

2026

# Medical Assistance List of Covered Drugs (Formulary)

## UCare

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

**Families and Children:** Aitkin, Anoka, Blue Earth, Carlton, Carver, Cass, Cook, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pine, Rice, Rock, Scott, Todd, Washington, Watonwan, and Winona

**MinnesotaCare:** Aitkin, Anoka, Blue Earth, Carlton, Carver, Cass, Cook, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Koochiching, Lake, Lake of the Woods, Le Sueur, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Olmsted, Pine, Rice, Rock, Scott, Todd, Washington, Watonwan and Winona

**MSC+:** Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur,

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

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

The information included in this list of covered drugs was correct as of 05/07/2026. 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.

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## IMPORTANT INFORMATION

### **What is a list of covered drugs?**

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

### **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***

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 15. Then look under the category name for your drug.

#### ***Search by Alphabetical Listing***

You can also look for your drug in the Index. The Index is an alphabetical list of all of the drugs included in the formulary. Once you find either the brand or generic name of your drug in the Index, you'll see the page number where you can find the drug in the formulary and see if there are any requirements/limits.

## 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 <https://minnesota.primetherapeutics.com/links>.

## 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 identified as “OTC” next to the drug name in the REQUIREMENTS/LIMITS column.

## 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 Fairview Specialty Pharmacy.

For the most current information about this specialty pharmacy, including contact details and hours of operation, please refer to the **Specialty Pharmacies section of the Provider and Pharmacy Directory at <https://search.ucare.org>**, which is updated monthly. If you need help finding this section of the directory, or if you would like a paper copy mailed to you, please call Customer Service.

You will also need to call the specialty pharmacy 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 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](https://www.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](http://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](http://ucare.org) or 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). 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?

Medical Assistance covered drugs no longer have copays. You do not have cost sharing for drugs covered under Medical Assistance. MinnesotaCare members may have copays. All copay information for prescriptions is listed in the *Member Handbook* in Section 6: Cost-Sharing. If you have additional questions, call 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

Explanation of Coverage Status and Requirements		
<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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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
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
ADDERALL XR 20 MG CAP 24H	2	PA, QL (3 EA PER DAY), NP
ADZENYS XR-ODT (12.5 MG TAB ER DISP, 15.7 MG TAB ER DISP, 18.8 MG TAB ER DISP)	2	PA, QL (1 EA PER DAY), NP
ADZENYS XR-ODT (3.1 MG TAB ER DISP, 6.3 MG TAB ER DISP, 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	2	PA, QL (48 ML PER DAY), NP
<i>amphetamine er (er 12.5 mg tab er disp, er 15.7 mg tab er disp, er 18.8 mg tab er disp)</i>	1	PA, QL (1 EA PER DAY), NP
<i>amphetamine er (er 3.1 mg tab er disp, er 6.3 mg tab er disp, er 9.4 mg tab er disp)</i>	1	PA, QL (2 EA 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 (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-dextroamphet er 20 mg cap 24h</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab)</i>	1	QL (4 EA PER DAY), P
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL (3 EA PER DAY), P
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL (2 EA PER DAY), P
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1	QL (3 EA PER DAY), P
<i>dextroamphetamine sulfate 30 mg tab</i>	1	QL (2 EA PER DAY), P
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	PA, QL (60 ML PER DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dextroamphetamine sulfate er</i>	1	QL (4 EA PER DAY), P
DYANAVEL XR (5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER)	2	PA, QL (1 EA PER 1 DAY), NP
DYANAVEL XR 2.5 MG/ML SUSP	2	PA, QL (8 ML PER 1 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 (ODT 5 MG TAB DISP, ODT 15 MG TAB DISP)	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
<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>		
<i>liraglutide -weight management</i>	1	PA, QL (15 ML PER 30 DAYS)
ORLISTAT	2	PA, QL (3 EA PER DAY), NP
SAXENDA	1	PA, QL (15 ML PER 30 DAYS), P
WEGOVY (0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	2	PA, QL (3 ML PER 28 DAYS; 2 FILLSPER 180 DAYS), P
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	2	PA, QL (3 ML PER 28 DAYS), P
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	PA, QL (3 ML PER 28 DAYS; 2 FILLSPER 180 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 FILLSPER 180 DAYS), NP
ZEPBOUND (5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLUTION, 7.5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLUTION, 10 MG/0.5ML SOLUTION, 12.5 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLUTION, 15 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ML PER 28 DAYS), NP
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), NP
ZEPBOUND 15 MG/0.5ML SOLUTION	2	PA, QL (2 ML PER 28 DAYS), NP
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	P
<i>clonidine hcl er</i>	1	P
<i>guanfacine hcl er</i>	1	EDS, P
INTUNIV	2	PA, NP
ONYDA XR	2	PA, QL (4 ML PER DAY), NP
QELBREE	2	PA, NP
STRATTERA	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
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 (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 10 mg chew tab</i>	1	PA, QL (6 EA PER DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	QL (30 ML 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	QL (2 EA PER DAY), P
<i>methylphenidate hcl er (la) 40 mg cap 24h</i>	1	QL (1 EA PER DAY), P
<i>methylphenidate hcl er (la) 60 mg cap 24h</i>	1	PA, QL (1 EA PER DAY), NP
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
METHYLPHENIDATE HCL ER (OSM)	2	PA, QL (1 EA PER 1 DAY), NP
<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) 54 mg tab</i>	1	QL (1 EA PER DAY), P
<i>methylphenidate hcl er (osm) 72 mg tab</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
<i>modafinil</i>	1	QL (2 EA PER DAY)
QUILLICHEW ER (ER 20 MG, ER 30 MG)	2	PA, QL (2 EA PER DAY), NP
QUILLICHEW ER 40 MG CH	2	PA, QL (1 EA PER DAY), NP
QUILLIVANT XR	2	PA, QL (12 ML PER DAY), NP
RELEXXII	2	PA, QL (1 EA PER 1 DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
RITALIN	2	PA, QL (3 EA PER DAY), NP
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - G'S</b>		
<i>glucosamine sulfate</i>	1	OTC
<b>ALTERNATIVE MEDICINE - M'S</b>		
MELATONIN	1	OTC
<i>melatonin</i>	1	OTC, EDS
<b>ALTERNATIVE MEDICINE COMBINATIONS</b>		
<i>glucosamine / chondroitin</i>	1	OTC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate</i>	1	
ARIKAYCE	2	PA, LA, NP
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</i>	1	
TOBI	2	PA, QL (10 ML PER DAY), SP, NP
TOBI PODHALER	2	PA, QL (8 EA PER DAY), SP, NP
<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	
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ADALIMUMAB-AACF (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AACF (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AACF(CD/UC/HS STRT)	2	PA, QL (6 EA PER 180 DAYS), SP, NP
ADALIMUMAB-AACF(PS/UV STARTER)	2	PA, QL (4 EA PER 180 DAYS), SP, NP
ADALIMUMAB-AATY (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-AATY CD/UC/HS START	2	PA, QL (3 EA PER 180 DAYS), SP, NP
ADALIMUMAB-ADAZ	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBM (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT)	2	PA, QL (2 EA PER 28 DAYS), SP, P
ADALIMUMAB-ADBM (2 SYRINGE) (40 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	PA, QL (6 EA PER 180 DAYS), SP, P
ADALIMUMAB-ADBM(PS/UV STARTER)	2	PA, QL (4 EA PER 180 DAYS), SP, P
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 (1 PEN)	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
AMJEVITA (10 MG/0.2ML 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 PRSYR, 80 MG/0.8ML SOLN A-INJ)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
AMJEVITA 40 MG/0.8ML SOLN A-INJ	2	PA, QL (1.6 ML PER 28 DAYS), SP, NP
AMJEVITA-PED 15KG TO <30KG	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CYLTEZO (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, P
CYLTEZO (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, P
CYLTEZO-CD/UC/HS STARTER	2	PA, QL (6 EA PER 180 DAYS), SP, P
CYLTEZO-PSORIASIS/UV STARTER	2	PA, QL (4 EA PER 180 DAYS), SP, P
HADLIMA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HADLIMA PUSHTOUCH	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HULIO (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HULIO (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HUMIRA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HUMIRA (1 PEN)	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HUMIRA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HUMIRA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	PA, QL (6 EA PER 180 DAYS), SP, NP
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL (2 EA PER 180 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HUMIRA-PED>/=40KG CROHNS START	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HUMIRA-PED>/=40KG UC STARTER	2	PA, QL (4 EA PER 180 DAYS), SP, NP
HUMIRA-PS/UV/ADOL HS STARTER	2	PA, QL (4 EA PER 180 DAYS), SP, NP
HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, QL (3 EA PER 180 DAYS), SP, NP
HYRIMOZ	2	PA, QL (2 EA PER 28 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
HYRIMOZ-PLAQUE PSORIASIS START	2	PA, QL (3 EA PER 180 DAYS), SP, NP
IDACIO (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
IDACIO (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
IDACIO-CROHNS/UC STARTER	2	PA, QL (6 EA PER 180 DAYS), SP, NP
IDACIO-PSORIASIS STARTER	2	PA, QL (4 EA PER 180 DAYS), SP, NP
SIMLANDI (1 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
SIMLANDI (1 SYRINGE)	2	PA, QL (2 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA (2 PEN)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
YUFLYMA-CD/UC/HS STARTER	2	PA, QL (2 EA PER 28 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 (5 MG TAB, 10 MG TAB)	2	PA, QL (2 EA PER DAY), SP, P
XELJANZ 1 MG/ML SOLUTION	2	PA, QL (10 ML PER DAY), SP, NP
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, SP, NP
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, NP
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	PA, QL (1.8 ML PER 28 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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), SP, 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), SP, NP

