

2025

# Medical Assistance List of Covered Drugs (Formulary)

- Families and Children (Prepaid Medical Assistance Program (PMAP))
- MinnesotaCare
- Minnesota Senior Care Plus (MSC+)
- 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,

The information included in this list of covered drugs was correct as of 02/01/2024. 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 Medical Assistance 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 THIS PLAN. 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 .....	187

## 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 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.

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 (for example, side effects).

## **What will a prescription cost?**

As of January 1, 2025, Medical Assistance covered drugs no longer have copays. You do not have cost sharing for drugs covered under Medical Assistance. MinnesotaCare members 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 20 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP
ADDERALL XR 25 MG CAP ER 24H, 30 MG CAP ER 24H	2	PA, QL (2 EA PER DAY), NP
ADDERALL XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H	2	PA, QL (4 EA PER DAY), NP
ADZENYS ER	2	PA, QL (48 ML PER DAY), NP
ADZENYS XR-ODT -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP	2	PA, QL (1 EA PER DAY), NP
ADZENYS XR-ODT -ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP	2	PA, QL (2 EA PER DAY), NP
<i>amphet-dextroamphet 3-bead er</i>	1	PA, QL (1 EA PER 1 DAY), NP
AMPHETAMINE ER	1	PA, QL (48 ML PER DAY), NP
<i>amphetamine sulfate 10 mg tab</i>	1	PA, QL (6 EA PER DAY), NP
<i>amphetamine sulfate 5 mg tab</i>	1	PA, QL (4 EA PER DAY), NP
<i>amphetamine-dextroamphet er -20 mg cap 24h</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphet er -er 25 mg cap er, -er 30 mg cap er</i>	1	QL (2 EA PER DAY), P
<i>amphetamine-dextroamphet er -er 5 mg cap er, -er 10 mg cap er, -er 15 mg cap er</i>	1	QL (4 EA PER DAY), P
<i>amphetamine-dextroamphetamine -dextro20 mg tab</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphetamine -dextro30 mg tab</i>	1	QL (2 EA PER DAY), P
<i>amphetamine-dextroamphetamine -dextro5 mg tab, -dextro7.5 mg tab, -dextro10 mg tab, - dextro12.5 mg tab, -dextro15 mg tab</i>	1	QL (4 EA PER DAY), P
<i>dextroamphetamine sulfate 2.5 mg tab, 7.5 mg tab, 15 mg tab, 20 mg tab</i>	1	PA, QL (3 EA PER DAY), NP
<i>dextroamphetamine sulfate 30 mg tab</i>	1	PA, QL (2 EA PER DAY), NP
<i>dextroamphetamine sulfate 5 mg tab, 10 mg tab</i>	1	QL (3 EA PER DAY), P

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>phentermine hcl 15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab</i>	1	QL (1 EA PER DAY)
<b>ANTI-OBESITY AGENTS</b>		
ORLISTAT 120 MG CAP	1	PA, QL (3 EA PER DAY), NP
SAXENDA	2	PA, QL (15 ML PER 30 DAYS), P
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	PA, QL (2 MLPER28 DAYS; 2 FILLSPER365 DAYS), P
WEGOVY 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	2	PA, QL (3 ML PER 28 DAYS), P
XENICAL	2	PA, QL (3 EA PER DAY), NP
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ, 2.5 MG/0.5ML SOLUTION	2	PA, QL (2 ML PER 28 DAYS; 2 FILLS PER 365 DAYS), NP
ZEPBOUND 5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLUTION, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), NP
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	EDS, P
<i>clonidine hcl er</i>	1	EDS
<i>guanfacine hcl er</i>	1	EDS, P
INTUNIV	2	PA, NP
QELBREE	2	PA, NP
STRATTERA	2	PA, NP
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	2	PA, QL (1 EA PER DAY)
<b>STIMULANTS - MISC.</b>		
APTENSIO XR	2	PA, QL (2 EA PER DAY), NP
<i>armodafinil</i>	1	QL (1 EA PER DAY)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
AZSTARYS 26.1-5.2 MG CAP	2	PA, QL (1 EA PER DAY), NP
AZSTARYS 39.2-7.8 MG CAP	2	PA, QL (2 EA PER DAY), NP
AZSTARYS 52.3-10.4 MG CAP	2	PA, QL (3 EA PER DAY), NP
CONCERTA 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER	2	PA, QL (2 EA PER DAY), NP
CONCERTA CONCTA 54 MG TAB	2	PA, QL (1 EA PER DAY), NP
COTEMPLA XR-ODT	2	PA, QL (2 EA PER DAY), NP
DAYTRANA	2	PA, QL (1 EA PER DAY), NP
<i>dexmethylphenidate hcl</i>	1	QL (2 EA PER DAY), P
<i>dexmethylphenidate hcl er er 25 mg cap er, er 30 mg cap er, er 35 mg cap er, er 40 mg cap er</i>	1	QL (1 EA PER DAY), P
<i>dexmethylphenidate hcl er er 5 mg cap er, er 10 mg cap er, er 15 mg cap er, er 20 mg cap er</i>	1	QL (2 EA PER DAY), P
FOCALIN	2	PA, QL (2 EA PER DAY), NP
FOCALIN XR 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	2	PA, QL (1 EA PER DAY), NP
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H	2	PA, QL (2 EA PER DAY), NP
JORNAY PM	2	PA, QL (1 EA PER DAY), NP
METHYLIN 10 MG/5ML SOLUTION	1	QL (30 ML PER DAY), P
METHYLIN 5 MG/5ML SOLUTION	1	QL (60 ML PER DAY), P
<i>methylphenidate</i>	1	PA, QL (1 EA PER DAY), NP
<i>methylphenidate hcl 10 mg chew tab</i>	1	PA, QL (6 EA PER DAY), NP
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	QL (30 ML PER DAY), P
<i>methylphenidate hcl 2.5 mg chew tab, 5 mg chew tab</i>	1	PA, QL (4 EA PER DAY), NP
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	QL (3 EA PER DAY), P
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	QL (60 ML PER DAY), P
<i>methylphenidate hcl er (cd) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er</i>	1	PA, QL (2 EA PER DAY), NP
<i>methylphenidate hcl er (cd) er 40 mg cap er, er 50 mg cap er, er 60 mg cap er</i>	1	PA, QL (1 EA PER DAY), NP
<i>methylphenidate hcl er (la) er 10 mg cap er, er 20 mg cap er, er 30 mg cap er</i>	1	PA, QL (2 EA PER DAY), NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## ALTERNATIVE MEDICINES

### ALTERNATIVE MEDICINE - C'S

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

### ALTERNATIVE MEDICINE - G'S

<i>cvs glucosamine</i>	1	OTC
<i>glucosamine hcl 1500 mg tab</i>	1	OTC
<i>glucosamine sulfate glucosamine sulfate, glucosamine sulfate</i>	2	OTC
<i>sm glucosamine hcl</i>	1	OTC

### ALTERNATIVE MEDICINE - M'S

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

### ALTERNATIVE MEDICINE COMBINATIONS

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

## AMINOGLYCOSIDES

### AMINOGLYCOSIDES

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (8 ML PER DAY), SP, NP
<i>tobramycin 300 mg/5ml nebu soln</i>	1	QL (10 ML PER DAY), SP, P
<i>tobramycin sulfate 1.2 gm/30ml, 80 mg/2ml</i>	1	

## **ANALGESICS - ANTI-INFLAMMATORY**

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

ABRILADA (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ABRILADA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ABRILADA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN) -80 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 180 DAYS), SP, NP
ADALIMUMAB-AATY (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADAZ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADB (2 PEN) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADB (2 PEN) -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADB (2 SYRINGE) - 10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADB (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADB(CD/UC/HS STRT) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
ADALIMUMAB-ADB(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADB(PS/UV STARTER) -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADALIMUMAB-ADBM(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-FKJP (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-FKJP (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-RYVK (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-RYVK (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
AMJEVITA 10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 20 MG/0.4ML SOLN PRSYR, 40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
AMJEVITA 40 MG/0.8ML SOLN -INJ	2	PA, QL (1.6 ML PER 28 DAYS), SP, NP
CYLTEZO	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CYLTEZO (2 PEN)	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
CYLTEZO (2 SYRINGE)	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
CYLTEZO-CD/UC/HS STARTER -40 MG/0.4ML AUT-IJ KIT	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
CYLTEZO-CD/UC/HS STARTER -40 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CYLTEZO-PSORIASIS STARTER	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CYLTEZO-PSORIASIS/UV STARTER	2	PA, QL (1 EA PER 6 MONTHS), SP, NP
HADLIMA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HADLIMA PUSH TOUCH	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HULIO	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HULIO (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HYRIMOZ-PLAQUE PSORIASIS START	2	PA, QL (3 EA PER 180 DAYS), SP, NP
IDACIO 40 MG/0.8ML PEF SY KT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
IDACIO FOR CROHNS DISEASE/UC	2	PA, QL (6 EA PER 180 DAYS), SP, NP
IDACIO FOR PLAQUE PSORIASIS	2	PA, QL (4 EA PER 180 DAYS), SP, NP
SIMLANDI (1 PEN)	2	PA, QL (4 EA PER 28 DAYS), SP, NP
SIMLANDI (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SIMLANDI (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SIMPONI 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, NP
SIMPONI 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP
SIMPONI ARIA	2	PA, SP, NP
YUFLYMA (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	PA, QL (2 EA PER 180 DAYS), SP, NP
YUFLYMA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA 2-SYRINGE KIT	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA-CD/UC/HS STARTER	2	PA, QL (3 EA PER 180 DAYS), SP, NP
YUSIMRY	2	PA, QL (2 EA PER 28 DAYS), SP, NP
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
OLUMIANT	2	PA, QL (30 EA PER 30 DAYS), SP, NP
RINVOQ	2	PA, QL (1 EA PER DAY), SP, NP
RINVOQ LQ	2	PA, QL (30 ML PER 1 DAY), SP, NP
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (10 ML PER DAY), SP, NP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XELJANZ 5 MG TAB, 10 MG TAB	2	PA, QL (2 EA PER DAY), SP, P
XELJANZ XR	2	PA, QL (1 EA PER DAY), SP, NP
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	2	PA, LA, QL (4 EA PER 28 DAYS), NP
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET	2	PA, QL (18.76 ML PER 28 DAYS), SP, NP
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS	2	PA, LA, NP
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
ACTEMRA 80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION	2	PA, SP, NP
ACTEMRA ACTPEN	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
KEVZARA	2	PA, QL (2.28 ML PER 28 DAYS), SP, NP
TOFIDENCE	2	PA, QL (40 ML PER 28 DAYS), NP
TYENNE 162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP
TYENNE 80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION	2	PA, QL (40 ML PER 28 DAYS), NP
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ARTHROTEC	2	PA, NP
<i>cataflam</i>	1	EDS
CELEBREX	2	PA, NP
<i>celecoxib 50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap</i>	1	EDS, P
DAYPRO	2	PA, NP
<i>diclofenac potassium 50 mg tab</i>	1	EDS

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

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

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

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

### **PYRIMIDINE SYNTHESIS INHIBITORS**

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

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

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

ENBREL 25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	2	PA, QL (4 ML PER 28 DAYS), SP, P
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ENBREL 25 MG/0.5ML SOLUTION	2	PA, QL (2 ML PER 28 DAYS), SP, P
ENBREL MINI	2	PA, QL (4 ML PER 28 DAYS), SP, P
ENBREL SURECLICK	2	PA, QL (4 ML PER 28 DAYS), SP, P

## **ANALGESICS - NONNARCOTIC**

### **ANALGESIC COMBINATIONS**

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

### **ANALGESICS OTHER**

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>hydromorphone hcl 2 mg tab</i>	1	QL (6 EA PER DAY)
<i>hydromorphone hcl 4 mg tab</i>	1	QL (5 EA PER DAY)
<i>hydromorphone hcl 8 mg tab</i>	1	QL (2 EA PER DAY)
<i>hydromorphone hcl er</i>	1	PA, QL (1 EA PER DAY), NP
HYDROMORPHONE HCL POWDER	2	
HYSINGLA ER 20 MG TB24 DET	2	PA, QL (4 EA PER DAY), NP
HYSINGLA ER 60 MG TB24 DET	2	PA, QL (2 EA PER DAY), NP
HYSINGLA ER ER 30 MG TB24 DETER, ER 40 MG TB24 DETER	2	PA, QL (3 EA PER DAY), NP
HYSINGLA ER ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER	2	PA, QL (1 EA PER DAY), NP
KADIAN 200 MG CAP ER 24H	2	PA, QL (1 EA PER DAY), NP
<i>methadone hcl 10 mg tab</i>	1	PA, QL (2 EA PER DAY), NP
<i>methadone hcl 10 mg/5ml solution, 10 mg/ml conc</i>	1	QL (10 ML PER DAY)
<i>methadone hcl 5 mg tab</i>	1	PA, QL (4 EA PER DAY), NP
<i>methadone hcl 5 mg/5ml solution</i>	1	QL (20 ML PER DAY)
<i>methadone hcl intensol</i>	1	QL (10 ML PER DAY)
<i>morphine sulfate (concentrate)</i>	1	QL (4.5 ML PER 1 DAY)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL (4.5 ML PER DAY)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL (30 ML PER DAY)
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL (30 ML PER DAY)
MORPHINE SULFATE 15 MG TAB	1	QL (6 EA PER DAY)
<i>morphine sulfate 15 mg tab</i>	1	QL (6 EA PER DAY)
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL (22.5 ML PER DAY)
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	QL (22.5 ML PER DAY)
MORPHINE SULFATE 30 MG TAB	1	QL (3 EA PER DAY)
<i>morphine sulfate 30 mg tab</i>	1	QL (3 EA PER DAY)
<i>morphine sulfate er 15 mg tab</i>	1	PA, QL (4 EA PER DAY), P
MORPHINE SULFATE ER 30 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>oxycodone hcl 5 mg cap, 5 mg tab</i>	1	QL (12 EA PER DAY)
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (40 ML PER DAY)
OXYCODONE HCL ER 30 MG TB12 DET	1	PA, QL (2 EA PER DAY), NP
OXYCODONE HCL ER ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER	1	PA, QL (3 EA PER DAY), NP
OXYCODONE HCL ER ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER	1	PA, QL (2 EA PER DAY), NP
OXYCODONE HCL POWDER	2	
OXYCONTIN 10 MG TB12 DETER, 20 MG TB12 DETER	2	PA, QL (3 EA PER 1 DAY), NP
OXYCONTIN 15 MG TB12 DETER	2	PA, QL (3 EA PER DAY), NP
OXYCONTIN 30 MG TB12 DETER	2	PA, QL (2 EA PER DAY), NP
OXYCONTIN 40 MG TB12 DETER	2	PA, QL (2 EA PER 1 DAY), NP
OXYCONTIN 60 MG TB12 DETER, 80 MG TB12 DETER	2	PA, QL (2 EA PER DAY), NP
<i>tramadol hcl (er biphasic)</i>	1	PA, NP
<i>tramadol hcl 50 mg tab</i>	1	QL (8 EA PER DAY)
TRAMADOL HCL ER TRAMADOL HCL ER 100 MG TAB ER 24H, TRAMADOL HCL ER 200 MG TAB ER 24H, TRAMADOL HCL ER 100 MG CAP ER 24H, TRAMADOL HCL ER 200 MG CAP ER 24H, TRAMADOL HCL ER 300 MG CAP ER 24H, TRAMADOL HCL ER 300 MG TAB ER 24H	1	PA, NP
XTAMPZA ER ER 27 MG CP12 DETER, ER 36 MG CP12 DETER	2	PA, QL (2 EA PER DAY), NP
XTAMPZA ER ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER	2	PA, QL (3 EA PER DAY), NP
ZOHYDRO ER 50 MG CAP 12H	2	PA, QL (2 EA PER DAY), NP
ZOHYDRO ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H	2	PA, QL (4 EA PER DAY), NP
ZOHYDRO ER ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H	2	PA, QL (3 EA PER DAY), NP



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

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

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

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

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

### **RECTAL COMBINATIONS**

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sulfamethoxazole-trimethoprim</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone 750 mg/5ml suspension</i>	1	
LAMPIT	2	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1	
<i>meropenem</i>	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin</i>	1	
<b>GLYCOPEPTIDES</b>		
VANCOCIN	2	PA, QL (4 EA PER 1 DAY), NP
<i>vancomycin hcl 1 gm soln, 5 gm soln, 10 gm soln, 500 mg soln, 750 mg soln</i>	1	
<i>vancomycin hcl 125 mg cap, 250 mg cap</i>	1	QL (4 EA PER 1 DAY), P
<b>LEPROSTATICS</b>		
<i>dapsone 25 mg tab, 100 mg tab</i>	1	EDS
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl 75 mg cap, 150 mg cap, 300 mg cap</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate 9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam 1 gm recon soln</i>	1	
CAYSTON	2	PA, LA, NP
<b>OXAZOLIDINONES</b>		
<i>linezolid 100 mg/5ml recon susp, 600 mg tab</i>	1	
LINEZOLID IN SODIUM CHLORIDE	2	
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	2	PA

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate 500000 unit recon soln</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomicin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystal 50 mg cap, 100 mg cap</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	EDS
<b>NITRATES</b>		
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	1	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>minitran</i>	1	EDS
<b>NITRO-BID</b>	2	
<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	1	EDS
<i>nitroglycerin 0.4 mg/spray solution</i>	1	
<i>nitrolingual</i>	1	
<b>ANTIANSXIETY AGENTS</b>		
<b>ANTIANSXIETY AGENTS - MISC.</b>		
<i>buspirone hcl 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab</i>	1	EDS
<i>hydroxyzine hcl 10 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HYDROXYZINE PAMOATE 100 MG CAP	2	
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	EDS
<b>BENZODIAZEPINES</b>		
<i>alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam 2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 5 mg/ml solution, 10 mg tab, 10 mg/2ml solution</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	EDS
<i>procainamide hcl 100 mg/ml solution</i>	1	
PROCAINAMIDE HCL 500 MG/ML SOLUTION	2	
<i>quinidine gluconate er</i>	1	EDS
QUINIDINE SULFATE	2	
<i>quinidine sulfate</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl 150 mg cap, 200 mg cap, 250 mg cap</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	EDS



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dofetilide</i>	1	EDS
<i>pacerone</i>	1	EDS

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	EDS
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### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

CINQAIR	2	PA, SP, NP
FASENRA 10 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 ML PER 56 DAYS), NP
FASENRA 30 MG/ML SOLN PRSYR	2	PA, LA, QL (1 ML PER 56 DAYS), NP
FASENRA PEN	2	PA, LA, QL (1 ML PER 56 DAYS), NP
NUCALA	2	PA, QL (1 EA PER 28 DAYS), SP, NP
TEZSPIRE	2	PA, QL (1.91 ML PER 28 DAYS), SP, NP
XOLAIR 150 MG RECON SOLN	2	PA, QL (2 EA PER 28 DAYS), SP, P
XOLAIR 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, P
XOLAIR 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	2	PA, QL (4 ML PER 28 DAYS), SP, P
XOLAIR 75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, P

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA	2	P
INCRUSE ELLIPTA	2	PA, NP
<i>ipratropium bromide 0.02 % solution</i>	1	EDS, P
SPIRIVA HANDIHALER	1	P
SPIRIVA RESPIMAT	2	P
<i>tiotropium bromide monohydrate</i>	1	PA, EDS, NP
TUDORZA PRESSAIR	2	P
YUPELRI	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE	2	PA, NP
<i>montelukast sodium 4 mg chew tab, 5 mg chew tab, 10 mg tab</i>	1	EDS, P
<i>montelukast sodium 4 mg packet</i>	1	PA, EDS, NP
SINGULAIR	2	PA, NP
<i>zafirlukast</i>	1	EDS, P
<i>zileuton er</i>	1	PA, NP
ZYFLO	2	PA, NP
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP	2	PA, NP
<i>roflumilast</i>	1	P
<b>STEROID INHALANTS</b>		
ALVESCO	2	PA, QL (0.21 GM PER DAY), NP
ARNUIITY ELLIPTA	2	QL (1 EA PER DAY), P
ASMANEX HFA	2	QL (0.44 GM PER DAY), P
ASMANEX INHALATION POWDER	2	QL (0.04 EA PER DAY), P
<i>budesonide 0.25 mg/2ml suspension, 0.5 mg/2ml suspension</i>	1	EDS, P
<i>budesonide 1 mg/2ml suspension</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
FLUTICASONE PROPIONATE DISKUS	1	PA, QL (2 EA PER DAY), NP
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	1	QL (12 GM PER FILL), P
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	1	QL (24 GM PER FILL), P
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	1	QL (10.6 GM PER FILL), P
PULMICORT	2	PA, NP
PULMICORT FLEXHALER	2	QL (0.04 EA PER DAY), P
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL (0.36 GM PER DAY), P
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL (0.71 GM PER DAY), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKUS	1	QL (2 EA PER DAY), P
ADVAIR HFA	1	QL (0.4 GM PER DAY), P
AIRDUO RESPICLICK 113/14	2	PA, QL (1 EA PER 1 FILL), NP
AIRDUO RESPICLICK 232/14	2	PA, QL (1 EA PER 1 FILL), NP
AIRDUO RESPICLICK 55/14	2	PA, QL (1 EA PER 1 FILL), NP
AIRSUPRA	2	PA, QL (0.72 GM PER DAY), NP
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	2	P
<i>albuterol sulfate 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln</i>	1	EDS, P
<i>albuterol sulfate 2 mg tab, 4 mg tab</i>	1	PA, EDS, NP
ALBUTEROL SULFATE ER	2	PA, NP
ALBUTEROL SULFATE HFA	1	PA, QL (1.2 GM PER DAY), NP
<i>albuterol sulfate hfa</i>	1	PA, QL (0.57 GM PER DAY), EDS, NP
ANORO ELLIPTA	2	QL (2 EA PER 1 DAY), P
<i>arformoterol tartrate</i>	1	PA, EDS, NP
BEVESPI AEROSPHERE	2	PA, QL (0.36 GM PER DAY), NP
BREO ELLIPTA	2	PA, QL (2 EA PER DAY), NP
<i>breyna</i>	1	PA, QL (0.69 GM PER DAY), EDS, NP
BREZTRI AEROSPHERE	2	PA, QL (0.36 GM PER DAY), NP
BROVANA	2	PA, NP
<i>budesonide-formoterol fumarate</i>	1	PA, QL (0.69 GM PER DAY), EDS, NP
COMBIVENT RESPIMAT	2	QL (0.14 GM PER DAY), P
DUAKLIR PRESSAIR	2	PA, QL (0.04 EA PER DAY), NP
DULERA	2	QL (0.87 GM PER DAY), P
FLUTICASONE FUROATE- VILANTEROL	1	PA, QL (2 EA PER DAY), NP
<i>fluticasone-salmeterol -100-50 mcg/act, -250-50 mcg/act, -500-50 mcg/act</i>	1	PA, QL (2 EA PER DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FLUTICASONE-SALMETEROL -45-21 MCG/ACT AEROSOL, -115-21 MCG/ACT AEROSOL, -230-21 MCG/ACT AEROSOL	1	PA, QL (12 GM PER 30 DAYS), NP
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	1	PA, QL (1 EA PER 1 FILL), NP
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	PA, EDS, NP
<i>ipratropium-albuterol</i>	1	QL (18 ML PER DAY), EDS, P
<i>levalbuterol hcl 0.31 mg/3ml soln, 0.63 mg/3ml soln, 1.25 mg/0.5ml soln, 1.25 mg/3ml soln</i>	1	PA, EDS, NP
LEVALBUTEROL TARTRATE	1	PA, QL (1 GM PER DAY), NP
PERFOROMIST	2	PA, NP
PROAIR DIGIHALER	2	PA, QL (2 EA PER FILL), NP
PROAIR RESPICLICK	2	PA, QL (2 EA PER FILL), NP
SEREVENT DISKUS	2	QL (2 EA PER DAY), P
STIOLTO RESPIMAT	2	QL (0.14 GM PER DAY), P
STRIVERDI RESPIMAT	2	PA, QL (0.14 GM PER DAY), NP
SYMBICORT	1	QL (0.69 GM PER DAY), P
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	EDS
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	PA, QL (2 EA PER DAY), NP
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	PA, QL (2 EA PER 1 DAY), NP
VENTOLIN HFA	1	QL (1.2 GM PER DAY), P
<i>wixela inhub</i>	1	QL (2 EA PER DAY), EDS
XOPENEX HFA	1	QL (1 GM PER DAY), P
<b>XANTHINES</b>		
<i>theophylline 80 mg/15ml solution</i>	1	EDS
<i>theophylline er er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h</i>	1	EDS

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 1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab</i>	1	EDS, P
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
SAVAYSA	2	PA, NP
XARELTO 1 MG/ML RECON SUSP	2	PA, NP
XARELTO 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	2	P
XARELTO STARTER PACK	2	P
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA	2	PA, NP
<i>bd heparin posiflush</i>	1	
<i>enoxaparin sodium</i>	1	P
<i>fondaparinux sodium</i>	1	PA, NP
FRAGMIN 10000 UNIT/4ML SOLUTION, 95000 UNIT/3.8ML SOLUTION	2	P
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR	2	PA, NP
<i>heparin (porcine) in nacl in 1000-0.9 ut/500ml-% solution</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	2	
<i>heparin na (pork) lock flsh pf 10 unit/ml, 100 unit/ml</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>heparin sod (pork) lock flush</i>	1	
<i>heparin sodium (porcine) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf heparin sodium (porcine) pf 5000 unit/0.5ml solution, heparin sodium (porcine) pf 5000 unit/ml solution, heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
LOVENOX	2	PA, NP
<b>THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate mesylate</i>	1	PA, NP
PRADAXA 20 MG PACKET, 30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET, 150 MG PACKET	2	PA, NP
PRADAXA 75 MG CAP, 110 MG CAP, 150 MG CAP	1	P
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA	2	PA, NP
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam</i>	1	P
<i>clonazepam 0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp</i>	1	
DIAZEPAM DIAZEPAM 2.5 MG GEL, DIAZEPAM 10 MG GEL, DIAZEPAM 20 MG GEL	1	QL (2 EA PER FILL), P
LIBERVANT	2	PA, QL (10 EA PER 30 DAYS), NP
NAYZILAM	2	QL (2 EA PER 1 FILL), P
ONFI	2	PA, NP
SYMPAZAN	2	PA, NP
VALTOCO 10 MG DOSE	2	QL (2 EA PER 1 FILL), P
VALTOCO 15 MG DOSE	2	QL (2 EA PER 1 FILL), P
VALTOCO 20 MG DOSE	2	QL (2 EA PER 1 FILL), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VALTOCO 5 MG DOSE	2	QL (2 EA PER 1 FILL), P
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM	2	PA, NP
BANZEL	2	PA, NP
BRIVIACT 10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	2	PA, NP
<i>carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension</i>	1	EDS, P
CARBAMAZEPINE 200 MG CHEW TAB	1	P
<i>carbamazepine er er 100 mg cap er, er 200 mg cap er, er 300 mg cap er</i>	1	PA, EDS, NP
<i>carbamazepine er er 100 mg tab er, er 200 mg tab er, er 400 mg tab er</i>	1	EDS, P
DIACOMIT	2	PA, LA, NP
EPIDIOLEX	2	PA, SP, NP
<i>epitol</i>	1	EDS, P
EPRONTIA	2	PA, NP
FINTEPLA	2	PA, LA, NP
<i>gabapentin 100 mg cap, 300 mg cap, 400 mg cap</i>	1	QL (9 EA PER DAY), P
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	1	QL (72 ML PER DAY), P
<i>gabapentin 600 mg tab</i>	1	QL (6 EA PER DAY), P
<i>gabapentin 800 mg tab</i>	1	QL (4.5 EA PER DAY), P
KEPPRA 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	2	PA, NP
KEPPRA XR	2	PA, NP
<i>lacosamide 10 mg/ml, 50 mg/5ml, 100 mg/10ml</i>	1	
<i>lacosamide 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab</i>	1	P
LAMICTAL	2	PA, NP
LAMICTAL ODT	2	PA, NP
LAMICTAL STARTER	2	PA, NP

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



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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK, 50 MG TAB, 100 MG TAB	2	PA, QL (1 EA PER DAY), NP
XCOPRI 150 MG TAB, 200 MG TAB	2	PA, QL (2 EA PER DAY), NP
XCOPRI 25 MG TAB	2	PA, QL (1 EA PER 1 DAY), NP
<b>GABA MODULATORS</b>		
SABRIL	2	PA, LA, NP
<i>tiagabine hcl</i>	1	PA, EDS, NP
<i>vigabatrin</i>	1	PA, LA, NP
<i>vigadrone</i>	1	PA, LA, NP
<i>vigpoder</i>	1	PA, LA, NP
<b>HYDANTOINS</b>		
DILANTIN 100 MG CAP	1	P
DILANTIN 125 MG/5ML SUSPENSION	2	PA, NP
DILANTIN 30 MG CAP	2	P
DILANTIN INFATABS	2	PA, NP
DILANTIN-125	2	PA, NP
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	EDS, P
<i>phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension</i>	1	EDS, P
<i>phenytoin infatabs</i>	1	EDS, P
<i>phenytoin sodium extended</i>	1	EDS, P
<b>SUCCINIMIDES</b>		
CELONTIN	1	P
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	1	EDS, P
<i>methsuximide</i>	1	PA, NP
ZARONTIN	2	PA, NP
<b>VALPROIC ACID</b>		
DEPAKOTE	2	PA, NP

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

## **ANTIDEPRESSANTS**

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

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

### **ANTIDEPRESSANT COMBINATIONS**

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

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

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

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

NARDIL	1	
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PHENELZINE SULFATE 15 MG TAB	1	
<i>phenelzine sulfate 15 mg tab</i>	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	2	PA, SP
SPRAVATO (84 MG DOSE)	2	PA, SP
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA	2	PA, NP
<i>citalopram hydrobromide 10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab</i>	1	EDS, P
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	PA, NP
<i>escitalopram oxalate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	EDS, P
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PA, EDS, NP
<i>fluoxetine hcl 10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap</i>	1	EDS, P
<i>fluoxetine hcl 10 mg tab</i>	1	PA, QL (30 UNITS PER 30 DAYS), EDS, NP
<i>fluoxetine hcl 20 mg tab, 60 mg tab</i>	1	PA, EDS, NP
FLUOXETINE HCL 60 MG TAB, 90 MG CAP DR	2	PA, NP
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 UNITS PER 30 DAYS), EDS, P
<i>fluvoxamine maleate 25 mg tab</i>	1	QL (30 UNITS PER 30 DAYS), EDS, P
<i>fluvoxamine maleate 50 mg tab</i>	1	QL (60 UNITS PER 30 DAYS), EDS, P
<i>fluvoxamine maleate er</i>	1	PA, QL (68 UNITS PER FILL), EDS, NP
LEXAPRO	2	PA, NP
<i>paroxetine hcl 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab</i>	1	EDS, P
<i>paroxetine hcl 10 mg/5ml suspension</i>	1	PA, NP
<i>paroxetine hcl er</i>	1	PA, EDS, NP
PAXIL	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PAXIL CR	2	PA, NP
PEXEVA	2	PA, NP
PROZAC	2	PA, NP
SERTRALINE HCL 150 MG CAP, 200 MG CAP	2	PA, NP
<i>sertraline hcl 20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
ZOLOFT	2	PA, NP
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	1	P
<i>trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab</i>	1	EDS, P
TRINTELLIX	2	PA, QL (1 EA PER DAY), NP
VIIBRYD	1	P
<i>vilazodone hcl</i>	1	PA, EDS, NP
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA	2	PA, NP
<i>desvenlafaxine succinate er</i>	1	PA, EDS, NP
DRIZALMA SPRINKLE	2	PA, NP
<i>duloxetine hcl 20 mg dr, 30 mg dr, 60 mg dr</i>	1	EDS, P
<i>duloxetine hcl 40 mg cp dr part</i>	1	PA, EDS, NP
EFFEXOR XR 150 MG CAP ER 24H	2	PA, QL (60 UNITS PER 30 DAYS), NP
EFFEXOR XR 37.5 MG CAP ER 24H	2	PA, QL (30 UNITS PER 30 DAYS), NP
EFFEXOR XR 75 MG CAP ER 24H	2	PA, NP
FETZIMA	2	PA, NP
FETZIMA TITRATION	2	PA, NP
PRISTIQ	2	PA, NP
<i>venlafaxine hcl</i>	1	EDS, P
<i>venlafaxine hcl er er 37.5 mg cap er, er 75 mg cap er, er 150 mg cap er</i>	1	EDS, P
<i>venlafaxine hcl er er 37.5 mg tab er, er 75 mg tab er, er 150 mg tab er, er 225 mg tab er</i>	1	PA, EDS, NP

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

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

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

### **ANTIDIABETIC - AMYLIN ANALOGS**

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

### **ANTIDIABETIC COMBINATIONS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XULTOPHY	2	PA, QL (0.5 ML PER DAY), NP
ZITUVIMET	1	PA, NP
<b>BIGUANIDES</b>		
<i>metformin hcl 500 mg tab, 850 mg tab, 1000 mg tab</i>	1	EDS
<i>metformin hcl er</i>	1	EDS
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	2	QL (2 EA PER 1 FILL), P
BAQSIMI TWO PACK	2	QL (2 EA PER 1 FILL), P
<i>diazoxide 50 mg/ml suspension</i>	1	
GLUCAGEN HYPOKIT	2	QL (2 EA PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	1	QL (2 EA PER FILL), P
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	PA, QL (2 EA PER FILL), NP
<i>glucose (dextrose)</i>	2	OTC
GVOKE HYPOPEN 1-PACK	2	PA, QL (2 EA PER FILL), NP
GVOKE HYPOPEN 2-PACK	2	PA, QL (2 EA PER FILL), NP
GVOKE KIT	2	PA, QL (2 EA PER FILL), NP
GVOKE PFS	2	PA, QL (2 EA PER FILL), NP
ZEGALOGUE	2	PA, QL (2 EA PER FILL), NP
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN BENZOATE	1	PA, QL (1 EA PER DAY), NP
JANUVIA	2	PA, QL (1 EA PER DAY), P
<i>saxagliptin hcl</i>	1	PA, QL (1 EA PER DAY), NP
SITAGLIPTIN	1	PA, NP
TRADJENTA	2	PA, QL (1 EA PER DAY), P
ZITUVIO	2	PA, NP
<b>INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE	2	PA, QL (3.4 ML PER 28 DAYS), P
BYETTA 10 MCG PEN	2	PA, QL (2.4 ML PER 28 DAYS), P
BYETTA 5 MCG PEN	2	PA, QL (1.2 ML PER 28 DAYS), P



