSOR.....	271
fluorouracil.....	136,214	fondaparinux sodium.....	78	FREESTYLE LIBRE	
FLUOROURACIL.....	214	FORA G20 BLOOD GLUCOSE		READER.....	271
fluoxetine hcl.....	93	TEST.....	227	FREESTYLE LIBRE SENSOR	
FLUOXETINE HCL.....	93	FORA GTEL BLOOD KETONE		SYSTEM.....	271
FLUOXETINE HCL (PMDD).....	325	TEST.....	227	FREESTYLE LITE TEST.....	227
fluphenazine decanoate.....	164	FORA TEST N'GO ADV-VOICE-		FREESTYLE TEST.....	227
fluphenazine hcl.....	164	6 CON.....	227	FROVA.....	275
FLUPHENAZINE HCL.....	164	FORFIVO XL.....	91	frovatriptan succinate.....	275
flurbiprofen.....	40	formoterol fumarate.....	75	FRUZAQLA.....	136
FLURBIPROFEN SODIUM.....	309	FORTEO.....	232	ft acid reducer.....	333
FLUTAMIDE.....	140	FOSAMAX.....	232	ft eye drops advanced relief.....	303
flutamide.....	140	FOSAMAX PLUS D.....	232	furosemide.....	231
FLUTICASONE FUROATE-		fosamprenavir calcium.....	168	FUROSEMIDE.....	231
VILANTEROL.....	74	foscarnet sodium.....	170	fyavolv.....	239
fluticasone propionate.....	220,295	fosfomycin tromethamine.....	65	FYCOMPA.....	79
FLUTICASONE PROPIONATE		fosinopril sodium.....	125		
DISKUS.....	71	fosinopril sodium-hctz.....	131	<b>G</b>	
FLUTICASONE PROPIONATE		fosphenytoin sodium.....	89	gabapentin.....	82
HFA.....	71	FOSRENOL.....	245	GABITRIL.....	88
fluticasone-salmeterol.....	74	FOTIVDA.....	146	galantamine hydrobromide.....	317
FLUTICASONE-		FRAGMIN.....	78	GALANTAMINE	
SALMETEROL.....	74,75	fraiche 5000 dental.....	289	HYDROBROMIDE.....	317
fluvastatin sodium.....	122	fraiche rinse.....	289	galantamine hydrobromide er.....	317
fluvastatin sodium er.....	123	FREESTYLE INSULINX		gallifrey.....	316
fluvoxamine maleate.....	93	TEST.....	227	GAMMAGARD.....	312
fluvoxamine maleate er.....	94	FREESTYLE LIBRE 14 DAY		GAMUNEX-C.....	312
FLUZONE.....	341	READER.....	270	GARDASIL 9.....	341
FLUZONE HIGH-DOSE.....	341	FREESTYLE LIBRE 14 DAY		gatifloxacin.....	302
FLUZONE HIGH-DOSE		SENSOR.....	270	gauze pads and dressings.....	226
QUADRIVALENT.....	341	FREESTYLE LIBRE 2 PLUS		GAVILYTE-C.....	262
FLUZONE		SENSOR.....	270	gavilyte-g.....	263
QUADRIVALENT.....	341	FREESTYLE LIBRE 2		gavilyte-n with flavor pack.....	263
FOCALIN.....	22	READER.....	270	GAVRETO.....	146
FOCALIN XR.....	23	FREESTYLE LIBRE 2		gefitinib.....	138
folic acid / vitamin b6 / vitamin		SENSOR.....	270	GEL-KAM.....	289
b12 / omega-3.....	257	FREESTYLE LIBRE 3 PLUS		GELOCAST 3"X10YD.....	267
folic acid / vitamin d.....	257	SENSOR.....	271	gemfibrozil.....	122

gemmily.....	193	glyburide-metformin.....	98	<b>H</b>	
GEMTESA.....	339	glycerin suppository.....	263		
generlac.....	245	glycerin topical liquid.....	222	HADLIMA.....	32
gengraf.....	285	glycine.....	246	HADLIMA PUSHTOUCH.....	32
GENOTROPIN.....	233	glycine urologic.....	247	HAEGARDA.....	252
GENOTROPIN MINIQUICK.....	233	glycopyrrolate.....	331	hailey 1.5/30.....	193
GENTAMICIN IN SALINE.....	27	glydo.....	223	hailey 24 fe.....	193
gentamicin sulfate.....	27,211,302	GLYXAMBI.....	98	hailey fe 1.5/30.....	193
GENTEAL SEVERE.....	298	gnp esomeprazole.....	333	hailey fe 1/20.....	193
GENVOYA.....	168	magnesium.....	333	halobetasol propionate.....	220
GEODON.....	160	gnp omeprazole.....	333	haloette.....	199
GERI-TUSSIN 100 MG/5ML		GOCOVRI.....	158	haloperidol.....	162
SYRUP.....	205	GOJJI BLOOD KETONE		haloperidol decanoate.....	162
gianvi.....	193	TEST.....	228	haloperidol lactate.....	162
GILENYA.....	321	goodsense esomeprazole.....	333	HARVONI.....	171
GILOTRIF.....	138	goodsense omeprazole/sod bicarb.....	337	HAVRIX.....	341
GIMOTI.....	241	GRALISE.....	325	hearing aid batteries.....	267
glatiramer acetate.....	322	granisetron hcl.....	113	heather.....	199
glatopa.....	322	GRANIX.....	255	HEMANGEOL.....	177
GLEOSTINE.....	135	griseofulvin microsize.....	115	HEMATOGEN FA.....	258
glimepiride.....	111	griseofulvin ultramicrosize.....	115	hemetab.....	258
glipizide.....	111	guaifenesin (mucinex).....	205	HEMLIBRA.....	249
glipizide er.....	111	guaifenesin / codeine.....	203	hemmorex-hc.....	60
glipizide xl.....	111	guaifenesin / dextromethorphan		HEMOFIL M.....	250
glipizide-metformin hcl.....	98	(mucinex dm).....	204	hemorrhoidal cream.....	60
glitch advanced relief.....	303	guaifenesin / dextromethorphan		hemorrhoidal ointment.....	60
GLUCAGEN DIAGNOSTIC.....	226	/ phenylephrine.....	204	hemorrhoidal suppository.....	60
GLUCAGEN HYPOKIT.....	102	guaifenesin / dextromethorphan		heparin (porcine) in nacl.....	78
GLUCAGON EMERGENCY.....	102	/ pseudoephedrine.....	204	heparin na (pork) lock flush pf.....	78
GLUCAGON HCL		guaifenesin dac.....	204	HEPARIN NA (PORK) LOCK	
(DIAGNOSTIC).....	226	GUAIFENESIN/		FLSH PF.....	78
GLUCOCARD EXPRESSION		DEXTROMETHORPHAN/		HEPARIN SOD (PORCINE) IN	
TEST.....	227	PHENYLEPHRINE.....	204	D5W.....	78
GLUCOCARD SHINE		guanfacine hcl.....	128	heparin sod (pork) lock flush.....	78
TEST.....	228	guanfacine hcl er.....	20	heparin sodium (porcine).....	78
glucosamine / chondroitin.....	27	GUANIDINE HCL.....	134	heparin sodium (porcine) pf.....	79
glucosamine hcl.....	26	GVOKE HYPOPEN 1-PACK.....	102	HEPLISAV-B.....	341
glucosamine sulfate.....	26	GVOKE HYPOPEN 2-PACK.....	102	HEPSERA.....	171
glucose (dextrose).....	102	GVOKE KIT.....	102	HETLIOZ.....	261
glucose urine test.....	228	GVOKE PFS.....	102	HETLIOZ LQ.....	261
glyburide.....	111			HIBERIX.....	339



HIBICLENS 4 % LIQUID	166	HUMULIN R	106	HYRIMOZ-PLAQ PSOR/UVEIT	
HIZENTRA	312	HUMULIN R U-500		START	35
hm esomeprazole magnesium		(CONCENTRATED)	107	HYRIMOZ-PLAQUE PSORIASIS	
dr	334	HUMULIN R U-500		START	35
HOMATROPAIRE	301	KWIKPEN	107	HYSINGLA ER	48,49
HORIZANT	325	hydralazine hcl	133	HYZAAR	131
HULIO	32	hydrochlorothiazide	231		
HULIO (2 PEN)	32	HYDROCODONE BITARTRATE			
HULIO (2 SYRINGE)	33	ER	47,48	ibandronate sodium	232
HUMALOG	106	hydrocodone bitartrate er	47,48	IBRANCE	147
HUMALOG JUNIOR		hydrocodone-acetaminophen	55	ibuprofen (motrin)	40
KWIKPEN	106	hydrocortisone	60,201,220	ibuprofen-famotidine	40
HUMALOG KWIKPEN	106	hydrocortisone (perianal)	60	icatibant acetate	251
HUMALOG MIX 50/50	106	HYDROCORTISONE ACE-		iclevia	193
HUMALOG MIX 50/50		PRAMOXINE	220	ICLUSIG	147
KWIKPEN	106	hydrocortisone acetate	60	icosapent ethyl	119
HUMALOG MIX 75/25	106	hydrocortisone sod suc (pf)	201	IDACIO	35
HUMALOG MIX 75/25		hydrocortisone-acetic acid	312	IDACIO FOR CROHNS	
KWIKPEN	106	hydrogen peroxide	166	DISEASE/UC	35
HUMALOG TEMPO PEN	106	hydromorphone hcl	48	IDACIO FOR PLAQUE	
HUMATE-P	250	hydromorphone hcl er	48	PSORIASIS	35
HUMATROPE	234	HYDROPHILIC		IDELVION	250
HUMIRA	33	PETROLATUM	316	IDHIFA	147
HUMIRA (2 PEN)	33	hydroxychloroquine sulfate	133	IDOSE TR	310
HUMIRA (2 SYRINGE)	33	hydroxyurea	155	ILARIS	38
HUMIRA-CD/UC/HS		hydroxyzine hcl	66	ILEVRO	309
STARTER	33	hydroxyzine pamoate	66	ILUMYA	215
HUMIRA-PED<40KG CROHNS		HYDROXYZINE PAMOATE	66	ILUVIEN	306
STARTER	33	HYFIBER WITH FOS	262	imatinib mesylate	147
HUMIRA-PED>=40KG		hyoscyamine sulfate	331	IMBRUVICA	147
CROHNS START	34	hyoscyamine sulfate er	331	imipramine hcl	97
HUMIRA-PED>=40KG UC		hyosyne	331	imipramine pamoate	97
STARTER	34	HYPERTET	312	imiquimod	222
HUMIRA-PS/UV/ADOL HS		HYQVIA	313	IMITREX	276
STARTER	34	HYRIMOZ	34	IMITREX STATDOSE	
HUMIRA-PSORIASIS/UVEIT		HYRIMOZ-CROHNS/UC		REFILL	276
STARTER	34	STARTER	34	IMITREX STATDOSE	
HUMULIN 70/30	106	HYRIMOZ-CROHNS/UC		SYSTEM	276
HUMULIN 70/30 KWIKPEN	106	STARTER PACK	35	IMOVAX RABIES	341
HUMULIN N	106	HYRIMOZ-PED CROHNS		IMURAN	285
HUMULIN N KWIKPEN	106	STARTER	35	INATAL GT	292