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

ARTHROTEC	2	PA, NP
CELEBREX	2	PA, NP
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap)</i>	1	EDS, P
<i>celecoxib 400 mg cap</i>	1	P
DAYPRO	2	PA, NP
<i>diclofenac potassium (25 mg cap, 25 mg tab)</i>	1	PA, NP
<i>diclofenac potassium 50 mg tab</i>	1	PA, EDS, NP
<i>diclofenac sodium (50 mg tab dr, 75 mg tab dr)</i>	1	EDS, P
<i>diclofenac sodium 25 mg tab dr</i>	1	P
<i>diclofenac sodium er</i>	1	P
<i>diclofenac-misoprostol</i>	1	PA, NP
<i>ec-naproxen</i>	1	P
<i>etodolac (200 mg cap, 300 mg cap)</i>	1	P
<i>etodolac (400 mg tab, 500 mg tab)</i>	1	EDS, P
<i>etodolac er</i>	1	PA, NP
FENOPROFEN CALCIUM	2	PA, NP
<i>fenoprofen calcium</i>	1	PA, NP
<i>flurbiprofen</i>	1	P
<i>ibuprofen (motrin)</i>	1	PA, OTC, EDS, NP
<i>ibuprofen-famotidine</i>	1	PA, NP
INDOMETHACIN	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>indomethacin (25 mg cap, 50 mg cap)</i>	1	EDS, P
<i>indomethacin (25 mg/5ml suspension, 50 mg suppos)</i>	1	PA, NP
<i>indomethacin er</i>	1	P
KETOPROFEN	2	PA, NP
KETOPROFEN ER	2	PA, NP
<i>ketorolac tromethamine 10 mg tab</i>	1	P
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	2	PA, NP
KIPROFEN	2	PA, NP
<i>lofena</i>	1	PA, NP
MECLOFENAMATE SODIUM	2	PA, NP
<i>mefenamic acid</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
<i>nabumetone</i>	1	EDS, P
NALFON	2	PA, NP
NAPRELAN	2	PA, NP
<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
<i>naproxen 125 mg/5ml suspension</i>	1	PA, NP
<i>naproxen dr</i>	1	P
<i>naproxen sodium</i>	1	PA, OTC, EDS, NP
<i>naproxen-esomeprazole mg</i>	1	PA, NP
<i>oxaprozin</i>	1	PA, NP
<i>piroxicam</i>	1	EDS, P
<i>relafen</i>	1	EDS, P
RELAFEN DS	2	PA, NP
<i>sulindac</i>	1	EDS, P
TOLECTIN 600	2	PA, NP
TOLMETIN SODIUM	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 20 MG TAB)	2	PA, QL (2 EA PER 1 DAY), SP, P
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/OTEZLA XR INITIATION PK	2	PA, QL (1.5 EA PER DAY), SP, NP
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	EDS
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
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
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
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
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
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>aspirin / acetaminophen / caffeine (excedrin)</i>	1	OTC
<i>bac (butalbital-acetamin-caff)</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	1	
BUTALBITAL-ASPIRIN-CAFFEINE	2	
<i>esgic</i>	1	
<i>zebutal</i>	1	

## **ANALGESICS OTHER**

<i>acetaminophen (tablet, capsule, liquid, suppository)</i>	1	OTC, EDS
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## **SALICYLATES**

<i>aspirin (325mg, 500mg, suppository)</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 (81mg, 325mg, 500mg, suppository)</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>diflunisal</i>	1	PA, NP
SALSALATE	2	
<i>salsalate</i>	1	

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

CONZIP	2	PA, 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
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
HYDROCODONE BITARTRATE 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>
<i>hydrocodone bitartrate er (er 30 mg, er 40 mg)</i>	1	PA, QL (3 EA PER DAY), NP
<i>hydrocodone bitartrate er (er 80 mg, er 100 mg)</i>	1	PA, QL (1 EA PER DAY), NP
HYDROCODONE BITARTRATE ER 120 MG TB24 DET	2	PA, QL (1 EA PER 1 DAY), NP
<i>hydrocodone bitartrate er 20 mg tb24 det</i>	1	PA, QL (4 EA PER DAY), NP
HYDROCODONE BITARTRATE ER 50 MG CAP 12H	2	PA, QL (2 EA PER DAY), NP
<i>hydrocodone bitartrate er 60 mg tb24 det</i>	1	PA, QL (2 EA PER DAY), NP
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL (8 ML PER DAY)
<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
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
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
<i>methadone hcl (10 mg/5ml solution, 10 mg/ml conc)</i>	1	QL (10 ML PER DAY)
<i>methadone hcl 10 mg tab</i>	1	PA, QL (2 EA PER DAY), NP
<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)	2	QL (4.5 ML PER DAY)
MORPHINE SULFATE 10 MG/5ML SOLUTION	2	QL (30 ML PER DAY)
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL (30 ML PER DAY)
<i>morphine sulfate 15 mg tab</i>	1	QL (6 EA PER DAY)
MORPHINE SULFATE 15 MG TAB	2	QL (6 EA PER DAY)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MORPHINE SULFATE 20 MG/5ML SOLUTION	2	QL (22.5 ML PER 1 DAY)
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL (22.5 ML PER 1 DAY)
MORPHINE SULFATE 30 MG TAB	2	QL (3 EA PER DAY)
<i>morphine sulfate 30 mg tab</i>	1	QL (3 EA PER DAY)
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
<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
<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 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 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
MS CONTIN (60 MG TAB ER, 100 MG TAB ER, 200 MG TAB ER)	2	PA, QL (1 EA PER DAY), NP
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
<i>oxycodone hcl (5 mg cap, 5 mg tab)</i>	1	QL (12 EA PER DAY)
<i>oxycodone hcl 10 mg tab</i>	1	QL (6 EA PER DAY)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL (40 ML PER DAY)
OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 20 MG TB12 DETER)	2	PA, QL (3 EA PER DAY), NP
OXYCODONE HCL ER (ER 40 MG TB12 DETER, ER 80 MG TB12 DETER)	2	PA, QL (2 EA PER DAY), NP
OXYCONTIN (10 MG TB12 DETER, 20 MG TB12 DETER)	2	PA, QL (3 EA PER 1 DAY), NP
OXYCONTIN (60 MG TB12 DETER, 80 MG TB12 DETER)	2	PA, QL (2 EA PER 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
TRAMADOL HCL (ER BIPHASIC)	1	PA, NP
<i>tramadol hcl 50 mg tab</i>	1	QL (8 EA PER DAY)
TRAMADOL HCL ER	2	PA, NP
<i>tramadol hcl er</i>	1	PA, NP
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (120-12 mg/5ml, 300-30 mg/12.5ml)</i>	1	QL (150 ML PER DAY)
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	1	QL (12 EA PER DAY)
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	2	QL (150 ML PER 1 DAY)
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	2	QL (150 ML PER DAY)
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL (6 EA 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)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>hydrocodone-acetaminophen (10-300 mg tab, 10-325 mg tab)</i>	1	QL (9 EA 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 (2.5-325 mg tab, 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 7.5-325 mg tab</i>	1	QL (8 EA PER DAY)
<i>tramadol-acetaminophen</i>	1	QL (8 EA PER DAY)

## **OPIOID PARTIAL AGONISTS**

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
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</i>	1	PA, QL (0.15 EA PER DAY), P
<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 solution</i>	1	QL (2 EA PER DAY)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 (8.6-2.1 MG SL TAB, 11.4-2.9 MG SL TAB)	2	PA, QL (2 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

## **ANDROGENS-ANABOLIC**

### **ANDROGENS**

ANDROGEL PUMP	2	PA, QL (5 GM PER DAY), NP
<i>danazol</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	2	PA, QL (4 GM PER 1 DAY), NP
<i>testosterone 12.5 mg/act (1%) gel</i>	1	PA, QL (10 GM PER 1 DAY), NP
TESTOSTERONE 12.5 MG/ACT (1%) GEL	1	PA, QL (10 GM PER 1 DAY), P
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	2	PA, QL (1.25 GM PER 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>testosterone 50 mg/5gm (1%) gel</i>	1	PA, QL (10 GM PER DAY), NP
TESTOSTERONE 50 MG/5GM (1%) GEL	1	PA, QL (10 GM PER DAY), P
<i>testosterone cypionate</i>	1	
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	

### **RECTAL COMBINATIONS**

<i>hemorrhoidal cream</i>	1	OTC
<i>hemorrhoidal ointment</i>	1	OTC
PROCTOFOAM HC	2	

### **RECTAL LOCAL ANESTHETICS**

<i>pramoxine (procto-foam)</i>	1	OTC
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### **RECTAL STEROIDS**

ANUCORT-HC	2	
ANUSOL-HC 25 MG SUPPOS	2	
HEMMOREX-HC 25 MG SUPPOS	2	
<i>hydrocortisone (perianal)</i>	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	2	
<i>hydrocortisone acetate 25 mg suppos</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	

### **VASODILATING AGENTS**

RECTIV	2	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
<i>magnesium carbonate / aluminum hydroxide chew tab</i>	1	OTC
<i>magnesium hydroxide / aluminum hydroxide / simethicone (mylanta)</i>	1	OTC
<b>ANTACIDS - ALUMINUM SALTS</b>		
ALUMINUM HYDROXIDE GEL	2	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate</i>	1	OTC, EDS
<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
<i>magnesium oxide (antacid)</i>	1	OTC, EDS
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	
BENZNIDAZOLE	2	LA
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel</i>	1	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<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</i>	1	
<i>trimethoprim</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>multivitamins / minerals</i>	2	OTC, EDS
<i>sulfamethoxazole-trimethoprim</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	1	
LAMPIT	2	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1	
<i>meropenem (1 gm soln, 500 mg soln)</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
VANCOMYCIN HCL 750 MG RECON SOLN	2	
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml)</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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</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	
ISOSORBIDE MONONITRATE	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	EDS
NITRO-BID	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	
<b>ANTIANSXIETY AGENTS</b>		
<b>ANTIANSXIETY AGENTS - MISC.</b>		
<i>bupirone hcl</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	
<i>hydroxyzine pamoate</i>	1	EDS
HYDROXYZINE PAMOATE	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>procainamide hcl</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	2	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	EDS
<i>propafenone hcl (150 mg tab, 225 mg tab)</i>	1	EDS
<i>propafenone hcl 300 mg tab</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (200 mg tab, 400 mg tab)</i>	1	EDS
<i>amiodarone hcl 100 mg tab</i>	1	
<i>dofetilide</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
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/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
XOLAIR 150 MG RECON SOLN	2	PA, QL (2 EA PER 28 DAYS), SP, P
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	1	P
INCRUSE ELLIPTA	2	PA, NP
<i>ipratropium bromide 0.02 % solution</i>	1	EDS, P
<i>ipratropium bromide hfa</i>	1	
SPIRIVA HANDIHALER	1	P
SPIRIVA RESPIMAT	2	P
<i>tiotropium bromide</i>	1	PA, NP
TUDORZA PRESSAIR	2	PA, NP
YUPELRI	2	PA, NP
<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, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SINGULAIR	2	PA, NP
<i>zafirlukast</i>	1	PA, NP
<i>zileuton er</i>	1	PA, NP
ZYFLO	2	PA, NP