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LIRAGLUTIDE	1	PA, QL (0.3 ML PER DAY), NP
MOUNJARO	2	PA, QL (2 ML PER 28 DAYS), NP
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/1.5ML SOLN PEN	2	PA, QL (1.5 ML PER 28 DAYS), P
OZEMPIC (0.25 OR 0.5 MG/DOSE) (MG/3ML SOLN PEN	2	PA, QL (3 ML PER 28 DAYS), P
OZEMPIC (1 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), P
OZEMPIC (2 MG/DOSE)	2	PA, QL (3 ML PER 28 DAYS), P
RYBELSUS	2	PA, QL (1 EA PER DAY), NP
TRULICITY	2	PA, QL (2 ML PER 28 DAYS), NP
VICTOZA	1	PA, QL (0.3 ML PER DAY), P
<b>INSULIN</b>		
ADMELOG	2	PA, NP
ADMELOG SOLOSTAR	2	PA, NP
AFREZZA	2	PA, NP
APIDRA	2	PA, NP
APIDRA SOLOSTAR	2	PA, NP
BASAGLAR KWIKPEN	2	PA, NP
BASAGLAR TEMPO PEN	2	PA, NP
FIASP	2	PA, NP
FIASP FLEXTOUCH	2	PA, NP
FIASP PENFILL	2	PA, NP
FIASP PUMPCART	2	PA, NP
HUMALOG 100 UNIT/ML SOLN CART	2	P
HUMALOG 100 UNIT/ML SOLUTION	2	PA, NP
HUMALOG JUNIOR KWIKPEN	2	P
HUMALOG KWIKPEN KWIK100 UNIT/ML SOLN	2	P
HUMALOG KWIKPEN KWIK200 UNIT/ML SOLN	2	PA, NP
HUMALOG MIX 50/50	2	P
HUMALOG MIX 50/50 KWIKPEN	2	P
HUMALOG MIX 75/25	2	P

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

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

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

## **SULFONYLUREAS**

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

## **ANTIDIARRHEAL/PROBIOTIC AGENTS**

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

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

### **ANTIPERISTALTIC AGENTS**

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

## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

### **ANTIDOTES - CHELATING AGENTS**

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate (dramamine)</i>	1	OTC
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 300 mg cap</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO 300-0.5 MG CAP	2	PA, NP
BONJESTA	2	PA, NP
DICLEGIS	1	P
<i>doxylamine-pyridoxine</i>	1	PA, NP
<i>dronabinol</i>	1	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	1	QL (3 EA PER FILL)
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>micafungin sodium</i>	1	
<b>ANTIFUNGALS</b>		
AMPHOTERICIN B 50 MG RECON SOLN	2	
ANCOBON	2	PA, NP
<i>flucytosine 250 mg cap, 500 mg cap</i>	1	PA, NP
<i>griseofulvin microsize 125 mg/5ml suspension, 500 mg tab</i>	1	PA, NP
<i>griseofulvin ultramicrosize</i>	1	PA, NP
<i>nystatin 500000 unit tab</i>	1	PA, NP
<i>terbinafine hcl 250 mg tab</i>	1	P

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

## **ANTI-HISTAMINES**

### **ANTI-HISTAMINES - ALKYLAMINES**

<i>chlorpheniramine</i>	1	OTC
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### **ANTI-HISTAMINES - ETHANOLAMINES**

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diphenhydramine</i>	1	OTC
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine (zyrtec)</i>	1	OTC, EDS, P
<i>cetirizine chew tab (zyrtec)</i>	1	PA, OTC, EDS, NP
CLARINEX	2	PA, NP
DES Loratadine 2.5 MG TAB DISP, 5 MG TAB DISP	2	PA, NP
<i>desloratadine 5 mg tab</i>	1	PA, EDS, NP
<i>fexofenadine (allegra)</i>	1	OTC
<i>levocetirizine (xyzal)</i>	1	OTC, EDS, P
<i>loratadine (claritin)</i>	1	OTC, EDS, P
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl 6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution</i>	1	
<i>promethegan 12.5 mg suppos, 25 mg suppos</i>	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl 2 mg/5ml syrup, 4 mg tab</i>	1	EDS
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA, NP
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	2	PA, LA, NP
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA, EDS, NP
NEXLIZET	2	PA, NP
VYTORIN	2	PA, NP
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	1	PA, EDS, NP
LOVAZA	2	PA, NP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>omega-3-acid ethyl esters</i>	1	EDS, P
VASCEPA	2	PA, NP
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine 4 gm packet, 4 gm/dose powder</i>	1	EDS, P
<i>cholestyramine light</i>	1	EDS, P
<i>colesevelam hcl</i>	1	PA, EDS, NP
COLESTID 1 GM TAB	2	PA, NP
<i>colestipol hcl</i>	1	EDS, P
<i>prevalite</i>	1	EDS, P
QUESTRAN	2	PA, NP
QUESTRAN LIGHT	2	PA, NP
WELCHOL	2	PA, NP
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA	2	PA, NP
<i>fenofibrate 48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap</i>	1	EDS, P
FENOFIBRATE FENOFIBRATE 120 MG TAB, FENOFIBRATE 50 MG CAP, FENOFIBRATE 150 MG CAP, FENOFIBRATE 40 MG TAB	1	PA, NP
FENOFIBRATE MICRONIZED 30 MG CAP, 90 MG CAP	1	PA, NP
<i>fenofibrate micronized 43 mg cap, 130 mg cap</i>	1	PA, EDS, NP
<i>fenofibrate micronized 67 mg cap, 134 mg cap, 200 mg cap</i>	1	EDS, P
FENOFIBRIC ACID 35 MG TAB, 105 MG TAB	1	PA, NP
<i>fenofibric acid 45 mg cap dr, 135 mg cap dr</i>	1	PA, EDS, NP
FENOGLIDE	2	PA, NP
FIBRICOR	1	PA, NP
<i>gemfibrozil 600 mg tab</i>	1	EDS, P
LIPOFEN	2	PA, NP
LOPID	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 10 mg tab, 20 mg tab</i>	\$0	EDS, P
<i>atorvastatin calcium 40 mg tab, 80 mg tab</i>	1	EDS, P
CRESTOR	2	PA, NP
EZALLOR SPRINKLE	2	PA, NP
<i>fluvastatin sodium</i>	\$0	PA, NP
<i>fluvastatin sodium er</i>	\$0	PA, NP
LESCOL XL	2	PA, QL (34 UNITS PER FILL), NP
LIPITOR	2	PA, NP
LIVALO	2	PA, NP
<i>lovastatin 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0	EDS, P
<i>pravastatin sodium</i>	\$0	EDS, P
<i>rosuvastatin calcium 20 mg tab, 40 mg tab</i>	1	EDS, P
<i>rosuvastatin calcium 5 mg tab, 10 mg tab</i>	\$0	EDS, P
<i>simvastatin 5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0	EDS, P
<i>simvastatin 80 mg tab</i>	1	EDS, P
ZOCOR	2	PA, NP
ZYPITAMAG 2 MG TAB, 4 MG TAB	2	PA, NP
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	EDS, P
ZETIA	2	PA, NP
<b>NICOTINIC ACID DERIVATIVES</b>		
NIACIN (ANTIHYPERLIPIDEMIC)	2	PA, NP
<i>niacin er (antihyperlipidemic)</i>	1	EDS, P
NIACOR	2	PA, NP
NIASPAN	1	P

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

## **ANTIHYPERTENSIVES**

### **ACE INHIBITORS**

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>olmesartan medoxomil-hctz</i>	1	EDS, P
<i>olmesartan-amlodipine-hctz</i>	1	PA, NP
PROPRANOLOL-HCTZ	1	P
<i>quinapril-hydrochlorothiazide</i>	1	EDS, P
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB	1	P
TEKTURNA HCT	2	P
<i>telmisartan-amlodipine</i>	1	PA, NP
TELMISARTAN-AMLODIPINE	2	PA, NP
<i>telmisartan-hctz</i>	1	PA, NP
TENORETIC 100	2	PA, NP
TENORETIC 50	2	PA, NP
TRANDOLAPRIL-VERAPAMIL HCL ER	2	PA, NP
TRIBENZOR	2	PA, NP
<i>valsartan-hydrochlorothiazide</i>	1	EDS, P
VASERETIC	2	PA, NP
ZESTORETIC	2	PA, NP
ZIAC	2	PA, NP
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	PA, NP
TEKTURNA	2	PA, NP
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	EDS
<b>VASODILATORS</b>		
<i>hydralazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS
<i>hydralazine hcl 20 mg/ml solution</i>	1	
<i>minoxidil 2.5 mg tab, 10 mg tab</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	EDS
COARTEM	2	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate 250 mg tab, 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	EDS
<i>mefloquine hcl</i>	1	
<i>pyrimethamine 25 mg tab</i>	1	PA, LA
<i>quinine sulfate 324 mg cap</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	2	PA, LA
NEOSTIGMINE METHYLSULFATE 3 MG/3ML SOLUTION, 5 MG/5ML SOLUTION	2	
<i>neostigmine methylsulfate 5 mg/10ml, 10 mg/10ml</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFATER	2	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl 100 mg tab, 400 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup, 100 mg tab, 300 mg tab</i>	1	
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide 500 mg tab</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>rifabutin</i>	1	
<i>rifampin 150 mg cap, 300 mg cap, 600 mg recon soln</i>	1	
SIRTURO	2	LA

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

<i>cyclophosphamide 1 gm soln, 2 gm soln, 500 mg soln</i>	1	LA
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 25 MG CAP, CYCLOPHOSPHAMIDE 50 MG CAP, CYCLOPHOSPHAMIDE 25 MG TAB, CYCLOPHOSPHAMIDE 50 MG TAB	1	
GLEOSTINE	2	PA, SP
MYLERAN	2	SP
<i>temozolomide</i>	1	SP
<i>thiotepa 15 mg recon soln</i>	1	LA

### **ANTIMETABOLITES**

<i>adrucil</i>	1	
<i>capecitabine 150 mg</i>	1	QL (56 UNITS PER FILL), SP
<i>capecitabine 500 mg</i>	1	SP
<i>fluorouracil 2.5 gm/50ml, 5 gm/100ml</i>	1	
<i>mercaptopurine 50 mg tab</i>	1	EDS
<i>methotrexate sodium (pf) 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	2	
METHOTREXATE SODIUM METHOTREXATE SODIUM 50 MG/2ML SOLUTION, METHOTREXATE SODIUM 2.5 MG TAB	1	EDS
ONUREG	2	PA, QL (1 EA PER DAY), SP
TABLOID	2	SP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA 1 MG CAP	2	PA, QL (84 EA PER 28 DAYS), SP
FRUZAQLA 5 MG CAP	2	PA, QL (21 EA PER 28 DAYS), SP
INLYTA 1 MG TAB	2	PA, QL (8 EA PER 1 DAY), SF, SP
INLYTA 5 MG TAB	2	PA, QL (4 EA PER DAY), SF, SP
LENVIMA (10 MG DAILY DOSE)	2	PA, QL (1 EA PER DAY), SF, SP
LENVIMA (12 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
LENVIMA (14 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
LENVIMA (18 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
LENVIMA (20 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
LENVIMA (24 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
LENVIMA (4 MG DAILY DOSE)	2	PA, QL (1 EA PER DAY), SF, SP
LENVIMA (8 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA	2	PA, QL (4 EA PER DAY), SP
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA	2	PA, LA
VENCLEXTA STARTING PACK	2	PA, LA
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl 100 mg tab, 150 mg tab</i>	1	PA, QL (1 EA PER DAY), SP
<i>erlotinib hcl 25 mg tab</i>	1	PA, QL (3 EA PER DAY), SP
<i>gefitinib</i>	1	PA, QL (1 EA PER DAY), SP
GILOTRIF	2	PA, LA, QL (1 EA PER DAY)
LAZCLUZE 240 MG TAB	2	PA, QL (1 EA PER DAY), SP
LAZCLUZE 80 MG TAB	2	PA, QL (2 EA PER DAY), SP
TAGRISSE	2	PA, QL (1 EA PER DAY), SF, SP
VIZIMPRO	2	PA, QL (1 EA PER 1 DAY), SF, SP
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	2	PA, QL (1 EA PER 1 DAY), SF, SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DAURISMO 25 MG TAB	2	PA, QL (2 EA PER 1 DAY), SF, SP
ERIVEDGE	2	PA, QL (1 EA PER DAY), SF, SP
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	PA, QL (4 EA PER DAY), SP
<i>abiraterone acetate 500 mg tab</i>	1	PA, QL (2 EA PER DAY), SP
AKEEGA	2	PA, QL (1 EA PER 1 DAY), SF, SP
<i>anastrozole 1 mg tab</i>	\$0	EDS
<i>bicalutamide</i>	1	EDS
EMCYT	2	SP
ERLEADA 240 MG TAB	2	PA, QL (1 EA PER DAY), SP
ERLEADA 60 MG TAB	2	PA, QL (4 EA PER DAY), SP
<i>exemestane</i>	\$0	EDS
<i>flutamide</i>	1	LA, EDS
<i>letrozole 2.5 mg tab</i>	1	EDS
LEUPROLIDE ACETATE (3 MONTH)	2	PA, SP
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	SP
<i>megestrol acetate 20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension</i>	1	EDS, P
<i>nilutamide</i>	1	SP
NUBEQA	2	PA, QL (4 EA PER DAY), SF, SP
ORGOVYX	2	PA, QL (1 EA PER DAY), SP
ORSERDU 345 MG TAB	2	PA, QL (1 EA PER DAY), SF, SP
ORSERDU 86 MG TAB	2	PA, QL (3 EA PER DAY), SF, SP
<i>tamoxifen citrate 10 mg tab, 20 mg tab</i>	\$0	EDS
<i>toremifene citrate</i>	1	SP
XTANDI 40 MG CAP, 40 MG TAB	2	PA, QL (4 EA PER DAY), SF, SP
XTANDI 80 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	2	PA, QL (3 EA PER DAY), SF, SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	2	PA, LA, QL (1 EA PER DAY)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	2	PA, LA, QL (1 EA PER DAY)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (20 EA PER FILL)
XPOVIO (100 MG ONCE WEEKLY) 50 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 20 TAB THPK	2	PA, LA, QL (16 EA PER FILL)
XPOVIO (40 MG TWICE WEEKLY) TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (12 EA PER FILL)
XPOVIO (60 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	2	PA, LA, QL (24 EA PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 20 TAB THPK	2	PA, LA, QL (16 EA PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	2	PA, LA, QL (32 EA PER FILL)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI	2	PA, LA, QL (1 EA PER DAY)
KISQALI FEMARA (200 MG DOSE)	2	PA, QL (3.25 EA PER DAY), SP
KISQALI FEMARA (400 MG DOSE)	2	PA, QL (3.25 EA PER DAY), SP
KISQALI FEMARA (600 MG DOSE)	2	PA, QL (3.25 EA PER DAY), SP
LONSURF	2	PA, LA

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	PA, QL (8 EA PER DAY), SF, SP
ALUNBRIG 30 MG TAB	2	PA, QL (4 EA PER DAY), SP
ALUNBRIG 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	2	PA, QL (1 EA PER DAY), SP
AUGTYRO 160 MG CAP	2	PA, QL (2 EA PER 1 DAY), SP
AUGTYRO 40 MG CAP	2	PA, QL (8 EA PER DAY), SP
BALVERSA 3 MG TAB	2	PA, QL (3 EA PER DAY), SF, SP
BALVERSA 4 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
BALVERSA 5 MG TAB	2	PA, QL (1 EA PER DAY), SF, SP
BOSULIF 100 MG CAP	2	PA, QL (4 EA PER DAY), SP
BOSULIF 100 MG TAB	2	PA, QL (4 EA PER 1 DAY), SF, SP
BOSULIF 400 MG TAB, 500 MG TAB	2	PA, QL (1 EA PER 1 DAY), SF, SP
BOSULIF 50 MG CAP	2	PA, QL (1 EA PER DAY), SP
BRAFTOVI	2	PA, QL (6 EA PER DAY), SP
BRUKINSA	2	PA, QL (4 EA PER DAY), SF, SP
CABOMETYX	2	PA, LA, QL (1 EA PER DAY)
CALQUENCE 100 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
CAPRELSA 100 MG TAB	2	PA, LA, QL (2 EA PER 1 DAY)
CAPRELSA 300 MG TAB	2	PA, LA, QL (1 EA PER 1 DAY)
COMETRIQ (100 MG DAILY DOSE)	2	PA, QL (2 EA PER DAY), SF, SP
COMETRIQ (140 MG DAILY DOSE)	2	PA, QL (4 EA PER DAY), SF, SP
COMETRIQ (60 MG DAILY DOSE)	2	PA, QL (3 EA PER DAY), SF, SP
COPIKTRA	2	PA, QL (2 EA PER DAY), SF, SP
COTELLIC	2	PA, QL (3 EA PER DAY), SP
<i>dasatinib 20 mg tab, 50 mg tab, 80 mg tab, 100 mg tab, 140 mg tab</i>	1	PA, QL (1 EA PER 1 DAY), SF, SP
<i>dasatinib 70 mg tab</i>	1	PA, QL (2 EA PER 1 DAY), SF, SP
<i>everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab</i>	1	PA, QL (1 EA PER DAY), SP

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MEKINIST 0.5 MG TAB	2	PA, QL (3 EA PER DAY), SP
MEKINIST 2 MG TAB	2	PA, QL (1 EA PER DAY), SP
MEKTOVI	2	PA, QL (6 EA PER DAY), SP
NERLYNX	2	PA, QL (6 EA PER DAY), SF, SP
NINLARO	2	PA, SP
OGSIVEO 100 MG TAB, 150 MG TAB	2	PA, QL (2 EA PER DAY)
OGSIVEO 50 MG TAB	2	PA, QL (6 EA PER DAY)
OJEMDA 100 MG TAB	2	PA, QL (24 EA PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	2	PA, QL (96 ML PER 28 DAYS)
OJJAARA	2	PA, QL (1 EA PER DAY), SP
<i>pazopanib hcl</i>	1	PA, SF, SP
PEMAZYRE	2	PA, QL (1 EA PER DAY), SP
PIQRAY (200 MG DAILY DOSE)	2	PA, SP
PIQRAY (250 MG DAILY DOSE)	2	PA, SP
PIQRAY (300 MG DAILY DOSE)	2	PA, SP
QINLOCK	2	PA, LA, QL (3 EA PER DAY)
RETEVMO 40 MG CAP	2	PA, QL (3 EA PER DAY), SF, SP
RETEVMO 40 MG TAB	2	PA, QL (3 EA PER 1 DAY), SF, SP
RETEVMO 80 MG CAP	2	PA, QL (2 EA PER DAY), SF, SP
RETEVMO 80 MG TAB, 120 MG TAB, 160 MG TAB	2	PA, QL (2 EA PER 1 DAY), SF, SP
REZLIDHIA	2	PA, QL (2 EA PER 1 DAY), SF, SP
ROZLYTREK 100 MG CAP, 200 MG CAP	2	PA, QL (3 EA PER DAY), SF, SP
ROZLYTREK 50 MG PACKET	2	PA, LA, QL (6 EA PER DAY), SP
RUBRACA	2	PA, QL (4 EA PER DAY), SF, SP
RYDAPT	2	PA, QL (2 EA PER DAY), SP
SCEMBLIX 100 MG TAB	2	PA, QL (120 EA PER FILL), SP
SCEMBLIX 20 MG TAB	2	PA, QL (4 EA PER DAY), SP
SCEMBLIX 40 MG TAB	2	PA, QL (2 EA PER DAY), SP
<i>sorafenib tosylate</i>	1	PA, SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
STIVARGA	2	PA, QL (4 EA PER DAY), SP
<i>sunitinib malate</i>	1	PA, QL (1 EA PER DAY), SP
TABRECTA	2	PA, QL (4 EA PER DAY), SP
TAFINLAR 10 MG TAB SOL	2	PA, QL (30 ML PER DAY), SP
TAFINLAR 50 MG CAP, 75 MG CAP	2	PA, QL (4 EA PER DAY), SF, SP
TALZENNA	2	PA, QL (1 EA PER 1 DAY), SF, SP
TASIGNA	2	PA, QL (4 EA PER DAY), SF, SP
TAZVERIK	2	PA, LA, QL (8 EA PER DAY)
TEPMETKO	2	PA, QL (2 EA PER DAY), SF, SP
TIBSOVO	2	PA, LA, QL (2 EA PER DAY)
<i>torpenz</i>	1	PA, QL (1 EA PER DAY), SP
TRUQAP	2	PA, QL (64 EA PER 28 DAYS), SP
TURALIO 125 MG CAP	2	PA, LA, QL (4 EA PER DAY)
VANFLYTA	2	PA, QL (60 EA PER 30 DAYS), SP
VERZENIO	2	PA, QL (2 EA PER DAY), SF, SP
VITRAKVI 100 MG CAP	2	PA, LA, QL (2 EA PER DAY)
VITRAKVI 20 MG/ML SOLUTION	2	PA, LA, QL (10 ML PER DAY)
VITRAKVI 25 MG CAP	2	PA, LA, QL (6 EA PER DAY)
VONJO	2	PA, LA, QL (4 EA PER DAY)
XALKORI	2	PA, QL (2 EA PER 1 DAY), SF, SP
XOSPATA	2	PA, QL (3 EA PER 1 DAY), SF, SP
ZEJULA 100 MG TAB, 200 MG TAB, 300 MG TAB	2	PA, QL (1 EA PER DAY), SP
ZELBORAF	2	PA, QL (8 EA PER DAY), SP
ZOLINZA	2	QL (4 EA PER DAY), SF, SP
ZYDELIG	2	PA, LA
ZYKADIA	2	PA, QL (3 EA PER DAY), SF, SP
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene 75 mg cap</i>	1	PA, SP
<i>hydroxyurea 500 mg cap</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tretinoin 10 mg cap</i>	1	SP
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	2	PA, QL (8 EA PER DAY)
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	1	
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 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>benztropine mesylate 1 mg/ml solution</i>	1	
<i>trihexyphenidyl hcl</i>	1	EDS
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	2	EDS
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	1	EDS, P
ONGENTYS	2	PA, QL (1 EA PER DAY), NP
TASMAR	2	PA, NP
<i>tolcapone</i>	1	PA, NP
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab</i>	1	EDS
<i>bromocriptine mesylate 2.5 mg tab</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS, P
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	2	P
<i>carbidopa-levodopa er</i>	1	EDS, P



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>carbidopa-levodopa-entacapone</i>	1	EDS, P
CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB	1	NP
CARBIDOPA-LEVODOPA-ENTACAPONE --18.75-75-200 MG TAB, --37.5-150-200 MG TAB	1	P
DHIVY	2	PA, NP
GOCOVRI	2	PA, LA, NP
INBRIJA	2	PA, LA, NP
KYNMOBI	2	PA, SP, NP
MIRAPEX ER	2	PA, NP
NEUPRO	2	PA, NP
<i>pramipexole dihydrochloride</i>	1	EDS, P
<i>pramipexole dihydrochloride er</i>	1	PA, NP
REQUIP XL	2	PA, NP
<i>ropinirole hcl</i>	1	EDS, P
<i>ropinirole hcl er</i>	1	PA, EDS, NP
RYTARY	2	PA, NP
SINEMET	2	PA, NP
STALEVO 100	2	PA, NP
STALEVO 125	2	PA, NP
STALEVO 150	1	PA, NP
STALEVO 200	2	PA, NP
STALEVO 50	1	PA, NP
STALEVO 75	2	PA, NP

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

#### **ANTIMANIC AGENTS**

<i>lithium</i>	\$0	
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap</i>	\$0	EDS
<i>lithium carbonate er</i>	\$0	EDS
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	\$0	PA, NP
EQUETRO	\$0	PA, NP
GEODON	\$0	PA, NP
LATUDA	\$0	PA, NP
<i>lurasidone hcl</i>	\$0	EDS, P
NUPLAZID	\$0	PA, LA, NP
VRAYLAR	\$0	PA, NP
<i>ziprasidone hcl</i>	\$0	EDS, P
<i>ziprasidone mesylate</i>	\$0	PA, NP
<b>BENZISOXAZOLES</b>		
FANAPT	\$0	PA, NP
FANAPT TITRATION PACK	\$0	PA, NP
INVEGA	\$0	PA, NP
INVEGA HAFYERA	\$0	P
INVEGA SUSTENNA	\$0	P
INVEGA TRINZA	\$0	P
<i>paliperidone er</i>	\$0	PA, EDS, NP
PERSERIS	\$0	P
RISPERDAL	\$0	PA, NP
RISPERDAL CONSTA	\$0	P
<i>risperidone 0.25 mg tab, 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab, 3 mg tab, 4 mg tab</i>	\$0	EDS, P
<i>risperidone microspheres er</i>	\$0	
<i>risperidone risperidone 2 mg tab disp, risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp</i>	\$0	P
RYKINDO	\$0	PA, NP
UZEDY	\$0	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BUTYROPHENONES</b>		
<i>haloperidol 0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0	EDS
<i>haloperidol decanoate 50 mg/ml, 100 mg/ml</i>	\$0	EDS
<i>haloperidol lactate 2 mg/ml conc</i>	\$0	EDS
<i>haloperidol lactate 5 mg/ml solution</i>	\$0	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	\$0	PA, EDS, NP
CLOZAPINE 12.5 MG TAB DISP	\$0	P
<i>clozapine 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp</i>	\$0	EDS, P
CLOZARIL	\$0	PA, NP
<i>loxapine succinate</i>	\$0	EDS
<i>olanzapine 10 mg recon soln</i>	\$0	P
<i>olanzapine 15 mg tab disp, 20 mg tab disp</i>	\$0	PA, QL (30 UNITS PER 30 DAYS), EDS, NP
<i>olanzapine 2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab</i>	\$0	EDS, P
<i>olanzapine 5 mg tab disp, 10 mg tab disp</i>	\$0	PA, QL (60 UNITS PER 30 DAYS), EDS, NP
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	\$0	EDS, P
<i>quetiapine fumarate er</i>	\$0	EDS, P
SAPHRIS	\$0	PA, NP
SECUADO	\$0	PA, NP
SEROQUEL	\$0	PA, NP
SEROQUEL XR	\$0	PA, NP
VERSACLOZ	\$0	PA, NP
ZYPREXA 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG RECON SOLN, 10 MG TAB, 15 MG TAB	\$0	PA, NP
ZYPREXA 20 MG TAB	\$0	PA, EDS, NP
ZYPREXA RELPREVV	\$0	PA, NP
ZYPREXA ZYDIS	\$0	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	\$0	EDS
<i>chlorpromazine hcl 25 mg/ml, 50 mg/2ml</i>	\$0	
<i>compro</i>	\$0	
<i>fluphenazine decanoate 25 mg/ml solution</i>	\$0	EDS
<i>fluphenazine hcl 1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0	EDS
<b>FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC</b>	\$0	
<i>perphenazine 2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab</i>	\$0	EDS
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate prochlorperazine edisylate 10 mg/2ml solution, prochlorperazine edisylate 50 mg/10ml solution</i>	\$0	
<i>prochlorperazine maleate 5 mg tab, 10 mg tab</i>	\$0	
<i>thioridazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab</i>	\$0	EDS
<i>trifluoperazine hcl</i>	\$0	EDS
<b>QUINOLINONE DERIVATIVES</b>		
<b>ABILIFY</b>	\$0	PA, NP
<b>ABILIFY ASIMTUFII</b>	\$0	P
<b>ABILIFY MAINTENA</b>	\$0	P
<b>ABILIFY MYCITE</b>	\$0	PA, LA, NP
<i>aripiprazole 1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab</i>	\$0	EDS, P
<i>aripiprazole 10 mg tab disp, 15 mg tab disp</i>	\$0	PA, NP
<b>ARISTADA</b>	\$0	PA, NP
<b>ARISTADA INITIO</b>	\$0	PA, NP
<b>REXULTI</b>	\$0	PA, NP
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	\$0	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>hydrogen peroxide</i>	1	OTC
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate</i>	1	OTC
HIBICLENS 4 % LIQUID	2	OTC
<b>IODINE ANTISEPTICS</b>		
APLICARE POVIDONE-IODINE 10 % GEL	2	OTC
LUGOLS STRONG IODINE	2	
<i>povidone-iodine (betadine)</i>	1	OTC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir-lamivudine-zidovudine</i>	1	
APRETUDE	\$0	
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BIKTARVY	2	
CABENUVA	2	
CIMDUO	2	
COMPLERA	2	
CRIXIVAN	2	
DELSTRIGO	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	PV
DIDANOSINE 250 MG CAP DR, 400 MG CAP DR	2	
DOVATO	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
EDURANT	2	
EFAVIRENZ 50 MG CAP, 200 MG CAP	2	
<i>efavirenz 600 mg tab</i>	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df -100-150 mg tab, -133-200 mg tab, -167-250 mg tab</i>	1	
<i>emtricitabine-tenofovir df -200-300 mg</i>	\$0	
EMTRIVA 10 MG/ML SOLUTION	2	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1	
GENVOYA	2	
INTELENCE 25 MG TAB	2	
INVIRASE	2	
ISENTRESS 25 MG CHEW TAB, 100 MG CHEW TAB, 400 MG TAB	2	
ISENTRESS HD	2	
JULUCA	2	
<i>lamivudine 10 mg/ml solution, 150 mg tab, 300 mg tab</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	2	
NORVIR 80 MG/ML SOLUTION, 100 MG PACKET	2	
ODEFSEY	2	
PIFELTRO	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PREZCOBIX	2	
PREZISTA	2	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY 20 MG/ML SOLUTION	2	
<i>stavudine</i>	1	
STRIBILD	2	
SUNLENCA	2	
SYMTUZA	2	
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
VIRACEPT	2	
VIREAD 40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB	2	SP
<i>zidovudine</i>	1	
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	QL (20 EA PER FILL)
PAXLOVID (300/100)	2	QL (30 EA PER FILL)
<b>CMV AGENTS</b>		
<i>foscarnet sodium</i>	1	
PREVYMIS 240 MG TAB	2	QL (1 TAB PER 1 DAY; 200 TABS PER 365 DAYS)
PREVYMIS 240 MG/12ML SOLUTION, 480 MG/24ML SOLUTION	2	
PREVYMIS 480 MG TAB	2	QL (1 UNIT PER 1 DAY; 100 TABS PER 6 MONTHS)
<i>valganciclovir hcl</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	PA, SP, NP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP, P
BARACLUDE 0.5 MG TAB, 1 MG TAB	2	PA, QL (1 EA PER DAY), SP, NP
<i>entecavir</i>	1	QL (1 EA PER DAY), EDS, P
EPCLUSA 150-37.5 MG PACKET, 200-50 MG PACKET, 400-100 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
EPCLUSA 200-50 MG TAB	2	PA, QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP
EPIVIR HBV 100 MG TAB	1	SP, P
EPIVIR HBV 5 MG/ML SOLUTION	2	SP, P
HARVONI 33.75-150 MG PACKET	2	PA, QL (28 UNITS PER FILL; 56 UNITS PER 365 DAYS), SP, NP
HARVONI 45-200 MG PACKET, 45-200 MG TAB	2	PA, QL (56 UNITS PER FILL; 112 UNITS PER 365 DAYS), SP, NP
HARVONI 90-400 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
HEPSERA	1	SP, P
<i>lamivudine 100 mg tab</i>	1	EDS, SP, P
LEDIPASVIR-SOFOSBUVIR	1	PA, QL (84 EA PER 365 DAYS), QL (28 UNITS PER FILL; 56 UNITS PER 365 DAYS FOR MEMBERS 18 YEARS OF AGE AND OLDER), SP, NP
MAVYRET 100-40 MG TAB	2	PA, QL (168 EA PER 365 DAYS), SP, P
MAVYRET 50-20 MG PACKET	2	QL (336 EA PER 365 DAYS), SP, P
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (0.08 ML PER DAY), SP, P
PEGASYS 180 MCG/ML SOLUTION	2	QL (0.15 ML PER DAY), SP, P
RIBAVIRIN 200 MG TAB	2	SP, P
<i>ribavirin ribavirin 200 mg cap, ribavirin 200 mg tab, ribavirin 200 mg cap</i>	1	SP, P
SOFOSBUVIR-VELPATASVIR	1	PA, QL (84 EA PER 365 DAYS), QL (28 UNITS PER FILL; 84 UNITS PER 365 DAYS), SP, NP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SOVALDI 150 MG PACKET, 400 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
SOVALDI 200 MG PACKET, 200 MG TAB	2	PA, QL (168 EA PER 365 DAYS), SP, NP
VEMLIDY	2	PA, SP, NP
VOSEVI	2	PA, QL (84 EA PER 365 DAYS), SP, NP
ZEPATIER	2	PA, QL (84 EA PER 365 DAYS), SP, NP

## **HERPES AGENTS**

<i>acyclovir 200 mg cap, 200 mg/5ml suspension, 800 mg tab</i>	1	P
<i>acyclovir 400 mg tab</i>	1	EDS, P
<i>acyclovir sodium</i>	1	
<i>famciclovir 125 mg tab, 250 mg tab, 500 mg tab</i>	1	PA, EDS, NP
<i>valacyclovir hcl 1 gm tab, 500 mg tab</i>	1	EDS, P
VALTREX	2	PA, NP