INBRIJA.....	158	INTEGRA F.....	258	isosorbide dinitrate.....	65
incassia.....	199	INTEGRA PLUS.....	258	isosorbide mononitrate.....	66
incontinence supplies.....	272	INTELENCE.....	168	isosorbide mononitrate er.....	66
INCRUSE ELLIPTA.....	69	INTRALIPID.....	296	isotretinoin.....	208
indapamide.....	231	INTRON A.....	155	isradipine.....	180
INDERAL LA.....	177	introvale.....	193	ISTALOL.....	300
INDERAL XL.....	177	INTUNIV.....	20	ISTURISA.....	231
indomethacin.....	40	INVEGA.....	161	itraconazole.....	116
INFANRIX.....	330	INVEGA HAFYERA.....	161	IV PREP WIPES.....	166
INFLECTRA.....	243	INVEGA SUSTENNA.....	161	ivabradine hcl.....	187
INFLIXIMAB.....	243	INVEGA TRINZA.....	161	ivermectin.....	62
INLYTA.....	136	INVELTYS.....	306	IWILFIN.....	155
INNOPRAN XL.....	177	INVIRASE.....	168	IXCHIQ.....	341
INPEFA.....	183	INVOKAMET.....	99	IXIARO.....	341
INQOVI.....	143	INVOKAMET XR.....	99	IXINITY.....	250
INSULIN ASP PROT & ASP		INVOKANA.....	110	IYUZEH.....	310
FLEXPEN.....	107	IONOSOL-MB IN D5W.....	280		
INSULIN ASPART.....	107	IOPIDINE.....	302	<b>J</b>	
INSULIN ASPART		IPOL.....	341	J & J EYE PADS OVAL	
FLEXPEN.....	107	ipratropium bromide.....	69,294	SMALL.....	267
INSULIN ASPART		ipratropium-albuterol.....	75	J & J OVAL EYE PADS.....	267
PENFILL.....	107	irbesartan.....	127	J & J STERILE EYE PADS.....	267
INSULIN ASPART PROT &		irbesartan-		jaimiess.....	193
ASPART.....	107	hydrochlorothiazide.....	131	JAKAFI.....	147
INSULIN DEGLUDEC.....	107	iron / folic acid / vitamin c /		JALYN.....	247
INSULIN DEGLUDEC		vitamin b6 / vitamin b12 /		JANSSEN COVID-19	
FLEXTOUCH.....	107	zinc.....	258	VACCINE.....	341
INSULIN GLARGINE.....	107	iron / vitamin c / vitamin b12 /		jantoven.....	77
INSULIN GLARGINE MAX		folic acid.....	258	JANUMET.....	99
SOLOSTAR.....	107	iron combinations.....	258	JANUMET XR.....	99
INSULIN GLARGINE		IRON FOLATE PLUS.....	258	JANUVIA.....	103
SOLOSTAR.....	107	iron polysaccharide complex.....	258	JARDIANCE.....	111
INSULIN GLARGINE-YFGN	107	ISENTRESS.....	168	jasmiel.....	193
insulin injection device.....	272	ISENTRESS HD.....	168	JAYPIRCA.....	147
INSULIN LISPRO.....	107	isibloom.....	193	jencycla.....	199
INSULIN LISPRO (1 UNIT		ISOLYTE-S.....	280	JENTADUETO.....	99
DIAL).....	107	ISONIAZID.....	134	JENTADUETO XR.....	99
INSULIN LISPRO JUNIOR		isoniazid.....	134	JESDUVROQ.....	256
KWIKPEN.....	107	isopropyl alcohol (skin		jinteli.....	239
INSULIN LISPRO PROT &		cleanser).....	224	JIVI.....	250
LISPRO.....	107	ISOPTO TEARS.....	298		

JOHNSONS STERILE EYE PADS	267	ketoconazole	116,212	KOVALTRY	250
jolessa	193	ketodan	212	kp omeprazole magnesium	334
JORNAY PM	23	KETONE TEST	228	KRAZATI	148
joyeaux	193	KETOPROFEN	40	kurvelo	194
JUBLIA	212	KETOPROFEN ER	40	KYNMOBI	158
juleber	193	ketorolac tromethamine	40,309	<b>L</b>	
JULUCA	168	KETOROLAC		l-methylfolate	229
junel 1.5/30	193	TROMETHAMINE	40	l-methylfolate combinations	229
junel 1/20	193	KETOSTIX	228	labetalol hcl	175
junel fe 1.5/30	193	ketotifen drops (zaditor)	309	lacosamide	82
junel fe 1/20	193	KEVZARA	38	lactase (lactaid)	230
junel fe 24	193	KINERET	38	lactated ringers	280
just right 5000	289	KINRIX	330	lactulose	263
JYNARQUE	238	KIPROFEN	40	lactulose encephalopathy	245
JYNNEOS	341	KISQALI (200 MG DOSE)	148	LAGEVRIO	175
		KISQALI (400 MG DOSE)	148	LAMICTAL	82
		KISQALI (600 MG DOSE)	148	LAMICTAL ODT	83
		KISQALI FEMARA (200 MG DOSE)	143	LAMICTAL STARTER	83
k-tan plus	258	KISQALI FEMARA (400 MG DOSE)	143	LAMICTAL XR	83
KADIAN	49	KISQALI FEMARA (600 MG DOSE)	143	lamivudine	168,172
kaitlib fe	193	KITABIS PAK	27	lamivudine-zidovudine	168
KALBITOR	252	KLARITY-A	302	lamotrigine	83
kalliga	194	klayesta	212	lamotrigine er	83
KALYDECO	326	klor-con	282	lamotrigine starter kit-blue	83
KAPSPARGO SPRINKLE	176	klor-con 10	282	lamotrigine starter kit-green	83
kariva	194	klor-con m10	282	lamotrigine starter kit-orange	83
KATERZIA	180	klor-con m15	282	LAMPIT	63
KAZANO	99	klor-con m20	282	lancet device	271
KCL (0.149%) IN NACL	280	klor-con sprinkle	282	lancets	271
KCL (0.298%) IN NACL	280	KLOXXADO	112	lanolin/mineral oil/white petrolatum (eucerin)	224
kcl in dextrose-nacl	280	klis esomeprazole magnesium	334	lansoprazole (prevacid)	334
KCL-LACTATED RINGERS-D5W	280	KOATE	250	LANSOPRAZOLE 15 MG CAP DR	334
KEFLEX	188	KOATE-DVI	250	LANSOPRAZOLE 15 MG TAB DR DISP	334
kelnor 1/35	194	KOGENATE FS	250	LANSOPRAZOLE 30 MG CAP DR	334
kelnor 1/50	194	KOMBIGLYZE XR	99	LANSOPRAZOLE 30 MG TAB DR DISP	334
KEPPRA	82	KONVOMEF	337		
KEPPRA XR	82	KOSELUGO	148		
KERYDIN	212				
KESIMPTA	322				
KETO-DIASTIX	228				