### **PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS**

OHTUVAYRE	2	PA, LA, QL (5 ML PER 1 DAY), NP
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### **SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

DALIRESP	2	PA, NP
<i>roflumilast</i>	1	P

### **STEROID INHALANTS**

ALVESCO	2	PA, QL (0.21 GM PER DAY), NP
ARNUIITY ELLIPTA	1	QL (1 EA PER DAY), P
ASMANEX (120 METERED DOSES)	2	QL (0.04 EA PER DAY), P
ASMANEX (14 METERED DOSES)	2	QL (0.04 EA PER DAY), P
ASMANEX (30 METERED DOSES)	2	QL (0.04 EA PER DAY), P
ASMANEX (60 METERED DOSES)	2	QL (0.04 EA PER DAY), P
ASMANEX HFA	2	QL (0.44 GM PER DAY), P
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	P
FLUTICASONE FUROATE ELLIPTA	2	PA, QL (1 EA PER DAY), NP
FLUTICASONE PROPIONATE DISKUS	2	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	1	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	2	P
<i>albuterol sulfate (0.63 mg/3ml soln, 1.25 mg/3ml soln, 2.5 mg/0.5ml soln, (5 mg/ml) 0.5% soln)</i>	1	P
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	1	PA, NP
<i>albuterol sulfate (2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 8 mg/20ml syrup)</i>	1	EDS, P
ALBUTEROL SULFATE ER	2	PA, NP
<i>albuterol sulfate hfa</i>	1	QL (0.57 GM PER DAY), P
ALBUTEROL SULFATE HFA (VENTOLIN GENERIC)	2	PA, QL (1.2 GM PER DAY), NP
ANORO ELLIPTA	1	QL (2 EA PER 1 DAY), P
<i>arformoterol tartrate</i>	1	PA, 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), 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), 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	2	PA, QL (2 EA PER DAY), NP
<i>fluticasone-salmeterol</i>	1	PA, QL (2 EA PER DAY), NP
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	PA, QL (12 GM PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	PA, QL (1 EA PER 1 FILL), NP
<i>formoterol fumarate</i>	1	PA, NP
<i>ipratropium-albuterol</i>	1	QL (18 ML PER DAY), EDS, P
<i>levalbuterol hcl</i>	1	PA, NP
LEVALBUTEROL TARTRATE	2	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</i>	1	
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
UMECLIDINIUM-VILANTEROL	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)
XOPENEX HFA	1	QL (1 GM PER DAY), P

## **XANTHINES**

<i>theophylline 80 mg/15ml solution</i>	1	
<i>theophylline er</i>	1	

## **ANTICOAGULANTS**

### **COUMARIN ANTICOAGULANTS**

<i>jantoven</i>	1	EDS, P
<i>warfarin sodium</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS (2.5 MG TAB, 5 MG TAB)	2	P
ELIQUIS DVT/PE STARTER PACK	2	P
<i>rivaroxaban 2.5 mg tab</i>	1	
SAVAYSA	2	PA, NP
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	2	P
XARELTO 1 MG/ML RECON SUSP	2	PA, NP
XARELTO 2.5 MG TAB	1	P
XARELTO STARTER PACK	2	P
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA	2	PA, NP
BD HEPARIN POSIFLUSH	2	
<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
HEPARIN (PORCINE) IN NAACL (1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION)	2	
<i>heparin (porcine) in nacl in</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF (10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION)	2	
HEPARIN SOD (PORK) LOCK FLUSH	2	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
HEPARIN SODIUM (PORCINE) PF	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>heparin sodium (porcine) pf</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
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	1	PA, NP
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam</i>	1	P
<i>clonazepam</i>	1	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	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 (5 EA PER FILL), P
VALTOCO 15 MG DOSE	2	QL (5 EA PER FILL), P
VALTOCO 20 MG DOSE	2	QL (5 EA PER FILL), P
VALTOCO 5 MG DOSE	2	QL (5 EA PER 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>carbamazepine (carbamazepine, carbamazepine 100 mg chew tab, carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)</i>	1	P
<i>carbamazepine 200 mg tab</i>	1	EDS, P
<i>carbamazepine er (er 100 mg cap er, er 200 mg cap er, er 300 mg cap er)</i>	1	PA, NP
<i>carbamazepine er (er 100 mg tab er, er 200 mg tab er, er 400 mg tab er)</i>	1	P
CARBATROL	1	P
DIACOMIT	2	PA, LA, NP
EPIDIOLEX	2	PA, SP, NP
<i>epitol</i>	1	EDS, P
EPRONTIA	2	PA, NP
<i>eslicarbazepine acetate</i>	1	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 solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	P
LAMICTAL	2	PA, NP
LAMICTAL ODT	2	PA, NP
LAMICTAL STARTER	2	PA, NP
LAMICTAL XR	2	PA, NP
<i>lamotrigine (21 x 25 mg &amp; 7 x 50 mg kit, 25 &amp; 50 &amp; 100 mg kit, 25 mg tab disp, 42 x 50 mg &amp; 14x100 mg kit, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	1	PA, NP
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	1	P
<i>lamotrigine er</i>	1	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</i>	1	EDS, P
LEVETIRACETAM	2	PA, NP
<i>levetiracetam er</i>	1	P
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
LYRICA 20 MG/ML SOLUTION	2	PA, QL (30 ML PER DAY), NP
MOTPOLY XR	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 (300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	P
<i>oxcarbazepine 150 mg tab</i>	1	EDS, P
OXTELLAR XR	2	PA, 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
<i>pregabalin 20 mg/ml solution</i>	1	PA, QL (30 ML PER DAY), NP
<i>primidone</i>	1	EDS, P
PRIMIDONE	2	P
QUDEXY XR	1	P
<i>roweepra</i>	1	EDS, P
<i>roweepra xr</i>	1	P
<i>rufinamide</i>	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SPRITAM	2	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, 25 mg cap, 50 mg cap)</i>	1	P
<i>topiramate (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 (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	2	PA, NP
VIMPAT 10 MG/ML SOLUTION	2	PA, P
ZONISADE	2	PA, NP
<i>zonisamide</i>	1	EDS, P
ZTALMY	2	PA, LA, NP
<b>CARBAMATES</b>		
<i>felbamate</i>	1	P
FELBATOL (400 MG TAB, 600 MG TAB)	2	PA, NP
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X 200 MG TAB THPK, 14 X 50 MG & 14 X 100 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 (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
XCOPRI 25 MG TAB	2	PA, QL (1 EA PER 1 DAY), NP
<b>GABA MODULATORS</b>		
SABRIL	2	PA, LA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TIAGABINE HCL	2	PA, NP
<i>tiagabine hcl</i>	1	PA, NP
<i>vigabatrin</i>	1	PA, SP, NP
<i>vigadrone</i>	1	PA, SP, NP
<i>vigpoder</i>	1	PA, SP, 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	P
<i>phenytoin</i>	1	P
<i>phenytoin infatabs</i>	1	P
<i>phenytoin sodium extended (200 mg cap, 300 mg cap)</i>	1	P
<i>phenytoin sodium extended 100 mg cap</i>	1	EDS, P
<b>SUCCINIMIDES</b>		
CELONTIN	1	P
<i>ethosuximide</i>	1	P
<i>methsuximide</i>	1	PA, NP
ZARONTIN	2	PA, NP
<b>VALPROIC ACID</b>		
DEPAKOTE	2	PA, NP
DEPAKOTE ER	2	PA, NP
DEPAKOTE SPRINKLES	2	PA, NP
<i>divalproex sodium (125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	EDS, P
<i>divalproex sodium 125 mg cap dr</i>	1	P
<i>divalproex sodium er</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>valproic acid (250 mg/5ml, 500 mg/10ml)</i>	1	EDS, P
<i>valproic acid 250 mg cap</i>	1	P

## **ANTIDEPRESSANTS**

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

<i>mirtazapine</i>	1	EDS, P
REMERON	2	PA, NP
REMERON SOLTAB	2	PA, NP

### **ANTIDEPRESSANT COMBINATIONS**

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

APLENZIN	2	PA, QL (1 EA PER DAY), NP
<i>bupropion hcl</i>	1	QL (3 EA PER DAY), EDS, P
<i>bupropion hcl er (smoking det)</i>	\$0	QL (2 EA PER DAY)
<i>bupropion hcl er (sr)</i>	1	QL (2 EA PER DAY), EDS, P
BUPROPION HCL ER (XL)	2	PA, QL (1 EA PER DAY), NP
<i>bupropion hcl er (xl)</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 EAPER30 DAYS, 2 FILLSPER180 DAYS), NP
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### **MONOAMINE OXIDASE INHIBITORS (MAOIS)**

PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	1	

### **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

CELEXA	2	PA, NP
CITALOPRAM HYDROBROMIDE	2	PA, NP
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>citalopram hydrobromide (10 mg/5ml, 20 mg/10ml)</i>	1	P
<i>citalopram hydrobromide 30 mg cap</i>	1	PA, NP
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	EDS, P
<i>escitalopram oxalate (5 mg/5ml, 10 mg/10ml)</i>	1	PA, NP
FLUOXETINE HCL	2	PA, NP
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	EDS, P
<i>fluoxetine hcl (10 mg tab, 20 mg tab, 60 mg tab)</i>	1	PA, NP
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	P
<i>fluvoxamine maleate</i>	1	EDS, P
<i>fluvoxamine maleate er</i>	1	PA, NP
LEXAPRO	2	PA, NP
<i>paroxetine hcl</i>	1	EDS, P
PAROXETINE HCL	2	PA, NP
<i>paroxetine hcl er</i>	1	PA, NP
PAXIL	2	PA, NP
PAXIL CR	2	PA, NP
PROZAC	2	PA, NP
SERTRALINE HCL	2	PA, NP
<i>sertraline hcl (150 mg cap, 200 mg cap)</i>	1	PA, NP
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	EDS, P
<i>sertraline hcl 20 mg/ml conc</i>	1	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)</i>	1	EDS, P
<i>trazodone hcl 300 mg tab</i>	1	P
TRINTELLIX	2	PA, QL (1 EA PER DAY), NP
VIIBRYD	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>vilazodone hcl</i>	1	PA, NP
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA	2	PA, NP
DESVENLAFAXINE ER	2	P
<i>desvenlafaxine succinate er</i>	1	EDS, P
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, NP
EFFEXOR XR	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, NP
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	EDS
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	1	EDS
<i>desipramine hcl (100 mg tab, 150 mg tab)</i>	1	
DOXEPIN HCL	2	
<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</i>	1	EDS
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	EDS
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>protriptyline hcl</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	EDS, P
<i>miglitol</i>	1	PA, NP
MIGLITOL	2	PA, NP
PRECOSE	2	PA, NP
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	2	PA, P
SYMLINPEN 60	2	PA, P
<b>ANTIDIABETIC COMBINATIONS</b>		
ACTOPLUS MET	2	PA, NP
ALOGLIPTIN-METFORMIN HCL	2	PA, QL (2 EA PER DAY), NP
ALOGLIPTIN-PIOGLITAZONE	2	PA, QL (1 EA PER DAY), NP
DAPAGLIFLOZIN PRO-METFORMIN ER 10-1000 MG TAB 24H	2	PA, QL (1 EA PER DAY), NP
DAPAGLIFLOZIN PRO-METFORMIN ER 5-1000 MG TAB 24H	2	PA, QL (2 EA PER DAY), NP
DUETACT	2	PA, NP
<i>glipizide-metformin hcl</i>	1	
<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 (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	2	PA, QL (2 EA PER DAY), P
JANUMET XR 100-1000 MG TAB ER 24H	2	PA, QL (1 EA PER DAY), P
JENTADUETO	1	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pioglitazone hcl-glimepiride</i>	1	PA, NP
<i>pioglitazone hcl-metformin hcl</i>	1	PA, 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
SITAGLIPT BASE-METFORM HCL ER	2	PA, NP
SITAGLIPTIN BASE-METFORMIN HCL	2	PA, NP
SOLIQUA	2	PA, QL (0.6 ML PER DAY), NP
STEGLUJAN	2	PA, QL (1 EA PER DAY), NP
SYNJARDY	2	QL (2 EA PER DAY), P
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 EA PER DAY), P
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 EA PER DAY), P
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 (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 EA PER DAY), P
XIGDUO XR 10-1000 MG TAB ER 24H	1	QL (1 EA PER DAY), P
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL (2 EA PER DAY), P
XIGDUO XR 5-1000 MG TAB ER 24H	1	QL (2 EA PER DAY), P
XULTOPHY	2	PA, QL (0.5 ML PER DAY), NP
ZITUVIMET	2	PA, NP
ZITUVIMET XR	2	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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	1	
GLUCAGEN HYPOKIT	2	PA, QL (2 EA PER FILL), NP
<i>glucagon emergency</i>	1	PA, QL (2 EA PER FILL), NP
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	PA, QL (2 EA PER FILL), NP
<i>glucose / vitamin c chew tab</i>	2	OTC
<i>glucose 4mg chew tab</i>	1	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	2	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	2	PA, NP
TRADJENTA	2	PA, QL (1 EA PER DAY), P
ZITUVIO	2	PA, NP
<b>INCRETIN MIMETIC AGENTS</b>		
EXENATIDE 10 MCG/0.04ML SOLN PEN	2	PA, QL (2.4 ML PER 28 DAYS), NP
EXENATIDE 5 MCG/0.02ML SOLN PEN	2	PA, QL (2.4 ML PER 28 DAYS), NP
<i>liraglutide</i>	1	PA, QL (0.3 ML PER 1 DAY), NP
MOUNJARO	2	PA, QL (2 ML PER 28 DAYS), NP
OZEMPIC (0.25 OR 0.5 MG/DOSE)	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
RYBELSUS	2	PA, QL (1 EA PER DAY), NP
TRULICITY	2	PA, QL (2 ML PER 28 DAYS), P
VICTOZA	1	PA, QL (0.3 ML PER 1 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	2	P
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
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HUMULIN R U-500 KWIKPEN	2	P
INSULIN ASP PROT & ASP FLEXPEN	2	P
INSULIN ASPART	2	P
INSULIN ASPART FLEXPEN	2	P
INSULIN ASPART PENFILL	2	P
INSULIN ASPART PROT & ASPART	2	P
INSULIN DEGLUDEC	2	PA, NP
INSULIN DEGLUDEC FLEXTOUCH	2	PA, NP
INSULIN GLARGINE	2	PA, NP
INSULIN GLARGINE MAX SOLOSTAR	2	PA, NP
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	2	PA, NP
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	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
LYUMJEV TEMPO PEN	2	PA, NP
NOVOLIN 70/30	2	PA, OTC, NP
NOVOLIN 70/30 FLEXPEN	2	PA, OTC, NP
NOVOLIN 70/30 FLEXPEN RELION	2	PA, OTC, NP
NOVOLIN 70/30 RELION	2	PA, OTC, NP
NOVOLIN N	2	OTC, P
NOVOLIN N FLEXPEN	2	PA, OTC, NP
NOVOLIN N FLEXPEN RELION	2	PA, OTC, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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	P
<i>repaglinide</i>	1	EDS, P
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
DAPAGLIFLOZIN PROPANEDIOL	2	PA, QL (1 EA PER DAY), NP
FARXIGA	1	QL (1 EA PER DAY), P
INVOKANA	2	PA, QL (1 EA PER DAY), NP
JARDIANCE	2	QL (1 EA PER DAY), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
STEGLATRO	2	PA, QL (1 EA PER DAY), NP
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	EDS
<i>glipizide</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide xl</i>	1	EDS
<i>glyburide</i>	1	EDS
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
<i>bismuth subsalicylate (tablets, chewable, suspension)</i>	1	OTC
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine</i>	1	
<i>loperamide (tablet, capsule, oral liquid)</i>	1	OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET	2	
<i>deferasirox</i>	1	SP
<i>deferasirox granules</i>	1	SP
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<i>activated charcoal (liquid/suspension)</i>	1	OTC
<b>OPIOID ANTAGONISTS</b>		
<i>ft naloxone hcl</i>	1	OTC
<i>gnp naloxone hcl</i>	1	OTC
KLOXXADO	2	P
NALMEFENE HCL	2	
NALOXONE HCL	2	QL (2 EA PER 1 FILL), P
<i>naloxone hcl (0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	PA, OTC, NP
<i>naltrexone hcl</i>	1	
NARCAN	1	P
<i>narcan</i>	1	OTC, P
OPVEE	2	PA, NP
REXTOVY	2	P
ZIMHI	2	PA, NP

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

ANZEMET	2	PA, NP
<i>granisetron hcl 1 mg tab</i>	1	PA, QL (14 EA PER FILL), NP
ONDANSETRON (ONDANSETRON, ONDANSETRON)	1	P
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	1	P
SANCUSO	2	PA, QL (0.15 EA PER DAY), NP

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>dimenhydrinate tablet</i>	1	OTC
<i>meclizine 12.5 mg and 25 mg</i>	1	OTC
<i>scopolamine</i>	1	PA, NP
TRANSDERM SCOP	1	P
TRANSDERM-SCOP	1	P
<i>trimethobenzamide hcl</i>	1	

### **ANTIEMETICS - MISCELLANEOUS**

AKYNZEO 300-0.5 MG CAP	2	PA, NP
BONJESTA	2	PA, NP
DICLEGIS	1	P
<i>doxylamine-pyridoxine</i>	1	PA, NP
<i>dronabinol</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	2	
ANCOBON	2	PA, NP
<i>flucytosine</i>	1	PA, NP
<i>griseofulvin microsize</i>	1	PA, NP
GRISEOFULVIN ULTRAMICROSIZE	2	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>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA (74.5 MG CAP, 186 MG CAP)	2	PA, NP
DIFLUCAN	2	PA, NP
<i>fluconazole</i>	1	P
<i>fluconazole in sodium chloride</i>	1	
<i>itraconazole</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
VFEND	2	PA, NP
VIVJOA	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1	P
<i>voriconazole 200 mg recon soln</i>	1	
<i>voriconazole 40 mg/ml recon susp</i>	1	PA, NP

## **ANTIHISTAMINES**

### **ANTIHISTAMINES - ALKYLAMINES**

<i>chlorpheniramine</i>	1	OTC
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### **ANTIHISTAMINES - ETHANOLAMINES**

<i>carbinoxamine maleate 4 mg tab</i>	1	
<i>diphenhydramine (sleep)</i>	1	OTC
<i>diphenhydramine tablet, capsule, oral liquid</i>	1	OTC

### **ANTIHISTAMINES - NON-SEDATING**

<i>cetirizine (zyrtec)</i>	1	OTC, EDS, P
<i>cetirizine chew tab (zyrtec)</i>	1	PA, OTC, EDS, NP
CLARINEX	2	PA, NP
<i>desloratadine</i>	1	PA, NP
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	2	PA, NP
<i>fexofenadine (tablet, suspension)</i>	1	OTC, P
<i>levocetirizine</i>	1	OTC, EDS, P
<i>loratadine (claritin)</i>	1	OTC, EDS, P

### **ANTIHISTAMINES - PHENOTHIAZINES**

<i>promethazine hcl</i>	1	
<i>promethegan</i>	1	

### **ANTIHISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl</i>	1	EDS
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## **ANTIHYPERLIPIDEMICS**

### **ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL	2	PA, NP
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<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	2	PA, LA, NP
<b>ANTHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA, NP
NEXLIZET	2	PA, NP
VYTORIN	2	PA, NP
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl</i>	1	PA, NP
<i>omega-3-acid ethyl esters</i>	1	EDS, P
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine</i>	1	P
<i>cholestyramine light</i>	1	P
<i>colesevelam hcl</i>	1	PA, NP
COLESTID 1 GM TAB	2	PA, NP
<i>colestipol hcl</i>	1	P
<i>prevalite</i>	1	P
QUESTRAN	2	PA, NP
QUESTRAN LIGHT	2	PA, NP
WELCHOL	2	PA, NP
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA	2	PA, NP
FENOFIBRATE	2	PA, NP
<i>fenofibrate (40 mg tab, 120 mg tab)</i>	1	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 MICRONIZED	2	PA, NP
<i>fenofibrate micronized (43 mg cap, 130 mg cap)</i>	1	PA, NP
<i>fenofibrate micronized (67 mg cap, 134 mg cap, 200 mg cap)</i>	1	EDS, P
FENOFIBRIC ACID	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fenofibric acid</i>	1	PA, NP
FENOGLIDE	2	PA, NP
FIBRICOR	2	PA, NP
<i>gemfibrozil</i>	1	EDS, P
LIPOFEN	2	PA, NP
LOPID	2	PA, NP
TRICOR	2	PA, NP
TRILIPIX	2	PA, NP