## **INFLUENZA AGENTS**

<i>oseltamivir phosphate 30 mg cap</i>	1	QL (20 EA PER FILL), P
<i>oseltamivir phosphate 45 mg cap, 75 mg cap</i>	1	QL (10 EA PER FILL), P
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (250 ML PER FILL), P
RELENZA DISKHALER	2	QL (0.67 GM PER DAY), P
RIMANTADINE HCL	2	
TAMIFLU 30 MG CAP	2	PA, QL (20 EA PER FILL), NP
TAMIFLU 45 MG CAP, 75 MG CAP	2	PA, QL (10 EA PER FILL), NP
TAMIFLU 6 MG/ML RECON SUSP	2	PA, QL (250 ML PER FILL), NP
XOFLUZA (40 MG DOSE) OFLUZA 1 TAB THPK	2	PA, QL (1 EA PER FILL), NP
XOFLUZA (40 MG DOSE) OFLUZA 20 TAB THPK	2	PA, QL (2 EA PER FILL), NP
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	2	PA, QL (1 EA PER FILL), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	2	QL (40 EA PER FILL)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	EDS, P
<i>carvedilol phosphate er</i>	1	PA, NP
COREG	2	PA, NP
<i>labetalol hcl 100 mg tab, 200 mg tab, 300 mg tab</i>	1	EDS, P
LABETALOL HCL 400 MG TAB	1	P
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl 200 mg cap, 400 mg cap</i>	1	PA, EDS, NP
<i>atenolol 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS, P
<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	PA, EDS, NP
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	1	EDS, P
KAPSPARGO SPRINKLE	2	PA, NP
LOPRESSOR	2	PA, NP
<i>metoprolol succinate er</i>	1	EDS, P
<i>metoprolol tartrate 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	EDS, P
<i>nebivolol hcl</i>	1	PA, EDS, NP
TENORMIN	2	PA, NP
TOPROL XL	2	PA, NP
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE	2	PA, NP
BETAPACE AF	2	PA, NP
CORGARD	2	PA, NP
HEMANGEOL	2	PA, LA, NP
INDERAL LA	2	PA, NP
INDERAL XL	2	PA, NP
INNOPRAN XL	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nadolol 20 mg tab, 40 mg tab, 80 mg tab</i>	1	EDS, P
<i>pindolol</i>	1	EDS, P
<i>propranolol hcl 10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 60 mg tab, 80 mg tab</i>	1	EDS, P
<b>PROPRANOLOL HCL 40 MG/5ML SOLUTION</b>	2	EDS, P
<i>propranolol hcl er</i>	1	EDS, P
<i>sorine</i>	1	EDS, P
<i>sotalol hcl</i>	1	EDS, P
<i>sotalol hcl (af)</i>	1	EDS, P
<b>SOTYLIZE</b>	2	PA, NP
<i>timolol maleate 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA, EDS, NP

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	EDS, P
<b>CALAN SR</b>	2	PA, NP
<b>CARDIZEM</b>	2	PA, NP
<b>CARDIZEM CD</b>	2	PA, NP
<b>CARDIZEM LA</b>	2	PA, NP
<i>cartia xt</i>	1	EDS, P
<i>dilt-xr</i>	1	EDS, P
<i>diltiazem hcl 25 mg/5ml, 50 mg/10ml, 125 mg/25ml</i>	1	
<i>diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab</i>	1	EDS, P
<i>diltiazem hcl er beads</i>	1	EDS, P
<i>diltiazem hcl er coated beads</i>	1	EDS, P
<i>diltiazem hcl er er 120 mg tab er, er 180 mg tab er, er 240 mg tab er, er 300 mg tab er, er 360 mg tab er, er 420 mg tab er</i>	1	PA, EDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diltiazem hcl er er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h</i>	1	EDS, P
<i>felodipine er</i>	1	EDS, P
<i>isradipine</i>	1	PA, NP
KATERZIA	2	PA, NP
LEVAMLODIPINE MALEATE	1	PA, NP
<i>matzim la</i>	1	PA, EDS, NP
<i>nicardipine hcl 20 mg cap, 30 mg cap</i>	1	PA, NP
<i>nicardipine hcl nicardipine hcl 2.5 mg/ml solution, nicardipine hcl 2.5 mg/ml solution</i>	1	
<i>nifedipine 10 mg cap, 20 mg cap</i>	1	EDS, P
<i>nifedipine er</i>	1	EDS, P
<i>nifedipine er osmotic release</i>	1	EDS, P
<i>nimodipine 30 mg cap</i>	1	PA, NP
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	2	PA, NP
<i>nisoldipine er er 8.5 mg tab er, er 17 mg tab er, er 34 mg tab er</i>	1	PA, NP
NORLIQVA	2	PA, NP
NORVASC	2	PA, NP
NYMALIZE	2	PA, NP
PROCARDIA	2	PA, NP
PROCARDIA XL	2	PA, NP
SULAR	2	PA, NP
<i>taztia xt</i>	1	EDS, P
<i>tiadylt er</i>	1	EDS, P
TIAZAC	2	PA, NP
<i>verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab</i>	1	EDS, P
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>verapamil hcl er er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 240 mg cap er 24h, er 240 mg tab er</i>	1	EDS, P
VERELAN PM	2	PA, NP

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

<i>digitek</i>	1	EDS
<i>digox</i>	1	EDS
<i>digoxin 0.05 mg/ml solution, 125 mcg tab, 250 mcg tab</i>	1	EDS
<i>digoxin 0.25 mg/ml solution</i>	1	

## **CARDIOVASCULAR AGENTS - MISC.**

### **CARDIAC MYOSIN INHIBITORS**

CAMZYOS	2	PA, LA, QL (1 EA PER DAY)
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### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine-atorvastatin</i>	1	PA, NP
CADUET	2	PA, NP
ENTRESTO 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	2	QL (2 EA PER DAY), P
ENTRESTO 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK	2	QL (4 EA PER 1 DAY), P
OPSYNVI	2	PA, QL (1 EA PER 1 DAY), NP

### **CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS**

INPEFA	2	PA, QL (1 EA PER DAY), NP
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### **PROSTAGLANDIN VASODILATORS**

<i>epoprostenol sodium</i>	1	LA
ORENITRAM	2	PA, LA, NP
ORENITRAM MONTH 1	2	PA, LA, NP
ORENITRAM MONTH 2	2	PA, LA, NP
ORENITRAM MONTH 3	2	PA, LA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TYVASO	2	PA, LA, NP
TYVASO DPI INSTITUTIONAL KIT	2	PA, LA, QL (4 EA PER DAY), NP
TYVASO DPI MAINTENANCE KIT KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER	2	PA, LA, QL (4 EA PER DAY), NP
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	2	PA, LA, QL (196 EA PER 28 DAYS), NP
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	PA, LA, QL (252 EA PER 28 DAYS), NP
TYVASO REFILL	2	PA, LA, NP
TYVASO STARTER	2	PA, LA, NP

### **PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR**

WINREVAIR	2	PA, QL (1 KIT PER 21 DAYS)
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### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan</i>	1	PA, QL (1 EA PER DAY), SP, P
<i>bosentan</i>	1	PA, LA, QL (2 EA PER DAY), NP
LETAIRIS	2	PA, LA, QL (1 EA PER DAY), NP
OPSUMIT	2	PA, LA, QL (1 EA PER DAY), NP
TRACLEER 32 MG TAB SOL	2	PA, LA, QL (4 EA PER DAY), NP
TRACLEER 62.5 MG TAB, 125 MG TAB	1	PA, LA, QL (2 EA PER DAY), P

### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI 200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	2	PA, LA, QL (2 EA PER DAY), NP
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	2	PA, LA, NP
<b>SINUS NODE INHIBITORS</b>		
<i>ivabradine hcl</i>	1	
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	2	PA, QL (1 EA PER DAY), SP
VYNDAQEL	2	PA, QL (4 EA PER DAY), SP
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
CEFADROXIL 1 GM TAB	2	PA, NP
<i>cefadroxil 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp</i>	1	P
<i>cefazolin sodium 1 gm soln, 10 gm soln, 500 mg soln</i>	1	
CEFAZOLIN SODIUM-DEXTROSE -1-4 GM/50ML-% SOLUTION	2	
<i>cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap</i>	1	P
<i>cephalexin 250 mg tab, 500 mg tab</i>	1	PA, NP
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR	2	P
CEFACLOR ER	2	PA, NP
<i>cefoxitin sodium</i>	1	
<i>cefprozil</i>	1	P
<i>cefuroxime axetil</i>	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefuroxime sodium</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir</i>	1	P
<i>cefixime 100 mg/5ml, 200 mg/5ml</i>	1	PA, NP
<i>cefixime 400 mg cap</i>	1	P
<i>cefpodoxime proxetil</i>	1	PA, NP
<i>ceftazidime 1 gm soln, 2 gm soln, 6 gm soln</i>	1	
<i>ceftriaxone sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	1	
SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 500 MG/5ML RECON SUSP	2	PA, NP
<i>tazicef 1 gm soln, 2 gm soln</i>	1	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl 1 gm soln, 2 gm soln</i>	1	
CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION	2	
<b>CHEMICALS</b>		
<b>BULK CHEMICALS</b>		
NATAPRES	2	
POLYETHYLENE GLYCOL 600 (BULK)	2	
<b>BULK CHEMICALS - A'S</b>		
MAGNASWEET 110	2	
MAGNASWEET 135	2	
<b>BULK CHEMICALS - B'S</b>		
BACITRACIN MICRONIZED	2	
BENZOCAINE	2	OTC
BIOTIN POWDER	2	OTC
BIOTIN-D	2	OTC



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BULK CHEMICALS - C'S</b>		
CELLULOSE CRYSTALS	2	OTC
<b>BULK CHEMICALS - L'S</b>		
LIDOCAINE BASE	2	
LIDOCAINE CRYSTALS, POWDER	2	
LIDOCAINE HCL MONOHYDRATE	2	
LIDOCAINE HCL POWDER	2	
<b>BULK CHEMICALS - N'S</b>		
NYSTATIN POWDER	2	
<b>BULK CHEMICALS - P'S</b>		
PRILOCAINE	2	
PRILOCAINE HCL	2	
PROGESTERONE MICRONIZED POWDER	2	
PROGESTERONE MILLED	2	
PROGESTERONE POWDER	2	
PROGESTERONE ULTRA MICRONIZED	2	
PROGESTERONE WETTABLE	2	
PROGESTERONE WETTABLE (SOY)	2	
<b>BULK CHEMICALS - S'S</b>		
NICE PURE BAKING SODA	2	OTC
SODIUM BICARBONATE POWDER	2	OTC
STEVIA EXTRACT 90 % POWDER	2	OTC
<b>BULK CHEMICALS - T'S</b>		
TETRACAINE	2	
TETRACAINE HCL POWDER	2	
<b>BULK CHEMICALS - Z'S</b>		
ZINC OXIDE POWDER	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>LIQUIDS</b>		
BENZYL BENZOATE	2	OTC
GLYCERIN SOLUTION	2	
<b>SOLIDS</b>		
CITRIC ACID	2	OTC
CITRIC ACID ANHYDROUS POWDER	2	OTC
CITRIC ACID MONOHYDRATE POWDER	2	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethia lo</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS
<i>apri</i>	\$0	EDS
<i>aranelle</i>	\$0	EDS
<i>ashlyna</i>	\$0	EDS
<i>aubra</i>	\$0	EDS
<i>aubra eq</i>	\$0	EDS
<i>aurovela 1.5/30</i>	\$0	EDS
<i>aurovela 1/20</i>	\$0	EDS
<i>aurovela 24 fe</i>	\$0	EDS
<i>aurovela fe 1.5/30</i>	\$0	EDS
<i>aurovela fe 1/20</i>	\$0	EDS
<i>aviane</i>	\$0	EDS
<i>ayuna</i>	\$0	EDS
<i>azurette</i>	\$0	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>balziva</i>	\$0	EDS
<i>bekyree</i>	\$0	EDS
<i>blisovi 24 fe</i>	\$0	EDS
<i>blisovi fe 1.5/30</i>	\$0	EDS
<i>blisovi fe 1/20</i>	\$0	EDS
<i>briellyn</i>	\$0	EDS
<i>camrese</i>	\$0	EDS
<i>camrese lo</i>	\$0	EDS
<i>caziant</i>	\$0	EDS
<i>charlotte 24 fe</i>	\$0	EDS
<i>chateal</i>	\$0	EDS
<i>chateal eq</i>	\$0	EDS
<i>cryselle-28</i>	\$0	EDS
<i>cyclafem 1/35</i>	\$0	EDS
<i>cyclafem 7/7/7</i>	\$0	EDS
<i>cyred</i>	\$0	EDS
<i>cyred eq</i>	\$0	EDS
<i>dasetta 1/35</i>	\$0	EDS
<i>dasetta 7/7/7</i>	\$0	EDS
<i>daysee</i>	\$0	EDS
<i>delyla</i>	\$0	EDS
<i>desogestrel-ethinyl estradiol</i>	\$0	EDS
<i>dolishale</i>	\$0	EDS
<i>drospiren-eth estrad-levomefol</i>	\$0	EDS
<i>drospirenone-ethinyl estradiol</i>	\$0	EDS
<i>elinest</i>	\$0	EDS
<i>emoquette</i>	\$0	EDS
<i>enpresse-28</i>	\$0	EDS
<i>enskyce</i>	\$0	EDS
<i>estarylla</i>	\$0	EDS
<i>ethynodiol diac-eth estradiol</i>	\$0	EDS
<i>falmina</i>	\$0	EDS

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

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

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

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

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>norlyroc</i>	\$0	EDS
<i>sharobel</i>	\$0	EDS
<i>tulana</i>	\$0	EDS

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er</i>	1	PA, QL (1 EA PER DAY), NP
CORTISONE ACETATE 25 MG TAB	2	
<i>decadron</i>	1	
<i>dexamethasone 0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	2	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SOD PHOS +RFID	1	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1	
<i>dexamethasone sodium phosphate dexamethasone sodium phosphate 20 mg/5ml solution, dexamethasone sodium phosphate 100 mg/10ml solution, dexamethasone sodium phosphate 4 mg/ml soln prsyr, dexamethasone sodium phosphate 4 mg/ml solution, dexamethasone sodium phosphate 10 mg/ml solution, dexamethasone sodium phosphate 120 mg/30ml solution</i>	1	
ENTOCORT EC	1	
<i>hydrocortisone 5 mg tab, 10 mg tab, 20 mg tab</i>	1	EDS
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone 4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab</i>	1	
<i>methylprednisolone acetate 40 mg/ml suspension, 80 mg/ml suspension</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml, 15 mg/5ml, 25 mg/5ml</i>	1	
<i>prednisone 1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	
SOLU-CORTEF	2	
SOLU-MEDROL (PF)	2	
SOLU-MEDROL -2 GM RECON SOLN	2	
TARPEYO	2	PA, LA
UCERIS 9 MG TAB 24H	2	PA, QL (1 EA PER DAY), NP
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate 0.1 mg tab</i>	1	EDS
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>dextromethorphan (robatussin)</i>	1	OTC
WAL-TUSSIN COUGH RELIEF	2	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1	
<i>bromphen-pseudoeph-dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec - d)</i>	1	OTC, P
CHILDRENS COLD-ALLERGY	2	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	1	OTC
<i>chlorpheniramine / phenylephrine / aspirin</i>	1	OTC
<i>chlorpheniramine / pseudoephedrine</i>	1	OTC
CLARINEX-D 12 HOUR	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dextromethorphan / phenylephrine / acetaminophen</i>	1	OTC
<i>doxylamine / dextromethorphan</i>	2	
<i>guaifenesin / codeine</i>	1	QL (60 ML PER 1 DAY), OTC
<i>guaifenesin / dextromethorphan (mucinex dm)</i>	1	OTC
<i>guaifenesin / dextromethorphan / phenylephrine</i>	1	OTC
<i>guaifenesin / dextromethorphan / pseudoephedrine</i>	2	OTC
<b>GUAIFENESIN/ DEXTROMETHORPHAN/ PHENYLEPHRINE</b>	2	OTC
<i>loratadine / pseudoephedrine (claritin – d)</i>	1	OTC, P
<b>MUCINEX DM</b>	1	OTC
<i>phenylephrine / acetaminophen</i>	1	OTC
<i>phenylephrine / bropheniramine / dextromethorphan</i>	1	OTC
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	1	OTC
<i>phenylephrine / dextromethorphan</i>	1	OTC
<i>phenylephrine / guaifenesin</i>	1	OTC
<b>PHENYLEPHRINE / GUAIFENESIN</b>	2	OTC
<i>pseudoeph-bromphen-dm</i>	1	
<i>pseudoephedrine / guaifenesin</i>	1	OTC
<i>pseudoephedrine / ibuprofen</i>	1	OTC
<b>EXPECTORANTS</b>		
<i>guaifenesin (mucinex)</i>	1	OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride nasal spray</i>	1	OTC, EDS
<b>MUCOLYTICS</b>		
<i>acetylcysteine 10 %, 20 %</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACANYA	2	PA, NP
<i>acutane</i>	1	
<i>adapalene 0.1 % cream, 0.3 % gel</i>	1	PA, NP
<i>adapalene 0.1 % gel</i>	1	OTC, P
<i>adapalene treatment</i>	1	OTC, P
<i>adapalene-benzoyl peroxide -0.1-2.5 % gel</i>	1	PA, NP
ALTRENO	2	PA, NP
<i>amnesteem</i>	1	
AMZEEQ	2	PA, NP
ARAZLO	2	PA, NP
ATRALIN	2	PA, NP
<i>avar cleanser</i>	1	PA, NP
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
AVAR-E LS	2	PA, NP
<i>avita</i>	1	PA, NP
BENZAACLIN WITH PUMP	1	P
BENZAMYCIN	2	PA, NP
<i>benzoyl peroxide</i>	1	PA, OTC, NP
<i>benzoyl peroxide cleanser 6%</i>	1	PA, OTC, NP
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clindacin etz 1 % swab</i>	1	P
<i>clindacin-p</i>	1	P
<i>clindamycin phos-benzoyl perox -1-5 % gel, -1.2-5 % gel</i>	1	P
<i>clindamycin phos-benzoyl perox -1.2-2.5 % gel, -1.2-3.75 % gel</i>	1	PA, NP
<i>clindamycin phosphate 1 % foam</i>	1	PA, NP
<i>clindamycin phosphate 1 % gel, 1 % lotion, 1 % solution, 1 % swab</i>	1	P
<i>clindamycin-tretinoin</i>	1	PA, NP
<i>cvs adapalene</i>	1	OTC, P
<i>dapsone 5 % gel, 7.5 % gel</i>	1	PA, NP
ERY	2	
<i>erythromycin 2 % gel, 2 % solution</i>	1	P
FABIOR	1	PA, NP
<i>isotretinoin 10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap</i>	1	
<i>myorisan</i>	1	
<i>neuac 1.2-5 % gel</i>	1	PA, NP
NEUAC 1.2-5 % KIT	2	PA, NP
ONEXTON	2	PA, NP
RETIN-A	1	P
RETIN-A MICRO	2	PA, NP
RETIN-A MICRO PUMP	2	PA, NP
<i>sss 10-5 --% cream</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium-sulfur -10-4 % pad, -10-5 % cream</i>	1	
<i>sulfacetamide sodium-sulfur -10-5 % liquid, -10-5 % lotion</i>	1	P
<i>sulfacetamide sodium-sulfur -8-4 % suspension, -10-5 % suspension</i>	1	PA, NP
SULFACETAMIDE SODIUM-SULFUR -9-4.25 % SUSPENSION	2	PA, NP
<i>sulfacleanse 8/4</i>	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sulfamez wash</i>	1	PA, NP
TAZAROTENE 0.1 % FOAM	1	PA, NP
<i>tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream</i>	1	PA, NP
<i>tretinoin microsphere 0.04 % gel, 0.1 % gel</i>	1	PA, NP
<i>tretinoin microsphere 0.08 % gel</i>	1	
<i>tretinoin microsphere pump</i>	1	PA, NP
VELTIN	2	PA, NP
WINLEVI	2	PA, NP
<i>zenatane</i>	1	
ZIANA	2	PA, NP

### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

DICLOFENAC EPOLAMINE	1	PA, QL (2 EA PER DAY), NP
<i>diclofenac sodium 1 % gel</i>	1	QL (16.6 GM PER DAY), OTC, EDS, P
FLECTOR	2	PA, QL (2 EA PER DAY), NP
LICART	2	PA, QL (1 EA PER DAY), NP

### **ANTIBIOTICS - TOPICAL**

<i>bacitracin</i>	1	OTC
<i>bacitracin / polymyxin b (polysporin)</i>	1	OTC
<i>bacitracin zinc</i>	1	OTC
CENTANY	2	PA, NP
CENTANY AT	2	PA, NP
<i>gentamicin sulfate 0.1 % cream, 0.1 % ointment</i>	1	
<i>mupirocin 2 % ointment</i>	1	P
<i>mupirocin calcium</i>	1	PA, NP
<i>neomycin / bacitracin / polymixin (neosporin)</i>	1	OTC
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	OTC
XEPI	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan</i>	1	P
<i>ciclopirox 0.77 % gel, 1 % shampoo</i>	1	PA, NP
<i>ciclopirox 8 % solution</i>	1	P
<i>ciclopirox olamine 0.77 % cream, 0.77 % suspension</i>	1	P
<i>clotrimazole (lotrimin)</i>	1	PA, OTC, NP
<i>clotrimazole-betamethasone -1-0.05 % cream</i>	1	P
CLOTRIMAZOLE-BETAMETHASONE CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION, CLOTRIMAZOLE- BETAMETHASONE 1-0.05 % LOTION	1	PA, NP
<i>econazole nitrate 1 % cream</i>	1	P
ERTACZO	2	PA, NP
JUBLIA	2	PA, NP
KERYDIN	2	PA, NP
<i>ketconazole 2 % cream, 2 % shampoo</i>	1	P
<i>ketconazole 2 % foam</i>	1	PA, NP
<i>ketodan 2 % foam</i>	1	PA, NP
<i>klayesta</i>	1	P
LOPROX	2	PA, NP
LULICONAZOLE	1	PA, QL (60 GM PER 30 DAYS), NP
LUZU	2	PA, QL (60 GM PER 30 DAYS), NP
MICATIN	2	OTC
<i>miconazole (micatin)</i>	1	OTC, P
MICONAZOLE-ZINC OXIDE- PETROLAT	1	PA, NP
<i>naftifine hcl 1 % gel, 2 % gel</i>	1	PA, NP
NAFTIN	2	PA, NP
<i>nyamyc</i>	1	P
<i>nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder</i>	1	P
<i>nystatin-triamcinolone -100000-0.1 unit/gm-% cream</i>	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nystatin-triamcinolone -100000-0.1 unit/gm-% ointment</i>	1	PA, NP
<i>nystop</i>	1	P
<i>oxiconazole nitrate</i>	1	PA, NP
OXISTAT 1 % LOTION	2	PA, NP
<i>tavaborole</i>	1	PA, NP
<i>terbinafine (lamisil)</i>	1	OTC, P
<i>tolnaftate (tinactin)</i>	1	PA, OTC, NP
VUSION	2	PA, NP

### **ANTIHISTAMINES-TOPICAL**

<i>diphenhydramine / zinc</i>	1	OTC
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### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<i>bexarotene 1 % gel</i>	1	PA, SP
<i>diclofenac sodium 3 % gel</i>	1	PA, QL (300 GM PER 30 DAYS)
FLUOROURACIL 2 % SOLUTION	2	
<i>fluorouracil 5 % cream, 5 % solution</i>	1	
VALCHLOR	2	LA, QL (240 GM PER 30 DAYS)

### **ANTIPRURITICS - TOPICAL**

<i>anti-itch lotion</i>	1	OTC
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### **ANTIPSORIATICS**

<i>acitretin</i>	1	SP
BIMZELX	2	PA, QL (2 EA PER 56 DAYS), SP, NP
<i>calcipotriene 0.005 % cream, 0.005 % solution</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	2	
COSENTYX (300 MG DOSE)	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX 125 MG/5ML SOLUTION	2	PA, QL (12 ML PER 28 DAYS), SP, NP
COSENTYX 150 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COSENTYX SENSOREADY (300 MG)	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX SENSOREADY PEN	2	PA, QL (2 ML PER 28 DAYS), SP, NP
COSENTYX UNOREADY	2	PA, QL (2 ML PER 28 DAYS), SP, NP
ILUMYA	2	PA, LA, QL (1 EA PER 84 DAYS), SP, NP
<i>methoxsalen rapid</i>	1	
METHOXSALEN RAPID	2	
SILIQ	2	PA, QL (0.11 ML PER DAY), SP, NP
SKYRIZI (150 MG DOSE)	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SKYRIZI PEN	2	PA, QL (1 EA PER 84 DAYS), SP, NP
SOTYKTU	2	PA, QL (30 EA PER 30 DAYS), SP, NP
SPEVIGO 150 MG/ML SOLN PRSYR	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, LA, QL (15 ML PER 365 DAYS), NP
STELARA 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
STELARA 45 MG/0.5ML SOLUTION	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
STELARA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
TALTZ 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 28 DAYS), SP, NP
TALTZ 80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), SP, NP
<i>tazarotene 0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel</i>	1	PA, NP
TREMFYA 100 MG/ML SOLN A-INJ, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TREMFYA 100 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 56 DAYS), SP, NP
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>anti-dandruff shampoo</i>	1	OTC, EDS
OVACE PLUS 10 % CREAM, 10 % SHAMPOO	2	PA, NP
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	2	
<i>sulfacetamide sodium 10 % liquid</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % cream</i>	1	PA, NP
<i>acyclovir 5 % ointment</i>	1	P
DENAVIR	1	P
<i>penciclovir</i>	1	PA, NP
XERESE	2	PA, NP
ZOVIRAX 5 % CREAM, 5 % OINTMENT	2	PA, NP
<b>BATH PRODUCTS</b>		
<i>emollient</i>	2	OTC
MOISTURIZING CREAM (VANICREAM)	2	OTC
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	1	
<i>betamethasone dipropionate aug 0.05 % cream, 0.05 % lotion, 0.05 % ointment</i>	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	2	
<i>betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	QL (120 UNITS PER 30 DAYS)
<i>clobetasol propionate 0.05 % foam, 0.05 % gel, 0.05 % solution</i>	1	
<i>clobetasol propionate e</i>	1	
<i>desonide 0.05 % cream, 0.05 % ointment</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % cream, 0.05 % ointment</i>	1	
<i>hydrocortisone</i>	1	OTC, EDS
<b>HYDROCORTISONE ACE-PRAMOXINE -2.5-1 % CREAM</b>	1	
<i>mometasone furoate 0.1 % cream, 0.1 % ointment, 0.1 % solution</i>	1	
<i>triamcinolone acetonide 0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment</i>	1	
<i>triderm</i>	1	
<b>DIAPER RASH PRODUCTS</b>		
<i>diaper rash products</i>	1	OTC
<b>ECZEMA AGENTS</b>		
ADBRY 150 MG/ML SOLN PRSYR	2	PA, QL (4 EA PER 28 DAYS), SP, NP
ADBRY DBRY 300 MG/2ML SOLN - INJ	2	PA, QL (4 ML PER 28 DAYS), SP, NP
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (2.68 ML PER 28 DAYS), SP, P
DUPIXENT 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR	2	PA, QL (2.28 ML PER 28 DAYS), SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DUPIXENT 300 MG/2ML SOLN A-INJ	2	PA, QL (4 ML PER 28 DAYS), SP, P
DUPIXENT 300 MG/2ML SOLN PRSYR	2	PA, QL (4 UNITS PER 28 DAYS), SP, P
OPZELURA	2	PA, QL (240 GM PER 30 DAYS), NP

## **EMOLLIENT/KERATOLYTIC AGENTS**

<i>urea 10% and 20% (carmol)</i>	1	OTC, EDS
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## **EMOLLIENTS**

<i>ammonium lactate (amlactin)</i>	1	OTC
EMOLLIENT	2	OTC
<i>glycerin topical liquid</i>	1	OTC
VITAMIN A	2	OTC
<i>vitamin a / vitamin d</i>	1	OTC

## **IMMUNOMODULATING AGENTS - TOPICAL**

<i>imiquimod 5 % cream</i>	1	
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## **IMMUNOSUPPRESSIVE AGENTS - TOPICAL**

<i>pimecrolimus</i>	1	
<i>tacrolimus 0.03 %, 0.1 %</i>	1	

## **KERATOLYTIC/ANTIMITOTIC AGENTS**

PODOFILOX 0.5 % SOLUTION	2	
<i>podofilox 0.5 % solution</i>	1	
SALICYLIC ACID	2	OTC
<i>salicylic acid</i>	1	OTC, EDS

## **LINIMENTS**

<i>camphor / menthol / methyl salicylate (salonpas)</i>	1	OTC
<i>methyl salicylate / menthol</i>	1	OTC
<i>trolamine salicylate</i>	1	OTC
<i>trolamine salicylate (myoflex)</i>	1	OTC
TROLAMINE SALICYLATE (MYOFLEX)	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin (zostrix)</i>	1	OTC, EDS
<i>glydo</i>	1	
LIDOCAINE 5 % OINTMENT	1	QL (107 GM PER 30 DAYS)
LIDOCAINE 5 % PATCH	1	PA, QL (3 EA PER DAY), NP
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
LIDOCAINE PATCH 4%	1	QL (3 EA PER DAY), OTC
<i>lidocaine-prilocaine -2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine cream kit</i>	1	
<i>pramoxine / calamine</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA, NP
<b>MISC. TOPICAL</b>		
<i>a+d first aid</i>	1	OTC
A+D FIRST AID	2	OTC
<i>a+d prevent original</i>	1	OTC
<i>benzoin tincture</i>	2	OTC
<i>calamine</i>	2	OTC
<i>calamine / zinc oxide</i>	2	OTC
<i>cvs multi-purpose -15.5-53.4 % ointment</i>	1	OTC
<i>dermamed</i>	1	OTC
<i>dimethicone</i>	2	OTC
DIMETHICONE CREAM	2	OTC
DRYSOL	2	
<i>eyelid cleansers</i>	2	OTC
<i>isopropyl alcohol (skin cleanser)</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum (eucerin)</i>	1	OTC
MENTHOL / ZINC OXIDE	2	OTC
<i>menthol / zinc oxide</i>	1	OTC
MINERAL OIL	2	OTC
SODIUM CHLORIDE	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>witch hazel</i>	1	OTC
<i>zinc oxide (desitin)</i>	1	OTC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	2	PA, QL (120 GM PER 30 DAYS), NP
ZORYVE 0.15 % CREAM	2	PA, QL (120 GM PER 30 DAYS), NP
<b>ROSACEA AGENTS</b>		
<i>azelaic acid 15 % gel</i>	1	
<i>metronidazole 0.75 % cream, 0.75 % gel, 0.75 % lotion</i>	1	
<i>rosadan 0.75 % cream, 0.75 % gel</i>	1	
<b>SCABICIDES PEDICULICIDES</b>		
CROTAN	2	PA, NP
LINDANE	2	PA, NP
<i>malathion</i>	1	PA, NP
NATROBA	1	P
OVIDE	2	PA, NP
<i>permethrin (nix)</i>	1	OTC, P
<i>piperonyl / pyrethrins (rid)</i>	1	OTC, P
SPINOSAD	1	PA, NP
<b>TAR PRODUCTS</b>		
<i>coal tar</i>	1	OTC
X-SEB T 10 % SHAMPOO	2	OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	2	
GLUCAGON HCL (DIAGNOSTIC)	1	P
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK BLOOD GLUCOSE METER	\$0	OTC, CDS, P

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

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

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

### **DIETARY MANAGEMENT PRODUCTS**

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

### **DIGESTIVE AIDS**

#### **DIGESTIVE ENZYMES**

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

### **DIURETICS**

#### **CARBONIC ANHYDRASE INHIBITORS**

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 0.25 mg/ml solution</i>	1	
<i>bumetanide 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>furosemide 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab</i>	1	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>torseamide</i>	1	EDS
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl 5 mg tab</i>	1	EDS
<i>spironolactone 25 mg tab, 50 mg tab, 100 mg tab</i>	1	EDS
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	EDS
<i>hydrochlorothiazide 12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
<i>indapamide</i>	1	EDS
<i>metolazone</i>	1	EDS
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA 1 MG TAB, 5 MG TAB	2	PA, LA, QL (12 EA PER 1 DAY)
<b>BONE DENSITY REGULATORS</b>		
ACTONEL	2	PA, NP
<i>alendronate sodium 10 mg tab, 35 mg tab, 70 mg/75ml solution</i>	1	EDS, P
<i>alendronate sodium 70 mg tab</i>	1	QL (4 UNITS PER 30 DAYS), EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<i>risedronate sodium 5 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab</i>	1	PA, EDS, NP
<i>teriparatide</i>	1	PA, SP, NP
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1	PA, SP, NP
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	2	PA, SP, NP
TYMLOS	2	PA, SP, NP
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA 150 MG TAB	2	PA, QL (1 EA PER DAY)
ORLISSA 200 MG TAB	2	PA, QL (2 EA PER DAY)
<b>GROWTH HORMONES</b>		
GENOTROPIN	2	PA, SP, P
GENOTROPIN MINIQUICK	2	PA, SP, P
HUMATROPE 5 MG RECON SOLN	2	PA, LA, NP
HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	2	PA, SP, NP
NGENLA	2	PA, SP, NP
NORDITROPIN FLEXPPO	2	PA, SP, P
NUTROPIN AQ NUSPIN 10	2	PA, SP, P
NUTROPIN AQ NUSPIN 20	2	PA, SP, P
NUTROPIN AQ NUSPIN 5	2	PA, SP, P
OMNITROPE	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SAIZEN	2	PA, SP, NP
SAIZENPREP	2	PA, SP, NP
SEROSTIM	2	PA, LA, NP
SKYTROFA	2	PA, SP, NP
SOGROYA	2	PA, SP, NP
ZOMACTON	2	PA, SP, NP
ZOMACTON (FOR ZOMA-JET 10)	2	PA, SP, NP
ZORBTIVE	2	PA, SP, NP
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA	2	PA, NP
<i>raloxifene hcl</i>	\$0	EDS, P
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT-PED (1-MONTH)	2	PA, SP
LUPRON DEPOT-PED (3-MONTH)	2	PA, SP
LUPRON DEPOT-PED (6-MONTH)	2	PA, SP
TRIPTODUR	2	PA, LA
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol 0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution</i>	1	EDS
<i>carglumic acid</i>	1	PA, SP
<i>cinacalcet hcl</i>	1	EDS, SP
CRYSVITA 10 MG/ML SOLUTION	2	PA, LA, QL (36 ML PER 28 DAYS)
CRYSVITA 20 MG/ML SOLUTION	2	PA, LA, QL (18 ML PER 28 DAYS)
CRYSVITA 30 MG/ML SOLUTION	2	PA, LA, QL (12 ML PER 28 DAYS)
<i>levocarnitine 1 gm/10ml solution, 330 mg tab</i>	1	EDS
<i>levocarnitine sf</i>	1	EDS
MYALEPT	2	PA, SP
OPFOLDA	2	LA, QL (0.29 EA PER DAY)
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 ML PER DAY)
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, LA, QL (1 ML PER DAY)
RAVICTI	2	PA, LA

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
REVCIVI	2	PA, LA
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA, SP
STRENSIQ	2	PA, LA
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	2	PA, LA, QL (1 EA PER DAY)
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate 0.1 mg tab, 0.2 mg tab</i>	1	EDS
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	1	EDS
<b>SOMATOSTATIC AGENTS</b>		
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	2	LA
<i>octreotide acetate 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml</i>	1	LA
SIGNIFOR	2	PA, LA, QL (2 EA PER DAY)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	2	PA, LA, QL (2 EA PER DAY)
<i>tolvaptan</i>	1	PA, QL (2 EA PER 1 DAY), SP
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>estradiol-norethindrone acet</i>	1	EDS
<i>fyavolv</i>	1	EDS
<i>jinteli</i>	1	EDS
<i>lopreeza</i>	1	EDS
<i>mimvey</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	EDS
ORIAHNN	2	PA
PREMPHASE	2	