lanthanum carbonate	245	LEUKINE	256	lidocaine hcl (pf)	265
LANTUS	108	leuprolide acetate	140	LIDOCAINE HCL	
LANTUS SOLOSTAR	108	LEUPROLIDE ACETATE (3		URETHRAL/MUCOSAL	223
lapatinib ditosylate	148	MONTH)	140	lidocaine hcl urethral/mucosal	223
larin 1.5/30	194	levabuterol hcl	75	LIDOCAINE PATCH 4%	223
larin 1/20	194	LEVABUTEROL TARTRATE	75	lidocaine viscous hcl	288
larin 24 fe	194	LEVAMLODIPINE		lidocaine-epinephrine (pf)	265
larin fe 1.5/30	194	MALEATE	180	lidocaine-prilocaine	223
larin fe 1/20	194	LEVEMIR	108	lidocaine-prilocaine cream kit	223
larissia	194	LEVEMIR FLEXPEN	108	LILETTA (52 MG)	316
latanoprost	310	LEVEMIR FLEXTOUCH	108	lillow	195
LATUDA	160	levetiracetam	84	LINDANE	225
layolis fe	194	levetiracetam er	84	linezolid	65
LEDIPASVIR-		levo-t	329	LINEZOLID IN SODIUM	
SOFOSBUVIR	172	LEVOBUNOLOL HCL	300	CHLORIDE	65
leena	194	levocarnitine	236	liothyronine sodium	329
leflunomide	43	LEVOCARNITINE		LIPITOR	123
LEMTRADA	322	(DIETARY)	297	LIPOFEN	122
lenalidomide	284	levocarnitine sf	237	LIQREV	186
LENVIMA (10 MG DAILY		levocetirizine (xyzal)	118	LIRAGLUTIDE	103
DOSE)	137	levofloxacin	240	lisdexamphetamine dimesylate	18
LENVIMA (12 MG DAILY		levonest	194	lisinopril	125
DOSE)	137	levonorg-eth estrad triphasic	194	lisinopril-hydrochlorothiazide	131
LENVIMA (14 MG DAILY		levonorgest-eth est & eth est	194	lithium	159
DOSE)	137	levonorgest-eth estrad 91-		lithium carbonate	159
LENVIMA (18 MG DAILY		day	194	lithium carbonate er	159
DOSE)	137	levonorgest-eth estradiol-		LIVALO	123
LENVIMA (20 MG DAILY		iron	194	lo-zumandimine	195
DOSE)	137	levonorgestrel (plan b)	199	loestrin 1.5/30 (21)	195
LENVIMA (24 MG DAILY		levonorgestrel-ethinyl estrad	194	loestrin 1/20 (21)	195
DOSE)	137	levora 0.15/30 (28)	194	loestrin fe 1.5/30	195
LENVIMA (4 MG DAILY		levothyroxine sodium	329	loestrin fe 1/20	195
DOSE)	137	levoxyl	329	lojaimiess	195
LENVIMA (8 MG DAILY		LEXAPRO	94	LONSURF	143
DOSE)	137	LEXIVA	168	LOPERAMIDE	111
LEQVIO	124	LIALDA	243	loperamide	112
LESCOL XL	123	LIBERVANT	80	LOPID	122
lessina	194	LICART	210	lopinavir-ritonavir	168
LETAIRIS	185	LIDOCAINE 5 % OINTMENT	223	lopreeza	239
letrozole	140	LIDOCAINE 5 % PATCH	223	LOPRESSOR	176
leucovorin calcium	155	lidocaine hcl	223,265	LOPROX	212

loratadine (claritin).....	118	lymepak.....	328	MAVENCLAD (10 TABS).....	322
loratadine / pseudoephedrine (claritin – d).....	204	LYNPARZA.....	149	MAVENCLAD (4 TABS).....	322
lorazepam.....	67	LYRICA.....	84	MAVENCLAD (5 TABS).....	322
lorazepam intensol.....	67	LYRICA CR.....	325	MAVENCLAD (6 TABS).....	322
LORBRENA.....	148	LYTGOBI (12 MG DAILY DOSE).....	149	MAVENCLAD (7 TABS).....	323
loryna.....	195	LYTGOBI (16 MG DAILY DOSE).....	149	MAVENCLAD (8 TABS).....	323
losartan potassium.....	127	LYTGOBI (20 MG DAILY DOSE).....	149	MAVYRET.....	172
losartan potassium-hctz.....	131	LYUMJEV.....	108	MAXALT.....	276
LOTEMAX.....	306	LYUMJEV KWIKPEN.....	108	MAXALT-MLT.....	276
LOTEMAX SM.....	306	lyza.....	199	MAYZENT.....	323
LOTENSIN.....	125	<b>M</b>		MAYZENT STARTER PACK.....	323
LOTENSIN HCT.....	131	M-CLEAR WC.....	204	meclizine.....	114
loteprednol etabonate.....	306	M-M-R II.....	342	MECLOFENAMATE SODIUM.....	40
LOTREL.....	131	magnesium.....	281	medroxyprogesterone acetate.....	199,316
lovastatin.....	123	MAGNESIUM.....	281	mefenamic acid.....	40
LOVAZA.....	119	magnesium carbonate / aluminum hydroxide (gaviscon).....	61	mefloquine hcl.....	133
LOVENOX.....	79	magnesium chloride.....	281	megestrol acetate.....	140
low-ogestrel.....	195	MAGNESIUM CHLORIDE.....	281	MEGESTROL ACETATE.....	316
loxapine succinate.....	162	magnesium citrate.....	264	MEKINIST.....	149
lubiprostone.....	241	magnesium gluconate.....	281	MEKTOVI.....	149
lubricant eye drops.....	298	MAGNESIUM GLUCONATE.....	281	MELATONIN.....	26
LUBRICANT EYE DROPS.....	298	magnesium hydroxide / aluminum hydroxide / simethicone (mylanta).....	61	melatonin.....	26
lubricant eye ointment.....	298	magnesium oxide.....	61	melatonin / pyridoxine.....	26
LUGOLS STRONG IODINE.....	166	MAGNESIUM OXIDE (antacid).....	62	MELATONIN / PYRIDOXINE.....	27
LULICONAZOLE.....	212	magnesium oxide (antacid).....	62	melodetta 24 fe.....	195
LUMAKRAS.....	148,149	magnesium sulfate.....	281	meloxicam.....	40,41
LUMIGAN.....	310	malathion.....	225	memantine hcl.....	318
LUNESTA.....	260	male condoms.....	268	memantine hcl er.....	318
LUPRON DEPOT-PED (1- MONTH).....	236	MANGANESE SULFATE.....	281	MENACTRA.....	339
LUPRON DEPOT-PED (3- MONTH).....	236	maraviroc.....	168	MENQUADFI.....	340
LUPRON DEPOT-PED (6- MONTH).....	236	marlissa.....	195	MENTHOL / ZINC OXIDE.....	224
lurasidone hcl.....	160	matzim la.....	180	menthol / zinc oxide.....	224
lutera.....	195			MENVEO.....	340
LUZU.....	212			mercaptapurine.....	136
LYBALVI.....	319			meropenem.....	63
lyleq.....	199			merzee.....	195
lyllana.....	239			mesalamine.....	243
				mesalamine er.....	243
				mesalamine-cleanser.....	244

mesna.....	155	metoclopramide hcl.....	241	MIRAPEX ER.....	158
MESNEX.....	156	metolazone.....	231	MIRCERA.....	256
METAMUCIL.....	262	metoprolol succinate er.....	176	mirtazapine.....	90
metaxalone.....	293	metoprolol tartrate.....	176	miscellaneous injection	
metformin hcl.....	101	metoprolol-		device.....	273
metformin hcl er.....	101	hydrochlorothiazide.....	131	miscellaneous medical	
methadone hcl.....	49	metronidazole.....	62,225	devices.....	272
methadone hcl intensol.....	49	mexiletine hcl.....	67	MISCELLANEOUS NATURAL	
methenamine hippurate.....	65	mibelas 24 fe.....	195	PRODUCTS.....	287
methergine.....	312	micafungin sodium.....	115	miscellaneous natural	
methimazole.....	328	MICARDIS.....	127	products.....	287
methocarbamol.....	293	MICARDIS HCT.....	131	misoprostol.....	336
methotrexate sodium.....	136	MICATIN.....	213	MOBIC.....	41
METHOTREXATE SODIUM.....	136	miconazole (micatin).....	213	modafinil.....	25
methotrexate sodium (pf).....	136	miconazole (monistat).....	344	MODERNA COVID-19 BIVAL	
METHOXSALEN RAPID.....	216	MICONAZOLE 3 200 MG		6M-5Y.....	342
methoxsalen rapid.....	216	SUPPOSITORY.....	344	MODERNA COVID-19 BIVAL	
methscopolamine bromide.....	331	MICONAZOLE-ZINC OXIDE-		BOOSTER.....	342
METHYL SALICYLATE /		PETROLAT.....	213	MODERNA COVID-19	
MENTHOL.....	223	MICROCLENS WIPES.....	166	BIVALENT.....	342
methyl salicylate / menthol.....	223	microgestin 1.5/30.....	195	MODERNA COVID-19 VAC	
methylcellulose (citrucel).....	262	microgestin 1/20.....	195	(BOOSTER).....	342
methylidopa.....	128	microgestin 24 fe.....	195	MODERNA COVID-19 VAC 6M-	
methylergonovine maleate.....	312	microgestin fe 1.5/30.....	195	11Y.....	342
METHYLIN.....	23	microgestin fe 1/20.....	195	MODERNA COVID-19 VACC 6-	
methylphenidate.....	23	midodrine hcl.....	345	11Y.....	342
methylphenidate hcl.....	23,24	MIEBO.....	309	MODERNA COVID-19 VACC	
METHYLPHENIDATE HCL		mifepristone.....	238	6M-5Y.....	342
ER.....	24	MIGERGOT.....	274	MODERNA COVID-19	
methylphenidate hcl er.....	25	MIGLITOL.....	97	VACCINE.....	342
methylphenidate hcl er (cd).....	24	miglitol.....	97	moexipril hcl.....	125
methylphenidate hcl er (la).....	24	miglustat.....	254	MOISTURIZING CREAM	
methylphenidate hcl er (osm).....	25	mili.....	195	(VANICREAM).....	218
METHYLPHENIDATE HCL ER		milk of magnesia.....	264	mometasone furoate.....	220,295
(OSM).....	25	mimvey.....	239	mondoxylene nl.....	328
methylphenidate hcl er (xr).....	25	MINERAL OIL.....	224	mono-lynyah.....	195
methylprednisolone.....	201	mineral oil.....	264	monoject flush syringe.....	283
methylprednisolone acetate.....	201	minitran.....	66	monoject sodium chloride	
methylprednisolone sodium		minocycline hcl.....	328	flush.....	283
succ.....	201	minoxidil.....	133	MONONINE.....	250
METOCLOPRAMIDE HCL.....	241	MIRALAX.....	263	montelukast sodium.....	70