## **HMG COA REDUCTASE INHIBITORS**

ALTOPREV	2	PA, NP
ATORVALIQ	2	PA, NP
<i>atorvastatin calcium (10 mg tab, 20 mg tab)</i>	\$0	EDS, P
<i>atorvastatin calcium (40 mg tab, 80 mg tab)</i>	1	EDS, P
EZALLOR SPRINKLE	2	PA, NP
FLOLIPID	2	PA, NP
<i>fluvastatin sodium</i>	\$0	PA, NP
<i>fluvastatin sodium er</i>	\$0	PA, NP
LESCOL XL	2	PA, NP
LIPITOR	2	PA, NP
LIVALO	2	PA, NP
<i>lovastatin</i>	\$0	EDS, P
<i>pitavastatin calcium</i>	1	PA, NP
<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	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	EDS, P
ZETIA	2	PA, NP
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic) (er 750 mg tab er, er 1000 mg tab er)</i>	1	P
<i>niacin er (antihyperlipidemic) 500 mg tab</i>	1	EDS, P
<b>PROPROTEIN 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
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
ALTACE	2	PA, NP
<i>benazepril hcl</i>	1	EDS, P
<i>captopril</i>	1	P
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	EDS, P
<i>enalapril maleate 1 mg/ml solution</i>	1	PA, NP
EPANED	2	PA, NP
<i>fosinopril sodium</i>	1	EDS, P
<i>lisinopril</i>	1	EDS, P
LOTENSIN	2	PA, NP
<i>moexipril hcl</i>	1	P
<i>perindopril erbumine (perindopril erbumine, perindopril erbumine 2 mg tab)</i>	1	P
PERINDOPRIL ERBUMINE 8 MG TAB	2	P
QBRELIS	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>quinapril hcl</i>	1	PA, EDS, NP
<i>ramipril</i>	1	EDS, P
<i>trandolapril</i>	1	P
VASOTEC	2	PA, NP
ZESTRIL	2	PA, NP

## **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND	2	PA, NP
AVAPRO	2	PA, NP
BENICAR	2	PA, NP
<i>candesartan cilexetil</i>	1	PA, NP
COZAAR	2	PA, NP
DIOVAN	2	PA, NP
EDARBI	2	PA, NP
EPROSARTAN MESYLATE	2	PA, NP
<i>irbesartan</i>	1	EDS, P
<i>losartan potassium</i>	1	EDS, P
MICARDIS	2	PA, NP
<i>olmesartan medoxomil</i>	1	EDS, P
<i>telmisartan</i>	1	PA, NP
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	EDS, P
<i>valsartan 4 mg/ml solution</i>	1	P

## **ANTIADRENERGIC ANTIHYPERTENSIVES**

CARDURA	2	PA, NP
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	EDS
<i>doxazosin mesylate</i>	1	EDS, P
<i>guanfacine hcl</i>	1	EDS
<i>methyldopa</i>	1	
<i>prazosin hcl</i>	1	EDS
<i>terazosin hcl</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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, NP
<i>amlodipine-valsartan-hctz</i>	1	P
ATACAND HCT	2	PA, NP
<i>atenolol-chlorthalidone</i>	1	PA, 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	P
<i>candesartan cilexetil-hctz</i>	1	PA, 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	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 tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	EDS, P
<i>metoprolol-hydrochlorothiazide</i>	1	PA, NP
MICARDIS HCT	2	PA, NP
<i>olmesartan medoxomil-hctz</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>olmesartan-amlodipine-hctz</i>	1	PA, NP
PROPRANOLOL-HCTZ	1	P
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i>	1	P
<i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab)</i>	1	P
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	PA, 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
TEKURNA	2	PA, NP
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>epplerenone</i>	1	
<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</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	
COARTEM	2	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	EDS
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	PA, LA, QL (3 EA PER DAY)
<i>quinine sulfate</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	2	PA, LA
<i>neostigmine methylsulfate (5 mg/10ml, 10 mg/10ml)</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
PRETOMANID	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
SIRTURO	2	LA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

### ALKYLATING AGENTS

<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	
CYCLOPHOSPHAMIDE (25 MG TAB, 50 MG TAB)	2	
<i>lomustine</i>	1	PA, SP
MYLERAN	2	SP
<i>temozolomide</i>	1	SP

### ANTIMETABOLITES

<i>capecitabine</i>	1	SP
<i>mercaptopurine 50 mg tab</i>	1	
METHOTREXATE SODIUM	2	
<i>methotrexate sodium (pf)</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	EDS
ONUREG	2	PA, QL (1 EA PER DAY), SP
TABLOID	2	SP

### ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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
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	QL (4 EA PER DAY), SP
<i>abirtega</i>	1	QL (4 EA PER DAY), SP
AKEEGA	2	PA, QL (2 EA PER DAY), SF, SP
<i>anastrozole</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	
<i>letrozole</i>	\$0	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	EDS, P
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	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</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>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
<i>pomalidomide</i>	1	PA, QL (1 EA PER DAY), SP
<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)	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 10 TAB THPK	2	PA, LA, QL (16 EA PER FILL)
XPOVIO (40 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER FILL)
XPOVIO (40 MG TWICE WEEKLY)	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (60 MG ONCE WEEKLY)	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) 40 TAB THPK	2	PA, LA, QL (8 EA PER FILL)
XPOVIO (80 MG ONCE WEEKLY) TAB THPK	2	PA, LA, QL (4 EA PER 1 FILL)
XPOVIO (80 MG TWICE WEEKLY)	2	PA, LA, QL (32 EA PER FILL)

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	PA, QL (8 EA PER DAY), SF, SP
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	PA, QL (1 EA PER DAY), SP
ALUNBRIG 30 MG TAB	2	PA, QL (4 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 (400 MG TAB, 500 MG TAB)	2	PA, QL (1 EA PER 1 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 50 MG CAP	2	PA, QL (1 EA PER DAY), SP
BRAFTOVI	2	PA, QL (6 EA PER DAY), SP
BRUKINSA 80 MG CAP	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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 (70 MG CAP, 140 MG TAB, 420 MG TAB)	2	PA, LA, QL (1 EA PER DAY)
IMBRUVICA 140 MG CAP	2	PA, LA, QL (4 EA PER 1 DAY)
IMBRUVICA 70 MG/ML SUSPENSION	2	PA, LA, QL (6 ML PER DAY)
ITOVEBI 3 MG TAB	2	PA, QL (2 EA PER DAY), SP
ITOVEBI 9 MG TAB	2	PA, QL (1 EA PER DAY), SP
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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
<i>nilotinib hcl</i>	1	PA, QL (4 EA PER 1 DAY), SF, SP
NINLARO	2	PA, SP
OGSIVEO (100 MG TAB, 150 MG TAB)	2	PA, LA, QL (2 EA PER DAY)
OGSIVEO 50 MG TAB	2	PA, LA, QL (6 EA PER DAY)
OJEMDA 100 MG TAB	2	PA, LA, QL (24 EA PER 28 DAYS)
OJEMDA 25 MG/ML RECON SUSP	2	PA, LA, QL (96 ML PER 28 DAYS)
OJJAARA	2	PA, QL (1 EA PER DAY), SP
<i>pazopanib hcl</i>	1	PA, 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 (80 MG TAB, 120 MG TAB, 160 MG TAB)	2	PA, QL (2 EA PER 1 DAY), SF, SP
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
RETEVMO 80 MG CAP	2	PA, QL (2 EA PER 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, 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
SCSEMBLIX 100 MG TAB	2	PA, QL (120 EA PER FILL), SP
SCSEMBLIX 20 MG TAB	2	PA, QL (4 EA PER DAY), SP
SCSEMBLIX 40 MG TAB	2	PA, QL (2 EA PER DAY), SP
<i>sorafenib tosylate</i>	1	PA, SP
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 (50 MG CAP, 75 MG CAP)	2	PA, QL (4 EA PER DAY), SP
TAFINLAR 10 MG TAB SOL	2	PA, QL (30 ML PER DAY), SP
TALZENNA	2	PA, QL (1 EA PER 1 DAY), SF, SP
TAZVERIK	2	PA, LA, QL (8 EA PER DAY)
TEPMETKO	2	PA, QL (2 EA PER DAY), SP
TIBSOVO	2	PA, LA, QL (2 EA PER DAY)
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)
VORANIGO 10 MG TAB	2	PA, QL (2 EA PER DAY), SP
VORANIGO 40 MG TAB	2	PA, QL (1 EA PER DAY), SP
XALKORI	2	PA, QL (2 EA PER 1 DAY), SF, SP

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

### **ANTINEOPLASTICS MISC.**

<i>bexarotene 75 mg cap</i>	1	PA, SP
<i>hydroxyurea</i>	1	EDS
<i>tretinoin 10 mg cap</i>	1	SP

### **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

IWILFIN	2	PA, LA, QL (8 EA PER DAY)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>mesna 400 mg tab</i>	1	

### **MITOTIC INHIBITORS**

ETOPOSIDE	2	
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### **ANTIPARKINSON AND RELATED THERAPY AGENTS**

#### **ANTIPARKINSON ADJUNCTIVE THERAPY**

NOURIANZ	2	PA, SP, NP
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#### **ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	EDS
TRIHXYPHENIDYL HCL	2	
<i>trihexyphenidyl hcl</i>	1	EDS