## **ESTROGENS**

<i>dotti</i>	1	EDS
<i>estradiol 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	EDS
<i>estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	EDS
<i>lyllana</i>	1	EDS

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY	2	PA, NP
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE	2	PA, NP
<b>ANTIFLATULENTS</b>		
BICARSIM FORTE 125 MG TAB	2	OTC
<i>simethicone (mylicon)</i>	1	OTC, EDS
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA	2	LA, QL (1 EA PER DAY)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol 250 mg tab, 300 mg cap, 500 mg tab</i>	1	EDS
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	EDS
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	EDS, P
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI	2	PA, LA, NP
METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP	2	PA, NP
<i>metoclopramide hcl 5 mg tab, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg/10ml solution</i>	1	
<b>HEPATOTROPICS</b>		
REZDIFFRA	2	PA, QL (1 EA PER DAY)
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO	1	P
ASACOL HD	2	PA, NP
AVSOLA	2	PA, SP, NP
AZULFIDINE	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
AZULFIDINE EN-TABS	2	PA, NP
<i>balsalazide disodium</i>	1	P
CANASA	2	PA, NP
CIMZIA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA-STARTER	2	PA, QL (3 EA PER 365 DAYS), SP, NP
COLAZAL	1	PA, NP
DIPENTUM	2	PA, NP
ENTYVIO 108 MG/0.68ML SOLN A-INJ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ENTYVIO 300 MG RECON SOLN	2	PA, SP, NP
INFLECTRA	2	PA, SP, NP
INFLIXIMAB	2	PA, SP, P
LIALDA	1	P
<i>mesalamine 1000 mg suppos</i>	1	P
<i>mesalamine 4 gm enema, 400 mg cap dr</i>	1	PA, NP
<i>mesalamine 800 mg tab dr</i>	1	PA, EDS, NP
<i>mesalamine er</i>	1	PA, NP
<i>mesalamine-cleanser</i>	1	PA, NP
OMVOH 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
OMVOH 300 MG/15ML SOLUTION	2	PA, QL (15 ML PER 28 DAYS), SP, NP
PENTASA 250 MG CAP ER	2	P
PENTASA 500 MG CAP ER	1	P
REMICADE	2	PA, SP, NP
RENFLEXIS	2	PA, SP, NP
ROWASA	1	P
SFROWASA	1	P
SKYRIZI 180 MG/1.2ML SOLN CART	2	PA, QL (1.2 ML PER 28 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA, QL (2.4 ML PER 28 DAYS), SP, NP
SKYRIZI 600 MG/10ML SOLUTION	2	PA, QL (10ML PER 28 DAYS; 30MLPER180 DAYS), SP, NP
STELARA 130 MG/26ML SOLUTION	2	PA, SP, NP
<i>sulfasalazine 500 mg tab, 500 mg tab dr</i>	1	EDS, P
VELSIPITY	2	PA, QL (1 EA PER 1 DAY), SP, NP
ZYMFENTRA (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ZYMFENTRA (2 PEN)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
ZYMFENTRA (2 SYRINGE)	2	PA, QL (1 EA PER 28 DAYS), SP, NP

### **INTESTINAL ACIDIFIERS**

<i>enulose</i>	1	EDS
<i>generlac</i>	1	EDS
<i>lactulose encephalopathy</i>	1	EDS

### **IRRITABLE BOWEL SYNDROME (IBS) AGENTS**

<i>alosetron hcl</i>	1	PA, NP
IBSRELA	2	PA, NP
LINZESS	2	P
LOTRONEX	2	PA, NP
VIBERZI	2	PA, NP

### **PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**

MOVANTIK	2	PA, NP
RELISTOR	2	PA, NP
SYMPROIC	2	PA, NP

### **PHOSPHATE BINDER AGENTS**

AURYXIA	2	PA, NP
<i>calcium acetate (phos binder)</i>	1	EDS, P
<i>calcium acetate 667 mg tab</i>	1	EDS, P
FOSRENOL	2	PA, NP



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lanthanum carbonate</i>	1	PA, NP
RENVELA 0.8 GM PACKET, 800 MG TAB	1	P
RENVELA 2.4 GM PACKET	2	PA, NP
<i>sevelamer carbonate 0.8 gm packet, 2.4 gm packet</i>	1	PA, EDS, NP
<i>sevelamer carbonate 800 mg tab</i>	1	EDS, P
<i>sevelamer hcl</i>	1	PA, EDS, NP
VELPHORO	2	PA, NP

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **ALKALINIZERS**

<i>cytra-2</i>	1	OTC
<i>potassium citrate</i>	1	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
<i>sod citrate-citric acid</i>	1	OTC

### **CYSTINOSIS AGENTS**

CYSTAGON	2	LA
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### **GENITOURINARY IRRIGANTS**

<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	2	
<i>sodium chloride 0.9 % solution</i>	1	

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl er</i>	1	EDS, P
AVODART	2	PA, NP
CARDURA XL	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dutasteride 0.5 mg cap</i>	1	EDS, P
<i>dutasteride-tamsulosin hcl</i>	1	PA, EDS, NP
ENTADFI	2	PA, NP
<i>finasteride 5 mg tab</i>	1	EDS, P
FLOMAX	2	PA, NP
JALYN	2	PA, NP
PROSCAR	2	PA, NP
RAPAFLO	2	PA, NP
<i>silodosin</i>	1	PA, EDS, NP
<i>tamsulosin hcl</i>	1	EDS, P
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine (azo)</i>	1	OTC
<b>URINARY STONE AGENTS</b>		
<i>tiopronin 100 mg tab, 100 mg tab dr, 300 mg tab dr</i>	1	PA, SP
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	EDS
<b>GOUT AGENTS</b>		
<i>allopurinol 100 mg tab, 300 mg tab</i>	1	EDS
<i>allopurinol sodium</i>	1	
<i>colchicine 0.6 mg tab</i>	1	EDS
<i>febuxostat</i>	1	EDS
<b>URICOSURICS</b>		
<i>probenecid</i>	1	EDS
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE	2	SP, P
ADYNOVATE	2	SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
AFSTYLA	2	SP, P
ALPHANATE	2	SP, P
ALPHANINE SD	2	SP, P
ALPROLIX	2	SP, P
ALTUVIIIIO	2	SP
BENEFIX	2	SP, P
COAGADEX	2	SP, P
CORIFACT	2	SP, P
ELOCTATE	2	SP, P
ESPEROCT	2	SP, P
FEIBA	2	SP, P
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP, P
HUMATE-P	2	SP, P
IDELVION	2	SP, P
IXINITY	2	SP, P
JIVI	2	SP, P
KOATE	2	SP, P
KOATE-DVI	2	SP, P
KOGENATE FS	2	SP, P
KOVALTRY	2	SP, P
MONONINE	2	SP, P
NOVOEIGHT	2	SP, P
NOVOSEVEN RT	2	SP, P
NUWIQ	2	SP, P
OBIZUR	2	SP, P
PROFILNINE	2	SP, P
REBINYN	2	SP, P
RECOMBINATE	2	SP, P
RIXUBIS	2	SP, P
SEVENFACT	2	SP, P
TRETTEN	2	SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VONVENDI	2	SP, P
WILATE	2	SP, P
XYNTHA	2	SP, P
XYNTHA SOLOFUSE	2	SP, P

### **BRADYKININ B2 RECEPTOR ANTAGONISTS**

FIRAZYR	2	PA, SP, NP
<i>icatibant acetate</i>	1	PA, QL (9 UNITS PER DAY(S)), SP, P

### **COMPLEMENT INHIBITORS**

BERINERT	2	PA, SP, P
CINRYZE	2	PA, QL (16 EA PER 28 DAYS), SP, P
HAEGARDA	2	PA, LA, QL (16 EA PER 28 DAYS), NP
RUCONEST	2	PA, LA, NP
TAVNEOS	2	PA, LA, QL (6 EA PER DAY), NP

### **HEMATORHEOLOGIC AGENTS**

<i>pentoxifylline er</i>	1	EDS
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### **PLASMA KALLIKREIN INHIBITORS**

KALBITOR	2	PA, LA, NP
ORLADEYO	2	PA, LA, QL (28 EA PER 28 DAYS), NP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, LA, QL (2 ML PER 28 DAYS), NP
TAKHZYRO 300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION	2	PA, LA, QL (4 ML PER 28 DAYS), NP

### **PLATELET AGGREGATION INHIBITORS**

<i>anagrelide hcl</i>	1	EDS
<i>aspirin-dipyridamole er</i>	1	PA, EDS, NP
BRILINTA	2	P
CABLIVI	2	PA, SP
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>clopidogrel bisulfate 75 mg tab</i>	1	EDS, P
<i>dipyridamole 25 mg tab, 50 mg tab, 75 mg tab</i>	1	EDS, P
EFFIENT	2	PA, NP
PLAVIX	2	PA, NP
<i>prasugrel hcl</i>	1	EDS, P

## **THROMBOLYTIC ENZYMES**

CATHFLO ACTIVASE	2	
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## **HEMATOPOIETIC AGENTS**

### **AGENTS FOR GAUCHER DISEASE**

CERDELGA	2	SP
<i>miglustat</i>	1	SP
<i>yargesa</i>	1	SP

### **AGENTS FOR SICKLE CELL DISEASE**

ADAKVEO	2	PA, SP, P
DROXIA	2	P
ENDARI	1	PA, QL (6 EA PER 1 DAY), SP, P
<i>l-glutamine -gutamine 5 gm packet</i>	1	PA, QL (6 EA PER 1 DAY), SP, NP
OXBRYTA 300 MG TAB SOL	2	PA, QL (5 EA PER DAY), SP, P
OXBRYTA 300 MG TAB, 500 MG TAB	2	PA, QL (3 EA PER DAY), SP, P
SIKLOS	2	PA, NP

### **COBALAMINS**

<i>b-12 (methylcobalamin)</i>	1	OTC, EDS
<i>vitamin b12</i>	1	OTC, EDS
VITAMIN B12	2	OTC

### **FOLIC ACID/FOLATES**

FOLIC ACID 1 MG	1	OTC, EDS
<i>folic acid 400 mcg/800 mcg</i>	\$0	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	2	PA, SP, P
DOPTELET	2	QL (2 EA PER DAY), SP
EPOGEN	2	PA, SP, P
GRANIX 300 MCG/ML SOLUTION, 480 MCG/1.6ML SOLUTION	2	SP
JESDUVROQ	2	PA, SP, NP
LEUKINE	2	SP
NEULASTA	2	SP
NEULASTA ONPRO	2	SP
NIVESTYM 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	2	SP
PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	2	PA, SP, P
PROCRIT 40000 UNIT/ML SOLUTION	2	PA, SP, NP
PROMACTA	2	PA, SP
REBLOZYL	2	PA, LA, NP
RETACRIT	2	PA, SP, P
UDENYCA	2	SP
ZARXIO	2	SP
ZIEXTENZO	2	SP
<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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<i>doxylamine (sleep)</i>	1	OTC
DOXYLAMINE (SLEEP)	2	OTC
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
AMBIEN	2	PA, QL (1 EA PER DAY), NP
AMBIEN CR	2	PA, QL (1 EA PER DAY), NP
EDLUAR	2	PA, QL (1 EA PER DAY), NP
<i>eszopiclone</i>	1	QL (1 EA PER DAY), P
LUNESTA	2	PA, QL (1 EA PER DAY), NP
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	QL (2 EA PER DAY), P
ZOLPIDEM TARTRATE 1.75 MG SL TAB, 3.5 MG SL TAB	2	PA, QL (1 EA PER DAY), NP
<i>zolpidem tartrate 5 mg tab, 10 mg tab</i>	1	QL (1 EA PER DAY), P
<i>zolpidem tartrate er</i>	1	PA, QL (1 EA PER DAY), NP



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

## **OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA	2	PA, QL (1 EA PER DAY), NP
DAYVIGO	2	PA, QL (1 EA PER DAY), NP
QUVIVIQ	2	PA, QL (1 EA PER DAY), NP

## **SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ	2	PA, LA, QL (1 EA PER DAY), NP
HETLIOZ LQ	2	PA, LA, QL (5 ML PER DAY), NP
<i>ramelteon</i>	1	PA, QL (1 EA PER DAY), NP
ROZEREM	1	QL (1 EA PER DAY), P
<i>tasimelteon</i>	1	PA, QL (1 EA PER DAY), SP, NP

## **LAXATIVES**

### **BULK LAXATIVES**

<i>calcium polycarbophil (fiber laxative)</i>	1	OTC, EDS
<i>cellulose (unifiber)</i>	2	OTC
<i>corn dextrin powder</i>	1	OTC, EDS
METAMUCIL	2	OTC
<i>methylcellulose (citrucel)</i>	2	OTC, EDS
<i>psyllium (metamucil)</i>	1	OTC, EDS
<i>wheat dextrin powder</i>	1	OTC, EDS

### **LAXATIVE COMBINATIONS**

GAVILYTE-C	\$0	QL (8000 ML PER 365 DAYS)
<i>gavilyte-g</i>	\$0	
<i>gavilyte-n with flavor pack</i>	\$0	QL (8000 ML PER 365 DAYS)
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0	QL (8000 ML PER 365 DAYS)
<i>peg-3350/electrolytes</i>	\$0	
PEG-PREP	\$0	
<i>senna / docusate sodium (peri-colace)</i>	1	OTC, EDS
<i>trilyte</i>	\$0	QL (8000 ML PER 365 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>lidocaine hcl (pf) 1 %, 1.5 %, 2 %, 4 %</i>	1	
<i>lidocaine hcl 0.5 %, 1 %, 2 %</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chloroprocaine hcl (pf)</i>	1	
PROCAINE HCL CRYSTALS	2	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin 500 mg recon soln</i>	1	
<i>azithromycin azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 600 mg tab, azithromycin 1 gm packet, azithromycin 500 mg tab</i>	1	P
ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG TAB	2	PA, NP
ZITHROMAX TRI-PAK	2	PA, NP
ZITHROMAX Z-PAK	2	PA, NP
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	2	PA, NP
<i>clarithromycin 250 mg tab, 500 mg tab</i>	1	P
<i>clarithromycin er</i>	1	PA, NP
<b>ERYTHROMYCINS</b>		
E.E.S. GRANULES	2	PA, NP
<i>ery-tab</i>	1	PA, NP
ERYPED 200	2	PA, NP
ERYPED 400	2	PA, NP
ERYTHROCIN STEARATE	2	PA, NP
<i>erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr</i>	1	PA, NP

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 2 PLUS SENSOR	\$0	QL (2 EA PER 1 FILL), CDS
FREESTYLE LIBRE 2 READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
FREESTYLE LIBRE 2 SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 3 PLUS SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE 3 READER	\$0	QL (1 UNIT PER 365 DAYS), CDS, P
FREESTYLE LIBRE 3 SENSOR	\$0	QL (2 EA PER FILL), CDS, P
FREESTYLE LIBRE READER	\$0	QL (1 UNIT PER 365 DAYS), CDS
<i>lancet device</i>	\$0	OTC, CDS
<i>lancets</i>	\$0	OTC, CDS
NON-PREFERRED BLOOD GLUCOSE METER	\$0	PA, OTC, CDS, NP
OMNIPOD 5 DEXG7G6 PODS GEN 5	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 G6 INTRO (GEN 5)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 G6 PODS (GEN 5)	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 G7 INTRO (GEN 5)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 G7 PODS (GEN 5)	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 LIBRE2 PLUS G6	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD 5 PACK	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD CLASSIC PDM (GEN 3)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD DASH INTRO (GEN 4)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD DASH PDM (GEN 4)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD DASH PODS (GEN 4)	\$0	QL (0.5 EA PER DAY), CDS
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
<i>incontinence supplies</i>	2	OTC
<i>ostomy supplies</i>	2	OTC
<b>INFANT CARE PRODUCTS</b>		
<i>diapers</i>	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	\$0	OTC, CDS
<i>miscellaneous medical devices</i>	2	OTC
<b>PARENTERAL THERAPY SUPPLIES</b>		
BD INSULIN SYRINGE U-500	\$0	CDS
<i>insulin injection device</i>	\$0	OTC, CDS
MULTI-DRAW NEEDLE -21G MISC, - 22G MISC	2	CDS
<i>needles and syringes</i>	\$0	OTC, CDS
NEEDLES AND SYRINGES	2	OTC, CDS
<i>sharps container</i>	2	OTC, CDS
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	2	OTC, CDS
<i>respiratory therapy supplies</i>	2	OTC, CDS
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG IMOVIG 140 MG/ML SOLN - INJ	2	PA, QL (1 EA PER 28 DAYS), P
AIMOVIG IMOVIG 70 MG/ML SOLN - INJ	2	PA, QL (1 ML PER 28 DAYS), P
AJOVY	2	PA, QL (1.5 ML PER 28 DAYS), P
EMGALITY (300 MG DOSE)	2	PA, QL (3 ML PER 28 DAYS)
EMGALITY 120 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), P
EMGALITY EMGLITY 120 MG/ML SOLN -INJ	2	PA, QL (1 ML PER 28 DAYS), P
NURTEC	2	PA, QL (16 EA PER 28 DAYS), NP
QULIPTA	2	PA, QL (1 EA PER DAY), NP
UBRELVY	2	PA, QL (20 EA PER 30 DAYS), P
VYEPTI	2	PA, LA, NP
ZAVZPRET	2	PA, QL (6 EA PER 28 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>MIGRAINE COMBINATIONS</b>		
MIGERGOT	2	
<i>sumatriptan-naproxen sodium</i>	1	PA, QL (18 EA PER 30 DAYS), NP
TREXIMET	2	PA, QL (18 EA PER 30 DAYS), NP
<b>MIGRAINE PRODUCTS</b>		
TRUDHESA	2	PA, QL (8 EA PER 28 DAYS), NP
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
ELYXYB	2	PA, QL (28.8 ML PER 30 DAYS), NP
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	1	PA, QL (18 EA PER 30 DAYS), NP
AMERGE	2	PA, QL (18 EA PER 30 DAYS), NP
<i>eletriptan hydrobromide</i>	1	PA, QL (18 EA PER 30 DAYS), NP
FROVA	2	PA, QL (18 EA PER 30 DAYS), NP
<i>frovatriptan succinate</i>	1	PA, QL (18 EA PER 30 DAYS), NP
IMITREX 25 MG TAB, 50 MG TAB, 100 MG TAB	2	PA, QL (18 EA PER 30 DAYS), NP
IMITREX 6 MG/0.5ML SOLUTION	1	QL (8 EA PER 30 DAYS), P
IMITREX STATDOSE REFILL	1	QL (8 ML PER 30 DAYS), P
IMITREX STATDOSE SYSTEM	1	QL (8 EA PER 30 DAYS), P
MAXALT	2	PA, QL (36 EA PER 30 DAYS), NP
MAXALT-MLT	2	PA, QL (36 EA PER 30 DAYS), NP
<i>naratriptan hcl</i>	1	PA, QL (18 EA PER 30 DAYS), NP
RELPAX	1	QL (18 EA PER 30 DAYS), P
REYVOW 100 MG TAB	2	PA, QL (16 EA PER 30 DAYS), NP



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

## **MINERALS ELECTROLYTES**

### **CALCIUM**

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>		
CHROMIUM	2	OTC
<i>chromium</i>	1	OTC, EDS
<i>selenium</i>	1	OTC, EDS
<b>ZINC</b>		
<i>zinc</i>	1	OTC
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>clovique</i>	1	SP
<i>penicillamine 250 mg tab</i>	1	PA, SP
<i>trientine hcl 250 mg cap</i>	1	SP
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	1	PA, QL (1 EA PER DAY), SP
REVLIMID	2	PA, LA, QL (1 EA PER DAY)
REZUROCK	2	PA, QL (1 EA PER DAY), SP, NP

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>IRRIGATION SOLUTIONS</b>		
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
<b>MISC NATURAL PRODUCTS</b>		
<i>miscellaneous natural products</i>	2	OTC
MISCELLANEOUS NATURAL PRODUCTS	2	OTC
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE 200 & 50 MG TAB THPK	2	PA, QL (2 EA PER DAY), SP
VIJOICE 50 MG PACKET	2	PA, QL (1 EA PER 1 DAY), SP
VIJOICE 50 MG TAB THPK, 125 MG TAB THPK	2	PA, QL (1 EA PER DAY), SP
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA	2	
<i>sodium polystyrene sulfonate powder</i>	1	
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	2	PA, LA, QL (4 EA PER DAY)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	2	PA, QL (4 EA PER 28 DAYS), SP
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine viscous hcl</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	P
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	EDS
<i>paroex</i>	1	EDS
<i>periogard</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	1	EDS
<i>clinpro 5000</i>	1	EDS
<i>denta 5000 plus</i>	\$0	EDS
DENTA 5000 PLUS SENSITIVE	1	
<i>dentagel</i>	1	EDS
<i>fluoridex</i>	1	EDS
<i>fluoridex enhanced whitening</i>	1	EDS
FLUORIDEX SENSITIVITY RELIEF	1	
<i>fluorimax 5000</i>	1	EDS
FLUORIMAX 5000 SENSITIVE	1	
<i>fraiche 5000 dental</i>	1	EDS
<i>fraiche rinse</i>	1	OTC, EDS
<i>just right 5000</i>	1	EDS
<i>periomed</i>	1	OTC, EDS
<i>sf</i>	1	EDS
<i>sf 5000 plus</i>	\$0	EDS
SOD FLUORIDE-POTASSIUM NITRATE	1	EDS
<i>sodium fluoride 0.2 % solution, 1.1 % gel</i>	1	EDS
<i>sodium fluoride 1.1 % cream</i>	\$0	EDS
SODIUM FLUORIDE 5000 ENAMEL	1	EDS
<i>sodium fluoride 5000 plus</i>	\$0	EDS
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	\$0	EDS
<i>sodium fluoride 5000 ppm 5000 1.1 % gel, 5000 1.1 % paste</i>	1	EDS
SODIUM FLUORIDE 5000 SENSITIVE	1	EDS
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	1	EDS
<i>pilocarpine hcl 5 mg tab, 7.5 mg tab</i>	1	EDS

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC, EDS
<b>PED MV W/ FLUORIDE</b>		
<i>multivitamin (\$0)</i>	\$0	OTC, EDS
<i>pediatric multiple vitamins / vitamin a / vitamin c / vitamin d / fluoride</i>	\$0	
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins / iron</i>	2	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC, EDS
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
PEDIATRIC MULTIPLE VITAMINS	2	OTC
<i>pediatric multiple vitamins</i>	1	OTC, EDS
<b>PEDIATRIC VITAMINS</b>		
<i>pediatric vitamins</i>	2	OTC
TRI-VI-SOL A/C/D	2	OTC
VITAMIN A-C-D INFANT	2	OTC
VITAMIN A/C/D/ INFANT/TODDLER	2	OTC
<b>PRENATAL VITAMINS</b>		
INATAL GT	2	
<i>prenatal vitamin</i>	\$0	OTC, EDS
PRENATAL VITAMIN	2	OTC, EDS
<b>VITAMINS W/ LIPOTROPICS</b>		
<i>vitamins / lipotropics</i>	1	OTC, EDS
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen 10 mg tab, 20 mg tab</i>	1	
<i>chlorzoxazone 250 mg tab, 500 mg tab</i>	1	
<i>cyclobenzaprine hcl 5 mg tab, 10 mg tab</i>	1	
<i>metaxalone 800 mg tab</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methocarbamol 500 mg tab, 750 mg tab</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl 2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	1	PA, NP
DYMISTA	2	PA, NP
RYALTRIS	2	PA, NP
<b>NASAL AGENTS - MISC.</b>		
SODIUM CHLORIDE NASAL SPRAY	2	OTC
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl 0.1 %, 0.15 %, 137 mcg/spray</i>	1	EDS, P
<i>cromolyn (nasalcrom)</i>	1	OTC, EDS
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide 0.03 % solution</i>	1	EDS, P
<i>ipratropium bromide 0.06 % solution</i>	1	P
<b>NASAL STEROIDS</b>		
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	PA, QL (2 ML PER DAY), EDS, NP
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL (1.07 GM PER DAY), EDS, P
<i>mometasone furoate 50 mcg/act suspension</i>	1	QL (0.57 GM PER DAY), P
NASONEX	2	PA, QL (0.57 GM PER DAY), NP
OMNARIS	2	PA, QL (0.42 GM PER DAY), NP
QNASL	2	PA, QL (0.36 ML PER DAY), NP
QNASL CHILDRENS	2	PA, QL (0.23 GM PER DAY), NP
<i>triamcinolone acetonide (nasacort)</i>	1	QL (0.57 ML PER DAY), OTC, EDS

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

## **SYMPATHOMIMETIC DECONGESTANTS**

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

## **NEUROMUSCULAR AGENTS**

### **ALS AGENTS**

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

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

### **CARBOHYDRATES**

DEXTROSE 250 MG/ML SOLUTION	2	
<i>dextrose 5 %, 50 %</i>	1	

### **LIPIDS**

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

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

CLINIMIX E/DEXTROSE	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/5)	2	
CLINIMIX/DEXTROSE (5/15)	2	
CLINIMIX/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (6/5)	2	
CLINIMIX/DEXTROSE (8/10)	2	

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

## **OPHTHALMIC AGENTS**

### **ARTIFICIAL TEARS AND LUBRICANTS**

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	2	PA, NP
<i>betaxolol hcl 0.5 % solution</i>	1	PA, EDS, NP
BETIMOL	2	PA, NP
BETOPTIC-S	2	PA, NP
<i>brimonidine tartrate-timolol</i>	1	PA, EDS, NP
CARTEOLOL HCL	2	PA, NP
COMBIGAN	1	P
COSOPT	2	PA, NP
COSOPT PF	2	PA, NP
<i>dorzolamide hcl-timolol mal</i>	1	EDS, P
<i>dorzolamide hcl-timolol mal pf</i>	1	PA, EDS, NP
ISTALOL	2	PA, NP
LEVOBUNOLOL HCL	2	PA, NP
<i>timolol hemihydrate</i>	1	P
<i>timolol maleate (once-daily)</i>	1	PA, EDS, NP
<i>timolol maleate 0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution</i>	1	EDS, P
<i>timolol maleate 0.5 % (daily) solution</i>	1	PA, EDS, NP
<i>timolol maleate ocudose</i>	1	PA, EDS, NP
<i>timolol maleate pf</i>	1	PA, EDS, NP
TIMOPTIC	2	PA, NP
TIMOPTIC OCUDOSE	2	PA, NP
TIMOPTIC-XE	2	PA, NP
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA	2	PA, QL (0.14 ML PER DAY), NP
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate 1 % solution</i>	1	EDS
HOMATROPAIRE	2	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pilocarpine hcl 1 %, 2 %, 4 %</i>	1	EDS
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P	1	P
APRACLONIDINE HCL	2	PA, NP
<i>apraclonidine hcl</i>	1	PA, EDS, NP
<i>brimonidine tartrate 0.1 %, 0.2 %</i>	1	EDS, P
<i>brimonidine tartrate 0.15 % solution</i>	1	PA, EDS, NP
IOPIDINE	2	PA, NP
SIMBRINZA	2	PA, NP
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	
AZASITE	2	PA, NP
BACITRACIN 500 UNIT/GM OINTMENT	2	PA, NP
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	PA, NP
CILOXAN 0.3 % OINTMENT	2	PA, NP
<i>ciprofloxacin hcl 0.3 % solution</i>	1	P
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 0.5 % solution</i>	1	PA, NP
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	2	PA, NP
MOXIFLOXACIN HCL (2X DAY)	2	PA, NP
<i>moxifloxacin hcl 0.5 % solution</i>	1	P
NATACYN	2	PA, QL (15 ML PER FILL), NP
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
OCUFLOX	2	PA, NP
<i>ofloxacin 0.3 % solution</i>	1	P
<i>polycin</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>polymyxin b-trimethoprim</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	2	PA, NP
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
VIGAMOX	2	PA, NP
XDEMVY	2	PA, LA, QL (10 ML PER FILL)
ZIRGAN	2	
<b>OPHTHALMIC DECONGESTANTS</b>		
<i>advanced lubricant</i>	1	OTC, EDS
<i>ft eye drops advanced relief</i>	1	OTC, EDS
<i>glitch advanced relief</i>	1	OTC, EDS
<i>naphazoline /pheniramine drops (naphcon-a)</i>	1	OTC, EDS
<i>tetrahydrazoline drops (visine)</i>	1	OTC, EDS
<i>visine red eye hydrating comf</i>	1	OTC, EDS
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
CEQUA	2	PA, QL (2 EA PER DAY), NP
<i>cyclosporine 0.05 % emulsion</i>	1	PA, QL (2 EA PER DAY), EDS, NP
RESTASIS	1	QL (2 EA PER DAY), P
RESTASIS MULTIDOSE	1	QL (2 EA PER DAY), P
VERKAZIA	2	PA, NP
VEVYE	2	PA, QL (0.07 ML PER DAY), NP
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	2	QL (2 EA PER DAY), P
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	2	PA, NP
ROCKLATAN	2	PA, NP
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine</i>	1	
<i>proparacaine hcl 0.5 % solution</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tetracaine hcl 0.5 % solution</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	2	PA, LA, QL (7 UNITS PER FILL; 8 FILLS PER LIFETIME)
<b>OPHTHALMIC STEROIDS</b>		
ALREX	1	P
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BLEPHAMIDE	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
DEXTENZA	2	PA, NP
DEXYCU	2	PA, NP
<i>difluprednate</i>	1	PA, NP
DUREZOL	2	PA, NP
EYSUVIS	2	PA, QL (0.6 ML PER DAY), NP
<i>fluorometholone</i>	1	P
INVELTYS	2	PA, NP
LOTEMAX	2	PA, NP
LOTEMAX SM	2	PA, NP
<i>loteprednol etabonate</i>	1	PA, NP
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC --3.5-10000-1 SUSPENSION	2	
OZURDEX	2	PA, LA, NP
PRED FORTE	2	
<i>prednisolone acetate 1 % suspension</i>	1	P
PREDNISOLONE ACETATE P-F	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
RETISERT	2	PA, LA, NP
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	1	



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRIESENCE	2	LA, P
XIPERE	2	PA, LA, NP
YUTIQ	2	PA, LA, NP
<b>OPHTHALMICS - MISC.</b>		
ACULAR	2	PA, NP
ACULAR LS	2	PA, NP
ACUVAIL	2	PA, NP
ALOMIDE	2	PA, NP
<i>azelastine hcl 0.05 % solution</i>	1	PA, EDS, NP
AZOPT	2	PA, NP
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	PA, NP
BEPREVE	1	P
<i>brinzolamide</i>	1	PA, EDS, NP
<i>bromfenac sodium (once-daily)</i>	1	PA, NP
<i>bromfenac sodium 0.075 % solution</i>	1	PA, NP
BROMSITE	2	PA, NP
CROMOLYN SODIUM CROMOLYN SODIUM 4 % SOLUTION, CROMOLYN SODIUM 4 % SOLUTION	1	P
CYSTARAN	2	LA, QL (60 ML PER 28 DAYS)
<i>diclofenac sodium 0.1 % solution</i>	1	P
<i>dorzolamide hcl 2 % solution</i>	1	EDS, P
<i>epinastine hcl</i>	1	PA, NP
FLURBIPROFEN SODIUM	2	PA, NP
ILEVRO	2	PA, NP
<i>ketorolac tromethamine 0.4 %, 0.5 %</i>	1	P
<i>ketotifen drops (zaditor)</i>	1	PA, OTC, NP
MIEBO	2	PA, QL (0.1 ML PER DAY), NP
NEVANAC	2	PA, NP
<i>olopatadine</i>	1	QL (0.085 ML PER DAY), OTC, EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PROLENSA	2	PA, NP
<i>sodium chloride eye products (muro 128)</i>	1	OTC
TRUSOPT	2	PA, NP
ZADITOR	2	PA, OTC, NP
ZERVIATE	2	PA, NP

## **PROSTAGLANDINS - OPHTHALMIC**

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

## **OTIC AGENTS**

### **OTIC AGENTS - MISCELLANEOUS**

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

### **OTIC ANTI-INFECTIVES**

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

### **OTIC COMBINATIONS**

CIPRO HC	2	P
<i>ciprofloxacin-dexamethasone</i>	1	P
CIPROFLOXACIN-FLUOCINOLONE PF	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CORTISPORIN-TC	2	PA, NP
<i>neomycin-polymyxin-hc</i>	1	P

## **OTIC STEROIDS**

<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	

## **OXYTOCICS**

### **OXYTOCICS**

<i>methergine</i>	1	QL (4 EA PER DAY), QL (28 UNITS PER FILL; 1 FILL PER 365 DAYS)
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL (4 EA PER DAY), QL (28 UNITS PER FILL; 1 FILL PER 365 DAYS)

## **PASSIVE IMMUNIZING AND TREATMENT AGENTS**

### **IMMUNE SERUMS**

CUVITRU	2	SP
GAMMAGARD	2	SP
GAMUNEX-C	2	SP
HIZENTRA	2	SP
HYPERTET	2	
PRIVIGEN 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION	2	SP

### **MONOCLONAL ANTIBODIES**

BEYFORTUS	\$0	LA
SYNAGIS	2	LA

### **PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

HYQVIA	2	SP
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	2	
<i>amoxicillin 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab</i>	1	
<i>ampicillin</i>	1	
AMPICILLIN SODIUM 1 GM RECON SOLN	2	
<i>ampicillin sodium 1 gm soln, 2 gm soln, 10 gm soln, 250 mg soln, 500 mg soln</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin g potassium</i>	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	2	
<i>penicillin v potassium 250 mg tab, 500 mg tab</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE - 200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	2	PA, NP
<i>amoxicillin-pot clavulanate -200-28.5 mg/5ml recon susp, -250-125 mg tab, -250-62.5 mg/5ml recon susp, -400-57 mg/5ml recon susp, -500-125 mg tab, -600-42.9 mg/5ml recon susp, -875-125 mg tab</i>	1	P
AMOXICILLIN-POT CLAVULANATE ER	2	PA, NP
<i>ampicillin-sulbactam sodium</i>	1	
<i>piperacillin sod-tazobactam so -3-0.375 gm ln, -4-0.5 gm ln, -40.5 (36-4.5) gm ln, -2.25 (2-0.25) gm ln, -3.375 (3-0.375) gm ln, -4.5 (4-0.5) gm ln</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	