morgidox.....	328	MYLERAN.....	135	NATROBA.....	225
morphine sulfate.....	49	myorisan.....	208	NAYZILAM.....	80
MORPHINE SULFATE.....	49	MYRBETRIQ.....	339	nebivolol hcl.....	176
morphine sulfate (concentrate).....	49	MYSOLINE.....	84	necon 0.5/35 (28).....	195
morphine sulfate er.....	49,50	<b>N</b>		NEEDLES AND SYRINGES.....	273
MORPHINE SULFATE		nabumetone.....	41	needles and syringes.....	273
ER.....	50,51	nadolol.....	177	NEFAZODONE HCL.....	95
MORPHINE SULFATE ER		nafcillin sodium.....	315	neo-polycin.....	303
BEADS.....	51	NAFCILLIN SODIUM.....	315	neo-polycin hc.....	306
MOTPOLY XR.....	84	NAFCILLIN SODIUM IN		neomycin / bacitracin / polymixin (neosporin).....	211
MOUNJARO.....	104	DEXTROSE.....	315	neomycin / bacitracin / polymixin / pramoxine (neosporin plus).....	211
MOVANTIK.....	245	naftifine hcl.....	213	neomycin sulfate.....	27
moxifloxacin hcl.....	240,302	NAFTIN.....	213	neomycin-bacitracin zn- polymyx.....	303
MOXIFLOXACIN HCL (2X DAY).....	302	nalbuphine hcl.....	57	NEOMYCIN-POLYMYXIN B GU.....	247
MRESVIA.....	342	NALFON.....	41	neomycin-polymyxin- dexameth.....	306
MS CONTIN.....	51	NALMEFENE HCL.....	112	NEOMYCIN-POLYMYXIN- GRAMICIDIN.....	303
MUCINEX D MAX		NALOXONE HCL.....	113	NEOMYCIN-POLYMYXIN-HC306 neomycin-polymyxin-hc.....	312
STRENGTH.....	204	naloxone hcl.....	113	NEORAL.....	286
MUCINEX DM.....	204	naltrexone hcl.....	113	NEOSTIGMINE METHYLSULFATE.....	134
MULTI-DRAW NEEDLE.....	273	NAMENDA.....	318	neostigmine methylsulfate.....	134
MULTI-MINERALS.....	281	NAMENDA TITRATION PAK.....	318	NEPHRAMINE.....	297
multigen folic.....	258	NAMENDA XR.....	318	NERLYNX.....	150
multigen plus.....	258	NAMENDA XR TITRATION PACK.....	318	NESINA.....	103
MULTIGEN TABLET.....	258	NAMZARIC.....	318	neuac.....	208
MULTISTIX 10 SG.....	228	naphazoline /pheniramine drops (naphcon-a).....	304	NEUAC.....	208
multivitamin.....	258	NAPRELAN.....	41	NEULASTA.....	256
multivitamin (\$0).....	291	naproxen.....	41	NEULASTA ONPRO.....	256
multivitamins / calcium.....	291	naproxen (aleve).....	41	NEUPRO.....	158
multivitamins / minerals.....	63	naproxen dr.....	41	NEURONTIN.....	84,85
MULTIVITAMINS / MINERALS.....	291	NAPROXEN SODIUM.....	41	NEVANAC.....	309
mupirocin.....	211	NAPROXEN SODIUM ER.....	41	nevirapine.....	168
mupirocin calcium.....	211	naproxen-esomeprazole mg.....	41	NEVIRAPINE.....	168
MYALEPT.....	237	naratriptan hcl.....	276	NEXIUM.....	334,335
mycophenolate mofetil.....	285,286	NARCAN.....	113		
mycophenolate sodium.....	286	NARDIL.....	92		
mycophenolic acid.....	286	NASONEX.....	295		
MYDAYIS.....	18	NATACYN.....	302		
MYFORTIC.....	286	nateglinide.....	110		

NEXIUM 24HR.....	335	Non-Preferred Blood Glucose Meter.....	271	NOVOLIN 70/30 FLEXPEN RELION.....	108
NEXIUM 24HR CLEAR		nora-be.....	199	NOVOLIN 70/30 RELION.....	108
MINIS.....	335	NORDITROPIN FLEXPRO..	234	NOVOLIN N.....	108
NEXIUM I.V.....	335	NOREL AD.....	204	NOVOLIN N FLEXPEN.....	108
NEXLETOL.....	119	norelgestromin-eth estradiol..	198	NOVOLIN N FLEXPEN RELION.....	108
NEXLIZET.....	119	norethin ace-eth estrad-fe...	196	NOVOLIN N RELION.....	109
NEXPLANON.....	316	norethin-eth estradiol-fe.....	196	NOVOLIN R.....	109
NGENLA.....	234	norethindron-ethinyl estrad- fe.....	196	NOVOLIN R FLEXPEN.....	109
niacin.....	346	norethindrone.....	199	NOVOLIN R FLEXPEN RELION.....	109
NIACIN.....	346	norethindrone acet-ethinyl est.....	196	NOVOLIN R RELION.....	109
NIACIN (ANTHYPERLIPIDEMIC).....	124	norethindrone acetate.....	317	NOVOLOG.....	109
niacin er (antihyperlipidemic).....	124	norethindrone-eth estradiol..	239	NOVOLOG 70/30 FLEXPEN RELION.....	109
niacinamide.....	346	norgestim-eth estrad triphasic.....	196	NOVOLOG FLEXPEN.....	109
NIACOR.....	124	norgestimate-eth estradiol..	196	NOVOLOG FLEXPEN RELION.....	109
NIASPAN.....	124	NORLIQVA.....	181	NOVOLOG MIX 70/30.....	109
nicardipine hcl.....	180	norlyda.....	199	NOVOLOG MIX 70/30 FLEXPEN.....	109
nicotine gum.....	326	norlyroc.....	200	NOVOLOG MIX 70/30 RELION.....	109
nicotine patch.....	326	normal saline flush.....	283	NOVOLOG MIX 70/30 RELION.....	109
Nicotrol.....	326	NORMOSOL-M IN D5W.....	280	NOVOLOG MIX 70/30 RELION.....	109
nifedipine.....	180	NORMOSOL-R.....	280	NOVOLOG PENFILL.....	109
nifedipine er.....	180	NORMOSOL-R IN D5W.....	280	NOVOLOG RELION.....	109
nifedipine er osmotic release.....	180	NORMOSOL-R PH 7.4.....	280	NOVOSEVEN RT.....	250
nikki.....	195	nortrel 0.5/35 (28).....	196	NOXAFIL.....	116
nilutamide.....	140	nortrel 1/35 (21).....	196	NP THYROID.....	330
nimodipine.....	180	nortrel 1/35 (28).....	196	NUBEQA.....	140
NINLARO.....	150	nortrel 7/7/7.....	196	NUCALA.....	68
NISOLDIPINE ER.....	180	nortriptyline hcl.....	97	NUCYNTA ER.....	51,52
nisoldipine er.....	180	NORVASC.....	181	nulev.....	331
nitisinone.....	237	NORVIR.....	168	NULYTELY LEMON-LIME.....	263
NITRO-BID.....	66	NOURIANZ.....	156	NULYTELY WITH FLAVOR PACKS.....	263
nitrofurantoin macrocrystal.....	65	NOVA MAX PLUS KETONE TEST.....	228	NUPLAZID.....	160
nitrofurantoin monohyd macro.....	65	NOVAVAX COVID-19 VACCINE.....	342	NURTEC.....	274
nitroglycerin.....	66	NOVOEIGHT.....	250	NUTROPIN AQ NUSPIN 10.....	234
NIVA THYROID.....	329	NOVOLIN 70/30.....	108	NUTROPIN AQ NUSPIN 20.....	234
NIVESTYM.....	256	NOVOLIN 70/30 FLEXPEN..	108	NUTROPIN AQ NUSPIN 5.....	234
NIZATIDINE.....	332				
non gelatin capsules.....	316				