#### **ANTIPARKINSON COMT INHIBITORS**

<i>entacapone</i>	1	EDS, P
ONGENTYS	2	PA, QL (1 EA PER DAY), NP
TASMAR	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tolcapone</i>	1	PA, NP
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg/10ml solution)</i>	1	EDS
<i>amantadine hcl 100 mg tab</i>	1	
<i>bromocriptine mesylate 2.5 mg tab</i>	1	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	1	P
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	1	EDS, P
CARBIDOPA-LEVODOPA ER (CARBIDOPA-LEVODOPA ER, CARBIDOPA-LEVODOPA ER)	1	P
<i>carbidopa-levodopa-entacapone</i>	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
<i>ropinirole hcl</i>	1	EDS, P
<i>ropinirole hcl er</i>	1	PA, NP
RYTARY	2	PA, NP
SINEMET	2	PA, NP
STALEVO 100	2	PA, NP
STALEVO 125	2	PA, NP
STALEVO 150	2	PA, NP
STALEVO 200	2	PA, NP
STALEVO 50	2	PA, NP
STALEVO 75	2	PA, NP
VYALEV	2	PA, LA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>selegiline hcl</i>	1	
XADAGO	2	PA, NP
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	\$0	
LITHIUM CARBONATE (150 MG CAP, 600 MG CAP)	\$0	
<i>lithium carbonate (lithium carbonate, lithium carbonate 300 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, SP, NP
VRAYLAR	\$0	PA, NP
<i>ziprasidone hcl</i>	\$0	EDS, P
<i>ziprasidone mesylate</i>	\$0	PA, NP
<b>BENZISOXAZOLES</b>		
ERZOFRI 117 MG/0.75ML SUSP PRSYR	\$0	PA, QL (0.75 ML PER 28 DAYS), NP
ERZOFRI 156 MG/ML SUSP PRSYR	\$0	PA, QL (1 ML PER 28 DAYS), NP
ERZOFRI 234 MG/1.5ML SUSP PRSYR	\$0	PA, QL (1.5 ML PER 28 DAYS), NP
ERZOFRI 351 MG/2.25ML SUSP PRSYR	\$0	PA, NP
ERZOFRI 39 MG/0.25ML SUSP PRSYR	\$0	PA, QL (0.25 ML PER 28 DAYS), NP
ERZOFRI 78 MG/0.5ML SUSP PRSYR	\$0	PA, QL (0.5 ML PER 28 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FANAPT	\$0	PA, NP
FANAPT TITRATION PACK A	\$0	PA, NP
FANAPT TITRATION PACK B	\$0	PA, NP
FANAPT TITRATION PACK C	\$0	PA, NP
INVEGA	\$0	PA, NP
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	\$0	QL (3.5 ML PER 180 DAYS), P
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	\$0	QL (5 ML PER 180 DAYS), P
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	\$0	QL (0.75 ML PER 28 DAYS), P
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	\$0	QL (1 ML PER 28 DAYS), P
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	\$0	QL (1.5 ML PER 28 DAYS), P
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	\$0	QL (0.25 ML PER 28 DAYS), P
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	\$0	QL (0.5 ML PER 28 DAYS), P
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	\$0	QL (0.88 ML PER 90 DAYS), P
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	\$0	QL (1.32 ML PER 90 DAYS), P
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	\$0	QL (1.75 ML PER 90 DAYS), P
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	\$0	QL (2.63 ML PER 90 DAYS), P
<i>paliperidone er</i>	\$0	P
RISPERDAL	\$0	PA, NP
RISPERDAL CONSTA	\$0	QL (2 EA PER 28 DAYS), P
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	\$0	EDS, P
<i>risperidone (risperidone, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 1 mg/ml solution, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i>	\$0	P
<i>risperidone microspheres er</i>	\$0	PA, QL (2 EA PER 28 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
RYKINDO	\$0	PA, NP
UZEDY 100 MG/0.28ML SUSP PRSYR	\$0	PA, QL (0.28 ML PER 30 DAYS), NP
UZEDY 125 MG/0.35ML SUSP PRSYR	\$0	PA, QL (0.35 ML PER 30 DAYS), NP
UZEDY 150 MG/0.42ML SUSP PRSYR	\$0	PA, QL (0.42 ML PER 60 DAYS), NP
UZEDY 200 MG/0.56ML SUSP PRSYR	\$0	PA, QL (0.56 ML PER 60 DAYS), NP
UZEDY 250 MG/0.7ML SUSP PRSYR	\$0	PA, QL (0.7 ML PER 60 DAYS), NP
UZEDY 50 MG/0.14ML SUSP PRSYR	\$0	PA, QL (0.14 ML PER 30 DAYS), NP
UZEDY 75 MG/0.21ML SUSP PRSYR	\$0	PA, QL (0.21 ML PER 30 DAYS), NP

## **BUTYROPHENONES**

<i>haloperidol</i>	\$0	EDS
<i>haloperidol decanoate</i>	\$0	
<i>haloperidol lactate 2 mg/ml conc</i>	\$0	EDS
<i>haloperidol lactate 5 mg/ml solution</i>	\$0	

## **DIBENZAPINES**

<i>asenapine maleate</i>	\$0	PA, NP
<i>clozapine</i>	\$0	P
CLOZARIL	\$0	PA, NP
<i>loxapine succinate</i>	\$0	
<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, 15 mg tab disp, 20 mg tab disp)</i>	\$0	PA, NP
<i>olanzapine 10 mg recon soln</i>	\$0	P
<i>quetiapine fumarate</i>	\$0	EDS, P
QUETIAPINE FUMARATE	\$0	P
<i>quetiapine fumarate er</i>	\$0	EDS, P
SAPHRIS	\$0	PA, NP
SECUADO	\$0	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SEROQUEL	\$0	PA, NP
SEROQUEL XR	\$0	PA, NP
VERSACLOZ	\$0	PA, NP
ZYPREXA	\$0	PA, NP
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP)	\$0	PA, QL (2 EA PER 28 DAYS), NP
ZYPREXA RELPREVV 405 MG RECON SUSP	\$0	PA, QL (1 EA PER 28 DAYS), NP
ZYPREXA ZYDIS	\$0	PA, NP

### **MUSCARINIC AGENTS**

COBENFY	\$0	PA, QL (2 EA PER DAY), NP
COBENFY STARTER PACK	\$0	PA, QL (56 EA PER 90 DAYS), NP

### **PHENOTHIAZINES**

<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 200 mg tab)</i>	\$0	
<i>compro</i>	\$0	
<i>fluphenazine hcl (fluphenazine hcl, fluphenazine hcl 2.5 mg/5ml elixir, fluphenazine hcl 5 mg/ml conc)</i>	\$0	
<i>perphenazine</i>	\$0	
<i>prochlorperazine</i>	\$0	
<i>prochlorperazine edisylate</i>	\$0	
<i>prochlorperazine maleate</i>	\$0	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	\$0	

### **QUINOLINONE DERIVATIVES**

ABILIFY	\$0	PA, NP
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	\$0	QL (2.4 ML PER 56 DAYS), P
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	\$0	QL (3.2 ML PER 56 DAYS), P
ABILIFY MAINTENA	\$0	QL (1 EA PER 28 DAYS), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ABILIFY MYCITE	\$0	PA, LA, NP
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	\$0	PA, NP
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	\$0	EDS, P
<i>aripiprazole 1 mg/ml solution</i>	\$0	P
ARISTADA 1064 MG/3.9ML PRSYR	\$0	PA, QL (3.9 ML PER 56 DAYS), NP
ARISTADA 441 MG/1.6ML PRSYR	\$0	PA, QL (1.6 ML PER 28 DAYS), NP
ARISTADA 662 MG/2.4ML PRSYR	\$0	PA, QL (2.4 ML PER 28 DAYS), NP
ARISTADA 882 MG/3.2ML PRSYR	\$0	PA, QL (3.2 ML PER 28 DAYS), NP
ARISTADA INITIO	\$0	PA, QL (4.8 ML PER 365 DAYS), NP
REXULTI	\$0	PA, NP
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	\$0	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>hydrogen peroxide 3%</i>	1	OTC
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate</i>	1	OTC
<b>IODINE ANTISEPTICS</b>		
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	
APRETUDE	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
APTIVUS	2	
<i>atazanavir sulfate</i>	1	
BIKTARVY	2	
CABENUVA	2	
CIMDUO	2	
<i>darunavir</i>	1	
DELSTRIGO	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	PV
DOVATO	2	
<i>efavirenz</i>	1	
EFAVIRENZ	2	
<i>efavirenz-emtricitab-tenofo df</i>	1	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	2	
<i>efavirenz-lamivudine-tenofovir</i>	1	
<i>emtricitab-rilpivir-tenofov df</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	
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, 300 mg/30ml solution)</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lamivudine-zidovudine</i>	1	
LEXIVA 50 MG/ML SUSPENSION	2	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
NEVIRAPINE	2	
<i>nevirapine</i>	1	
NORVIR (80 MG/ML SOLUTION, 100 MG PACKET)	2	
ODEFSEY	2	
PIFELTRO	2	
PREZCOBIX	2	
PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB)	2	
<i>rilpivirine hcl</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	2	
SELZENTRY 20 MG/ML SOLUTION	2	
<i>stavudine</i>	1	
STRIBILD	2	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 463.5 MG/1.5ML SOLUTION)	2	LA
SYMTUZA	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
YEZTUGO 463.5 MG/1.5ML SOLUTION	\$0	LA, QL (3 ML PER 180 DAYS)
<i>zidovudine</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	QL (20 EA PER FILL), P
PAXLOVID (300/100 & 150/100)	2	QL (11 EA PER 1 FILL), P
PAXLOVID (300/100)	2	QL (30 EA PER FILL), P
<b>CMV AGENTS</b>		
<i>foscarnet sodium</i>	1	
PREVYMIS (240 MG TAB, 480 MG TAB)	2	PA, QL (1 EA PER DAY; 200 EA PER 365 DAYS)
<i>valganciclovir hcl</i>	1	
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	PA, SP, NP
BARACLUDE (0.5 MG TAB, 1 MG TAB)	2	PA, QL (1 EA PER DAY), SP, NP
BARACLUDE 0.05 MG/ML SOLUTION	2	SP, P
<i>entecavir</i>	1	QL (1 EA PER DAY), 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 (84 EA PER 365 DAYS), SP, NP
HARVONI (45-200 MG PACKET, 45-200 MG TAB)	2	PA, QL (112 EA PER 365 DAYS), SP, NP
HARVONI 33.75-150 MG PACKET	2	PA, QL (56 EA PER 365 DAYS), SP, NP
HARVONI 90-400 MG TAB	2	PA, QL (84 EA PER 365 DAYS), SP, NP
<i>lamivudine 100 mg tab</i>	1	SP, P
LEDIPASVIR-SOFOSBUVIR	2	PA, QL (84 EA PER 365 DAYS), SP, NP
MAVYRET 100-40 MG TAB	2	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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
RIBAVIRIN 200 MG CAP	1	SP, P
RIBAVIRIN 200 MG TAB	2	SP, P
SOFOSBUVIR-VELPATASVIR	2	PA, QL (84 EA PER 365 DAYS), SP, NP
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, 800 mg/20ml suspension)</i>	1	P
<i>acyclovir 400 mg tab</i>	1	EDS, P
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	PA, NP
<i>valacyclovir hcl</i>	1	EDS, P
VALTREX	2	PA, NP