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

## **PHARMACEUTICAL ADJUVANTS**

### **ANTIMICROBIAL AGENTS**

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

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

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LIVER CONCENTRATE	2	OTC
LIVER FLAVOR	2	OTC
MANGO FLAVOR	2	OTC
MANGO FLAVOR SWEETENED	2	OTC
MANGO PASSION FRUIT OS	2	OTC
MAPLE FLAVOR	2	OTC
MARSHMALLOW ARTIFICIAL FLAVOR	2	OTC
MARSHMALLOW FLAVOR	2	OTC
MARSHMALLOW OS	2	OTC
MARSHMALLOW WS	2	OTC
MINT CHOCOLATE CHIP FLAVOR	2	OTC
MOLASSES FLAVOR	2	OTC
NATURAL CARAMEL	2	OTC
ORANGE CONCENTRATE	2	OTC
ORANGE CREAM FLAVOR	2	OTC
ORANGE FLAVOR	2	OTC
ORANGE OIL FLAVOR	2	OTC
PASSION FRUIT FLAVOR	2	OTC
PASSION FRUIT FLAVOR SWEETENED	2	OTC
PCCA SWEETNESS ENHANCER	2	OTC
PEACH FLAVOR	2	OTC
PEANUT BUTTER FLAVOR	2	OTC
PEANUT BUTTER OS	2	OTC
PEPPERMINT BURST OS	2	OTC
PEPPERMINT FLAVOR	2	OTC
PINA COLADA FLAVOR	2	OTC
PINEAPPLE FLAVOR	2	OTC
PRALINES AND CREAM FLAVOR	2	OTC
PUMPKIN FLAVOR	2	OTC
RASPBERRY CONCENTRATE	2	OTC



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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VITAMIN/IRON MASKING AGENT	2	OTC
WATERMELON FLAVOR	2	OTC
WILD CHERRY FLAVOR	2	OTC
WILD CHERRY OS	2	OTC
WILD CHERRY SD FLAVOR	2	OTC
<b>INTERNAL VEHICLE INGREDIENTS/AGENTS</b>		
THICK-IT - POWDER	2	OTC
<b>LIQUID VEHICLES</b>		
BACTERIOSTATIC WATER(BENZ ALC)	2	
CHERRY	2	OTC
CHERRY CONCENTRATE SYRUP	2	OTC
CUSTOM POLYGLYCOL TROCHE BASE	2	
<i>flavor syrup</i>	2	OTC
<i>saline bacteriostatic</i>	1	
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile water for injection</i>	1	
STERILE WATER FOR INJECTION	2	
<b>NON GELATIN CAPSULES (EMPTY)</b>		
<i>non gelatin capsules</i>	2	OTC
<b>PHARMACEUTICAL EXCIPIENTS</b>		
BITTER DRUG	2	
CAPSORAL W/DYNAMIC STATIC GRD	2	
CAPSUBLEND-H	2	
CAPSUBLEND-P	2	
CAPSUBLEND-S	2	
COCOA BUTTER MISC	2	OTC
ECTOSEAL P2G	2	
FAGRON CAPFILL PRO	2	
FAGRON DISPERSAPRO	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FREEDOM SIMPLECAP	2	
LOXORAL BASE	2	
MAGNESIUM STEARATE	2	OTC
METHYLCELLULOSE POWDER	2	
NAT BITTERNESS	2	
PROCAP 90 CAPSULE EXCIPIENT	2	
STEARIC ACID POWDER	2	OTC

### **SEMI SOLID VEHICLES**

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

### **PROGESTINS**

#### **PROGESTINS**

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

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

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

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

#### **ANTIDEMENTIA AGENTS**

ADLARITY	2	PA, NP
ARICEPT	2	PA, NP
<i>donepezil hcl 23 mg tab</i>	1	PA, EDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp</i>	1	EDS, P
EXELON	2	PA, NP
<i>galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab</i>	1	PA, EDS, NP
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	2	PA, NP
<i>galantamine hydrobromide er</i>	1	PA, EDS, NP
<i>memantine hcl 2 mg/ml, 10 mg/5ml</i>	1	PA, EDS, NP
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	1	PA, NP
<i>memantine hcl 5 mg tab, 10 mg tab</i>	1	EDS, P
<i>memantine hcl er</i>	1	PA, EDS, NP
NAMENDA	2	PA, NP
NAMENDA TITRATION PAK	2	PA, NP
NAMENDA XR	2	PA, NP
NAMENDA XR TITRATION PACK	2	PA, NP
NAMZARIC	2	PA, NP
<i>rivastigmine</i>	1	PA, EDS, NP
<i>rivastigmine tartrate</i>	1	PA, EDS, NP
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA, NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA, NP
PERPHENAZINE-AMITRIPTYLINE	\$0	
SYMBYAX	\$0	PA, NP
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	2	QL (2 EA PER DAY), P
SAVELLA TITRATION PACK	2	QL (55 EA PER 180 DAYS), P
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO	2	PA, QL (4 EA PER DAY), SP
AUSTEDO XR 12 MG TAB ER 24H, 24 MG TAB ER 24H	2	PA, QL (2 EA PER DAY), SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
AUSTEDO XR 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	2	PA, QL (1 EA PER 1 DAY), SP
AUSTEDO XR 6 MG TAB ER 24H	2	PA, QL (3 EA PER DAY), SP
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	2	PA, QL (1 EA PER 1 DAY), SP
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	2	PA, QL (42 EA PER 28 DAYS), SP
<i>tetrabenazine</i>	1	SP
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	2	PA, LA, NP
AUBAGIO	2	PA, SP, NP
AVONEX PEN	2	PA, SP, P
AVONEX PREFILLED	2	PA, SP, P
BAFIERTAM	2	PA, SP, NP
BETASERON	2	PA, SP, P
BRIUMVI	2	PA, LA, NP
COPAXONE 20 MG/ML SOLN PRSYR	1	PA, SP, P
COPAXONE 40 MG/ML SOLN PRSYR	2	PA, SP, NP
<i>dalfampridine er</i>	1	PA, SP, NP
<i>dimethyl fumarate 120 mg cap dr, 240 mg cap dr</i>	1	SP, P
<i>dimethyl fumarate starter pack</i>	1	PA, SP, NP
EXTAVIA	2	PA, SP, NP
<i>fingolimod hcl</i>	1	PA, SP, P
GILENYA 0.25 MG CAP	2	PA, SP, NP
GILENYA 0.5 MG CAP	1	PA, SP, NP
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatopa 20 mg/ml soln prsyr</i>	1	PA, SP, NP
<i>glatopa 40 mg/ml soln prsyr</i>	1	PA, SP, NP
KESIMPTA	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LEMTRADA	2	PA, LA, NP
MAVENCLAD (10 TABS)	2	PA, SP, NP
MAVENCLAD (4 TABS)	2	PA, SP, NP
MAVENCLAD (5 TABS)	2	PA, SP, NP
MAVENCLAD (6 TABS)	2	PA, SP, NP
MAVENCLAD (7 TABS)	2	PA, SP, NP
MAVENCLAD (8 TABS)	2	PA, SP, NP
MAVENCLAD (9 TABS)	2	PA, SP, NP
MAYZENT	2	PA, SP, NP
MAYZENT STARTER PACK	2	PA, SP, NP
OCREVUS	2	PA, SP, NP
PLEGRIDY	2	PA, SP, NP
PLEGRIDY STARTER PACK	2	PA, SP, NP
PONVORY	2	PA, SP, NP
PONVORY STARTER PACK	2	PA, SP, NP
REBIF	2	PA, SP, P
REBIF REBIDOSE	2	PA, SP, P
REBIF REBIDOSE TITRATION PACK	2	PA, SP, P
REBIF TITRATION PACK	2	PA, SP, P
TASCENSO ODT	2	PA, LA, NP
TECFIDERA	2	PA, SP, NP
<i>teriflunomide</i>	1	PA, SP, P
TYSABRI	2	PA, SP, NP
VUMERITY	2	PA, SP, NP
ZEPOSIA	2	PA, QL (1 EA PER DAY), SP, NP
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (1 EA PER DAY), SP, NP
ZEPOSIA STARTER KIT	2	PA, QL (1 EA PER DAY), SP, NP
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE 300 MG TAB, 450 MG TAB, 600 MG TAB, 750 MG TAB, 900 MG TAB	2	PA, NP
LYRICA CR	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pregabalin er</i>	1	PA, NP
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD)	2	PA, NP
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES 1 MG TAB	2	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT	2	PA, NP
<b>SMOKING DETERRENTS</b>		
<i>nicotine gum</i>	\$0	OTC
<i>nicotine patch</i>	\$0	OTC
NICOTROL	\$0	
<i>varenicline tartrate</i>	\$0	
<i>varenicline tartrate (starter)</i>	\$0	
<i>varenicline tartrate(continue)</i>	\$0	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE	2	PA, NP
<i>paroxetine mesylate</i>	1	PA, EDS, NP
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB	2	PA, QL (2 EA PER DAY), SP
KALYDECO 5.8 MG PACKET	2	PA, QL (56 EA PER 28 DAYS), SP
ORKAMBI 100-125 MG TAB, 200-125 MG TAB	2	PA, QL (4 EA PER DAY), SP
ORKAMBI 75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET	2	PA, QL (2 EA PER DAY), SP
PULMOZYME	2	SP
SYMDEKO	2	PA, QL (2 EA PER DAY), SP
TRIKAFTA 50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK	2	PA, QL (3 EA PER DAY), SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRIKAFTA 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	2	PA, QL (2 EA PER DAY), SP
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET 267 MG CAP	2	PA, QL (9 EA PER DAY), SP
OFEV	2	PA, LA, QL (2 EA PER DAY)
<i>pirfenidone 267 mg tab</i>	1	PA, QL (9 EA PER DAY), SP
<i>pirfenidone 801 mg tab</i>	1	PA, QL (3 EA PER DAY), SP
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine 500 mg tab</i>	1	
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	1	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg recon soln, 100 mg tab</i>	1	
<i>doxycycline monohydrate 50 mg cap, 100 mg cap</i>	1	
<i>minocycline hcl 50 mg cap, 75 mg cap, 100 mg cap</i>	1	
<i>mondoxylene nl 100 mg cap</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl 250 mg cap, 500 mg cap</i>	1	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole 5 mg tab, 10 mg tab</i>	1	EDS
<i>propylthiouracil 50 mg tab</i>	1	EDS
<b>THYROID HORMONES</b>		
ADTHYZA 15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 130 MG TAB	2	



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

## **TOXOIDS**

### **TOXOID COMBINATIONS**

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
ATROPINE SULFATE (PF)	2	
<i>atropine sulfate 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr, 1 mg/ml solution, 8 mg/20ml solution</i>	1	
<i>dicyclomine hcl 10 mg cap, 10 mg/5ml solution, 20 mg tab</i>	1	EDS
<i>ed-spaz</i>	1	EDS
<i>glycopyrrolate 1 mg tab, 2 mg tab</i>	1	EDS
<i>hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution</i>	1	EDS
<i>hyoscyamine sulfate er</i>	1	EDS
<i>hyosyne</i>	1	EDS
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	EDS
<i>nulev</i>	1	EDS
<i>oscimin</i>	1	EDS
<i>oscimin sr</i>	1	EDS
<i>symax-sl</i>	1	EDS
<i>symax-sr</i>	1	EDS
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine 200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab</i>	1	EDS
<i>famotidine (pepcid)</i>	1	OTC, EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE 15 MG/ML SOLUTION, 300 MG CAP	2	
<i>nizatidine 150 mg cap</i>	1	EDS
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate 1 gm tab, 1 gm/10ml suspension</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PROTON PUMP INHIBITORS</b>		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
ACIPHEX	2	PA, QL (30 EA PER FILL), NP
<i>cvs esomeprazole magnesium</i>	1	OTC, EDS, P
<i>cvs omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>cvs omeprazole magnesium</i>	1	OTC, EDS
DEXILANT	2	PA, NP
<i>dexlansoprazole</i>	1	PA, NP
<i>eq esomeprazole magnesium</i>	1	OTC, EDS, P
<i>eq omeprazole magnesium</i>	1	OTC, EDS
<i>esomeprazole magnesium 10 mg packet, 20 mg packet, 40 mg packet</i>	1	PA, NP
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC, EDS, P
<i>esomeprazole magnesium 40 mg cap dr</i>	1	EDS, P
<i>ft acid reducer 20 mg cap dr</i>	1	OTC, EDS, P
<i>gnp esomeprazole magnesium</i>	1	OTC, EDS, P
<i>gnp omeprazole 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>goodsense esomeprazole</i>	1	OTC, EDS, P
<i>hm esomeprazole magnesium dr</i>	1	OTC, EDS, P
<i>kls esomeprazole magnesium</i>	1	OTC, EDS, P
<i>kp omeprazole magnesium</i>	1	OTC, EDS
<i>lansoprazole (prevacid)</i>	1	PA, OTC, EDS, NP
LANSOPRAZOLE 15 MG CAP DR	1	OTC, EDS, P
LANSOPRAZOLE 15 MG TAB DR DISP	1	PA, OTC, NP
LANSOPRAZOLE 30 MG CAP DR	1	EDS, P
LANSOPRAZOLE 30 MG TAB DR DISP	1	PA, NP
NEXIUM 2.5 MG PACKET, 5 MG PACKET, 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	1	P
NEXIUM 20 MG CAP DR, 40 MG CAP DR	2	PA, NP
NEXIUM I.V.	2	PA, NP

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## URINARY ANTISPASMODICS

### URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	1	PA, EDS, NP
DETROL	2	PA, NP
DITROPAN XL	2	PA, NP
ENABLEX	2	PA, NP
<i>fesoterodine fumarate er</i>	1	PA, NP
<i>oxybutynin chloride 5 mg tab, 5 mg/5ml solution</i>	1	EDS, P
<i>oxybutynin chloride er</i>	1	EDS, P
OXYTROL	2	P
<i>solifenacin succinate</i>	1	EDS, P
<i>tolterodine tartrate</i>	1	EDS, P
<i>tolterodine tartrate er</i>	1	EDS, P
TOVIAZ	1	P
<i>trospium chloride</i>	1	PA, EDS, NP
<i>trospium chloride er</i>	1	PA, EDS, NP
VESICARE	2	PA, NP
VESICARE LS	2	PA, NP

### URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA	2	PA, NP
<i>mirabegron er</i>	1	
MYRBETRIQ	2	PA, NP

### URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride 5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab</i>	1	EDS
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### URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl</i>	1	PA, EDS, NP
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	\$0	
BCG VACCINE	\$0	
BEXSERO	\$0	
CAPVAXIVE	\$0	
HIBERIX	\$0	
MENACTRA	\$0	
MENQUADFI	\$0	
MENVEO	\$0	
PEDVAX HIB	\$0	
PENBRAYA	\$0	
PNEUMOVAX 23	\$0	
PREVNAR 13	\$0	
PREVNAR 20	\$0	
TRUMENBA	\$0	
TYPHIM VI	\$0	
VAXCHORA	\$0	
VAXNEUVANCE	\$0	
<b>VIRAL VACCINES</b>		
ABRYSVO	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AREXVY	\$0	
COMIRNATY	\$0	
DENGVAXIA	\$0	
ENGERIX-B	\$0	
ERVEBO	\$0	
FLUAD	\$0	
FLUARIX	\$0	
FLUARIX QUADRIVALENT	\$0	

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

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

## **VAGINAL AND RELATED PRODUCTS**

### **SPERMICIDES**

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

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



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

## VAGINAL ESTROGENS

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

## VASOPRESSORS

### ANAPHYLAXIS THERAPY AGENTS

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

## VITAMINS

### OIL SOLUBLE VITAMINS

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

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

# Index

<b>A</b>	acid reducer.....	179	ADDERALL XR.....	15	
a+d first aid.....	117	ACIPHEX.....	179	adefovir dipivoxil.....	88
A+D FIRST AID.....	117	acitretin.....	112	ADEMPAS.....	95
a+d prevent original.....	117	ACTEMRA.....	25	adhesive tape.....	140
abacavir sulfate.....	85	ACTEMRA ACTPEN.....	25	ADLARITY.....	171
abacavir sulfate-lamivudine.....	85	ACTHIB.....	182	ADMELOG.....	57
abacavir-lamivudine- zidovudine.....	85	ACTIVATED CHARCOAL.....	20	ADMELOG SOLOSTAR.....	57
ABILIFY.....	84	activated charcoal.....	61	adrucil.....	72
ABILIFY ASIMTUFII.....	84	ACTONEL.....	121	ADTHYZA.....	176
ABILIFY MAINTENA.....	84	ACULAR.....	161	ADVAIR DISKUS.....	43
ABILIFY MYCITE.....	84	ACULAR LS.....	161	ADVAIR HFA.....	43
abiraterone acetate.....	74	ACUVAIL.....	161	advanced lubricant.....	159
ABRILADA (1 PEN).....	21	acyclovir.....	89,114	ADVATE.....	130
ABRILADA (2 PEN).....	21	acyclovir sodium.....	89	ADYNOVATE.....	130
ABRILADA (2 SYRINGE).....	21	ADACEL.....	177	ADZENYS ER.....	15
ABRYSVO.....	182	ADAKVEO.....	133	ADZENYS XR-ODT.....	15
acamprosate calcium.....	171	ADALIMUMAB-AATY (1 PEN).....	21	afirmelle.....	98
ACANYA.....	108	ADALIMUMAB-AATY (2 SYRINGE).....	21	AFLURIA PRESERVATIVE FREE.....	182
acarbose.....	54	ADALIMUMAB-ADAZ.....	21	AFREZZA.....	57
ACCOLATE.....	42	ADALIMUMAB-ADBM (2 PEN).....	21	AFSTYLA.....	131
Accu-Chek Blood Glucose Meter.....	118	ADALIMUMAB-ADBM (2 SYRINGE).....	21	AIMOVIG.....	143
ACCU-CHEK SMARTVIEW.....	119	ADALIMUMAB- ADBM(CD/UC/HS STRT).....	21	AIRDUO RESPICLICK 113/14.....	43
ACCUPRIL.....	67	ADALIMUMAB-ADBM(PS/UV STARTER).....	21,22	AIRDUO RESPICLICK 232/14.....	43
accutane.....	108	ADALIMUMAB-FKJP (2 PEN).....	22	AIRDUO RESPICLICK 55/14.....	43
acebutolol hcl.....	90	ADALIMUMAB-FKJP (2 SYRINGE).....	22	AIRSUPRA.....	43
acetaminophen (tylenol).....	28	ADALIMUMAB-RYVK (2 PEN).....	22	AJOVY.....	143
acetaminophen / caffeine / pyrilamine (MIDOL).....	28	ADALIMUMAB-RYVK (2 SYRINGE).....	22	ak-poly-bac.....	158
acetaminophen / diphenhydramine.....	136	ADALIMUMAB-RYVK (2 SYRINGE).....	22	AKEEGA.....	74
ACETAMINOPHEN- CODEINE.....	33	ADALIMUMAB-RYVK (2 SYRINGE).....	22	AKYNZEO.....	62
acetaminophen-codeine.....	33	adapalene.....	108	albendazole.....	37
acetazolamide.....	120	adapalene treatment.....	108	ALBUSTIX.....	119
acetazolamide er.....	120	adapalene-benzoyl peroxide.....	108	ALBUTEROL SULFATE.....	43
acetazolamide sodium.....	120	ADBRY.....	115	albuterol sulfate.....	43
acetic acid.....	129,162	ADCIRCA.....	94	ALBUTEROL SULFATE ER.....	43
acetylcysteine.....	107			ALBUTEROL SULFATE HFA.....	43
				albuterol sulfate hfa.....	43
				alcohol swabs.....	143
				ALCON TEARS.....	156
				ALECENSA.....	76
				alendronate sodium.....	121

ALFALFA FLAVOR.....	165	amethia lo.....	98	ampicillin sodium.....	164
alfuzosin hcl er.....	129	amethyst.....	98	ampicillin-sulbactam sodium..	164
aliskiren fumarate.....	70	amikacin sulfate.....	20	AMPYRA.....	173
allopurinol.....	130	amiloride hcl.....	121	AMZEEQ.....	108
allopurinol sodium.....	130	amiloride- hydrochlorothiazide.....	121	anagrelide hcl.....	132
ALMOND OIL BITTER FLAVOR.....	165	AMILORIDE- HYDROCHLOROTHIAZIDE.....	121	anastrozole.....	74
almotriptan malate.....	144	aminoacetic acid.....	129	ANCOBON.....	62
ALOGLIPTIN BENZOATE.....	56	amiodarone hcl.....	40	ANISE EXTRACT.....	165
ALOGLIPTIN-METFORMIN HCL.....	54	amitriptyline hcl.....	54	ANISE FLAVOR.....	165
ALOGLIPTIN- PIOGLITAZONE.....	54	AMJEVITA.....	22	ANORO ELLIPTA.....	43
ALOMIDE.....	161	amlodipine besy-benazepril hcl.....	69	ANTACID.....	36
alose tron hcl.....	128	amlodipine besylate.....	91	ANTARA.....	65
ALPHAGAN P.....	158	amlodipine besylate-valsartan.....	69	anti-dandruff shampoo.....	114
ALPHANATE.....	131	amlodipine-atorvastatin.....	93	anti-itch lotion.....	112
ALPHANINE SD.....	131	amlodipine-olmesartan.....	69	anucort-hc.....	36
alprazolam.....	40	amlodipine-valsartan-hctz.....	69	anusol-hc.....	36
ALPROLIX.....	131	ammonium lactate (AMLACTIN).....	116	ANZEMET.....	61
ALREX.....	160	amnesteem.....	108	APIDRA.....	57
altacaine.....	159	amoxapine.....	54	APIDRA SOLOSTAR.....	57
ALTACE.....	67	AMOXICILLIN.....	164	APLENZIN.....	51
altavera.....	98	amoxicillin.....	164	APLICARE POVIDONE-IODINE 10 % GEL.....	85
ALTOPREV.....	66	AMOXICILLIN-POT CLAVULANATE.....	164	APPLE FLAVOR.....	165
ALTRENO.....	108	amoxicillin-pot clavulanate... AMOXICILLIN-POT CLAVULANATE ER.....	164	APPLE FLAVOR WATER MISCIBLE.....	165
ALTUVIIIO.....	131	amphet-dextroamphet 3-bead er.....	15	APRACLONIDINE HCL.....	158
aluminum hydroxide (ALTERNAGEL).....	36	AMPHETAMINE ER.....	15	apraclonidine hcl.....	158
ALUNBRIG.....	76	amphetamine sulfate.....	15	aprepitant.....	62
ALVESCO.....	42	amphetamine-dextroamphet er.....	15	APRETUDE.....	85
alyacen 1/35.....	98	amphet- amphet- dextroamphetamine.....	15	apri.....	98
alyacen 7/7/7.....	98	AMPHOTERICIN B.....	62	APRICOT FLAVOR.....	165
alyq.....	94	ampicillin.....	164	APRISO.....	126
amabelz.....	124	AMPICILLIN SODIUM.....	164	APTENSIO XR.....	17
amantadine hcl.....	80			APTIOM.....	47
AMBIEN.....	136			APTIVUS.....	85
AMBIEN CR.....	136			aquastat.....	148
ambrisentan.....	94			aquastat sfr.....	148
AMERGE.....	144			aranelle.....	98
amethia.....	98			ARANESP (ALBUMIN FREE).....	134
				ARAZLO.....	108
				ARCALYST.....	25

AREXVY	182	atomoxetine hcl	17	azathioprine	149
arformoterol tartrate	43	ATORVALIQ	66	azelaic acid	118
argyle sterile saline	129	atorvastatin calcium	66	azelastine hcl	154,161
ARICEPT	171	atovaquone	38	azelastine-fluticasone	154
ARIKAYCE	20	atovaquone-proguanil hcl	71	azithromycin	139
aripiprazole	84	ATRALIN	108	AZOPT	161
ARISTADA	84	atropine sulfate	157,178	AZOR	69
ARISTADA INITIO	84	ATROPINE SULFATE (PF)	178	AZSTARYS	18
ARIXTRA	45	ATROVENT HFA	41	aztreonam	38
armodafinil	17	AUBAGIO	173	AZULFIDINE	126
ARMOUR THYROID	177	aubra	98	AZULFIDINE EN-TABS	127
ARNUITY ELLIPTA	42	aubra eq	98	azurette	98
ARTHROTEC	25	AUGTYRO	76		
artificial tear drops	156	aurovela 1.5/30	98	<b>B</b>	
ASACOL HD	126	aurovela 1/20	98	B COMPLEX-C-BIOTIN-E-FA	152
ascomp-codeine	33	aurovela 24 fe	98	b-12 (methylcobalamin)	133
asenapine maleate	83	aurovela fe 1.5/30	98	bac	28
ashlyna	98	aurovela fe 1/20	98	baciim	37
ASMANEX HFA	42	AURYXIA	128	bacitra-neomycin-polymyxin-	
ASMANEX INHALATION		AUSTEDO	172	hc	160
POWDER	42	AUSTEDO XR	172,173	bacitracin	37,110
aspirin	28	AUSTEDO XR PATIENT		BACITRACIN	158
aspirin (81 mg chew tab)	28	TITRATION	173	bacitracin / polymyxin b	
aspirin (81 mg tab dr)	28	AUVELITY	51	(POLYSPORIN)	110
aspirin / acetaminophen /		AUVI-Q	185	BACITRACIN MICRONIZED	96
caffeine (EXCEDRIN)	28	AVALIDE	69	bacitracin zinc	110
aspirin / buffers (BUFFERIN)	28	AVAPRO	68	bacitracin-polymyxin b	158
aspirin / sodium bicarb / citric		avar cleanser	108	baclofen	153
acid (ALKA-SELTZER)	28	avar-e emollient	108	BACON FLAVOR	165
aspirin 325 mg delayed		avar-e green	108	BACTERIOSTATIC	
release	28	AVAR-E LS	108	WATER(BENZ ALC)	170
aspirin 500 mg	28	aviane	98	BAFIERTAM	173
aspirin suppository	28	avita	108	balanced salt	161
aspirin-dipyridamole er	132	AVODART	129	balsalazide disodium	127
ASTAGRAF XL	149	AVONEX PEN	173	BALVERSA	76
ATACAND	68	AVONEX PREFILLED	173	balziva	99
ATACAND HCT	69	AVSOLA	126	BANANA CONCENTRATE	165
atazanavir sulfate	85	ayuna	98	BANANA CREAM FLAVOR	165
ATELVIA	122	AYVAKIT	75	BANANA CREME FLAVOR	165
atenolol	90	azasan	149	BANANA FLAVOR	165
atenolol-chlorthalidone	69	AZASITE	158	bandages	140

BANZEL.....	47	benzoyl peroxide pad.....	108	BIOTIN-D.....	96
BAQSIMI ONE PACK.....	56	benzoyl peroxide-		bisacodyl.....	138
BAQSIMI TWO PACK.....	56	erythromycin.....	108	bisacodyl 10 mg suppository.....	138
BARACLUDGE.....	88	benztropine mesylate.....	80	bismuth subsalicylate.....	60
BASAGLAR KWIKPEN.....	57	BENZYL ALCOHOL.....	165	BISMUTH SUBSALICYLATE.....	60
BASAGLAR TEMPO PEN.....	57	BENZYL BENZOATE.....	98	bismuth subsalicylate (PEPTO-	
BAXDELA.....	125	bepotastine besilate.....	161	BISMOL).....	60
BCG VACCINE.....	182	BEPREVE.....	161	bisoprolol fumarate.....	90
bd heparin posiflush.....	45	BERINERT.....	132	bisoprolol-hydrochlorothiazide.....	69
BD INSULIN SYRINGE U-		BESIVANCE.....	158	BITTER DRUG.....	170
500.....	143	beta-carotene.....	185	BITTER STOP FLAVOR.....	165
bd posiflush.....	148	BETA-CAROTENE.....	185	BITTER-BLOC PURE.....	165
bd posiflush safescrub.....	148	betamethasone dipropionate.....	114	BITTER-BLOC WS.....	165
BEEF (GRILLED) FLAVOR OIL		betamethasone dipropionate		BITTER-BLOC WS	
SOL.....	165	aug.....	114	CONCENTRATE.....	165
BEEF BRAISED NATURAL		BETAMETHASONE		BITTER-BLOC WS/OS	
FLAVOR.....	165	DIPROPIONATE AUG.....	114	LIQUID.....	166
BEEF FLAVOR.....	165	betamethasone valerate.....	114	BITTERNESS MASK	
BEEF TYPE FLAVOR		BETAPACE.....	90	FLAVOR.....	166
NATURAL.....	165	BETAPACE AF.....	90	BITTERNESS REDUCING	
BEEF TYPE FLAVOR OS.....	165	BETASERON.....	173	AGENT.....	166
BEEF-ADE.....	165	betaxolol hcl.....	90,157	BITTERNESS SUPPRESSOR	
bekyree.....	99	BETAXOLOL HCL.....	157	FLAVOR.....	166
BELBUCA.....	33	bethanechol chloride.....	181	BLACKBERRY FLAVOR.....	166
BELSOMRA.....	137	BETHKIS.....	20	BLEPHAMIDE.....	160
benazepril hcl.....	67	BETIMOL.....	157	blisovi 24 fe.....	99
benazepril-		BETOPTIC-S.....	157	blisovi fe 1.5/30.....	99
hydrochlorothiazide.....	69	BEVESPI AEROSPHERE.....	43	blisovi fe 1/20.....	99
BENEFIX.....	131	bexarotene.....	79,112	blood glucose calibration	
BENICAR.....	68	BEXSERO.....	182	liquid.....	141
BENICAR HCT.....	69	BEYFORTUS.....	163	BLOOD ORANGE OS.....	166
BENLYSTA.....	150	bicalutamide.....	74	blood pressure monitoring	
BENZACLIN WITH PUMP.....	108	BICARSIM FORTE 125 MG		device.....	140
BENZAMYCIN.....	108	TAB.....	126	BLUEBERRY FLAVOR.....	166
BENZNIDAZOLE.....	37	BIKTARVY.....	85	BONIVA.....	122
BENZOCAINE.....	96	bimatoprost.....	162	BONJESTA.....	62
benzoin tincture.....	117	BIMZELX.....	112	BOOSTRIX.....	177
benzonatate.....	106	bioflavonoids.....	152	bosentan.....	94
benzoyl peroxide.....	108	BIOFLAVONOIDS.....	152	BOSULIF.....	76
benzoyl peroxide cleanser		BIOTIN.....	96	bp 10-1.....	108
6%.....	108	biotin.....	186	BPO gel 4%, 8%.....	108

BRAFTOVI.....	76	bupropion hcl.....	51	calcium / vitamin C / vitamin D.....	145
BREO ELLIPTA.....	43	bupropion hcl er (smoking det).....	51	calcium / vitamin D / vitamin K145	
breynd.....	43	bupropion hcl er (sr).....	51	CALCIUM / VITAMIN D / VITAMIN K.....	145
BREZTRI AEROSPHERE.....	43	BUPROPION HCL ER (XL).....	51	calcium acetate.....	128
brillyn.....	99	bupropion hcl er (xl).....	51	calcium acetate (phos binder).....	128
BRILINTA.....	132	buspirone hcl.....	39	calcium ascorbate.....	186
brimonidine tartrate.....	158	butalbital-acetaminophen.....	28	CALCIUM CARBONATE.....	145
brimonidine tartrate-timolol.....	157	butalbital-apap-caff-cod.....	33	calcium carbonate.....	146
brinzolamide.....	161	butalbital-apap-caffeine.....	28	calcium carbonate (TUMS).....	37
BRISDELLE.....	175	butalbital-asa-caff-codeine.....	33	calcium carbonate / folic acid / vitamin D.....	146
BRIUMVI.....	173	butalbital-aspirin-caffeine.....	28	calcium carbonate / magnesium hydroxide (MYLANTA SUPREME).....	36
BRIVIACT.....	47	BUTALBITAL-ASPIRIN-CAFFEINE.....	28	calcium carbonate / vitamin D.....	146
BRIXADI.....	34	BUTTER FLAVOR.....	166	CALCIUM CARBONATE / VITAMIN D.....	146
BRIXADI (WEEKLY).....	33,34	BUTTER RUM FLAVOR.....	166	calcium carbonate / vitamin D / minerals.....	146
bromfed dm.....	106	BUTTERSCOTCH FLAVOR.....	166	CALCIUM CITRATE.....	146
bromfenac sodium.....	161	BYDUREON BCISE.....	56	calcium citrate.....	146
bromfenac sodium (once-daily).....	161	BYETTA 10 MCG PEN.....	56	CALCIUM CITRATE / VITAMIN D.....	146
bromocriptine mesylate.....	80	BYETTA 5 MCG PEN.....	56	calcium citrate / vitamin D.....	146
bromphen-pseudoeph-dm.....	106	<b>C</b>			
brompheniramine / phenylephrine.....	106	CABENUVA.....	85	calcium citrate / vitamin D.....	146
brompheniramine / pseudoephedrine.....	106	cabergoline.....	124	calcium panthothenate.....	186
BROMSITE.....	161	CABLIVI.....	132	calcium polycarbophil (fiber laxative).....	137
BROVANA.....	43	CABOMETYX.....	76	CALQUENCE.....	76
BRUKINSA.....	76	CABTREGO.....	108	camila.....	104
BUBBLE GUM CONCENTRATE.....	166	CADUET.....	93	camphor / menthol / methyl salicylate (SALONPAS).....	116
BUBBLE GUM FLAVOR.....	166	CAFFEINE-SODIUM BENZOATE.....	16	camrese.....	99
BUBBLE GUM OS.....	166	calamine.....	117	camrese lo.....	99
BUBBLE GUM WS.....	166	calamine / zinc oxide.....	117	CAMZYOS.....	93
budesonide.....	35,42,105	CALAN SR.....	91	CANASA.....	127
budesonide er.....	105	calcipotriene.....	112	candesartan cilexetil.....	68
budesonide-formoterol fumarate.....	43	CALCIPOTRIENE.....	112	candesartan cilexetil-hctz.....	69
bumetanide.....	121	calcitonin (salmon).....	122	capecitabine.....	72
buprenorphine.....	34	calcitriol.....	123	CAPLYTA.....	82
buprenorphine hcl.....	34	calcium / magnesium / zinc.....	145		
buprenorphine hcl-naloxone hcl.....	34	calcium / phosphorus / vitamin D.....	145		