NUWIQ	250	OMNI GEL	289	ORENCIA	43
nyamyc	213	OMNIPOD 5 G6 INTRO (GEN	271	ORENCIA CLICKJECT	43
nylia 1/35	196	5)		ORENITRAM	183
nylia 7/7/7	196	OMNIPOD 5 G6 PODS (GEN	271	ORENITRAM MONTH 1	184
NYMALIZE	181	5)		ORENITRAM MONTH 2	184
nymyo	196	OMNIPOD 5 G7 INTRO (GEN	271	ORENITRAM MONTH 3	184
nystatin	115,213,288	5)		ORGOVYX	140
nystatin-triamcinolone	213	OMNIPOD 5 G7 PODS (GEN	271	ORIAHNN	239
nystop	213	5)		ORLISSA	233
		OMNIPOD 5 LIBRE2 PLUS		ORKAMBI	327
		G6	271	ORLADEYO	252
OBIZUR	250	OMNIPOD 5 LIBRE2 PLUS G6		ORLISTAT	19
OCALIVA	241	PODS	272	orphenadrine citrate	293
ocella	196	OMNIPOD 5 PACK	272	orphenadrine citrate er	293
OCREVUS	323	OMNIPOD CLASSIC PDM		ORSERDU	140,141
OCTREOTIDE ACETATE	238	(GEN 3)	272	orsythia	196
octreotide acetate	238	OMNIPOD DASH INTRO (GEN	272	oscimin	331
OCUFLOX	303	4)		oscimin sr	331
ODEFSEY	168	OMNIPOD DASH PDM (GEN	272	oseltamivir phosphate	174
OFEV	327	4)		OSENI	100
OFLOXACIN	240	OMNIPOD DASH PODS (GEN	272	ostomy supplies	272
ofloxacin	240,303	4)		OTEZLA	42
ofloxacin otic soln 0.3%	311	OMNITROPE	234	OVACE PLUS	218
OGSIVEO	150	ondansetron	114	OVIDE	225
OJJAARA	150	ondansetron hcl	114	oxacillin sodium	315
olanzapine	162,163	ONETOUCH ULTRA	228	OXACILLIN SODIUM IN	
olanzapine-fluoxetine hcl	319	ONETOUCH ULTRA BLUE		DEXTROSE	315
olmesartan medoxomil	127	TEST	228	oxaprozin	42
olmesartan medoxomil-hctz	131	ONETOUCH ULTRA TEST	228	oxazepam	67
olmesartan-amlodipine-hctz	131	ONETOUCH VERIO	229	OXBRYTA	254
olopatadine	309	ONEXTON	208	oxcarbazepine	85
OLUMIANT	37	ONFI	80	oxcarbazepine er	85
omega-3 fatty acids (fish oil)	297	ONGENTYS	156	OXERVATE	305
OMEGA-3 FATTY ACIDS (Fish		ONGLYZA	103	oxiconazole nitrate	213
oil)	297	ONUREG	136	OXISTAT	213
omega-3-acid ethyl esters	120	OPFOLDA	237	OXTELLAR XR	85
omeprazole (prilosec)	335	OPILL	200	oxybutynin chloride	338
omeprazole magnesium	335	opium	112	oxybutynin chloride er	338
omeprazole-sodium		OPSUMIT	185	oxycodone hcl	52
bicarbonate	337	OPVEE	113	OXYCODONE HCL ER	52
OMNARIS	295	OPZELURA	221	oxycodone-acetaminophen	55

OXYCONTIN.....	52,53	pediatric multivitamin combinations.....	291	PFIZER COVID-19 BIVAL 6MO-4YR.....	342
oxymetazoline (afrin).....	296	PEDIATRIC MULTIVITAMIN COMBINATIONS.....	291	PFIZER COVID-19 VAC BIVAL 5-11.....	342
OXYTROL.....	338	PEDIATRIC MULTIPLE VITAMINS / IRON.....	292	PFIZER COVID-19 VAC BIVALENT.....	342
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	104	pediatric vitamins.....	292	PFIZER COVID-19 VAC-TRIS 5-11Y.....	342
OZEMPIC (1 MG/DOSE).....	104	PEDVAX HIB.....	340	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	342
OZEMPIC (2 MG/DOSE).....	104	peg 3350-kcl-na bicarb-nacl.....	263	PFIZER-BIONT COVID-19 VAC-TRIS.....	342
OZURDEX.....	306	peg-3350/electrolytes.....	263	PFIZER-BIONTECH COVID-19 VACC.....	343
<b>P</b>		PEG-PREP.....	263	phenazopyridine (azo).....	248
pacerone.....	68	PEGASYS.....	172	PHENELZINE SULFATE.....	92
PALFORZIA.....	26	PEGINTRON.....	172	phenobarbital.....	260
paliperidone er.....	161	PEMAZYRE.....	150	phentermine hcl.....	19
PALYNZIQ.....	237	PENBRAYA.....	340	phenylephrine (neo-synephrine).....	296
pantoprazole sodium.....	335	peniclovir.....	218	phenylephrine (sudafed pe).....	296
paroex.....	288	penicillamine.....	284	phenylephrine / acetaminophen.....	204
paromomycin sulfate.....	27	penicillin g potassium.....	314	phenylephrine / bropheniramine / dextromethorphan.....	204
paroxetine hcl.....	94	PENICILLIN G PROCAINE.....	314	phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen.....	204
paroxetine hcl er.....	94	PENICILLIN G SODIUM.....	314	PHENYLEPHRINE / DEXTROMETHORPHAN.....	204
paroxetine mesylate.....	326	PENICILLIN V POTASSIUM.....	314	phenylephrine / guaifenesin.....	204
PAXIL.....	94	penicillin v potassium.....	314	phenylephrine / shark liver / petrolatum (preparation h).....	60
PAXIL CR.....	94	PENTACEL.....	330	phenytek.....	89
PAXLOVID (150/100).....	170	pentamidine isethionate.....	62	phenytoin.....	89
PAXLOVID (300/100).....	170	PENTASA.....	244	phenytoin infatabs.....	89
pazopanib hcl.....	150	pentoxifylline er.....	252	phenytoin sodium extended.....	89
PEAK FLOW METER.....	273	PERFOROMIST.....	75		
PEDIA-LAX LIQUID.....	264	perindopril erbumine.....	126		
PEDIARIX.....	330	PERINDOPRIL ERBUMINE.....	126		
pediatric multiple vitamins.....	292	periogard.....	288		
PEDIATRIC MULTIPLE VITAMINS.....	292	periomed.....	289		
pediatric multiple vitamins / fluoride / iron.....	291	permethrin (nix).....	225		
pediatric multiple vitamins / iron.....	292	perphenazine.....	164		
PEDIATRIC MULTIPLE VITAMINS / MINERALS.....	291	PERPHENAZINE-AMITRIPTYLINE.....	319		
pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride.....	292	PERSERIS.....	161		
		PERTZYE.....	230		
		petrolatum (vaseline).....	316		
		petrolatum ointment.....	316		
		PEXEVA.....	94		

philitr.....	196	polyethylene glycol drops.....	298	prasugrel hcl.....	254
PHOSPHOLINE IODIDE.....	301	polyethylene glycol packets.....	263	pravastatin sodium.....	123
phosphorus supplement.....	282	polymyxin b sulfate.....	65	praziquantel.....	62
phytonadione.....	345	polymyxin b-trimethoprim.....	303	prazosin hcl.....	128
PIFELTRO.....	168	polysaccharide iron complex.....	259	PRECISION XTRA BLOOD	
pilocarpine hcl.....	290,301	polyvinyl alcohol / povidone		GLUCOSE.....	229
pimecrolimus.....	222	drops (refresh).....	298	PRECISION XTRA KETONE.....	229
pimtrea.....	196	polyvinyl alcohol drops		PRECOSE.....	98
pin-away.....	62	(hypotears).....	298	PRED FORTE.....	307
pindolol.....	177	POMALYST.....	141	prednisolone.....	201
pinworm medicine.....	62	PONVORY.....	323	prednisolone acetate.....	307
pioglitazone hcl.....	110	PONVORY STARTER		PREDNISOLONE ACETATE P-	
pioglitazone hcl-glimepiride.....	100	PACK.....	323	F.....	307
pioglitazone hcl-metformin		portia-28.....	196	prednisolone sodium	
hcl.....	100	posaconazole.....	116	phosphate.....	202
piperacillin sod-tazobactam		potassium / sodium		PREDNISOLONE SODIUM	
so.....	315	phosphate.....	282	PHOSPHATE.....	307
piperonyl / pyrethrins (rid).....	225	potassium chloride.....	282	prednisone.....	202
PIQRAY (200 MG DAILY		potassium chloride crys er.....	282	PREDNISONE.....	202
DOSE).....	150	potassium chloride er.....	282	PREDNISONE INTENSOL.....	202
PIQRAY (250 MG DAILY		POTASSIUM CHLORIDE		pregabalin.....	85
DOSE).....	150	ER.....	282	pregabalin er.....	325
PIQRAY (300 MG DAILY		POTASSIUM CHLORIDE IN		PREHEVBRIO.....	343
DOSE).....	150	DEXTROSE.....	280	PREMPHASE.....	239
pirfenidone.....	327	potassium chloride in		prenatal vitamin.....	292,293
pirmella 1/35.....	196	dextrose.....	280	PRETOMANID.....	134
pirmella 7/7/7.....	196	potassium chloride in nacl.....	281	PREVACID 24HR 15 MG CAP	
piroxicam.....	42	potassium citrate.....	246	DR.....	335
PLAVIX.....	253	potassium citrate / sodium		PREVACID 30 MG CAP DR.....	335
PLEGRIDY.....	323	citrate (cytra-3).....	246	PREVACID SOLUTAB 15 MG	
PLEGRIDY STARTER		potassium citrate er.....	246	TAB DR DISP.....	335
PACK.....	323	potassium gluconate.....	283	PREVACID SOLUTAB 30 MG	
plerixafor.....	259	POTASSIUM GLUCONATE.....	283	TAB DR DISP.....	335
PNEUMOVAX 23.....	340	povidone-iodine (betadine).....	166	prevalite.....	120
PNV-DHA+DOCUSATE.....	292	PRADAXA.....	79	previfem.....	196
PNV-OMEGA.....	292	PRALUENT.....	124	PREVNAR 13.....	340
PNV-SELECT.....	292	pramipexole dihydrochloride.....	158	PREVNAR 20.....	340
PODOFILOX.....	222	pramipexole dihydrochloride		PREVYMIS.....	170
podofilox.....	222	er.....	158	PREZCOBIX.....	169
polycin.....	303	pramoxine (procto-foam).....	60	PREZISTA.....	169
polyethylene glycol.....	263	pramoxine / calamine.....	223	PRIFTIN.....	135