## **INFLUENZA AGENTS**

<i>oseltamivir phosphate (45 mg cap, 75 mg cap)</i>	1	QL (10 EA PER FILL), P
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (20 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 (45 MG CAP, 75 MG CAP)	2	PA, QL (10 EA PER FILL), NP
TAMIFLU 30 MG CAP	2	PA, QL (20 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 2 20 TAB THPK	2	PA, QL (2 EA PER FILL), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XOFLUZA (80 MG DOSE) OFLUZA 1 TAB THPK	2	PA, QL (1 EA PER FILL), NP
<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	P
COREG	2	PA, NP
COREG CR	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</i>	1	PA, NP
<i>atenolol</i>	1	EDS, P
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	PA, NP
<i>bisoprolol fumarate</i>	1	EDS, P
BYSTOLIC	2	PA, NP
KAPSPARGO SPRINKLE	2	PA, NP
LOPRESSOR (50 MG TAB, 100 MG TAB)	2	PA, NP
<i>metoprolol succinate er</i>	1	EDS, P
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	1	EDS, P
<i>nebivolol hcl</i>	1	P
TENORMIN	2	PA, NP
TOPROL XL	2	PA, NP
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE	2	PA, NP
BETAPACE AF	2	PA, NP
HEMANGEOL	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
INDERAL LA	2	PA, NP
INDERAL XL	2	PA, NP
INNOPRAN XL	2	PA, NP
<i>nadolol</i>	1	EDS, P
<i>pindolol</i>	1	PA, NP
PROPRANOLOL HCL	2	P
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	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
SOTYLIZE	2	PA, NP
TIMOLOL MALEATE	2	PA, NP
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	PA, NP

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate</i>	1	EDS, P
CARDIZEM	2	PA, NP
CARDIZEM CD	2	PA, NP
CARDIZEM LA	2	PA, NP
<i>cartia xt</i>	1	EDS
<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 (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)</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, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diltiazem hcl er (er 60 mg cap er, er 90 mg cap er, er 120 mg cap er)</i>	1	P
<i>diltiazem hcl er beads (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er)</i>	1	EDS, P
<i>diltiazem hcl er beads 420 mg cap 24h</i>	1	P
<i>diltiazem hcl er coated beads</i>	1	EDS, P
<i>felodipine er</i>	1	EDS, P
<i>isradipine</i>	1	PA, NP
KATERZIA	2	PA, NP
LEVAMLODIPINE MALEATE	2	PA, NP
<i>matzim la</i>	1	PA, NP
NICARDIPINE HCL	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	PA, NP
<i>nicardipine hcl 2.5 mg/ml solution</i>	1	
<i>nifedipine</i>	1	P
<i>nifedipine er</i>	1	EDS, P
<i>nifedipine er osmotic release</i>	1	EDS, P
NIMODIPINE	2	PA, NP
<i>nimodipine</i>	1	PA, NP
NISOLDIPINE ER	2	PA, NP
<i>nisoldipine er</i>	1	PA, NP
NORLIQVA	2	PA, NP
NORVASC	2	PA, NP
NYMALIZE	2	PA, NP
PROCARDIA XL	2	PA, NP
SULAR	2	PA, NP
<i>taztia xt</i>	1	EDS, P
<i>tiadytl er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er, er 300 mg cap er, er 360 mg cap er)</i>	1	EDS, P
<i>tiadytl er 420 mg cap 24h</i>	1	P
TIAZAC	2	PA, NP
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>verapamil hcl er (er 120 mg cap er, er 180 mg cap er, er 240 mg cap er)</i>	1	P
<i>verapamil hcl er (er 120 mg tab er, er 180 mg tab er, er 240 mg tab er)</i>	1	EDS, P
VERAPAMIL HCL ER VAPAMIL	2	PA, NP
VERELAN PM	2	PA, NP

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

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

## **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	PA, QL (2 EA PER DAY), NP
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	PA, QL (4 EA PER 1 DAY), NP
OPSYNVI	2	PA, LA, QL (1 EA PER 1 DAY), NP
<i>sacubitril-valsartan</i>	1	QL (2 EA PER 1 DAY), P

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

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

ORENITRAM	2	PA, LA, NP
ORENITRAM MONTH 1	2	PA, LA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ORENITRAM MONTH 2	2	PA, LA, NP
ORENITRAM MONTH 3	2	PA, LA, NP
TYVASO	2	PA, LA, NP
TYVASO DPI INSTITUTIONAL KIT	2	PA, LA, QL (4 EA PER DAY), NP
TYVASO DPI MAINTENANCE KIT (KIT 112 32MCG 112 48MCG POWDER, KIT 112 32MCG 112 64MCG POWDER, KIT 112 48MCG 112 64MCG POWDER)	2	PA, LA, QL (8 EA PER DAY), NP
TYVASO DPI MAINTENANCE KIT (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER, KIT 80 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, LA, QL (1 EA 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 (62.5 mg tab, 125 mg tab)</i>	1	PA, LA, QL (2 EA PER DAY), NP
<i>bosentan 32 mg tab sol</i>	1	PA, LA, QL (4 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 (62.5 MG TAB, 125 MG TAB)	1	PA, LA, QL (2 EA PER DAY), P
TRACLEER 32 MG TAB SOL	2	PA, LA, QL (4 EA PER DAY), NP

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

ADCIRCA	2	PA, SP, NP
<i>alyq</i>	1	PA, SP, NP
REVATIO (10 MG/ML RECON SUSP, 20 MG TAB)	2	PA, SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	PA, SP, P
<i>sildenafil citrate 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

### **PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI (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
UPTRAVI 200 & 800 MCG TAB THPK	2	PA, LA, QL (200 EAPER PER FILL; 2 FILLSPER365 DAYS), NP
UPTRAVI 200 MCG TAB	2	PA, LA, QL (2 EA PER DAY), QL (140 EAPER PER FILL; 2 FILLSPER365 DAYS), NP

### **PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS	2	PA, LA, NP
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### **SINUS NODE INHIBITORS**

<i>ivabradine hcl</i>	1	
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## **CEPHALOSPORINS**

### **CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil</i>	1	P
CEFADROXIL	2	PA, NP
<i>cefazolin sodium</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

### **CEPHALOSPORINS - 2ND GENERATION**

CEFACLOR	2	P
CEFACLOR ER	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefoxitin sodium</i>	1	
<i>cefprozil</i>	1	P
<i>cefuroxime axetil</i>	1	P
<i>cefuroxime sodium</i>	1	

### **CEPHALOSPORINS - 3RD GENERATION**

<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
CEFPODOXIME PROXETIL	2	PA, NP
<i>ceftazidime</i>	1	
CEFTAZIDIME	2	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE SODIUM (1 GM RECON SOLN, 2 GM RECON SOLN)	2	
SUPRAX 100 MG/5ML RECON SUSP	2	PA, NP
<i>tazicef</i>	1	

### **CEPHALOSPORINS - 4TH GENERATION**

<i>cefepime hcl</i>	1	
CEFEPIME HCL (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION)	2	