CAPRELSA.....	76	CAYA.....	141	CHEESE-ADE FLAVOR.....	166
capsaicin (ZOSTRIX).....	117	CAYSTON.....	38	CHEESECAKE FLAVOR.....	166
CAPSORAL W/DYNAMIC STATIC GRD.....	170	caziant.....	99	CHEMET.....	60
CAPSUBLEND-H.....	170	CEFACLOR.....	95	CHEMSTRIP 10 MD.....	119
CAPSUBLEND-P.....	170	CEFACLOR ER.....	95	CHEMSTRIP 10/SG.....	119
CAPSUBLEND-S.....	170	CEFADROXIL.....	95	CHEMSTRIP 2 GP.....	119
captopril.....	67	cefadroxil.....	95	CHEMSTRIP 5 OB.....	119
CAPTOPRIL- HYDROCHLOROTHIAZIDE.....	69	cefazolin sodium.....	95	CHEMSTRIP 7.....	119
CAPVAXIVE.....	182	CEFAZOLIN SODIUM- DEXTROSE.....	95	CHEMSTRIP 9.....	119
CARAMEL FLAVOR.....	166	cefdinir.....	96	CHEMSTRIP K.....	119
CARAMEL OS.....	166	cefepime hcl.....	96	CHEMSTRIP MICRAL.....	119
carbamazepine.....	47	CEFEPIME HCL.....	96	CHEMSTRIP UGK.....	119
CARBAMAZEPINE.....	47	cefexime.....	96	CHERRY.....	170
carbamazepine er.....	47	cefepime hcl.....	96	CHERRY CONCENTRATE...	170
carbamide peroxide (DEBROX).....	162	cefoxitin sodium.....	95	CHERRY FLAVOR.....	166
carbidopa-levodopa.....	80	cefopodoxime proxetil.....	96	CHERRY-ADE FLAVOR.....	166
CARBIDOPA-LEVODOPA...	80	cefprozil.....	95	CHICKEN (GRILLED) FLAVOR.....	166
carbidopa-levodopa er.....	80	ceftazidime.....	96	CHICKEN BROTH FLAVOR..	166
carbidopa-levodopa- entacapone.....	81	ceftriaxone sodium.....	96	CHICKEN CONC FLAVOR...	166
CARBIDOPA-LEVODOPA- ENTACAPONE.....	81	cefuroxime axetil.....	95	CHICKEN FLAVOR.....	166
carbinoxamine maleate.....	63	cefuroxime sodium.....	96	CHICKEN FLAVOR OIL MISCIBLE.....	166
CARBINOXAMINE MALEATE.....	63	CELEBREX.....	25	CHICKEN FLAVOR OIL SOLUBLE.....	166
CARDIZEM.....	91	celecoxib.....	25	CHICKEN FLAVOR WATER MISCIBLE.....	166
CARDIZEM CD.....	91	CELEXA.....	52	CHICKEN ROASTED CONCENTRATE.....	166
CARDIZEM LA.....	91	CELLCEPT.....	149	CHILDRENS COLD- ALLERGY.....	106
CARDURA.....	68	CELLULOSE.....	97	CHLORDIAZEPOXIDE- AMITRIPTYLINE.....	172
CARDURA XL.....	129	cellulose (UNIFIBER).....	137	chlorhexidine gluconate...	85,150
carglumic acid.....	123	CELONTIN.....	50	chlorprocaine hcl (pf).....	139
CARTEOLOL HCL.....	157	CENTANY.....	110	chloroquine phosphate.....	71
cartia xt.....	91	CENTANY AT.....	110	chlorpheniramine.....	63
carvedilol.....	90	cephalexin.....	95	chlorpheniramine / phenylephrine.....	106
carvedilol phosphate er.....	90	CEQUA.....	159	chlorpheniramine / phenylephrine / acetaminophen.....	106
cataflam.....	25	CERDELGA.....	133		
CATHFLO ACTIVASE.....	133	cetirizine (ZYRTEC).....	64		
cavarest.....	151	cetirizine / pseudoephedrine (ZYRTEC – D).....	106		
		cetirizine chew tab (ZYRTEC).....	64		
		cevimeline hcl.....	151		
		charlotte 24 fe.....	99		
		chateal.....	99		
		chateal eq.....	99		



chlorpheniramine / phenylephrine / aspirin.....	106	citalopram hydrobromide.....	52	clinpro 5000.....	151
chlorpheniramine / pseudoephedrine.....	106	CITALOPRAM HYDROBROMIDE.....	52	clobazam.....	46
chlorpromazine hcl.....	84	CITRIC ACID.....	98	clobetasol prop emollient base.....	115
chlorthalidone.....	121	CITRIC ACID ANHYDROUS.....	98	clobetasol propionate.....	115
chlorzoxazone.....	153	CITRIC ACID MONOHYDRATE.....	98	clobetasol propionate e.....	115
CHOCOLATE CONCENTRATE.....	166	claravis.....	108	clomipramine hcl.....	54
CHOCOLATE FLAVOR.....	166	CLARINEX.....	64	clonazepam.....	46
CHOCOLATE HAZELNUT FLAVOR.....	167	CLARINEX-D 12 HOUR.....	106	clonidine.....	68
CHOCOLATE NATURAL & ARTIFICIAL.....	167	CLARITHROMYCIN.....	139	clonidine hcl.....	68
cholestyramine.....	65	clarithromycin.....	139	clonidine hcl er.....	17
cholestyramine light.....	65	clarithromycin er.....	139	clopidogrel bisulfate.....	132,133
CHROMIUM.....	148	clemastine fumarate.....	63	clorazepate dipotassium.....	40
chromium.....	148	CLEMASTINE FUMARATE.....	63	clotrimazole.....	150
ciclodan.....	111	CLENIA PLUS.....	108	clotrimazole (GYNE- LOTRIMIN).....	184
ciclopirox.....	111	CLEOCIN-T.....	108	clotrimazole (LOTRIMIN).....	111
ciclopirox olamine.....	111	clindacin.....	108	clotrimazole-betamethasone.....	111
cilostazol.....	132	clindacin etz.....	109	CLOTTRIMAZOLE- BETAMETHASONE.....	111
CILOXAN.....	158	clindacin-p.....	109	clovique.....	148
CIMDUO.....	85	clindamycin hcl.....	38	CLOZAPINE.....	83
cimetidine.....	178	clindamycin palmitate hcl.....	38	clozapine.....	83
CIMZIA.....	127	clindamycin phos-benzoyl perox.....	109	CLOZARIL.....	83
CIMZIA (2 SYRINGE).....	127	clindamycin phosphate.....	38,109,184	COAGADDEX.....	131
CIMZIA-STARTER.....	127	clindamycin-tretinoin.....	109	coal tar.....	118
cinacalcet hcl.....	123	CLINIMIX E/DEXTROSE.....	155	COARTEM.....	71
CINNAMON FLAVOR.....	167	CLINIMIX/DEXTROSE (4.25/10).....	155	COCOA BUTTER.....	170
CINQAIR.....	41	CLINIMIX/DEXTROSE (4.25/5).....	155	COCONUT FLAVOR.....	167
CINRYZE.....	132	CLINIMIX/DEXTROSE (5/15).....	155	COFFEE FLAVOR.....	167
CIPRO.....	125	CLINIMIX/DEXTROSE (5/20).....	155	COLA FLAVOR.....	167
CIPRO HC.....	162	CLINIMIX/DEXTROSE (6/5).....	155	COLAZAL.....	127
ciprofloxacin.....	125	CLINIMIX/DEXTROSE (8/10).....	155	colchicine.....	130
CIPROFLOXACIN HCL.....	125	CLINIMIX/DEXTROSE (8/14).....	156	colchicine-probenecid.....	130
ciprofloxacin hcl.....	125,158,162			colesevelam hcl.....	65
ciprofloxacin- dexamethasone.....	162			COLESTID.....	65
CIPROFLOXACIN- FLUOCINOLONE PF.....	162			colestipol hcl.....	65
				colistimethate sodium (cba).....	39
				COMBIGAN.....	157
				COMBIVENT RESPIMAT.....	43

COMETRIQ (100 MG DAILY DOSE)	76	COZAAR	68	CYCLOPHOSPHAMIDE	72
COMETRIQ (140 MG DAILY DOSE)	76	CRAN-RASPBERRY FLAVOR	167	cyclosporine	149,159
COMETRIQ (60 MG DAILY DOSE)	76	CRANBERRY SUPPLEMENT 20	20	cyclosporine modified	149
COMIRNATY	182	cranberry supplement	20	CYLTEZO	22
COMPLERA	85	CREME DE MENTHE FLAVOR	167	CYLTEZO (2 PEN)	22
compro	84	CREME DEMENTHE FLAVOR	167	CYLTEZO (2 SYRINGE)	22
CONCERTA	18	CREME OS	167	CYLTEZO-CD/UC/HS STARTER	22
constulose	138	CREON	120	CYLTEZO-PSORIASIS STARTER	22
Contour Blood Glucose Meter	141	CRESEMBA	63	CYLTEZO-PSORIASIS/UV STARTER	22
CONTOUR MONITOR DEVICE	141	CRESTOR	66	CYMBALTA	53
CONTOUR NEXT TEST	119	CRIVIVAN	85	cyproheptadine hcl	64
CONTOUR PLUS TEST	119	cromolyn (NASALCROM)	154	cyred	99
CONTOUR TEST	119	cromolyn sodium	41,126	cyred eq	99
CONZIP	29	CROMOLYN SODIUM	161	CYSTAGON	129
COPAXONE	173	CROTAN	118	CYSTARAN	161
COPIKTRA	76	cryselle-28	99	cytra-2	129
COREG	90	CRYSVITA	123		
CORGARD	90	curity sterile saline	129	<b>D</b>	
CORIFACT	131	CUSTOM POLYGLYCOL		dabigatran etexilate mesylate	46
corn dextrin powder	137	TROCHE BASE	170	dalfampridine er	173
CORTISONE ACETATE	105	CUVITRU	163	DALIRESP	42
CORTISPORIN-TC	163	cvs adapalene	109	danazol	35
COSENTYX	112	cvs esomeprazole		dantrolene sodium	154
COSENTYX (300 MG DOSE)	112	magnesium	179	DAPAGLIFLOZIN PRO-METFORMIN ER	54
COSENTYX SENSOREADY (300 MG)	113	CVS EYE	140	DAPAGLIFLOZIN PROPANEDIOL	59
COSENTYX SENSOREADY PEN	113	cvs glucosamine	20	dapsone	38,109
COSENTYX UNOREADY	113	CVS KETONE CARE	119	DAPTACEL	177
COSOPT	157	cvs mineral oil enema	138	daptomycin	38
COSOPT PF	157	cvs multi-purpose	117	darifenacin hydrobromide er	181
COTELLIC	76	cvs omeprazole	179	dasatinib	76
COTEMPLA XR-ODT	18	cvs omeprazole magnesium	179	dasetta 1/35	99
COTTON CANDY FLAVOR	167	cvs omeprazole-sod bicarbonate	180	dasetta 7/7/7	99
COUMADIN	45	cvs pinworm treatment	37	DAURISMO	73,74
		cyclafem 1/35	99	DAYPRO	25
		cyclafem 7/7/7	99	daysee	99
		cyclobenzaprine hcl	153	DAYTRANA	18
		cyclophosphamide	72		

DAYVIGO.....	137	dexamethasone sodium phosphate.....	105	dextromethorphan / phenylephrine / acetaminophen.....	107
deblitane.....	104	DEXAMETHASONE SODIUM PHOSPHATE.....	160	DEXTROSE.....	155
decadron.....	105	DEXCOM G4 PLAT PED RCV/SHARE.....	141	dextrose.....	155
deferasirox.....	60	DEXCOM G4 PLAT PED RECEIVER.....	141	dextrose in lactated ringers.....	146
deferasirox granules.....	60	DEXCOM G4 PLATINUM.....		dextrose-sodium chloride.....	146
DELSTRIGO.....	85	RECEIVER.....	141	DEXYCU.....	160
delyla.....	99	DEXCOM G4 PLATINUM RCV/SHARE.....	141	DHIVY.....	81
DENAVIR.....	114	DEXCOM G4 PLATINUM RECEIVER.....	141	DIACOMIT.....	47
DENGVAXIA.....	182	DEXCOM G5 MOB/G4 PLAT.....		diaper rash products.....	115
denta 5000 plus.....	151	RECEIVER.....	141	diapers.....	142
DENTA 5000 PLUS SENSITIVE.....	151	DEXCOM G4 PLATINUM TRANSMITTER.....	141	diazepam.....	40
dentagel.....	151	DEXCOM G5 MOB/G4 PLAT.....		DIAZEPAM.....	46
DEPAKOTE.....	50	SENSOR.....	141	diazepam intensol.....	40
DEPAKOTE ER.....	51	DEXCOM G5 MOBILE.....		diazoxide.....	56
DEPAKOTE SPRINKLES.....	51	RECEIVER.....	141	DICLEGIS.....	62
depo-testosterone.....	35	DEXCOM G5 MOBILE RECEIVER.....	141	DICLOFENAC EPOLAMINE.....	110
dermamed.....	117	TRANSMITTER.....	141	diclofenac potassium.....	25
DESCOVY.....	85	DEXCOM G5 MOBILE RECEIVER.....	141	diclofenac sodium.....	26,112,161
desipramine hcl.....	54	TRANSMITTER.....	141	diclofenac sodium 1 % gel.....	110
DESLORATADINE.....	64	DEXCOM G5 RECEPTOR KIT.....	141	diclofenac sodium er.....	26
desloratadine.....	64	DEXCOM G6 RECEIVER.....	141	diclofenac-misoprostol.....	26
desmopressin ace spray refrig.....	124	DEXCOM G6 SENSOR.....	141	dicloxacillin sodium.....	164
desmopressin acetate.....	124	DEXCOM G6 TRANSMITTER.....	141	dicyclomine hcl.....	178
desmopressin acetate pf.....	124	DEXCOM G7 RECEIVER.....	141	DIDANOSINE.....	85
desmopressin acetate spray.....	124	DEXCOM G7 SENSOR.....	141	DIFICID.....	140
desogestrel-ethinyl estradiol.....	99	DEXILANT.....	179	DIFLUCAN.....	63
desonide.....	115	dexlansoprazole.....	179	diflunisal.....	28
desvenlafaxine succinate er.....	53	dexamethylphenidate hcl.....	18	difluprednate.....	160
DETROL.....	181	dexamethylphenidate hcl er.....	18	digitek.....	93
dexamethasone.....	105	DEXTENZA.....	160	digox.....	93
DEXAMETHASONE.....	105	dextran 70/he-cell drops (GENTEAL TEARS).....	156	digoxin.....	93
DEXAMETHASONE INTENSOL.....	105	dextroamphetamine sulfate.....	15,16	DILANTIN.....	50
DEXAMETHASONE SOD PHOS +RFID.....	105	dextroamphetamine sulfate er.....	16	DILANTIN INFATABS.....	50
dexamethasone sod phosphate pf.....	105	dextromethorphan (ROBITUSSIN).....	106	DILANTIN-125.....	50
				dilt-xr.....	91
				diltiazem hcl.....	91
				diltiazem hcl er.....	91,92
				diltiazem hcl er beads.....	91
				diltiazem hcl er coated beads.....	91

dimenhydrinate (DRAMAMINE).....	62	DOVATO.....	85	ed-spaz.....	178
dimethicone.....	117	doxazosin mesylate.....	68	EDARBI.....	68
DIMETHICONE CREAM.....	117	doxepin hcl.....	54	EDARBYCLOR.....	69
dimethyl fumarate.....	173	doxy 100.....	176	EDLUAR.....	136
dimethyl fumarate starter pack.....	173	doxycycline hyclate.....	176	EDURANT.....	86
DIOVAN.....	68	doxycycline monohydrate.....	176	EFAVIRENZ.....	86
DIOVAN HCT.....	69	doxylamine (sleep).....	136	efavirenz.....	86
DIPENTUM.....	127	DOXYLAMINE (SLEEP).....	136	efavirenz-emtricitab-tenofo df..	86
diphenhydramine (BENADRYL).....	63	doxylamine /		efavirenz-lamivudine-tenofovir.	86
diphenhydramine (sleep).....	63	dextromethorphan.....	107	EFFEXOR XR.....	53
DIPHENHYDRAMINE (SLEEP).....	136	doxylamine-pyridoxine.....	62	EFFIENT.....	133
diphenhydramine / zinc.....	112	DRAMAMINE.....	62	ELECTROLYTE SOLUTION.....	146
diphenoxylate-atropine.....	60	DRIZALMA SPRINKLE.....	53	electrolyte solution.....	146
DIPHENOXYLATE- ATROPINE.....	60	dronabinol.....	62	eletriptan hydrobromide.....	144
diphenhydramine.....	64	drosipren-eth estrad- levomefol.....	99	elinest.....	99
DIPHThERIA-TETANUS TOXOIDS DT.....	177	drosiprenone-ethinyl estradiol.	99	ELIQUIS.....	45
dipyridamole.....	133	DROXIA.....	133	ELIQUIS DVT/PE STARTER PACK.....	45
disopyramide phosphate.....	40	DRYSOL.....	117	ELLA.....	104
disulfiram.....	171	DUAKLIR PRESSAIR.....	43	ELOCTATE.....	131
DITROPAN XL.....	181	DUETACT.....	55	eluryng.....	104
divalproex sodium.....	51	DULERA.....	43	ELYXYB.....	144
divalproex sodium er.....	51	duloxetine hcl.....	53	EMCYT.....	74
docusate calcium (SURFAK).....	138	DUPIXENT.....	115,116	EMGALITY.....	143
docusate sodium (COLACE).....	138	DURAGESIC-100.....	29	EMGALITY (300 MG DOSE).....	143
dofetilide.....	41	DURAGESIC-12.....	29	emollient.....	114
dolishale.....	99	DURAGESIC-25.....	29	EMOLLIENT.....	116
donepezil hcl.....	171,172	DURAGESIC-50.....	29	emoquette.....	99
DOPTELET.....	134	DURAGESIC-75.....	29	emtricitabine.....	86
dorzolamide hcl.....	161	DUREZOL.....	160	emtricitabine-tenofovir df.....	86
dorzolamide hcl-timolol mal.	157	DURYSTA.....	162	EMTRIVA.....	86
dorzolamide hcl-timolol mal pf.....	157	dutasteride.....	130	emzahn.....	104
dotti.....	125	dutasteride-tamsulosin hcl.....	130	ENABLEX.....	181
		DYANAVEL XR.....	16	enalapril maleate.....	67
		DYMISTA.....	154	enalapril-hydrochlorothiazide..	69
		<b>E</b>		ENBREL.....	27,28
		E.E.S. GRANULES.....	139	ENBREL MINI.....	28
		ec-naproxen.....	26	ENBREL SURECLICK.....	28
		econazole nitrate.....	111	ENDARI.....	133
		ECTOSEAL P2G.....	170	endocet.....	33
				enema.....	138

ENEMA.....	138	ERIVEDGE.....	74	everolimus.....	76,149
enema mineral oil.....	138	ERLEADA.....	74	EVISTA.....	123
ENGERIX-B.....	182	erlotinib hcl.....	73	EVKEEZA.....	64
ENGLISH TOFFEE		errin.....	104	EVOTAZ.....	86
FLAVOR.....	167	ERTACZO.....	111	EVRYSID.....	155
enilloring.....	104	ertapenem sodium.....	38	EXELON.....	172
enoxaparin sodium.....	45	ERVEBO.....	182	exemestane.....	74
enpresse-28.....	99	ERY.....	109	EXFORGE.....	69
enskyce.....	99	ery-tab.....	139	EXFORGE HCT.....	69
ENSPRYNG.....	149	ERYPED 200.....	139	EXTAVIA.....	173
entacapone.....	80	ERYPED 400.....	139	eyelid cleansers.....	117
ENTADFI.....	130	ERYTHROCIN STEARATE.....	139	EYSUVIS.....	160
entecavir.....	88	erythromycin.....	109,139,158	EZALLOR SPRINKLE.....	66
ENTOCORT EC.....	105	ERYTHROMYCIN BASE.....	140	ezetimibe.....	66
ENTRESTO.....	93	erythromycin base.....	140	ezetimibe-simvastatin.....	64
ENTYVIO.....	127	erythromycin ethylsuccinate.....	140		
enulose.....	128	ESBRIET.....	176	<b>F</b>	
ENVARUSUS XR.....	149	escitalopram oxalate.....	52	FABIOR.....	109
EPANED.....	67	esgic.....	28	FAGRON CAPFILL PRO.....	170
EPCLUSA.....	88	esomeprazole magnesium.....	179	FAGRON DISPERSAPRO.....	170
EPIDIOLEX.....	47	ESPEROCT.....	131	falmina.....	99
epinastine hcl.....	161	estarylla.....	99	famciclovir.....	89
epinephrine.....	185	estradiol.....	125,185	famotidine (PEPCID).....	178
EPINEPHRINE.....	185	estradiol valerate.....	125	FAMOTIDINE PREMIXED.....	178
epinephrine (anaphylaxis).....	185	estradiol-norethindrone acet.....	125	FANAPT.....	82
epinephrine 0.3 mg/0.3ml soln		eszopiclone.....	136	FANAPT TITRATION PACK.....	82
a-inj (MYLAN).....	185	ethambutol hcl.....	71	FARXIGA.....	60
EPIPEN 2-PAK.....	185	ethosuximide.....	50	FASENRA.....	41
EPIPEN JR 2-PAK.....	185	ethynodiol diac-eth estradiol.....	99	FASENRA PEN.....	41
epitol.....	47	etodolac.....	26	fayosim.....	100
EPIVIR HBV.....	88	etodolac er.....	26	febuxostat.....	130
eplerenone.....	70	etonogestrel-ethinyl estradiol.....	104	FEIBA.....	131
EPOGEN.....	134	ETOPOSIDE.....	80	felbamate.....	49
epoprostenol sodium.....	93	etravirine.....	86	FELBATOL.....	49
EPRONTIA.....	47	EUCALYPTUS FLAVOR.....	167	felodipine er.....	92
EPROSARTAN MESYLATE.....	68	EUCRISA.....	118	female condoms.....	141
eq esomeprazole		EUGENOL FLAVOR.....	167	FEMCAP.....	141
magnesium.....	179	euthyrox.....	177	FEMLYV.....	100
eq omeprazole magnesium.....	179	EVEKEO.....	16	femynor.....	100
EQUETRO.....	82	EVEKEO ODT.....	16	fenofibrate.....	65
ERGOLOID MESYLATES.....	175	EVENITY.....	122	FENOFIBRATE.....	65

FENOFIBRATE	finzala	100	fluorouracil	72,112
MICRONIZED		65	FLUOROURACIL	112
fenofibrate micronized		65	fluoxetine hcl	52
FENOFIBRIC ACID		65	FLUOXETINE HCL	52
fenofibric acid		65	FLUOXETINE HCL (PMDD)	175
FENOGLIDE		65	fluphenazine decanoate	84
fenoprofen calcium		26	fluphenazine hcl	84
fentanyl		29	FLUPHENAZINE HCL	84
FENTANYL CITRATE		29	flurbiprofen	26
fentanyl citrate		29	FLURBIPROFEN SODIUM	161
FerraPlus 90		134	flutamide	74
FERREX		134	FLUTICASONE FUROATE-	
FERREX 150 FORTE		134	VILANTEROL	43
Ferrex 150 Forte Plus		134	fluticasone propionate	115,154
Ferrex 28		134	FLUTICASONE PROPIONATE	
ferrous fumarate / folic acid		134	DISKUS	42
ferrous fumarate / vitamin B12 /			FLUTICASONE PROPIONATE	
vitamin C		134	HFA	42
ferrous fumarate / vitamin C /			fluticasone-salmeterol	43
vitamin B12 / folic acid		134	FLUTICASONE-	
FERROUS FUMARATE	fluconazole	63	SALMETEROL	44
POLYSACCHARIDE	fluconazole in sodium chloride	63	fluvastatin sodium	66
COMPLEX	flucytosine	62	fluvastatin sodium er	66
ferrous fumarate	fludrocortisone acetate	106	fluvoxamine maleate	52
polysaccharide complex	FLULAVAL	183	fluvoxamine maleate er	52
ferrous gluconate	FLULAVAL		FLUZONE	183
FERROUS GLUCONATE	QUADRIVALENT	183	FLUZONE HIGH-DOSE	183
ferrous sulfate	FLUMIST	183	FLUZONE HIGH-DOSE	
FERROUS SULFATE	flunisolide	154	QUADRIVALENT	183
fesoterodine fumarate er	fluocinolone acetonide	115,163	FLUZONE QUADRIVALENT	183
FETZIMA	fluocinolone acetonide body	115	FOCALIN	18
FETZIMA TITRATION	fluocinolone acetonide scalp	115	FOCALIN XR	18
fexofenadine (ALLEGRA)	fluoridex	151	folic acid / vitamin B6 / vitamin	
FIASP	fluoridex enhanced		B12 / omega-3	135
FIASP FLEXTOUCH	whitening	151	folic acid / vitamin D	135
FIASP PENFILL	FLUORIDEX SENSITIVITY		FOLIC ACID 1 MG	133
FIASP PUMPCART	RELIEF	151	folic acid 400 mcg/800 mcg	133
FIBRICOR	fluorimax 5000	151	FOLIVANE-F	135
finasteride	FLUORIMAX 5000		FOLIVANE-PLUS	135
fingolimod hcl	SENSITIVE	151	fondaparinux sodium	45
FINTEPLA	fluorometholone	160		

FORA G20 BLOOD GLUCOSE TEST.....	119	FREESTYLE LIBRE 14 DAY READER.....	141	gentamicin sulfate....	20,110,158
FORA GTEL BLOOD KETONE TEST.....	119	FREESTYLE LIBRE 14 DAY SENSOR.....	142	GENTEAL SEVERE.....	156
FORA TEST N'GO ADV-VOICE-6 CON.....	119	FREESTYLE LIBRE 2 PLUS SENSOR.....	142	GENVOYA.....	86
FORFIVO XL.....	51	FREESTYLE LIBRE 2 READER.....	142	GEODON.....	82
formoterol fumarate.....	44	FREESTYLE LIBRE 2 SENSOR.....	142	gianvi.....	100
FORTEO.....	122	FREESTYLE LIBRE 3 PLUS SENSOR.....	142	GILENYA.....	173
FOSAMAX.....	122	FREESTYLE LIBRE 3 READER.....	142	GILOTRIF.....	73
FOSAMAX PLUS D.....	122	FREESTYLE LIBRE 3 SENSOR.....	142	GIMOTI.....	126
fosamprenavir calcium.....	86	FROVA.....	144	glatiramer acetate.....	173
foscarnet sodium.....	87	frovatriptan succinate.....	144	glatopa.....	173
fosfomycin tromethamine.....	39	FRUZAQLA.....	73	GLEOSTINE.....	72
fosinopril sodium.....	67	ft acid reducer.....	179	glimepiride.....	60
fosinopril sodium-hctz.....	69	ft enema mineral oil.....	138	glipizide.....	60
fosphenytoin sodium.....	50	ft eye drops advanced relief.....	159	glipizide er.....	60
FOSRENOL.....	128	furosemide.....	121	glipizide xl.....	60
FOTIVDA.....	77	FUROSEMIDE.....	121	glipizide-metformin hcl.....	55
FRAGMIN.....	45	FYAVOLV.....	125	glitch advanced relief.....	159
fraiche 5000 dental.....	151	FYCOMPA.....	46	GLUCAGEN DIAGNOSTIC.....	118
fraiche rinse.....	151	<b>G</b>		GLUCAGEN HYPOKIT.....	56
FREEDOM SIMPLECAP.....	171	gabapentin.....	47	GLUCAGON EMERGENCY.....	56
FREESTYLE INSULINX TEST.....	119	galantamine hydrobromide.....	172	GLUCAGON HCL (DIAGNOSTIC).....	118
FREESTYLE LIBRE 14 DAY READER.....	141	GALANTAMINE HYDROBROMIDE er.....	172	GLUCOCARD EXPRESSION TEST.....	119
FREESTYLE LIBRE 14 DAY SENSOR.....	142	GALLIFREY.....	171	GLUCOCARD SHINE TEST.....	119
FREESTYLE LIBRE 2 PLUS SENSOR.....	142	GAMMAGARD.....	163	glucosamine / chondroitin.....	20
FREESTYLE LIBRE 2 READER.....	142	GAMUNEX-C.....	163	glucosamine hcl.....	20
FREESTYLE LIBRE 2 SENSOR.....	142	GARDASIL 9.....	183	glucosamine sulfate.....	20
FREESTYLE LIBRE 3 PLUS SENSOR.....	142	gatifloxacin.....	158	glucose (Dextrose).....	56
FREESTYLE LIBRE 3 READER.....	142	gauze pads and dressings.....	140	glucose urine test.....	119
FREESTYLE LIBRE 3 SENSOR.....	142	GAVILYTE-C.....	137	glyburide.....	60
		gavilyte-g.....	137	glyburide-metformin.....	55
		gavilyte-n with flavor pack.....	137	GLYCERIN.....	98
		GAVRETO.....	77	glycerin suppository.....	138
		gefitinib.....	73	glycerin topical liquid.....	116
		GELOCAST 3"X10YD.....	140	glycine.....	129
		gemfibrozil.....	65	glycine urologic.....	129
		gemmily.....	100	glycopyrrolate.....	178
		GEMTESA.....	181	glydo.....	117
		generlac.....	128	GLYXAMBI.....	55
		gengraf.....	149		
		GENOTROPIN.....	122		
		GENOTROPIN MINIQUICK.....	122		

gnp esomeprazole	HAEGARDA.....	132	HOMATROPAIRE.....	157
magnesium.....	179 hailey 1.5/30.....	100	HONEY FLAVOR.....	167
gnp omeprazole.....	179 hailey 24 fe.....	100	HORIZANT.....	175
GOCOVRI.....	81 hailey fe 1.5/30.....	100	HULIO.....	22
GOJJI BLOOD KETONE	hailey fe 1/20.....	100	HULIO (2 PEN).....	22
TEST.....	119 halobetasol propionate.....	115	HULIO (2 SYRINGE).....	23
goodsense esomeprazole..	179 haloette.....	104	HUMALOG.....	57
goodsense omep/sod	haloperidol.....	83	HUMALOG JUNIOR	
bicarb.....	180 haloperidol decanoate.....	83	KWIKPEN.....	57
GRALISE.....	174 haloperidol lactate.....	83	HUMALOG KWIKPEN.....	57
granisetron hcl.....	61 HAM FLAVOR.....	167	HUMALOG MIX 50/50.....	57
GRANIX.....	134 HARVONI.....	88	HUMALOG MIX 50/50	
GRAPE CONCORD OS.....	167 HAVRIX.....	183	KWIKPEN.....	57
GRAPE FLAVOR.....	167 hearing aid batteries.....	140	HUMALOG MIX 75/25.....	57
GRAPEFRUIT FLAVOR.....	167 heather.....	104	HUMALOG MIX 75/25	
GREEN APPLE OS.....	167 HEMANGEOL.....	90	KWIKPEN.....	58
griseofulvin microsize.....	62 HEMATOGEN FA.....	135	HUMALOG TEMPO PEN.....	58
griseofulvin ultramicrosize..	62 HemeTab.....	135	HUMATE-P.....	131
guaifenesin (MUCINEX)....	107 HEMLIBRA.....	131	HUMATROPE.....	122
guaifenesin / codeine.....	107 hemmorex-hc.....	36	HUMIRA.....	23
guaifenesin / dextromethorphan	HEMOFIL M.....	131	HUMIRA (2 PEN).....	23
(MUCINEX DM).....	107 hemorrhoidal cream.....	35	HUMIRA (2 SYRINGE).....	23
GUAIFENESIN /	hemorrhoidal ointment.....	35	HUMIRA-CD/UC/HS	
DEXTROMETHORPHAN /	hemorrhoidal suppository.....	36	STARTER.....	23
PHENYLEPHRINE.....	107 heparin (porcine) in nacl.....	45	HUMIRA-PED<40KG CROHNS	
guaifenesin / dextromethorphan	HEPARIN NA (PORK) LOCK		STARTER.....	23
/ pseudoephedrine.....	107 FLSH PF.....	45	HUMIRA-PED>=40KG CROHNS	
GUAIFENESIN/	heparin na (pork) lock flsh pf..	45	START.....	23
DEXTROMETHORPHAN/	heparin sod (pork) lock flush..	46	HUMIRA-PED>=40KG UC	
PHENYLEPHRINE.....	107 heparin sodium (porcine).....	46	STARTER.....	23
guanfacine hcl.....	68 heparin sodium (porcine) pf...	46	HUMIRA-PS/UV/ADOL HS	
guanfacine hcl er.....	17 HEPLISAV-B.....	183	STARTER.....	23
GUAVA FLAVOR.....	167 HEPSERA.....	88	HUMIRA-PSORIASIS/UVEIT	
GVOKE HYPOPEN 1-PACK.....	56 HETLIOZ.....	137	STARTER.....	23
GVOKE HYPOPEN 2-PACK.....	56 HETLIOZ LQ.....	137	HUMULIN 70/30.....	58
GVOKE KIT.....	56 HIBERIX.....	182	HUMULIN 70/30 KWIKPEN.....	58
GVOKE PFS.....	56 HIBICLENS 4 % LIQUID.....	85	HUMULIN N.....	58
<b>H</b>	HIZENTRA.....	163	HUMULIN N KWIKPEN.....	58
HADLIMA.....	22 hm enema mineral oil.....	138	HUMULIN R.....	58
HADLIMA PUSHTOUCH.....	22 hm esomeprazole magnesium		HUMULIN R U-500	
	dr.....	179	(CONCENTRATED).....	58