PRILOSEC.....	335	propranolol hcl er.....	177	QUESTRAN LIGHT.....	120
primidone.....	85	PROPRANOLOL-HCTZ.....	131	quetiapine fumarate.....	163
PRIMIDONE.....	85	propylthiouracil.....	328	quetiapine fumarate er.....	163
PRINIVIL.....	126	PROQUAD.....	343	QUILLICHEW ER.....	25
PRIORIX.....	343	PROSCAR.....	247	QUILLIVANT XR.....	25
PRISTIQ.....	96	PROTONIX.....	336	quinapril hcl.....	126
PRIVIGEN.....	312	protriptyline hcl.....	97	quinapril-hydrochlorothiazide.....	132
PROAIR DIGIHALER.....	75	PROZAC.....	94	quinidine gluconate er.....	67
PROAIR RESPICLICK.....	75	pseudoeph-bromphen-dm.....	205	QUINIDINE SULFATE.....	67
probenecid.....	248	pseudoephedrine (sudafed).....	296	quinidine sulfate.....	67
procainamide hcl.....	67	pseudoephedrine /		quinine sulfate.....	133
PROCAINAMIDE HCL.....	67	guaifenesin.....	205	QULIPTA.....	274
PROCALAMINE.....	297	PSEUDOEPHEDRINE /		QUVIVIQ.....	261
PROCARDIA.....	181	IBUPROFEN.....	205	QVAR REDIHALER.....	71
PROCARDIA XL.....	181	psyllium (metamucil).....	262		
procentra.....	18	PTS PANELS KETONE		<b>R</b>	
prochlorperazine.....	164	TEST.....	229	ra esomeprazole magnesium.....	336
prochlorperazine edisylate.....	164	PULMICORT.....	71	RA HOT/COLD COMPRESS.....	268
prochlorperazine maleate.....	164	PULMICORT FLEXHALER.....	71	RA HOT/COLD GEL SLEEVE.....	268
PROCRIT.....	256	PULMOZYME.....	327	RABAVERT.....	343
procto-med hc.....	61	PURE & GENTLE		rabeprazole sodium.....	336
PROCTOFOAM HC.....	60	LUBRICANT.....	298	raloxifene hcl.....	235
proctosol hc.....	61	purevit dualfe plus.....	258	ramelteon.....	262
proctozone-hc.....	61	pyrazinamide.....	135	ramipril.....	126
PRODIGY NO CODING		pyridostigmine bromide.....	134	ranolazine er.....	65
BLOOD GLUC.....	229	pyridoxine (vitamin b6).....	346	RAPAFLO.....	247
PROFILNINE.....	251	pyrimethamine.....	133	RAPAMUNE.....	286
PROFORE.....	267	<b>Q</b>		RASPBERRY SYRUP.....	316
PROFORE LITE.....	268	QBRELIS.....	126	RAVICTI.....	237
PROFORE WCL 5-1/2"X8".....	268	qc esomeprazole		REBIF.....	324
progesterone.....	317	magnesium.....	336	REBIF REBIDOSE.....	324
PROGRAF.....	286	qc omeprazole magnesium.....	336	REBIF REBIDOSE TITRATION	
PROLENSA.....	309	QELBREE.....	21	PACK.....	324
PROLIA.....	232	QINLOCK.....	150	REBIF TITRATION PACK.....	324
PROMACTA.....	256	QNASL.....	295	REBINYN.....	251
promethazine hcl.....	118	QNASL CHILDRENS.....	295	REBLOZYL.....	256
promethegan.....	118	QTERN.....	100	reclipsen.....	196
propafenone hcl.....	68	QUADRACEL.....	330	RECOMBINATE.....	251
proparacaine hcl.....	305	QUDEXY XR.....	85	RECOMBIVAX HB.....	343
propranolol hcl.....	177	QUESTRAN.....	120	RECTIV.....	61
PROPRANOLOL HCL.....	177			reeses pinworm medicine.....	62

REFRESH 1.4-0.6 % SOLUTION.....	298	REYVOW.....	276	ROZEREM.....	262
REFRESH DIGITAL.....	298	REZLIDHIA.....	151	ROZLYTREK.....	151
REFRESH OPTIVE.....	298	REZUROCK.....	284	RUBRACA.....	151
REFRESH OPTIVE ADVANCED.....	298	REZVOGLAR KWIKPEN.....	109	RUCONEST.....	252
REFRESH OPTIVE PF.....	298	RHOPRESSA.....	305	rufinamide.....	86
REFRESH RELIEVA.....	298	ribavirin.....	172	RUKOBIA.....	169
REFRESH RELIEVA PF.....	298	RIBAVIRIN.....	172	RYALTRIS.....	294
REFRESH TEARS PF.....	298	riboflavin (vitamin b2).....	346	RYBELSUS.....	104
relafen.....	42	rifabutin.....	135	RYDAPT.....	152
RELAFEN DS.....	42	rifampin.....	135	RYKINDO.....	161
RELENZA DISKHALER.....	174	RIFATER.....	134	RYTARY.....	159
RELION KETONE TEST.....	229	riluzole.....	296	<b>S</b>	
RELPAK.....	276	RIMANTADINE HCL.....	174	SABRIL.....	88
REMERON.....	90	ringers.....	281	SAIZEN.....	234
REMERON SOLTAB.....	90	ringers irrigation.....	287	SAIZENPREP.....	235
REMICADE.....	244	RINVOQ.....	37	salicylic acid.....	222
RENFLEXIS.....	244	risedronate sodium.....	233	SALICYLIC ACID.....	222
REVELA.....	245	RISPERDAL.....	161	saline bacteriostatic.....	316
repaglinide.....	110	RISPERDAL CONSTA.....	161	saline flush.....	283
REPATHA.....	124	risperidone.....	161	saline flush zr.....	283
REPATHA PUSHTRONEX SYSTEM.....	124	risperidone microspheres er.....	161	salsalate.....	45
REPATHA SURECLICK.....	124	RITALIN.....	25	SANCUSO.....	114
REQUIP XL.....	158	RITALIN LA.....	26	SANDIMMUNE.....	286
respirtatory therapy supplies.....	273	ritonavir.....	169	SAPHRIS.....	163
RESTASIS.....	304	rivastigmine.....	318	SAVAYSA.....	77
RESTASIS MULTIDOSE.....	304	rivastigmine tartrate.....	318	SAVELLA.....	319
RETACRIT.....	256,257	rivelsa.....	196	SAVELLA TITRATION PACK.....	319
RETEVMO.....	151	RIVIVE.....	113	saxagliptin hcl.....	103
RETIN-A.....	208	RIXUBIS.....	251	saxagliptin-metformin er.....	100
RETIN-A MICRO.....	208	rizatriptan benzoate.....	276	SAXENDA.....	19
RETIN-A MICRO PUMP.....	209	ROCKLATAN.....	305	SCSEMBLIX.....	152
RETISERT.....	307	roflumilast.....	70	scopolamine.....	114
REVATIO.....	186	ropinirole hcl.....	158	se-tan plus.....	258
REVCOVI.....	237	ropinirole hcl er.....	158	SECUADO.....	163
REVLIMID.....	284	rosadan.....	225	SEGLUROMET.....	100
REXTOVY.....	113	rosuvastatin calcium.....	123	selegiline hcl.....	159
REXULTI.....	165	ROTARIX.....	343	selenium.....	283
		ROTATEQ.....	343	SELZENTRY.....	169
		ROWASA.....	244	SEMGLEE.....	109
		roweepra.....	85	SEMGLEE (YFGN).....	110
		roweepra xr.....	85		

senna / docusate sodium (peri- colace).....	263	SM DELUXE REUSABLE COMPRESS.....	268	SOLU-MEDROL (PF).....	202
sennosides.....	264	sm esomeprazole		sorafenib tosylate.....	152
SEREVENT DISKUS.....	75	magnesium.....	336	sorbitol solution.....	263
SEROQUEL.....	163	sm glucosamine hcl.....	26	sorine.....	178
SEROQUEL XR.....	163	sod citrate-citric acid.....	246	sotalol hcl.....	178
SEROSTIM.....	235	SOD FLUORIDE-POTASSIUM NITRATE.....	289	sotalol hcl (af).....	178
SERTRALINE HCL.....	94	SODIUM BICARBONATE.....	61,278	SOTYKTU.....	216
sertraline hcl.....	94	sodium bicarbonate.....	61,278	SOTYLIZE.....	178
setlakin.....	197	SODIUM CHLORIDE.....	224	SOVALDI.....	173
sevelamer carbonate.....	246	sodium chloride.....	247,283	specialty vitamins.....	293
sevelamer hcl.....	246	sodium chloride		SPEVIGO.....	216
SEVENFACT.....	251	bacteriostatic.....	316	SPIKEVAX.....	343
sf.....	289	sodium chloride eye products		SPIKEVAX COVID-19 VACCINE.....	343
sf 5000 plus.....	289	(muro 128).....	309	SPINOSAD.....	225
SFROWASA.....	244	sodium chloride flush.....	283	SPIRIVA HANDIHALER.....	69
sharobel.....	200	sodium chloride nasal spray.....	205	SPIRIVA RESPIMAT.....	69
sharps container.....	273	SODIUM CHLORIDE NASAL SPRAY.....	294	spironolactone.....	231
SHINGRIX.....	343	sodium fluoride.....	281,289	spironolactone-hctz.....	230
SIGNIFOR.....	238	SODIUM FLUORIDE 5000 ENAMEL.....	289	SPORANOX.....	116
SIKLOS.....	255	sodium fluoride 5000 plus.....	289	SPORANOX PULSEPAK.....	117
sildenafil citrate.....	186	sodium fluoride 5000 ppm.....	289,290	SPRAVATO (56 MG DOSE).....	92
SILIQ.....	216	SODIUM FLUORIDE 5000 ENAMEL.....	289	SPRAVATO (84 MG DOSE).....	92
silodosin.....	248	sodium fluoride 5000 plus.....	289	sprintec 28.....	197
silver sulfadiazine.....	219	sodium fluoride 5000 ppm.....	289,290	SPRITAM.....	86
SIMBRINZA.....	302	SODIUM FLUORIDE 5000 SENSITIVE.....	290	sronyx.....	197
simethicone (mylicon).....	241	sodium phenylbutyrate.....	237	ssd.....	219
simliya.....	197	sodium polystyrene		sss 10-5.....	209
simpesse.....	197	sulfonate.....	287	STALEVO 100.....	159
SIMPONI.....	36	sodium sulfacetamide wash.....	218	STALEVO 125.....	159
SIMPONI ARIA.....	36	SODIUM SULFACETAMIDE- BAKUCHIOL.....	218	STALEVO 150.....	159
simvastatin.....	123	SOFOSBUVIR- VELPATASVIR.....	173	STALEVO 200.....	159
SINEMET.....	159	SOGROYA.....	235	STALEVO 50.....	159
SINGULAIR.....	70	solifenacin succinate.....	338	STALEVO 75.....	159
sirolimus.....	286	SOLQUA.....	100	STAMARIL.....	343
SIRTURO.....	135	SOLU-CORTEF.....	202	stavudine.....	169
SITAVIG.....	174	SOLU-MEDROL.....	202	STEGLATRO.....	111
SKYRIZI.....	216,244			STEGLUJAN.....	100
SKYRIZI (150 MG DOSE).....	216			STELARA.....	216,217,244
SKYRIZI PEN.....	216			sterile water for injection.....	316
SKYTROFA.....	235			STIOLTO RESPIMAT.....	76

STIVARGA.....	152	SUPRAX.....	190	TASCENSO ODT.....	324
STRATTERA.....	21	SUREPRESS HI COMPRESS		TASIGNA.....	153
STRENSIQ.....	237	BANDAGE.....	268	tasimelteon.....	262
STRIBILD.....	169	swabflush saline flush.....	283	TASMAR.....	156
STRIVERDI RESPIMAT.....	76	syeda.....	197	tavaborole.....	213
SUBLOCADE.....	57	symax-sl.....	331	TAVNEOS.....	252
SUBOXONE.....	57,58	symax-sr.....	332	taysofy.....	197
subvenite.....	86	SYMBICORT.....	76	TAZAROTENE.....	209
subvenite starter kit-blue.....	86	SYMBYAX.....	319	tazarotene.....	217
subvenite starter kit-green.....	86	SYMDEKO.....	327	tazicef.....	190
subvenite starter kit-orange.....	86	SYMJEPI.....	345	taztia xt.....	181
sucralfate.....	332	SYMLINPEN 120.....	98	TAZVERIK.....	153
SULAR.....	181	SYMLINPEN 60.....	98	TDVAX.....	330
sulfacetamide sodium.....	218,303	SYMPAZAN.....	80	TECFIDERA.....	324
SULFACETAMIDE		SYMTUZA.....	169	TEGRETOL.....	86
SODIUM.....	303	SYNAGIS.....	313	TEGRETOL-XR.....	86
sulfacetamide sodium		SYNJARDY.....	100	TEKTURNA.....	133
(acne).....	209	SYNJARDY XR.....	100,101	TEKTURNA HCT.....	132
sulfacetamide sodium-sulfur	209	SYSTANE BALANCE.....	298	telmisartan.....	127
SULFACETAMIDE SODIUM-		SYSTANE COMPLETE.....	298	TELMISARTAN-	
SULFUR.....	209			AMLODIPINE.....	132
SULFACETAMIDE-		<b>T</b>		telmisartan-amlodipine.....	132
PREDNISOLONE.....	307	TABLOID.....	136	telmisartan-hctz.....	132
sulfacleanse 8/4.....	209	TABRECTA.....	152	temazepam.....	260
sulfadiazine.....	328	tacrolimus.....	222,286	TEMIXYS.....	169
sulfamethoxazole-		tadalafil (pah).....	186	temozolomide.....	135
trimethoprim.....	63	TAFINLAR.....	152	TENIVAC.....	330
sulfamez wash.....	209	tafluprost (pf).....	310	tenofovir disoproxil fumarate.....	169
sulfasalazine.....	245	TAGRISSO.....	138	TENORETIC 100.....	132
sulfatrim pediatric.....	63	TAKHZYRO.....	253	TENORETIC 50.....	132
sulindac.....	42	TALTZ.....	217	TENORMIN.....	176
sumatriptan.....	277	TALZENNA.....	153	TEPMETKO.....	153
sumatriptan succinate.....	277	TAMIFLU.....	174,175	terazosin hcl.....	128
SUMATRIPTAN		tamoxifen citrate.....	141	terbinafine (lamisil).....	213
SUCCINATE.....	277	tamsulosin hcl.....	248	terbinafine hcl.....	115
sumatriptan succinate refill.....	277	tandem plus.....	258	terbutaline sulfate.....	76
sumatriptan-naproxen		tarina 24 fe.....	197	terconazole.....	344
sodium.....	274	tarina fe 1/20.....	197	teriflunomide.....	324
sunitinib malate.....	152	tarina fe 1/20 eq.....	197	teriparatide.....	233
SUNLENCA.....	169	taron forte.....	258	teriparatide (recombinant).....	233
SUNOSI.....	21	TARPEYO.....	202		

TERIPARATIDE (RECOMBINANT)	233	tiopronin	248	TRANSDERM SCOP (1.5 MG)	114
TESTIM	58	tiotropium bromide monohydrate	69	TRANSDERM-SCOP	114
testosterone	58,59	tis-u-sol	287	tranylcypromine sulfate	92
TESTOSTERONE	58,59	TIVICAY	169	TRAVATAN Z	310
testosterone cypionate	59	TIVICAY PD	169	travoprost (bak free)	310
TESTOSTERONE CYPIONATE	59	tizanidine hcl	293	trazodone hcl	95
TETANUS-DIPHTHERIA		TOBI	28	TRELEGY ELLIPTA	76
TOXOIDS TD	330	TOBI PODHALER	28	TREMFYA	217
tetrabenazine	320	tobramycin	28,303	TRESIBA	110
tetracaine hcl	305	TOBRAMYCIN	28	TRESIBA FLEXTOUCH	110
tetracycline hcl	328	tobramycin sulfate	28	tretinoin	155,209
tetrahydrazoline drops (visine)	304	TOBRAMYCIN SULFATE	28	tretinoin microsphere	209,210
THALOMID	284	tobramycin-dexamethasone	307	tretinoin microsphere pump	210
theophylline	76	tolcapone	157	TRETTEN	251
theophylline er	76	tolnaftate (tinactin)	213	TREXIMET	275
thiamine (vitamin b1)	346	TOLSURA	117	tri femynor	197
thioridazine hcl	164	tolterodine tartrate	338	tri-estarylla	197
thiotepa	135	tolterodine tartrate er	338	tri-legest fe	197
thiothixene	165	TOPAMAX	86	tri-linyah	197
THYQUIDITY	330	TOPAMAX SPRINKLE	86	tri-lo-estarylla	197
THYROID	330	topiramate	86	tri-lo-marzia	197
tiadylt er	181	topiramate er	86	tri-lo-mili	197
tiagabine hcl	88	TOPROL XL	176	tri-lo-sprintec	197
TIAZAC	181	toremifene citrate	141	tri-mili	197
TIBSOVO	153	torpenz	153	tri-nymyo	197
TICOVAC	343	torsemide	231	tri-previfem	197
TIGER BALM MUSCLE RUB	223	TOSYMRA	277	tri-sprintec	197
tilia fe	197	TOUJEO MAX SOLOSTAR	110	TRI-VI-SOL A/C/D	292
timolol maleate	178,300	TOUJEO SOLOSTAR	110	tri-vylibra	198
timolol maleate (once-daily)	300	TOVIAZ	338	tri-vylibra lo	198
timolol maleate ocudose	300	TRACLEER	185,186	triamcinolone acetonide	220
timolol maleate pf	300	TRADJENTA	103	triamcinolone acetonide (nasacort)	295
TIMOPTIC	300	tramadol hcl	53	triamterene-hctz	230
TIMOPTIC OCUDOSE	300	tramadol hcl (er biphasic)	53	triazolam	260
TIMOPTIC-XE	300	TRAMADOL HCL ER	53	TRIBENZOR	132
tinidazole	62	tramadol-acetaminophen	55	TRICOR	122
tioconazole (vagistat)	344	trandolapril	126	TRICOR	122
		TRANVOLAPRIL-VERAPAMIL HCL ER	132	triderm	220
		tranexamic acid	259	trientine hcl	284
				TRIESENCE	307