HUMULIN R U-500	HYSINGLA ER.....	30	INDERAL LA.....	90
KWIKPEN.....	HYZAAR.....	58	INDERAL XL.....	90
hydralazine hcl.....		70	indomethacin.....	26
hydrochlorothiazide.....		121	INFANRIX.....	177
HYDROCODONE	ibandronate sodium.....	122	INFLECTRA.....	127
BITARTRATE ER.....	IBRANCE.....	29	INFLIXIMAB.....	127
hydrocodone bitartrate er....	IBSRELA.....	29	INLYTA.....	73
hydrocodone-acetaminophen	ibuprofen (MOTRIN).....	33	INNOPRAN XL.....	90
hydrocortisone.....	ibuprofen-famotidine.....	35,105	INPEFA.....	93
HYDROCORTISONE.....	icatibant acetate.....	115	INQOVI.....	75
hydrocortisone (perianal)....	iclevia.....	36	INSULIN ASP PROT & ASP	
HYDROCORTISONE ACE-	ICLUSIG.....		FLEXPEN.....	58
PRAMOXINE.....	icosapent ethyl.....	115	INSULIN ASPART.....	58
hydrocortisone acetate.....	IDACIO.....	36	INSULIN ASPART FLEXPEN..	58
hydrocortisone sod suc (pf)..	IDACIO FOR CROHNS	105	INSULIN ASPART PENFILL...	58
hydrocortisone-acetic acid..	DISEASE/UC.....	163	INSULIN ASPART PROT &	
hydrogen peroxide.....	IDACIO FOR PLAQUE	85	ASPART.....	58
hydromorphone hcl.....	PSORIASIS.....	29,30	INSULIN DEGLUDEC.....	58
HYDROMORPHONE HCL...	IDELVION.....	30	INSULIN DEGLUDEC	
hydromorphone hcl er.....	IDHIFA.....	30	FLEXTOUCH.....	58
hydroxychloroquine sulfate..	ILARIS.....	71	INSULIN GLARGINE MAX	
hydroxyurea.....	ILEVRO.....	79	SOLOSTAR.....	58
hydroxyzine hcl.....	ILUMYA.....	39	INSULIN GLARGINE-YFGN...	58
HYDROXYZINE PAMOATE..	imatinib mesylate.....	40	insulin injection device.....	143
hydroxyzine pamoate.....	IMBRUVICA.....	40	INSULIN LISPRO.....	58
hyoscyamine sulfate.....	imipramine hcl.....	178	INSULIN LISPRO (1 UNIT	
hyoscyamine sulfate er....	imipramine pamoate.....	178	DIAL).....	58
hyosyne.....	imiquimod.....	178	INSULIN LISPRO JUNIOR	
HYPERTET.....	IMITREX.....	163	KWIKPEN.....	58
HYQVIA.....	IMITREX STATDOSE	163	INSULIN LISPRO PROT &	
HYRIMOZ.....	REFILL.....	23	LISPRO.....	58
HYRIMOZ-CROHNS/UC	IMITREX STATDOSE		INTEGRA F.....	135
STARTER.....	SYSTEM.....	23	INTEGRA PLUS.....	135
HYRIMOZ-CROHNS/UC	IMOVAX RABIES.....		INTELENCE.....	86
STARTER PACK.....	IMURAN.....	23	INTRALIPID.....	155
HYRIMOZ-PED CROHNS	INATAL GT.....		introvale.....	100
STARTER.....	INBRIJA.....	23	INTUNIV.....	17
HYRIMOZ-PLAQ PSOR/UEVIT	incassia.....		INVEGA.....	82
START.....	incontinence supplies.....	23	INVEGA HAFYERA.....	82
HYRIMOZ-PLAQUE	INCRUSE ELLIPTA.....		INVEGA SUSTENNA.....	82
PSORIASIS START.....	indapamide.....	24	INVEGA TRINZA.....	82

INVELTYS.....	160	IXIARO.....	183	JYNARQUE.....	124
INVIRASE.....	86	IXINITY.....	131	JYNNEOS.....	183
INVOKAMET.....	55	IYUZEH.....	162	<b>K</b>	
INVOKAMET XR.....	55	<b>J</b>		k-tan plus.....	135
INVOKANA.....	60	J & J EYE PADS OVAL		KADIAN.....	30
IOPIDINE.....	158	SMALL.....	140	KAHLUA FLAVOR.....	167
IPOL.....	183	J & J OVAL EYE PADS.....	140	kaitlib fe.....	100
ipratropium bromide.....	41,154	J & J STERILE EYE PADS.....	140	KALBITOR.....	132
ipratropium-albuterol.....	44	jaimiess.....	100	kalliga.....	100
irbesartan.....	68	JAKAFI.....	77	KALYDECO.....	175
irbesartan-		JALYN.....	130	KAPSPARGO SPRINKLE.....	90
hydrochlorothiazide.....	69	JANSSEN COVID-19		kariva.....	100
iron / folic acid / vitamin C /		VACCINE.....	183	KATERZIA.....	92
vitamin B6 / vitamin B12 /		jantoven.....	45	KCL (0.149%) IN NACL.....	146
zinc.....	135	JANUMET.....	55	kcl in dextrose-nacl.....	146
iron / vitamin C / vitamin B12 /		JANUMET XR.....	55	KCL-LACTATED RINGERS-	
folic acid.....	135	JANUVIA.....	56	D5W.....	146
iron combinations.....	135	JARDIANCE.....	60	kelnor 1/35.....	100
IRON FOLATE PLUS.....	135	jasmiel.....	100	kelnor 1/50.....	100
iron polysaccharide		JAYPIRCA.....	77	KEPPRA.....	47
complex.....	135	jencycla.....	104	KEPPRA XR.....	47
ISENTRESS.....	86	JENTADUETO.....	55	KERYDIN.....	111
ISENTRESS HD.....	86	JENTADUETO XR.....	55	KESIMPTA.....	173
isibloom.....	100	JESDUVROQ.....	134	KETO-DIASTIX.....	119
ISOLYTE-S.....	146	jinteli.....	125	ketoconazole.....	63,111
isoniazid.....	71	JIVI.....	131	ketodan.....	111
isopropyl alcohol (skin		JOHNSONS STERILE EYE		KETONE TEST.....	119
cleanser).....	117	PADS.....	140	KETOPROFEN.....	26
ISOPTO TEARS.....	156	jolessa.....	100	KETOPROFEN ER.....	26
isosorbide dinitrate.....	39	JORNAY PM.....	18	ketorolac tromethamine... ..	26,161
isosorbide mononitrate.....	39	joyeaux.....	100	KETOROLAC	
isosorbide mononitrate er... ..	39	JUBLIA.....	111	TROMETHAMINE.....	26
isotretinoin.....	109	juleber.....	100	KETOSTIX.....	119
isradipine.....	92	JULUCA.....	86	ketotifen drops (ZADITOR)... ..	161
ISTALOL.....	157	junel 1.5/30.....	100	KEVZARA.....	25
ISTURISA.....	121	junel 1/20.....	100	KINERET.....	25
itraconazole.....	63	junel fe 1.5/30.....	100	KINRIX.....	177
ivabradine hcl.....	95	junel fe 1/20.....	100	KIPROFEN.....	26
ivermectin.....	37	junel fe 24.....	100	KISQALI (200 MG DOSE)... ..	77
IWILFIN.....	80	just right 5000.....	151	KISQALI (400 MG DOSE)... ..	77
IXCHIQ.....	183				

KISQALI (600 MG DOSE) . . . . .	77	LAGEVRIO . . . . .	90	leena . . . . .	101
KISQALI FEMARA (200 MG DOSE) . . . . .	75	LAMICTAL . . . . .	47	leflunomide . . . . .	27
KISQALI FEMARA (400 MG DOSE) . . . . .	75	LAMICTAL ODT . . . . .	47	LEMON EXTRACT . . . . .	167
KISQALI FEMARA (600 MG DOSE) . . . . .	75	LAMICTAL STARTER . . . . .	47	LEMON FLAVOR . . . . .	167
KITABIS PAK . . . . .	20	LAMICTAL XR . . . . .	48	LEMON-LIME SD . . . . .	167
KLARITY-A . . . . .	158	lamivudine . . . . .	86,88	LEMONADE FLAVOR . . . . .	167
klayesta . . . . .	111	lamivudine-zidovudine . . . . .	86	LEMTRADA . . . . .	174
klor-con . . . . .	147	lamotrigine . . . . .	48	lenalidomide . . . . .	148
klor-con 10 . . . . .	147	lamotrigine er . . . . .	48	LENVIMA (10 MG DAILY DOSE) . . . . .	73
klor-con m10 . . . . .	147	lamotrigine starter kit-blue . . . . .	48	LENVIMA (12 MG DAILY DOSE) . . . . .	73
klor-con m15 . . . . .	147	lamotrigine starter kit-green . . . . .	48	LENVIMA (14 MG DAILY DOSE) . . . . .	73
klor-con m20 . . . . .	147	lamotrigine starter kit-orange . . . . .	48	LENVIMA (18 MG DAILY DOSE) . . . . .	73
klor-con sprinkle . . . . .	147	LAMPIT . . . . .	38	LENVIMA (20 MG DAILY DOSE) . . . . .	73
KLOXXADO . . . . .	61	lancet device . . . . .	142	LENVIMA (24 MG DAILY DOSE) . . . . .	73
kls esomeprazole magnesium . . . . .	179	lancets . . . . .	142	LENVIMA (4 MG DAILY DOSE) . . . . .	73
KOATE . . . . .	131	lanolin/mineral oil/white petrolatum (EUCERIN) . . . . .	117	LENVIMA (8 MG DAILY DOSE) . . . . .	73
KOATE-DVI . . . . .	131	lansoprazole (PREVACID) . . . . .	179	LENVIMA (10 MG DAILY DOSE) . . . . .	73
KOGENATE FS . . . . .	131	LANSOPRAZOLE 15 MG CAP DR . . . . .	179	LENVIMA (12 MG DAILY DOSE) . . . . .	73
KONVOMEPI . . . . .	180	LANSOPRAZOLE 15 MG TAB DR DISP . . . . .	179	LENVIMA (14 MG DAILY DOSE) . . . . .	73
KOSELUGO . . . . .	77	LANSOPRAZOLE 30 MG CAP DR . . . . .	179	LENVIMA (18 MG DAILY DOSE) . . . . .	73
KOVALTRY . . . . .	131	LANSOPRAZOLE 30 MG TAB DR DISP . . . . .	179	LENVIMA (20 MG DAILY DOSE) . . . . .	73
kp omeprazole magnesium . . . . .	179	lanthanum carbonate . . . . .	129	LENVIMA (24 MG DAILY DOSE) . . . . .	73
KRAZATI . . . . .	77	LANTUS . . . . .	58	LEQVIO . . . . .	67
kurvelo . . . . .	100	LANTUS SOLOSTAR . . . . .	58	LESCOL XL . . . . .	66
KYNMOBI . . . . .	81	lapatinib ditosylate . . . . .	77	lessina . . . . .	101
<b>L</b>		larin 1.5/30 . . . . .	100	LETAIRIS . . . . .	94
l-glutamine . . . . .	133	larin 1/20 . . . . .	100	letrozole . . . . .	74
L-methylfolate . . . . .	120	larin 24 fe . . . . .	100	leucovorin calcium . . . . .	80
L-methylfolate combinations . . . . .	120	larin fe 1.5/30 . . . . .	101	LEUKINE . . . . .	134
labetalol hcl . . . . .	90	larin fe 1/20 . . . . .	101	leuprolide acetate . . . . .	74
LABETALOL HCL . . . . .	90	larissia . . . . .	101	LEUPROLIDE ACETATE (3 MONTH) . . . . .	74
lacosamide . . . . .	47	latanoprost . . . . .	162	levabuterol hcl . . . . .	44
lactase (LACTAID) . . . . .	120	LATUDA . . . . .	82	LEVALBUTEROL TARTRATE . . . . .	44
LACTATED RINGERS . . . . .	146	layolis fe . . . . .	101	LEVAMLODIPINE MALEATE . . . . .	92
lactulose . . . . .	138	LAZCLUZE . . . . .	73	levetiracetam . . . . .	48
lactulose encephalopathy . . . . .	128	LEDIPASVIR-SOFOSBUVIR . . . . .	88	levetiracetam er . . . . .	48
				levo-t . . . . .	177
				LEVOBUNOLOL HCL . . . . .	157

levocarnitine.....	123	lidocaine-prilocaine cream kit	117	lorazepam.....	40
levocarnitine sf.....	123	LILETTA (52 MG).....	171	lorazepam intensol.....	40
levocetirizine (XYZAL).....	64	lillow.....	101	LORBRENA.....	77
levofloxacin.....	125	LIME FLAVOR.....	167	loryna.....	101
levonest.....	101	LINDANE.....	118	losartan potassium.....	68
levonorg-eth estrad		linezolid.....	38	losartan potassium-hctz.....	69
triphasic.....	101	LINEZOLID IN SODIUM		LOTEMAX.....	160
levonorgest-eth est & eth		CHLORIDE.....	38	LOTEMAX SM.....	160
est.....	101	LINZESS.....	128	LOTENSIN.....	67
levonorgest-eth estrad 91-		liothyronine sodium.....	177	LOTENSIN HCT.....	69
day.....	101	LIPITOR.....	66	loteprednol etabonate.....	160
levonorgest-eth estradiol-		LIPOFEN.....	65	LOTREL.....	69
iron.....	101	LIQREV.....	94	LOTRONEX.....	128
levonorgestrel (plan B).....	104	LIRAGLUTIDE.....	57	lovastatin.....	66
levonorgestrel-ethinyl		lisdexamfetamine dimesylate	16	LOVAZA.....	64
estrad.....	101	lisinopril.....	67	LOVENOX.....	46
levora 0.15/30 (28).....	101	lisinopril-hydrochlorothiazide	69	low-ogestrel.....	101
levothyroxine sodium.....	177	lithium.....	81	loxapine succinate.....	83
levoxyl.....	177	lithium carbonate.....	82	LOXORAL BASE.....	171
LEXAPRO.....	52	lithium carbonate er.....	82	lubiprostone.....	126
LEXIVA.....	86	LIVALO.....	66	LUBRICANT EYE DROPS.....	156
LIALDA.....	127	LIVER CONCENTRATE.....	168	lubricant eye drops.....	156
LIBERVANT.....	46	LIVER FLAVOR.....	168	lubricant eye ointment.....	156
LICART.....	110	lo-zumandimine.....	101	LUGOLS STRONG IODINE.....	85
LICORICE FLAVOR.....	167	loestrin 1.5/30 (21).....	101	LULICONAZOLE.....	111
LIDOCAINE.....	97	loestrin 1/20 (21).....	101	LUMAKRAS.....	77
LIDOCAINE 5 %		loestrin fe 1.5/30.....	101	LUMIGAN.....	162
OINTMENT.....	117	loestrin fe 1/20.....	101	LUNESTA.....	136
LIDOCAINE 5 % PATCH.....	117	lojaimiess.....	101	LUPRON DEPOT-PED (1-	
LIDOCAINE BASE.....	97	LOKELMA.....	150	MONTH).....	123
LIDOCAINE HCL.....	97	LONSURF.....	75	LUPRON DEPOT-PED (3-	
lidocaine hcl.....	117,139	LOPERAMIDE.....	60	MONTH).....	123
lidocaine hcl (pf).....	139	loperamide.....	60	LUPRON DEPOT-PED (6-	
LIDOCAINE HCL		LOPID.....	65	MONTH).....	123
MONOHYDRATE.....	97	lopinavir-ritonavir.....	86	lurasidone hcl.....	82
lidocaine hcl		lopreeza.....	125	lutera.....	101
urethral/mucosal.....	117	LOPRESSOR.....	90	LUZU.....	111
LIDOCAINE PATCH 4%.....	117	LOPROX.....	111	LYBALVI.....	172
lidocaine viscous hcl.....	150	loratadine (CLARITIN).....	64	lyleq.....	104
lidocaine-epinephrine (pf).....	138	loratadine / pseudoephedrine		lyllana.....	125
lidocaine-prilocaine.....	117	(CLARITIN – D).....	107	LYNPARZA.....	77

LYRICA.....	48	MANGO PASSION FRUIT	MENACTRA.....	182
LYRICA CR.....	174	OS.....	MENQUADFI.....	182
LYTGOBI (12 MG DAILY DOSE).....	77	MAPLE FLAVOR.....	MENTHOL / ZINC OXIDE.....	117
LYTGOBI (16 MG DAILY DOSE).....	77	maraviroc.....	menthol / zinc oxide.....	117
LYTGOBI (20 MG DAILY DOSE).....	77	marlissa.....	MENVEO.....	182
LYUMJEV.....	58	MARSHMALLOW ARTIFICIAL FLAVOR.....	mercaptopurine.....	72
LYUMJEV KWIKPEN.....	58	MARSHMALLOW FLAVOR.....	meropenem.....	38
lyza.....	104	MARSHMALLOW OS.....	merzee.....	101
		MARSHMALLOW WS.....	mesalamine.....	127
		matzim la.....	mesalamine er.....	127
		MAVENCLAD (10 TABS).....	mesalamine-cleanser.....	127
		MAVENCLAD (4 TABS).....	MESNEX.....	80
M-M-R II.....	183	MAVENCLAD (5 TABS).....	METAMUCIL.....	137
MAGNASWEET 110.....	96	MAVENCLAD (6 TABS).....	metaxalone.....	153
MAGNASWEET 135.....	96	MAVENCLAD (7 TABS).....	metformin hcl.....	56
MAGNESIUM.....	147	MAVENCLAD (8 TABS).....	metformin hcl er.....	56
magnesium.....	147	MAVENCLAD (9 TABS).....	methadone hcl.....	30
magnesium carbonate / aluminum hydroxide (GAVISCON).....	36	MAVYRET.....	methadone hcl intensol.....	30
magnesium chloride.....	147	MAXALT.....	methenamine hippurate.....	39
MAGNESIUM CHLORIDE.....	147	MAXALT-MLT.....	methergine.....	163
magnesium citrate.....	138	MAYZENT.....	methimazole.....	176
magnesium gluconate.....	147	MAYZENT STARTER PACK.....	methocarbamol.....	154
MAGNESIUM GLUCONATE.....	147	meclizine.....	methotrexate sodium.....	72
magnesium hydroxide / aluminum hydroxide / simethicone (MYLANTA).....	36	MECLOFENAMATE SODIUM.....	methotrexate sodium (pf).....	72
magnesium oxide.....	37	medroxyprogesterone acetate.....	methoxsalen rapid.....	113
MAGNESIUM OXIDE (antacid).....	37	mefenamic acid.....	METHOXSALEN RAPID.....	113
MAGNESIUM STEARATE.....	171	mefloquine hcl.....	methscopolamine bromide.....	178
magnesium sulfate.....	147	megestrol acetate.....	methsuximide.....	50
malathion.....	118	MEGESTROL ACETATE.....	methyl salicylate / menthol.....	116
male condoms.....	141	MEKINIST.....	METHYLCCELLULOSE.....	171
MANGO FLAVOR.....	168	MEKTOVI.....	methylcellulose (CITRUCEL).....	137
MANGO FLAVOR SWEETENED.....	168	MELATONIN.....	methylphenidate.....	68
		melatonin.....	methylphenidate hcl.....	18
		melatonin / pyridoxine.....	methylphenidate hcl er.....	19
		MELATONIN / PYRIDOXINE.....	METHYLPHENIDATE HCL ER.....	19
		melodetta 24 fe.....	methylphenidate hcl er (cd).....	18
		meloxicam.....	methylphenidate hcl er (la).....	18,19
		memantine hcl.....		
		memantine hcl er.....		

methylphenidate hcl er (osm) 19	MINERAL OIL.....	117	mono-lynyah.....	102
methylphenidate hcl er (xr)....	mineral oil.....	138	monoject flush syringe.....	148
methylprednisolone.....	minitran.....	39	monoject sodium chloride	
methylprednisolone acetate.105	minocycline hcl.....	176	flush.....	148
methylprednisolone sodium	minoxidil.....	70	MONONINE.....	131
succ.....	MINT CHOCOLATE CHIP		montelukast sodium.....	42
METOCLOPRAMIDE HCL.....	FLAVOR.....	168	morgidox.....	176
metoclopramide hcl.....	mirabegron er.....	181	MORPHINE SULFATE.....	30
metolazone.....	MIRAPEX ER.....	81	morphine sulfate.....	30
metoprolol succinate er.....	mirtazapine.....	51	morphine sulfate (concentrate).30	
metoprolol tartrate.....	miscellaneous medical		MORPHINE SULFATE	
metoprolol-	devices.....	143	(CONCENTRATE).....	30
hydrochlorothiazide.....	miscellaneous natural		morphine sulfate er.....	30,31
metronidazole.....	products.....	150	MORPHINE SULFATE ER. 30,31	
mexiletine hcl.....	MISCELLANEOUS NATURAL		MORPHINE SULFATE ER	
mibelas 24 fe.....	PRODUCTS.....	150	BEADS.....	31
micafungin sodium.....	misoprostol.....	180	MOTEGRITY.....	126
MICARDIS.....	MOBIC.....	26	MOTPOLY XR.....	48
MICARDIS HCT.....	modafinil.....	19	MOUNJARO.....	57
MICATIN.....	MODERNA COVID-19 BIVAL		MOVANTIK.....	128
miconazole (MICATIN).....	6M-5Y.....	183	moxifloxacin hcl.....	125,158
miconazole (MONISTAT)....	MODERNA COVID-19 BIVAL		MOXIFLOXACIN HCL (2X	
MICONAZOLE 3 200 MG	BOOSTER.....	183	DAY).....	158
SUPPOSITORY.....	MODERNA COVID-19		MRESVIA.....	183
MICONAZOLE-ZINC OXIDE-	BIVALENT.....	183	MS CONTIN.....	31
PETROLAT.....	MODERNA COVID-19 VAC		MUCINEX DM.....	107
microgestin 1.5/30.....	(BOOSTER).....	183	MULTI-DRAW NEEDLE.....	143
microgestin 1/20.....	MODERNA COVID-19 VAC 6M-		Multigen Folic.....	135
microgestin 24 fe.....	11Y.....	183	Multigen Plus.....	135
microgestin fe 1.5/30.....	MODERNA COVID-19 VACC 6-		MULTIGEN TABLET.....	135
microgestin fe 1/20.....	11Y.....	183	MULTISTIX 10 SG.....	119
midodrine hcl.....	MODERNA COVID-19 VACC		multivitamin.....	135
MIEBO.....	6M-5Y.....	183	multivitamin (\$0).....	153
mifepristone.....	MODERNA COVID-19		multivitamins / calcium.....	152
MIGERGOT.....	VACCINE.....	183	multivitamins / minerals.....	37
miglitol.....	moexipril hcl.....	67	MULTIVITAMINS /	
MIGLITOL.....	MOISTURIZING CREAM		MINERALS.....	152
miglustat.....	(VANICREAM).....	114	mupirocin.....	110
mili.....	MOLASSES FLAVOR.....	168	mupirocin calcium.....	110
milk of magnesia.....	mometasone furoate....	115,154	MYALEPT.....	123
mimvey.....	mondoxylene nl.....	176	mycophenolate mofetil.....	149

mycophenolate sodium	149	NARCAN	61	neuac	109
mycophenolic acid	149	NARDIL	51	NEUAC	109
MYDAYIS	16	NASONEX	154	NEULASTA	134
MYFORTIC	149	NAT BITTERNESS	171	NEULASTA ONPRO	134
MYLERAN	72	NATACYN	158	NEUPRO	81
myorisan	109	NATAPRES	96	NEURONTIN	48
MYRBETRIQ	181	nateglinide	59	NEVANAC	161
MYSOLINE	48	NATROBA	118	nevirapine	86
		NATURAL CAMEL	168	NEVIRAPINE	86
		NAYZILAM	46	NEXIUM	179
<b>N</b>		nebivolol hcl	90	NEXIUM I.V.	179
nabumetone	26	necon 0.5/35 (28)	102	NEXLETOL	64
nadolol	91	needles and syringes	143	NEXLIZET	64
nafticillin sodium	165	NEEDLES AND SYRINGES	143	NEXPLANON	171
NAFCILLIN SODIUM	165	NEFAZODONE HCL	53	NGENLA	122
NAFCILLIN SODIUM IN		NEFFY	185	NIACIN	186
DEXTROSE	165	neo-polycin	158	niacin	186
naftifine hcl	111	neo-polycin hc	160	NIACIN	
NAFTIN	111	neomycin / bacitracin / polymixin		(ANTIHYPERLIPIDEMIC)	66
nalbuphine hcl	34	(NEOSPORIN)	110	niacin er (antihyperlipidemic)	66
NALFON	26	neomycin / bacitracin / polymixin		niacinamide	186
NALMEFENE HCL	61	/ pramoxine (NEOSPORIN		NIACOR	66
NALOXONE HCL	61	PLUS)	110	NIASPAN	66
naloxone hcl	61	neomycin sulfate	20	nicardipine hcl	92
naltrexone hcl	61	neomycin-bacitracin zn-		NICE PURE BAKING SODA	97
NAMENDA	172	polymyx	158	nicotine gum	175
NAMENDA TITRATION		NEOMYCIN-POLYMYXIN B		nicotine patch	175
PAK	172	GU	129	Nicotrol	175
NAMENDA XR	172	neomycin-polymyxin-		nifedipine	92
NAMENDA XR TITRATION		dexameth	160	nifedipine er	92
PACK	172	NEOMYCIN-POLYMYXIN-		nifedipine er osmotic release	92
NAMZARIC	172	GRAMICIDIN	158	nikki	102
naphazoline /pheniramine		NEOMYCIN-POLYMYXIN-		nilutamide	74
drops (NAPHCON-A)	159	HC	160	nimodipine	92
NAPRELAN	26	neomycin-polymyxin-hc	163	NINLARO	78
naproxen	26	NEORAL	149	NISOLDIPINE ER	92
naproxen (ALEVE)	26	NEOSTIGMINE		nisoldipine er	92
naproxen dr	27	METHYLSULFATE	71	NITRO-BID	39
NAPROXEN SODIUM	27	neostigmine methylsulfate	71	nitrofurantoin macrocrystal	39
NAPROXEN SODIUM ER	27	NEPHRAMINE	156	nitrofurantoin monohyd macro	39
naproxen-esomeprazole mg	27	NERLYNX	78	nitroglycerin	39
naratriptan hcl	144				

nitrolingual.....	39	NOVOLIN 70/30.....	58	nyamyc.....	111
NIVA THYROID.....	177	NOVOLIN 70/30 FLEXPEN.....	58	nylia 1/35.....	102
NIVESTYM.....	134	NOVOLIN 70/30 FLEXPEN		nylia 7/7/7.....	102
NIZATIDINE.....	178	RELION.....	58	NYMALIZE.....	92
nizatidine.....	178	NOVOLIN 70/30 RELION.....	58	nymyo.....	102
non gelatin capsules.....	170	NOVOLIN N.....	59	nystatin.....	62,111,150
Non-Preferred Blood Glucose		NOVOLIN N FLEXPEN.....	59	NYSTATIN.....	97
Meter.....	142	NOVOLIN N FLEXPEN		nystatin-triamcinolone.....	111,112
nora-be.....	104	RELION.....	59	nystop.....	112
NORDITROPIN FLEXPEN.....	122	NOVOLIN N RELION.....	59		
norelgestromin-eth estradiol	104	NOVOLIN R.....	59	<b>O</b>	
norethin ace-eth estrad-fe..	102	NOVOLIN R FLEXPEN.....	59	OBIZUR.....	131
norethin-eth estradiol-fe....	102	NOVOLIN R FLEXPEN		OALIVA.....	126
norethindron-ethinyl estrad-		RELION.....	59	ocella.....	102
fe.....	102	NOVOLIN R RELION.....	59	OCREVUS.....	174
norethindrone.....	104	NOVOLOG.....	59	OCTREOTIDE ACETATE.....	124
norethindrone acet-ethinyl		NOVOLOG 70/30 FLEXPEN		octreotide acetate.....	124
est.....	102	RELION.....	59	OCUFLOX.....	158
norethindrone acetate.....	171	NOVOLOG FLEXPEN.....	59	ODEFSEY.....	86
norethindrone-eth estradiol..	125	NOVOLOG FLEXPEN		OFEV.....	176
norgestim-eth estrad		RELION.....	59	OFLOXACIN.....	125
triphasic.....	102	NOVOLOG MIX 70/30.....	59	ofloxacin.....	125,158
norgestimate-eth estradiol..	102	NOVOLOG MIX 70/30		ofloxacin otic soln 0.3%.....	162
NORLIQVA.....	92	FLEXPEN.....	59	OGSIVEO.....	78
norlyda.....	104	NOVOLOG MIX 70/30		OJEMDA.....	78
norlyroc.....	105	RELION.....	59	OJJAARA.....	78
normal saline flush.....	148	NOVOLOG PENFILL.....	59	olanzapine.....	83
NORMOSOL-M IN D5W.....	146	NOVOLOG RELION.....	59	olanzapine-fluoxetine hcl.....	172
nortrel 0.5/35 (28).....	102	NOVOSEVEN RT.....	131	olmesartan medoxomil.....	68
nortrel 1/35 (21).....	102	NOXAFIL.....	63	olmesartan medoxomil-hctz.....	70
nortrel 1/35 (28).....	102	NP THYROID.....	177	olmesartan-amlodipine-hctz.....	70
nortrel 7/7/7.....	102	NUBEQA.....	74	olopatadine.....	161
nortriptyline hcl.....	54	NUCALA.....	41	OLUMIANT.....	24
NORVASC.....	92	NUCYNTA ER.....	31	omega-3 fatty acids (Fish oil).....	155
NORVIR.....	86	nulev.....	178	omega-3-acid ethyl esters.....	65
NOURIANZ.....	80	NUPLAZID.....	82	omeprazole (PRILOSEC).....	180
NOVA MAX PLUS KETONE		NURTEC.....	143	omeprazole magnesium.....	180
TEST.....	119	NUTROPIN AQ NUSPIN 10.....	122	omeprazole-sodium	
NOVAVAX COVID-19		NUTROPIN AQ NUSPIN 20.....	122	bicarbonate.....	180
VACCINE.....	183	NUTROPIN AQ NUSPIN 5.....	122	OMNARIS.....	154
NOVOEIGHT.....	131	NUWIQ.....	131		



OMNIPOD 5 DEXG7G6 PODS GEN 5	142	OPZELURA	116	oxycodone-acetaminophen	33
OMNIPOD 5 G6 INTRO (GEN 5)	142	ORANGE CONCENTRATE	168	OXYCONTIN	32
OMNIPOD 5 G6 PODS (GEN 5)	142	ORANGE CREAM FLAVOR	168	oxymetazoline (AFRIN)	155
OMNIPOD 5 G7 INTRO (GEN 5)	142	ORANGE FLAVOR	168	OXYTROL	181
OMNIPOD 5 G7 PODS (GEN 5)	142	ORANGE OIL FLAVOR	168	OZEMPIC (0.25 OR 0.5 MG/DOSE)	57
OMNIPOD 5 LIBRE2 PLUS G6	142	ORENCIA	27	OZEMPIC (1 MG/DOSE)	57
OMNIPOD 5 LIBRE2 PLUS G6 PODS	142	ORENCIA CLICKJECT	27	OZEMPIC (2 MG/DOSE)	57
OMNIPOD 5 PACK	142	ORENITRAM	93	OZURDEX	160
OMNIPOD CLASSIC PDM (GEN 3)	142	ORENITRAM MONTH 1	93		
OMNIPOD DASH INTRO (GEN 4)	142	ORENITRAM MONTH 2	93		
OMNIPOD DASH PDM (GEN 4)	142	ORENITRAM MONTH 3	93		
OMNIPOD DASH PODS (GEN 4)	142	ORGOVYX	74		
OMNITROPE	122	ORIAHNN	125	<b>P</b>	
OMVOH	127	ORILISSA	122	pacerone	41
ondansetron	61	ORKAMBI	175	paliperidone er	82
ondansetron hcl	61	ORLADEYO	132	PALYNZIQ	123
ONETOUCH ULTRA	119	ORLISTAT	17	pantoprazole sodium	180
ONETOUCH ULTRA BLUE TEST	120	orphenadrine citrate er	154	paroex	150
ONETOUCH ULTRA TEST	120	ORSERDU	74	paromomycin sulfate	20
ONETOUCH VERIO	120	orsythia	102	paroxetine hcl	52
ONEXTON	109	oscimin	178	paroxetine hcl er	52
ONFI	46	oscimin sr	178	paroxetine mesylate	175
ONGENTYS	80	oseltamivir phosphate	89	PASSION FRUIT FLAVOR	168
ONUREG	72	ostomy supplies	142	PASSION FRUIT FLAVOR SWEETENED	168
OPFOLDA	123	OTEZLA	27	PAXIL	52
opium	60	OVACE PLUS	114	PAXIL CR	53
OPSUMIT	94	OVIDE	118	PAXLOVID (150/100)	87
OPSYNVI	93	oxacillin sodium	165	PAXLOVID (300/100)	87
OPVEE	61	oxaprozin	27	pazopanib hcl	78
		oxazepam	40	PCCA SWEETNESS ENHANCER	168
		OXBRYTA	133	PEACH FLAVOR	168
		oxcarbazepine	48	PEAK FLOW METER	143
		OXERVATE	160	PEANUT BUTTER FLAVOR	168
		oxiconazole nitrate	112	PEANUT BUTTER OS	168
		OXISTAT	112	PEDIARIX	177
		OXTELLAR XR	48	PEDIATRIC MULTIPLE VITAMINS	153
		oxybutynin chloride	181	pediatric multiple vitamins	153
		oxybutynin chloride er	181	pediatric multiple vitamins / fluoride / iron	152
		oxycodone hcl	31,32		
		OXYCODONE HCL	32		
		OXYCODONE HCL ER	32		

pediatric multiple vitamins / iron.....	153	PERPHENAZINE-AMITRIPTYLINE.....	172	PHENYLEPHRINE / GUAIFENESIN.....	107
PEDIATRIC MULTIPLE VITAMINS / MINERALS.....	152	PERSERIS.....	82	phenylephrine / shark liver / petrolatum (PREPARATION H)36	
pediatric multiple vitamins / vitamin A / vitamin C / vitamin D / fluoride.....	153	PERTZYE.....	120	phenytek.....	50
pediatric multivitamin combinations.....	152	petrolatum (VASELINE).....	171	phenytoin.....	50
PEDIATRIC MULTIVITAMIN COMBINATIONS.....	153	Petrolatum ointment.....	171	phenytoin infatabs.....	50
PEDIATRIC MULTIPLE VITAMINS / IRON.....	153	PEXEVA.....	53	phenytoin sodium extended....	50
pediatric vitamins.....	153	PFIZER COVID-19 BIVAL 6MO-4YR.....	184	philith.....	102
PEDVAX HIB.....	182	PFIZER COVID-19 VAC BIVAL 5-11.....	184	PHOSPHOLINE IODIDE.....	157
peg 3350-kcl-na bicarb-nacl.....	137	PFIZER COVID-19 VAC BIVALENT.....	184	phosphorus supplement.....	147
peg-3350/electrolytes.....	137	PFIZER COVID-19 VAC 11Y.....	184	phytonadione.....	185
PEG-PREP.....	137	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	184	PIFELTRO.....	86
PEGASYS.....	88	PFIZER COVID-19 VAC-TRIS 11Y.....	184	pilocarpine hcl.....	151,158
PEMAZYRE.....	78	PFIZER-BIONT COVID-19 VAC-TRIS 6M-4Y.....	184	pimecrolimus.....	116
PENBRAYA.....	182	PFIZER-BIONTECH COVID-19 VACC.....	184	pimtrea.....	102
penciclovir.....	114	phenazopyridine (AZO).....	130	pin-away.....	37
penicillamine.....	148	PHENELZINE SULFATE.....	52	PINA COLADA FLAVOR.....	168
penicillin g potassium.....	164	phenelzine sulfate.....	52	pindolol.....	91
PENICILLIN V POTASSIUM.....	164	phenobarbital.....	136	PINEAPPLE FLAVOR.....	168
penicillin v potassium.....	164	phentermine hcl.....	17	pinworm medicine.....	37
PENTACEL.....	177	phenylephrine (NEO-SYNEPHRINE).....	155	pioglitazone hcl.....	59
pentamidine isethionate.....	37	phenylephrine (SUDAFED PE).....	155	pioglitazone hcl-glimepiride....	55
PENTASA.....	127	phenylephrine / acetaminophen.....	107	pioglitazone hcl-metformin hcl..	55
pentoxifylline er.....	132	phenylephrine / bropheniramine / dextromethorphan.....	107	piperacillin sod-tazobactam so.....	164
PEPPERMINT BURST OS.....	168	phenylephrine / chlorpheniramine / dextromethorphan.....	107	piperonyl / pyrethrins (RID)....	118
PEPPERMINT FLAVOR.....	168	phenylephrine / acetaminophen.....	107	PIQRAY (200 MG DAILY DOSE).....	78
PERFOROMIST.....	44	phenylephrine / acetaminophen.....	107	PIQRAY (250 MG DAILY DOSE).....	78
perindopril erbumine.....	67	phenylephrine / dextromethorphan.....	107	PIQRAY (300 MG DAILY DOSE).....	78
PERINDOPRIL ERBUMINE.....	67	phenylephrine / guaifenesin.....	107	pirfenidone.....	176
perio gard.....	150			pirmella 1/35.....	102
periomed.....	151			pirmella 7/7/7.....	102
permethrin (NIX).....	118			piroxicam.....	27
perphenazine.....	84			PLAVIX.....	133
				PLEGRIDY.....	174
				PLEGRIDY STARTER PACK.....	174
				plerixafor.....	136