trifluoperazine hcl.....	165	TYSABRI.....	324	VAQTA.....	343
trihexyphenidyl hcl.....	156	TYVASO.....	184	varenicline tartrate.....	326
TRIHEXYPHENIDYL HCL.....	156	TYVASO DPI INSTITUTIONAL		varenicline tartrate (starter).....	326
TRIJARDY XR.....	101	KIT.....	184	varenicline tartrate(continue).....	326
TRIKAFTA.....	327	TYVASO DPI MAINTENANCE		VARIVAX.....	343
TRILEPTAL.....	87	KIT.....	184	VASCEPA.....	120
TRILIPIX.....	122	TYVASO DPI TITRATION		VASERETIC.....	132
trilyte.....	263	KIT.....	184	VASOTEC.....	126
trimethobenzamide hcl.....	114	TYVASO REFILL.....	185	VAXCHORA.....	340
trimethoprim.....	62	TYVASO STARTER.....	185	VAXELIS.....	330
TRINTELLIX.....	95			VAXNEUVANCE.....	340
TRIPTODUR.....	236	<b>U</b>		VELPHORO.....	246
TRIUMEQ.....	169	UBRELVY.....	274	VELTASSA.....	287
TRIUMEQ PD.....	169	UCERIS.....	60,202	VELTIN.....	210
trivora (28).....	198	UDENYCA.....	257	VEMLIDY.....	173
TROKENDI XR.....	87	UNI-SOLVE.....	166	VENCLEXTA.....	138
trolamine salicylate.....	223	unithroid.....	330	VENCLEXTA STARTING	
TROLAMINE SALICYLATE		UPLIZNA.....	286	PACK.....	138
(MYOFLEX).....	223	UPTRAVI.....	187	venlafaxine hcl.....	96
trolamine salicylate		urea 10% and 20% (carmol).....	222	venlafaxine hcl er.....	96
(myoflex).....	223	ursodiol.....	241	VENTAVIS.....	185
tropium chloride.....	338	UZEDY.....	161	VENTOLIN HFA.....	76
tropium chloride er.....	338	<b>V</b>		verapamil hcl.....	181
TRUDHESA.....	275	vaginal contraceptive foam.....	343	verapamil hcl er.....	181
TRUE METRIX BLOOD		valacyclovir hcl.....	174	VERAPAMIL HCL ER.....	182
GLUCOSE TEST.....	229	VALCHLOR.....	214	VERELAN PM.....	182
TRULICITY.....	104	valganciclovir hcl.....	170	VERKAZIA.....	304
TRUMENBA.....	340	valproic acid.....	90	VERSACLOZ.....	163
TRUQAP.....	153	valsartan.....	127	VERZENIO.....	154
TRUSOPT.....	309	VALSARTAN.....	127	VESICARE.....	339
TUDORZA PRESSAIR.....	69	valsartan-		VESICARE LS.....	339
TUKYSA.....	138	hydrochlorothiazide.....	132	vestura.....	198
tulana.....	200	VALTOCO 10 MG DOSE.....	80	VEVYE.....	304
TURALIO.....	153	VALTOCO 15 MG DOSE.....	80	VIBERZI.....	245
turqoz.....	198	VALTOCO 20 MG DOSE.....	80	VICTOZA.....	104
TWINRIX.....	343	VALTOCO 5 MG DOSE.....	80	VIEKIRA PAK.....	173
tydemy.....	198	VALTREX.....	174	vienna.....	198
TYENNE.....	38	VANCOCIN.....	64	vigabatrin.....	88
TYMLOS.....	233	vancomycin hcl.....	64	vigadrone.....	88
TYPHIM VI.....	340	VANFLYTA.....	153	VIGAMOX.....	303
TYRVAYA.....	301			vigpoder.....	89

VIIBRYD.....	95	VITAMIN D.....	346	WIDE-SEAL DIAPHRAGM... ..	268
VIJOICE.....	287	vitamin e.....	346	WILATE.....	251
vilazodone hcl.....	95	vitamins / lipotropics.....	293	WINLEVI.....	210
VIMPAT.....	87	VITAMINS / LIPOTROPICS.....	293	witch hazel.....	224
VIOKACE.....	230	VITRAKVI.....	154	wixela inhub.....	76
viorele.....	198	VITRON-C.....	258	wymzya fe.....	198
VIRACEPT.....	169	VIVJOA.....	117		
VIREAD.....	169	VIVOTIF.....	340	<b>X</b>	
VIRT-FEFA PLUS.....	258	VIZIMPRO.....	138	X-SEB T 10 % SHAMPOO... ..	225
VIRT-PN PLUS.....	293	VOGELXO.....	59	XADAGO.....	159
visine red eye hydrating		VOGELXO PUMP.....	60	XALATAN.....	311
comf.....	304	volnea.....	198	XALKORI.....	154
VISTA GEL DRY EYE		VONJO.....	154	XARELTO.....	77
RELIEF.....	298	VONVENDI.....	251	XARELTO STARTER PACK... ..	77
VISTOGARD.....	112	voriconazole.....	117	XCOPRI.....	88
VITAMIN A.....	222	VOSEVI.....	173	XCOPRI (250 MG DAILY	
vitamin a.....	346	VOTRIENT.....	154	DOSE).....	87
vitamin a / vitamin d.....	222	VOXZOGO.....	237	XCOPRI (350 MG DAILY	
VITAMIN A-C-D INFANT... ..	292	VRAYLAR.....	160	DOSE).....	88
VITAMIN A/C/D/		VUMERITY.....	324	XDEMVY.....	303
INFANT/TODDLER.....	292	VUSION.....	214	XELJANZ.....	37
vitamin b complex.....	290	VYEPTI.....	274	XELJANZ XR.....	37
VITAMIN B COMPLEX.....	290	vyfemla.....	198	XELPROS.....	311
vitamin b complex (\$0).....	290	vylibra.....	198	XELSTRYM.....	19
vitamin b complex / vitamin c /		VYNDAMAX.....	187	XENICAL.....	20
biotin / minerals / folic acid.....	290	VYNDAQEL.....	187	XENLETA.....	65
vitamin b complex / vitamin c /		VYTORIN.....	119	XEPI.....	211
calcium.....	290	VYVANSE.....	18,19	XERESE.....	218
vitamin b complex / vitamin c /		VYZULTA.....	311	XHANCE.....	295
vitamin e / zinc.....	290			XIFAXAN.....	63
vitamin b complex / vitamin c /		<b>W</b>		XIGDUO XR.....	101
zinc / folic acid.....	291	WAL-TUSSIN COUGH		XIIDRA.....	304
vitamin b complex		RELIEF.....	203	XIPERE.....	307
combinations.....	290	warfarin sodium.....	77	XOFLUZA (40 MG DOSE)... ..	175
VITAMIN B COMPLEX		WEGOVI.....	19,20	XOFLUZA (80 MG DOSE)... ..	175
COMBINATIONS.....	291	WELCHOL.....	120	XOLAIR.....	68,69
vitamin b12.....	255	WELIREG.....	141	XOPENEX HFA.....	76
VITAMIN B12.....	255	WELLBUTRIN SR.....	91	XOSPATA.....	154
VITAMIN C.....	347	WELLBUTRIN XL.....	92	XPOVIO (100 MG ONCE	
vitamin c.....	347	wera.....	198	WEEKLY).....	142
vitamin d.....	346	wheat dextrin powder.....	262		

XPOVIO (40 MG ONCE WEEKLY)	142	ZAVZPRET	274	ZOFRAN	114
XPOVIO (40 MG TWICE WEEKLY)	142	zebatal	45	ZOHYDRO ER	54
XPOVIO (60 MG ONCE WEEKLY)	142	ZEGALOGUE	102	ZOKINVY	288
XPOVIO (60 MG TWICE WEEKLY)	142	ZEGERID	337	ZOLINZA	155
XPOVIO (80 MG ONCE WEEKLY)	143	ZEGERID OTC	337	zolmitriptan	277,278
XPOVIO (80 MG TWICE WEEKLY)	143	ZEJULA	154	ZOLOFT	95
XTAMPZA ER	53	ZELBORAF	154	ZOLPIDEM TARTRATE	260
XTANDI	141	ZEMBRACE SYMTOUCH	277	zolpidem tartrate	261
xulane	198	zenatane	210	zolpidem tartrate er	261
XULTOPHY	101	ZENPEP	230	ZOMACTON	235
XYNTHA	251	zenzedi	19	ZOMACTON (FOR ZOMA-JET 10)	235
XYNTHA SOLOFUSE	251	ZEPATIER	173	zomig	278
		ZEPBOUND	20	ZOMIG	278
		ZEPOSIA	324	ZONEGRAN	87
		ZEPOSIA 7-DAY STARTER PACK	325	ZONISADE	87
		ZEPOSIA STARTER KIT	325	zonisamide	87
		ZERVIATE	309	ZORBTIVE	235
		ZESTORETIC	132	ZORTRESS	287
		ZESTRIL	126	ZORVOLEX	42
		ZETIA	124	ZOSTAVAX	343
		ZETONNA	296	zovia 1/35 (28)	198
		ZIAC	132	zovia 1/35e (28)	198
		ZIANA	210	ZOVIRAX	218
		zidovudine	169	ZTALMY	87
		ZIEXTENZO	257	ZTLIDO 1.8 % PATCH	223
		zileuton er	70	ZUBSOLV	58
		ZIMHI	113	zumandimine	198
		zinc	283	ZURZUVAE	92
		zinc gluconate	284	ZYDELIG	155
		zinc oxide (desitin)	224	ZYFLO	70
		zinc sulfate	284	ZYKADIA	155
		ZIOPTAN	311	ZYPITAMAG	123
		ziprasidone hcl	160	ZYPREXA	163
		ziprasidone mesylate	160	ZYPREXA RELPREVV	163
		ZIPSOR	42	ZYPREXA ZYDIS	164
		ZIRGAN	303		
		ZITHROMAX	265		
		ZITHROMAX TRI-PAK	266		
		ZITHROMAX Z-PAK	266		
		ZOCOR	123		



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