PNEUMOVAX 23.....	182	PRALINES AND CREAM	PREVNAR 13.....	182
PODOFILOX.....	116	FLAVOR.....	PREVNAR 20.....	182
podofilox.....	116	PRALUENT.....	PREVYMIS.....	87
polycin.....	158	pramipexole dihydrochloride..	PREZCOBIX.....	87
polyethylene glycol.....	138	pramipexole dihydrochloride	PREZISTA.....	87
POLYETHYLENE GLYCOL		er.....	PRIFTIN.....	71
600 (BULK).....	96	pramoxine (PROCTO-FOAM).36	PRILOCAINE.....	97
polyethylene glycol drops...	156	pramoxine / calamine.....	PRILOCAINE HCL.....	97
polyethylene glycol packets.138		prasugrel hcl.....	PRILOSEC.....	180
polymyxin b sulfate.....	39	pravastatin sodium.....	PRIMIDONE.....	48
polymyxin b-trimethoprim...	159	praziquantel.....	primidone.....	48
polysaccharide iron		prazosin hcl.....	PRINIVIL.....	67
complex.....	136	PRECISION XTRA BLOOD	PRIORIX.....	184
polyvinyl alcohol / povidone		GLUCOSE.....	PRISTIQ.....	53
drops (REFRESH).....	156	PRECISION XTRA KETONE 120	PRIVIGEN.....	163
polyvinyl alcohol drops		PRECOSE.....	PROAIR DIGIHALER.....	44
(HYPOTEARNS).....	156	PRED FORTE.....	PROAIR RESPICLICK.....	44
POMALYST.....	75	prednisolone.....	probenecid.....	130
PONVORY.....	174	prednisolone acetate.....	procainamide hcl.....	40
PONVORY STARTER		PREDNISOLONE ACETATE P-	PROCAINAMIDE HCL.....	40
PACK.....	174	F.....	PROCAINE HCL.....	139
portia-28.....	102	prednisolone sodium	PROCALAMINE.....	156
posaconazole.....	63	phosphate.....	PROCAP 90 CAPSULE	
potassium / sodium		PREDNISOLONE SODIUM	EXCIPIENT.....	171
phosphate.....	147	PHOSPHATE.....	PROCARDIA.....	92
potassium chloride.....	147	prednisone.....	PROCARDIA XL.....	92
potassium chloride crys er..	147	PREDNISONE.....	procentra.....	16
potassium chloride er.....	147	pregabalin.....	prochlorperazine.....	84
POTASSIUM CHLORIDE IN		pregabalin er.....	prochlorperazine edisylate....	84
DEXTROSE.....	146	PREHEVBRIO.....	prochlorperazine maleate.....	84
potassium chloride in		PREMPHASE.....	PROCRIT.....	134
dextrose.....	146	PRENATAL VITAMIN.....	procto-med hc.....	36
potassium chloride in nacl..	146	prenatal vitamin.....	PROCTOFOAM HC.....	36
potassium citrate.....	129	PRETOMANID.....	proctosol hc.....	36
potassium citrate / sodium		PREVACID 30 MG CAP DR. 180	proctozone-hc.....	36
citrate (CYTRA-3).....	129	PREVACID SOLUTAB 15 MG	PRODIGY NO CODING BLOOD	
potassium citrate er.....	129	TAB DR DISP.....	GLUC.....	120
POTASSIUM GLUCONATE 147		PREVACID SOLUTAB 30 MG	PROFILNINE.....	131
potassium gluconate.....	147	TAB DR DISP.....	PROFORE.....	140
povidone-iodine (BETADINE)85		prevalite.....	PROFORE LITE.....	140
PRADAXA.....	46	previfem.....	PROFORE WCL 5-1/2"X8"...	140

PROGESTERONE.....	97	PULMOZYME.....	175
progesterone.....	171	PUMPKIN FLAVOR.....	168
PROGESTERONE		PURE & GENTLE	
MICRONIZED.....	97	LUBRICANT.....	156
PROGESTERONE MILLED.....	97	purevit dualfe plus.....	135
PROGESTERONE ULTRA		pyrazinamide.....	71
MICRONIZED.....	97	pyridostigmine bromide.....	71
PROGESTERONE		pyridoxine (vitamin B6).....	186
WETTABLE.....	97	pyrimethamine.....	71
PROGESTERONE WETTABLE			
(SOY).....	97		
PROGRAF.....	149		
PROLENSA.....	162		
PROLIA.....	122		
PROMACTA.....	134		
promethazine hcl.....	64		
promethegan.....	64		
propafenone hcl.....	40		
proparacaine hcl.....	159		
propranolol hcl.....	91		
PROPRANOLOL HCL.....	91		
propranolol hcl er.....	91		
PROPRANOLOL-HCTZ.....	70		
propylthiouracil.....	176		
PROQUAD.....	184		
PROSCAR.....	130		
PROTONIX.....	180		
protriptyline hcl.....	54		
PROZAC.....	53		
pseudoeph-bromphen-dm.....	107		
pseudoephedrine			
(SUDAFED).....	155		
pseudoephedrine /			
guaifenesin.....	107		
pseudoephedrine /			
ibuprofen.....	107		
psyllium (METAMUCIL).....	137		
PTS PANELS KETONE			
TEST.....	120		
PULMICORT.....	42		
PULMICORT FLEXHALER.....	42		

## R

ra esomeprazole magnesium.....	180
RA HOT/COLD GEL SLEEVE.....	140
RABAVERT.....	184
rabeprazole sodium.....	180
raloxifene hcl.....	123
ramelteon.....	137
ramipril.....	67
ranolazine er.....	39
RAPAFLO.....	130
RAPAMUNE.....	149
RASPBERRY	
CONCENTRATE.....	168
RASPBERRY FLAVOR.....	169
RASPBERRY FLAVOR	
ARTIFICIAL.....	169
RASPBERRY OS.....	169
RAVICTI.....	123
REBIF.....	174
REBIF REBIDOSE.....	174
REBIF REBIDOSE TITRATION	
PACK.....	174
REBIF TITRATION PACK.....	174
REBINYN.....	131
REBLOZYL.....	134
reclipsen.....	102
RECOMBIMATE.....	131
RECOMBIVAX HB.....	184
RECTIV.....	36
reeses pinworm medicine.....	37
REFRESH 1.4-0.6 %	
SOLUTION.....	156
REFRESH DIGITAL.....	156
REFRESH OPTIVE.....	156
REFRESH OPTIVE	
ADVANCED.....	156
REFRESH OPTIVE PF.....	156
REFRESH RELIEVA.....	156
REFRESH RELIEVA PF.....	156
REFRESH TEARS PF.....	156

relafen.....	27	rifabutin.....	72	RYBELSUS.....	57
RELAFEN DS.....	27	rifampin.....	72	RYDAPT.....	78
RELENZA DISKHALER.....	89	RIFATER.....	71	RYKINDO.....	82
RELEXXII.....	19	riluzole.....	155	RYTARY.....	81
RELION KETONE TEST.....	120	RIMANTADINE HCL.....	89		
RELISTOR.....	128	ringers.....	146	<b>S</b>	
RELPAK.....	144	ringers irrigation.....	150	SABRIL.....	50
REMERON.....	51	RINVOQ.....	24	SAIZEN.....	123
REMERON SOLTAB.....	51	RINVOQ LQ.....	24	SAIZENPREP.....	123
REMICADE.....	127	risedronate sodium.....	122	SALICYLIC ACID.....	116
RENFLEXIS.....	127	RISPERDAL.....	82	salicylic acid.....	116
REVELA.....	129	RISPERDAL CONSTA.....	82	saline bacteriostatic.....	170
repaglinide.....	59	risperidone.....	82	saline flush.....	148
REPATHA.....	67	risperidone microspheres er.....	82	saline flush zr.....	148
REPATHA PUSHTRONEX.....		RITALIN.....	19	salsalate.....	28
SYSTEM.....	67	RITALIN LA.....	19	SANCUSO.....	61
REPATHA SURECLICK.....	67	ritonavir.....	87	SANDIMMUNE.....	149
REQUIP XL.....	81	rivastigmine.....	172	SAPHRIS.....	83
respiratory therapy		rivastigmine tartrate.....	172	SARDINE FLAVOR.....	169
supplies.....	143	rivelsa.....	102	SAVAYSA.....	45
RESTASIS.....	159	RIXUBIS.....	131	SAVELLA.....	172
RESTASIS MULTIDOSE.....	159	rizatriptan benzoate.....	145	SAVELLA TITRATION PACK.....	172
RETACRIT.....	134	ROCKLATAN.....	159	saxagliptin hcl.....	56
RETEVMO.....	78	roflumilast.....	42	saxagliptin-metformin er.....	55
RETIN-A.....	109	ROOT BEER FLAVOR.....	169	SAXENDA.....	17
RETIN-A MICRO.....	109	ropinirole hcl.....	81	SCEMBLIX.....	78
RETIN-A MICRO PUMP.....	109	ropinirole hcl er.....	81	scopolamine.....	62
RETISERT.....	160	rosadan.....	118	se-tan plus.....	135
REVATIO.....	94	rosuvastatin calcium.....	66	SECUADO.....	83
REVCIVI.....	124	ROTARIX.....	184	SEGLUROMET.....	55
REVLIMID.....	148	ROTATEQ.....	184	selegiline hcl.....	81
REXULTI.....	84	ROWASA.....	127	selenium.....	148
REYVOW.....	144,145	roweepra.....	49	SELZENTRY.....	87
REZDIFFRA.....	126	roweepra xr.....	49	SEMGLEE.....	59
REZLIDHIA.....	78	ROZEREM.....	137	SEMGLEE (YFGN).....	59
REZUROCK.....	148	ROZLYTREK.....	78	senna / docusate sodium (PERI- COLACE).....	137
REZVOGLAR KWIKPEN.....	59	RUBRACA.....	78	sennosides.....	138
RHOPRESSA.....	159	RUCONEST.....	132	SEREVENT DISKUS.....	44
RIBAVIRIN.....	88	rufinamide.....	49	SEROQUEL.....	83
ribavirin.....	88	RUKOBIA.....	87	SEROQUEL XR.....	83
riboflavin (vitamin B2).....	186	RYALTRIS.....	154		

SEROSTIM.....	123	sm esomeprazole	sorbitol solution.....	138
SERTRALINE HCL.....	53	magnesium.....	sorine.....	91
sertraline hcl.....	53	sm glucosamine hcl.....	sotalol hcl.....	91
setlakin.....	102	sm mineral oil.....	sotalol hcl (af).....	91
sevelamer carbonate.....	129	sod citrate-citric acid.....	SOTYKTU.....	113
sevelamer hcl.....	129	SOD FLUORIDE-POTASSIUM	SOTYLIZE.....	91
SEVENFACT.....	131	NITRATE.....	SOVALDI.....	89
sf.....	151	sodium bicarbonate.....	SPEARMINT FLAVOR.....	169
sf 5000 plus.....	151	SODIUM BICARBONATE.....	SPEARMINT OS.....	169
SFROWASA.....	127	SODIUM CHLORIDE.....	SPEVIGO.....	113
sharobel.....	105	sodium chloride.....	SPIKEVAX.....	184
sharps container.....	143	sodium chloride	SPIKEVAX COVID-19	
SHINGRIX.....	184	bacteriostatic.....	VACCINE.....	184
SHRIMP FLAVOR.....	169	sodium chloride eye products	SPINOSAD.....	118
SIGNIFOR.....	124	(MURO 128).....	SPIRIVA HANDIHALER.....	41
SIKLOS.....	133	sodium chloride flush.....	SPIRIVA RESPIMAT.....	41
sildenafil citrate.....	94	sodium chloride nasal spray.....	spironolactone.....	121
SILIQ.....	113	SODIUM CHLORIDE NASAL	spironolactone-hctz.....	121
silodosin.....	130	SPRAY.....	SPORANOX.....	63
silver sulfadiazine.....	114	sodium fluoride.....	SPORANOX PULSEPAK.....	63
SIMBRINZA.....	158	SODIUM FLUORIDE 5000	SPRAVATO (56 MG DOSE).....	52
simethicone (MYLICON).....	126	ENAMEL.....	SPRAVATO (84 MG DOSE).....	52
SIMLANDI (1 PEN).....	24	sodium fluoride 5000 plus.....	sprintec 28.....	102
SIMLANDI (2 PEN).....	24	sodium fluoride 5000 ppm.....	SPRITAM.....	49
SIMLANDI (2 SYRINGE).....	24	SODIUM FLUORIDE 5000	sronyx.....	102
simliya.....	102	SENSITIVE.....	ssd.....	114
simpesse.....	102	sodium phenylbutyrate.....	sss 10-5.....	109
SIMPONI.....	24	sodium polystyrene	STALEVO 100.....	81
SIMPONI ARIA.....	24	sulfonate.....	STALEVO 125.....	81
simvastatin.....	66	sodium sulfacetamide wash.....	STALEVO 150.....	81
SINEMET.....	81	SODIUM SULFACETAMIDE-	STALEVO 200.....	81
SINGULAIR.....	42	BAKUCHIOL.....	STALEVO 50.....	81
sirolimus.....	149	SOFOSBUVIR-	STALEVO 75.....	81
SIRTURO.....	72	VELPATASVIR.....	STAMARIL.....	184
SITAGLIPTIN.....	56	SOGROYA.....	stavudine.....	87
SKYRIZI.....	113,127,128	solifenacin succinate.....	STEARIC ACID.....	171
SKYRIZI (150 MG DOSE).....	113	SOLIUQUA.....	STEGLATRO.....	60
SKYRIZI PEN.....	113	SOLU-CORTEF.....	STEGLUJAN.....	55
SKYTROFA.....	123	SOLU-MEDROL.....	STELARA.....	113,128
SM DELUXE REUSABLE		SOLU-MEDROL (PF).....	sterile water for injection.....	170
COMPRESS.....	140	sorafenib tosylate.....		78

STERILE WATER FOR INJECTION.....	170	sumatriptan-naproxen sodium.....	144	TAKHZYRO.....	132
STEVIA EXTRACT.....	97	sunitinib malate.....	79	TALTZ.....	113
STEVIA GLYCERITE EXTRACT.....	169	SUNLENCA.....	87	TALZENNA.....	79
STIOLTO RESPIMAT.....	44	SUNOSI.....	17	TAMIFLU.....	89
STIVARGA.....	79	SUPER SYNERSWEET FLAVOR.....	169	tamoxifen citrate.....	74
STRATTERA.....	17	SUPRAX.....	96	tamsulosin hcl.....	130
STRAWBERRY FLAVOR.....	169	SUREPRESS HI COMPRESS BANDAGE.....	140	tandem plus.....	135
STRAWBERRY OS.....	169	swabflush saline flush.....	148	TANGERINE FLAVOR.....	169
STRENSIQ.....	124	SWEET CORN FLAVOR.....	169	TANGERINE FLAVOR SWEETENED.....	169
STRIBILD.....	87	SWEET DROPS.....	169	tarina 24 fe.....	103
STRIVERDI RESPIMAT.....	44	SWEETENING ENHANCER.....	169	tarina fe 1/20.....	103
SUBLOCADE.....	34	syeda.....	103	tarina fe 1/20 eq.....	103
SUBOXONE.....	34	symax-sl.....	178	Taron Forte.....	135
subvenite.....	49	symax-sr.....	178	TARPEYO.....	106
subvenite starter kit-blue.....	49	SYMBICORT.....	44	TASCENSO ODT.....	174
subvenite starter kit-green.....	49	SYMBYAX.....	172	TASIGNA.....	79
subvenite starter kit-orange.....	49	SYMDEKO.....	175	tasimelteon.....	137
sucralfate.....	178	SYMJEPI.....	185	TASMAR.....	80
SULAR.....	92	SYMLINPEN 120.....	54	tavaborole.....	112
sulfacetamide sodium.....	114,159	SYMLINPEN 60.....	54	TAVNEOS.....	132
SULFACETAMIDE SODIUM.....	159	SYMPAZAN.....	46	taysofy.....	103
sulfacetamide sodium (acne).....	109	SYMPROIC.....	128	TAZAROTENE.....	110
sulfacetamide sodium-sulfur.....	109	SYMTUZA.....	87	tazarotene.....	113
SULFACETAMIDE SODIUM-SULFUR.....	109	SYNAGIS.....	163	tazicef.....	96
SULFACETAMIDE-PREDNISOLONE.....	160	SYNJARDY.....	55	taztia xt.....	92
sulfacleanse 8/4.....	109	SYNJARDY XR.....	55	TAZVERIK.....	79
sulfadiazine.....	176	SYSTANE BALANCE.....	156	TDVAX.....	177
sulfamethoxazole-trimethoprim.....	38	SYSTANE COMPLETE.....	156	TEABERRY FLAVOR.....	169
sulfamez wash.....	110	<b>T</b>		TECFIDERA.....	174
sulfasalazine.....	128	TABLOID.....	72	TEGRETOL.....	49
sulindac.....	27	TABRECTA.....	79	TEGRETOL-XR.....	49
sumatriptan.....	145	tacrolimus.....	116,149	TEKTURNA.....	70
sumatriptan succinate.....	145	tadalafil (pah).....	94	TEKTURNA HCT.....	70
sumatriptan succinate refill.....	145	TADLIQ.....	94	telmisartan.....	68
		TAFINLAR.....	79	telmisartan-amlodipine.....	70
		tafluprost (pf).....	162	TELMISARTAN-AMLODIPINE.....	70
		TAGRISSO.....	73	telmisartan-hctz.....	70
				temazepam.....	136
				TEMIXYS.....	87
				temozolomide.....	72

TENIVAC.....	177	TIBSOVO.....	79	TOUJEO MAX SOLOSTAR.....	59
tenofovir disoproxil fumarate.....	87	TICOVAC.....	184	TOUJEO SOLOSTAR.....	59
TENORETIC 100.....	70	tilia fe.....	103	TOVIAZ.....	181
TENORETIC 50.....	70	timolol hemihydrate.....	157	TRACLEER.....	94
TENORMIN.....	90	timolol maleate.....	91,157	TRADJENTA.....	56
TEPMETKO.....	79	timolol maleate (once-daily).....	157	tramadol hcl.....	32
terazosin hcl.....	68,69	timolol maleate ocudose.....	157	tramadol hcl (er biphasic).....	32
terbinafine (LAMISIL).....	112	timolol maleate pf.....	157	TRAMADOL HCL ER.....	32
terbinafine hcl.....	62	TIMOPTIC.....	157	tramadol-acetaminophen.....	33
terbutaline sulfate.....	44	TIMOPTIC OCUDOSE.....	157	trandolapril.....	67
terconazole.....	185	TIMOPTIC-XE.....	157	TRANDOLAPRIL-VERAPAMIL	
teriflunomide.....	174	tinidazole.....	37	HCL ER.....	70
teriparatide.....	122	tioconazole (VAGISTAT).....	185	tranexamic acid.....	136
teriparatide (recombinant).....	122	tiopronin.....	130	TRANSDERM SCOP (1.5 MG).....	62
TERIPARATIDE		tiotropium bromide		TRANSDERM-SCOP.....	62
(RECOMBINANT).....	122	monohydrate.....	41	tranylcyproamine sulfate.....	52
TESTIM.....	35	tis-u-sol.....	150	TRAVATAN Z.....	162
testosterone.....	35	TIVICAY.....	87	travoprost (bak free).....	162
TESTOSTERONE.....	35	TIVICAY PD.....	87	trazodone hcl.....	53
testosterone cypionate.....	35	tizanidine hcl.....	154	TRELEGY ELLIPTA.....	44
tetrabenazine.....	173	TOBI.....	20	TREMFYA.....	113,114
TETRACAINE.....	97	TOBI PODHALER.....	20	TRESIBA.....	59
TETRACAINE HCL.....	97	tobramycin.....	21,159	TRESIBA FLEXTOUCH.....	59
tetracaine hcl.....	160	tobramycin sulfate.....	21	tretinoin.....	80,110
tetracycline hcl.....	176	tobramycin-dexamethasone.....	160	tretinoin microsphere.....	110
tetrahydrazoline drops		TOFIDENCE.....	25	tretinoin microsphere pump.....	110
(VISINE).....	159	tolcapone.....	80	TRETTEN.....	131
TEZSPIRE.....	41	tolnaftate (TINACTIN).....	112	TREXIMET.....	144
THALOMID.....	149	TOLSURA.....	63	tri femynor.....	103
theophylline.....	44	tolterodine tartrate.....	181	tri-estarylla.....	103
theophylline er.....	44	tolterodine tartrate er.....	181	tri-legest fe.....	103
thiamine (vitamin B1).....	186	tolvaptan.....	124	tri-linyah.....	103
THICK-IT.....	170	TOPAMAX.....	49	tri-lo-estarylla.....	103
thioridazine hcl.....	84	TOPAMAX SPRINKLE.....	49	tri-lo-marzia.....	103
thiotepa.....	72	topiramate.....	49	tri-lo-mili.....	103
thiothixene.....	84	topiramate er.....	49	tri-lo-sprintec.....	103
THYQUIDITY.....	177	TOPROL XL.....	90	tri-mili.....	103
THYROID.....	177	toremifene citrate.....	74	tri-nymyo.....	103
tiadylt er.....	92	torpenz.....	79	tri-previfem.....	103
tiagabine hcl.....	50	torsemide.....	121	tri-sprintec.....	103
TIAZAC.....	92	TOSYMRA.....	145	TRI-VI-SOL A/C/D.....	153



tri-vylibra	103	TRUDHESA	144	UPTRAVI	95
tri-vylibra lo	103	TRUE METRIX BLOOD		urea 10% and 20%	
triamcinolone acetonide	115	GLUCOSE TEST	120	(CARMOL)	116
triamcinolone acetonide		TRULANCE	126	ursodiol	126
(NASACORT)	154	TRULICITY	57	UZEDY	82
triamterene-hctz	121	TRUMENBA	182		
triazolam	136	TRUQAP	79	<b>V</b>	
TRIBENZOR	70	TRUSOPT	162	vaginal contraceptive foam	184
TRICOR	66	TUDORZA PRESSAIR	41	valacyclovir hcl	89
triderm	115	TUKYSA	73	VALCHLOR	112
trientine hcl	148	tulana	105	valganciclovir hcl	87
TRIESENCE	161	TUNA FLAVOR	169	valproic acid	51
trifluoperazine hcl	84	TUNA TYPE FLAVOR OS	169	VALSARTAN	68
trihexyphenidyl hcl	80	TURALIO	79	valsartan	68
TRIHEXYPHENIDYL HCL	80	turqoz	103	valsartan-hydrochlorothiazide	70
TRIJARDY XR	55	TUTTI FRUTTI		VALTOCO 10 MG DOSE	46
TRIKAFTA	175,176	CONCENTRATE	169	VALTOCO 15 MG DOSE	46
TRILEPTAL	49	TUTTI FRUTTI FLAVOR	169	VALTOCO 20 MG DOSE	46
TRILIPIX	66	TUTTI-FRUTTI FLAVOR	169	VALTOCO 5 MG DOSE	47
trilyte	137	TWINRIX	184	VALTREX	89
trimethobenzamide hcl	62	tydemy	103	VANCOCIN	38
trimethoprim	37	TYENNE	25	vancomycin hcl	38
TRINTELLIX	53	TYMLOS	122	VANFLYTA	79
TRIPTODUR	123	TYPHIM VI	182	VANILLA BUTTERNUT	
TRITTAB PEPPERMINT		TYRVAYA	157	FLAVOR	169
ICE	169	TYSABRI	174	VANILLA FLAVOR	169
TRIUMEQ	87	TYVASO	94	VANILLA OS	169
TRIUMEQ PD	87	TYVASO DPI INSTITUTIONAL		VANILLIN FLAVOR	169
trivora (28)	103	KIT	94	VAQTA	184
TROKENDI XR	49	TYVASO DPI MAINTENANCE		varenicline tartrate	175
trolamine salicylate	116	KIT	94	varenicline tartrate (starter)	175
trolamine salicylate		TYVASO DPI TITRATION KIT	94	varenicline tartrate(continue)	175
(MYOFLEX)	116	TYVASO REFILL	94	VARIVAX	184
TROLAMINE SALICYLATE		TYVASO STARTER	94	VASCEPA	65
(MYOFLEX)	116			VASERETIC	70
TROPICAL FUSION OS	169	<b>U</b>		VASOTEC	68
TROPICAL FUSION WS	169	UBRELVY	143	VAXCHORA	182
TROPICAL PUNCH		UCERIS	35,106	VAXNEUVANCE	182
FLAVOR	169	UDENYCA	134	VELPHORO	129
trospium chloride	181	unithroid	177	VELSIPITY	128
trospium chloride er	181	UPLIZNA	149	VELTIN	110

VEMLIDY.....	89	vitamin A.....	185	VOXZOGO.....	124
VENCLEXTA.....	73	vitamin A / vitamin D.....	116	VRAYLAR.....	82
VENCLEXTA STARTING PACK.....	73	VITAMIN A-C-D INFANT.....	153	VUMERITY.....	174
venlafaxine hcl.....	53	VITAMIN A/C/D/ INFANT/TODDLER.....	153	VUSION.....	112
venlafaxine hcl er.....	53	vitamin B complex.....	152	VYEPTI.....	143
VENTOLIN HFA.....	44	VITAMIN B COMPLEX.....	152	vyfemla.....	103
verapamil hcl.....	92	vitamin B complex (\$0).....	152	vylibra.....	103
VERAPAMIL HCL ER.....	92	vitamin B complex / vitamin C / biotin / minerals / folic acid.....	152	VYNDAMAX.....	95
verapamil hcl er.....	93	vitamin B complex / vitamin C / calcium.....	152	VYNDAQEL.....	95
VERELAN PM.....	93	vitamin B complex / vitamin C / vitamin E / zinc.....	152	VYTORIN.....	64
VERKAZIA.....	159	vitamin B complex / vitamin C / zinc / folic acid.....	152	VYVANSE.....	16
VERSACLOZ.....	83	vitamin B complex.....	152	VYZULTA.....	162
VERY BERRY OS.....	169	vitamin B complex / vitamin C / zinc / folic acid.....	152		
VERZENIO.....	79	vitamin B complex.....	152	<b>W</b>	
VESICARE.....	181	VITAMIN B COMPLEX COMBINATIONS.....	152	WAL-TUSSIN COUGH RELIEF.....	106
VESICARE LS.....	181	vitamin B12.....	133	warfarin sodium.....	45
vestura.....	103	VITAMIN B12.....	133	WATERMELON FLAVOR.....	170
VEVYE.....	159	vitamin C.....	186	WEGOVI.....	17
VIBERZI.....	128	VITAMIN C.....	186	WELCHOL.....	65
VICTOZA.....	57	vitamin D.....	185	WELIREG.....	74
vienva.....	103	VITAMIN D.....	186	WELLBUTRIN SR.....	51
vigabatrin.....	50	vitamin E.....	186	WELLBUTRIN XL.....	51
vigadrone.....	50	VITAMIN/IRON MASKING AGENT.....	170	wera.....	103
VIGAMOX.....	159	vitamins / lipotropics.....	153	wheat dextrin powder.....	137
vigpoder.....	50	VITRAKVI.....	79	WIDE-SEAL DIAPHRAGM.....	141
VIIBRYD.....	53	VITRON-C.....	135	WILATE.....	132
VIJOICE.....	150	VIVJOA.....	63	WILD CHERRY FLAVOR.....	170
vilazodone hcl.....	53	VIZIMPRO.....	73	WILD CHERRY OS.....	170
VIMPAT.....	49	VOGELXO.....	35	WILD CHERRY SD FLAVOR.....	170
VIOKACE.....	120	VOGELXO PUMP.....	35	WINLEVI.....	110
viorele.....	103	volnea.....	103	WINREVAIR.....	94
VIRACEPT.....	87	VONJO.....	79	witch hazel.....	118
VIREAD.....	87	VONVENDI.....	132	wixela inhub.....	44
VIRT-FEFA PLUS.....	135	voriconazole.....	63	wymzya fe.....	103
visine red eye hydrating conf.....	159	VOSEVI.....	89		
VISTA GEL DRY EYE RELIEF.....	156			<b>X</b>	
VISTOGARD.....	61			X-SEB T 10 % SHAMPOO.....	118
VITAMIN A.....	116			XADAGO.....	81
				XALATAN.....	162
				XALKORI.....	79

XARELTO.....	45	XTANDI.....	74	ZEPOSIA 7-DAY STARTER
XARELTO STARTER PACK.....	45	xulane.....	104	PACK.....
XCOPRI.....	50	XULTOPHY.....	56	ZEPOSIA STARTER KIT.....
XCOPRI (250 MG DAILY		XYNTHA.....	132	ZERVIAE.....
DOSE).....	49	XYNTHA SOLOFUSE.....	132	ZESTORETIC.....
XCOPRI (350 MG DAILY				ZESTRIL.....
DOSE).....	49	<b>Y</b>		ZETIA.....
XDEMVI.....	159	yargesa.....	133	ZETONNA.....
XELJANZ.....	24,25	YF-VAX.....	184	ZIAC.....
XELJANZ XR.....	25	YUFLYMA (1 PEN).....	24	ZIANA.....
XELPROS.....	162	YUFLYMA (2 PEN).....	24	zidovudine.....
XELSTRYM.....	16	YUFLYMA 2-SYRINGE KIT.....	24	ZIEXTENZO.....
XENICAL.....	17	YUFLYMA-CD/UC/HS		zileuton er.....
XENLETA.....	38	STARTER.....	24	ZIMHI.....
XEPI.....	110	YUPELRI.....	41	zinc.....
XERESE.....	114	YUSIMRY.....	24	zinc gluconate.....
XHANCE.....	155	YUTIQ.....	161	ZINC OXIDE.....
XIFAXAN.....	37	yuvafem.....	185	zinc oxide (DESITIN).....
XIGDUO XR.....	55			zinc sulfate.....
XIIDRA.....	159	<b>Z</b>		ZIOPTAN.....
XIPERE.....	161	ZADITOR.....	162	ziprasidone hcl.....
XOFLUZA (40 MG DOSE).....	89	zafemy.....	104	ziprasidone mesylate.....
XOFLUZA (80 MG DOSE).....	89	zafirlukast.....	42	ZIPSOR.....
XOLAIR.....	41	zaleplon.....	136	ZIRGAN.....
XOPENEX HFA.....	44	zarah.....	103	ZITHROMAX.....
XOSPATA.....	79	ZARONTIN.....	50	ZITHROMAX TRI-PAK.....
XPOVIO (100 MG ONCE		ZARXIO.....	134	ZITHROMAX Z-PAK.....
WEEKLY).....	75	ZAVZPRET.....	143	ZITUVIMET.....
XPOVIO (40 MG ONCE		zebutal.....	28	ZITUVIO.....
WEEKLY).....	75	ZEGALOGUE.....	56	ZOCOR.....
XPOVIO (40 MG TWICE		ZEGERID.....	180	ZOFRAN.....
WEEKLY).....	75	ZEGERID OTC.....	180	ZOHYDRO ER.....
XPOVIO (60 MG ONCE		ZEJULA.....	79	ZOKINVY.....
WEEKLY).....	75	ZELBORAF.....	79	ZOLINZA.....
XPOVIO (60 MG TWICE		ZEMBRACE SYMTOUCH.....	145	zolmitriptan.....
WEEKLY).....	75	zenatane.....	110	ZOLOFT.....
XPOVIO (80 MG ONCE		ZENPEP.....	120	ZOLPIDEM TARTRATE.....
WEEKLY).....	75	zenzedi.....	16	zolpidem tartrate.....
XPOVIO (80 MG TWICE		ZEPATIER.....	89	zolpidem tartrate er.....
WEEKLY).....	75	ZEPBOUND.....	17	ZOMACTON.....
XTAMPZA ER.....	32	ZEPOSIA.....	174	

ZOMACTON (FOR ZOMA-JET 10).....	123
ZOMIG.....	145
zomig.....	145
ZONISADE.....	49
zonisamide.....	49
ZORBTIVE.....	123
ZORTRESS.....	149
ZORVOLEX.....	27
ZORYVE.....	118
zovia 1/35 (28).....	104
zovia 1/35e (28).....	104
ZOVIRAX.....	114
ZTALMY.....	49
ZTLIDO 1.8 % PATCH.....	117
ZUBSOLV.....	34
zumandimine.....	104
ZURZUVAE.....	51
ZYDELIG.....	79
ZYFLO.....	42
ZYKADIA.....	79
ZYMFENTRA (1 PEN).....	128
ZYMFENTRA (2 PEN).....	128
ZYMFENTRA (2 SYRINGE)	128
ZYPITAMAG.....	66
ZYPREXA.....	83
ZYPREXA RELPREVV.....	83
ZYPREXA ZYDIS.....	83



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