### **CONTRACEPTIVES**

#### **COMBINATION CONTRACEPTIVES - ORAL**

<i>afirmelle</i>	\$0	EDS
<i>altavera</i>	\$0	EDS
<i>alyacen 1/35</i>	\$0	EDS
<i>alyacen 7/7/7</i>	\$0	EDS
<i>amethia</i>	\$0	EDS
<i>amethyst</i>	\$0	EDS
<i>apri</i>	\$0	EDS
ARANELLE	\$0	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ashlyna</i>	\$0	EDS
<i>aubra</i>	\$0	EDS
<i>aubra eq</i>	\$0	EDS
<i>aurovela 1.5/30</i>	\$0	EDS
<i>aurovela 1/20</i>	\$0	EDS
<i>aurovela 24 fe</i>	\$0	EDS
<i>aurovela fe 1.5/30</i>	\$0	EDS
<i>aurovela fe 1/20</i>	\$0	EDS
<i>aviane</i>	\$0	EDS
<i>ayuna</i>	\$0	EDS
<i>azurette</i>	\$0	EDS
<i>balziva</i>	\$0	EDS
<i>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	
<i>chateal</i>	\$0	EDS
<i>chateal eq</i>	\$0	EDS
<i>cryselle</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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>desogestrel-ethinyl estradiol</i>	\$0	EDS
<i>dolishale</i>	\$0	EDS
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	\$0	
<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 1-35 mg-mcg tab</i>	\$0	EDS
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	\$0	
<i>falmina</i>	\$0	EDS
<i>fayosim</i>	\$0	EDS
<i>feirza 1.5/30</i>	\$0	EDS
<i>feirza 1/20</i>	\$0	EDS
<b>FEMLYV</b>	\$0	
<i>femynor</i>	\$0	EDS
<i>finzala</i>	\$0	
<i>galbriela</i>	\$0	EDS
<i>gemmily</i>	\$0	
<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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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	
<i>kurvelo</i>	\$0	EDS
<i>larin 1.5/30</i>	\$0	EDS
<i>larin 1/20</i>	\$0	EDS
<i>larin 24 fe</i>	\$0	EDS
<i>larin fe 1.5/30</i>	\$0	EDS
<i>larin fe 1/20</i>	\$0	EDS
<i>larissia</i>	\$0	EDS
<i>layolis fe</i>	\$0	EDS
<i>leena</i>	\$0	EDS
<i>lessina</i>	\$0	EDS
<i>levonest</i>	\$0	EDS
<i>levonorg-eth estrad triphasic</i>	\$0	EDS
<i>levonorgest-eth est &amp; eth est</i>	\$0	EDS
<i>levonorgest-eth estrad 91-day</i>	\$0	EDS
<i>levonorgest-eth estradiol-iron</i>	\$0	
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>luizza 1.5/30</i>	\$0	EDS
<i>luizza 1/20</i>	\$0	EDS
<i>lutra</i>	\$0	EDS
<i>marlissa</i>	\$0	EDS
<i>merzee</i>	\$0	
<i>mibelas 24 fe</i>	\$0	
<i>microgestin 1.5/30</i>	\$0	EDS
<i>microgestin 1/20</i>	\$0	EDS
<i>microgestin 24 fe</i>	\$0	EDS
<i>microgestin fe 1.5/30</i>	\$0	EDS
<i>microgestin fe 1/20</i>	\$0	EDS
<i>mili</i>	\$0	EDS
<i>mono-lynyah</i>	\$0	EDS
<i>necon 0.5/35 (28)</i>	\$0	EDS
<i>nikki</i>	\$0	EDS
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	\$0	EDS
<i>norethin ace-eth estrad-fe (1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab)</i>	\$0	
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>rosyrah</i>	\$0	EDS
<i>setlakin</i>	\$0	EDS
<i>simliya</i>	\$0	EDS
<i>simpesse</i>	\$0	EDS
<i>sprintec 28</i>	\$0	EDS
<i>sronyx</i>	\$0	EDS
<i>syeda</i>	\$0	EDS
<i>tarina 24 fe</i>	\$0	EDS
<i>tarina fe 1/20</i>	\$0	EDS
<i>tarina fe 1/20 eq</i>	\$0	EDS
<i>taysofy</i>	\$0	
<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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>valtya 1/35</i>	\$0	EDS
<i>valtya 1/50</i>	\$0	
<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>xarah fe</i>	\$0	EDS
<i>xelria fe</i>	\$0	EDS
<i>zarah</i>	\$0	EDS
<i>zovia 1/35 (28)</i>	\$0	EDS
<i>zovia 1/35e (28)</i>	\$0	EDS
<i>zumandimine</i>	\$0	EDS
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	\$0	
<i>xulane</i>	\$0	
<i>zafemy</i>	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>eluryng</i>	\$0	
<i>enilloring</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
<i>haloette</i>	\$0	
<b>COPPER CONTRACEPTIVES - IUD</b>		
MIUDELLA INTRAUTERINE COPPER	\$0	LA
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	\$0	
<i>levonorgestrel emergency contraceptive</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 - IUD</b>		
KYLEENA	\$0	LA
MIRENA (52 MG)	\$0	LA
SKYLA	\$0	LA
<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>meleya</i>	\$0	EDS
<i>nora-be</i>	\$0	EDS
<i>norethindrone</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>orquidea</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	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	2	
<i>dexamethasone sod phosphate pf</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE (4 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION)	2	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod suc (pf)</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (5 mg/5ml, 6.7 (5 base) mg/5ml, 15 mg/5ml, 25 mg/5ml)</i>	1	
<i>prednisone</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SOLU-CORTEF	2	
SOLU-MEDROL (PF)	2	
SOLU-MEDROL 2 GM RECON SOLN	2	
TARPEYO	2	PA, LA
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	1	EDS
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>dextromethorphan capsule and oral suspension</i>	1	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1	
<i>brompheniramine / phenylephrine</i>	1	OTC
<i>brompheniramine / pseudoephedrine</i>	1	OTC
<i>cetirizine / pseudoephedrine (zyrtec – d)</i>	1	OTC, P
CHILDRENS COLD-ALLERGY	1	OTC
<i>chlorpheniramine / phenylephrine</i>	1	OTC
<i>chlorpheniramine / phenylephrine / acetaminophen</i>	1	OTC
<i>chlorpheniramine / pseudoephedrine</i>	1	OTC
CLARINEX-D 12 HOUR	2	PA, NP
<i>dextromethorphan / phenylephrine / acetaminophen</i>	1	OTC
<i>guaifenesin / dextromethorphan</i>	1	OTC
<i>guaifenesin / dextromethorphan / phenylephrine</i>	1	OTC
<i>guaifenesin-codeine oral solution</i>	1	QL (60 ML PER 1 DAY), OTC
<i>loratadine / pseudoephedrine (claritin – d)</i>	1	OTC, P
<i>phenylephrine / acetaminophen</i>	1	OTC
<i>phenylephrine / bropheniramine / dextromethorphan</i>	1	OTC
<i>phenylephrine / chlorpheniramine / dextromethorphan / acetaminophen</i>	1	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>phenylephrine / dextromethorphan</i>	1	OTC
PHENYLEPHRINE / GUAIFENESIN (PHENYLEPHRINE GUAIFENESIN, PHENYLEPHRINE GUAIFENESIN)	1	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 nebulizer soln</i>	2	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 %, 20 %)</i>	1	
<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
AKLIEF	2	PA, NP
ALTRENO	2	PA, NP
<i>amnesteem</i>	1	
AMZEEQ	2	PA, NP
ARAZLO	2	PA, NP
ATRALIN	2	PA, NP
AVAR CLEANSER	2	PA, NP
AVAR-E EMOLLIENT	2	
<i>avar-e green</i>	1	
AVAR-E LS	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>avita</i>	1	PA, NP
BENZAMYCIN	2	PA, NP
<i>benzoyl peroxide</i>	1	OTC, P
<i>benzoyl peroxide cleanser 6%</i>	1	PA, OTC, NP
<i>benzoyl peroxide-erythromycin</i>	1	P
CABTREO	2	PA, NP
<i>claravis</i>	1	
CLENIA PLUS	2	PA, NP
<i>clindacin</i>	1	PA, NP
<i>clindacin etz</i>	1	P
<i>clindacin-p</i>	1	P
<i>clindamycin phos (once-daily)</i>	1	P
<i>clindamycin phos (twice-daily)</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 % lotion, 1 % solution, 1 % swab)</i>	1	P
<i>clindamycin phosphate 1 % foam</i>	1	PA, NP
<i>clindamycin-tretinoin</i>	1	PA, NP
<i>cvs adapalene</i>	1	OTC, P
<i>dapsone (5 % gel, 7.5 % gel)</i>	1	PA, NP
ERY	2	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	P
ERYTHROMYCIN 2 % GEL	2	P
FABIOR	2	PA, NP
<i>gnp adapalene</i>	1	OTC, P
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	
<i>myorisan</i>	1	
<i>neuac</i>	1	PA, NP
NEUAC	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ONEXTON	2	PA, NP
RETIN-A MICRO	2	PA, NP
RETIN-A MICRO PUMP	2	PA, NP
SSS 10-5 % CREAM	2	
<i>sulfacetamide sodium (acne)</i>	1	
SULFACETAMIDE SODIUM-SULFUR (10-2 % CREAM, 10-5 % LIQUID, 10-5 % LOTION)	2	P
<i>sulfacetamide sodium-sulfur (10-4 % pad, 10-5 % cream)</i>	1	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4.25 % SUSPENSION, 10-1 % EMULSION, 10-5 % SUSPENSION)	2	PA, NP
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM	2	
<i>sulfacetamide sodium-sulfur 10-5 % liquid</i>	1	P
<i>sulfacetamide sodium-sulfur 8-4 % suspension</i>	1	PA, NP
SULFACLEANSE 8/4	2	PA, NP
SULFAMEZ WASH	2	PA, NP
TAZAROTENE	2	PA, NP
<i>tretinoin (0.01 % gel, 0.025 % gel)</i>	1	PA, P
<i>tretinoin (0.025 %, 0.05 %, 0.1 %)</i>	1	P
<i>tretinoin 0.05 % gel</i>	1	PA, NP
<i>tretinoin microsphere</i>	1	PA, NP
TRETINOIN MICROSPHERE	2	PA, NP
<i>tretinoin microsphere pump</i>	1	PA, NP
TRETINOIN MICROSPHERE PUMP	2	PA, NP
VELTIN	2	PA, NP
WINLEVI	2	PA, NP
<i>zenatane</i>	1	
ZIANA	2	PA, NP
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	2	PA, QL (2 EA PER DAY), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diclofenac sodium (1.5 %, 2 %)</i>	1	PA, 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</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</i>	1	P
<i>mupirocin calcium</i>	1	PA, NP
<i>neomycin / bacitracin / polymixin (neosporin)</i>	1	OTC
<i>neomycin / bacitracin / polymixin / pramoxine (neosporin plus)</i>	1	OTC
XEPI	2	PA, NP

### **ANTIFUNGALS - TOPICAL**

<i>ciclodan</i>	1	P
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	PA, NP
<i>ciclopirox 8 % solution</i>	1	P
<i>ciclopirox olamine</i>	1	P
<i>clotrimazole 1% cream</i>	1	PA, OTC, NP
CLOTRIMAZOLE-BETAMETHASONE	2	PA, NP
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	P
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	PA, NP
<i>econazole nitrate</i>	1	P
ERTACZO	2	PA, NP
JUBLIA	2	PA, NP
KERYDIN	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ketoconazole (2 % cream, 2 % shampoo)</i>	1	P
<i>ketoconazole 2 % foam</i>	1	PA, NP
<i>ketodan</i>	1	PA, NP
<i>klayesta</i>	1	
LOPROX	2	PA, NP
LULICONAZOLE	2	PA, QL (60 GM PER 30 DAYS), NP
LUZU	2	PA, QL (60 GM PER 30 DAYS), NP
<i>miconazole (micatin)</i>	1	OTC, P
MICONAZOLE NITRATE 2% SOLN	1	OTC
MICONAZOLE-ZINC OXIDE- PETROLAT	2	PA, NP
<i>naftifine hcl</i>	1	PA, NP
NAFTIFINE HCL	2	PA, NP
NAFTIN	2	PA, NP
<i>nyamyc</i>	1	
<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
<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 1% cream</i>	1	OTC, P
<i>tolnaftate (tinactin)</i>	1	PA, OTC, NP
<i>tolnaftate 1% soln</i>	1	PA, OTC, NP
VUSION	2	PA, NP
<b>ANTIHISTAMINES-TOPICAL</b>		
<i>diphenhydramine / zinc</i>	1	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	PA, SP
<i>diclofenac sodium 3 % gel</i>	1	PA, QL (300 GM PER 30 DAYS)
<i>fluorouracil (5 % cream, 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
VALCHLOR	2	LA, QL (240 GM PER 30 DAYS)
<b>ANTIPRURITICS - TOPICAL</b>		
<i>anti-itch lotion</i>	1	OTC
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	1	SP
BIMZELX	2	PA, QL (0.04 ML PER DAY), 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
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, QL (1 EA PER 84 DAYS), SP, NP
METHOXSALLEN 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 300 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
SPEVIGO 450 MG/7.5ML SOLUTION	2	PA, QL (15 ML PER 365 DAYS), SP, NP
STELARA (45 MG/0.5ML SOLN PRSYR, 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</i>	1	PA, NP
TREMFYA 100 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 56 DAYS), SP, NP
TREMFYA 200 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
TREMFYA ONE-PRESS	2	PA, QL (1 ML PER 56 DAYS), SP, NP
TREMFYA PEN 100 MG/ML SOLN A-INJ	2	PA, QL (1 ML PER 56 DAYS), SP, NP
TREMFYA PEN 200 MG/2ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), SP, NP
TREMFYA-CD/UC INDUCTION	2	PA, QL (4 ML PER 28 DAYS, 12 ML PER 365 DAYS), SP, NP
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
USTEKINUMAB 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>anti-dandruff shampoo</i>	1	OTC, EDS
SODIUM SULFACETAMIDE WASH	2	
<i>sodium sulfacetamide wash</i>	1	
SULFACETAMIDE SODIUM 10 % LIQUID	2	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ZORYVE 0.3 % FOAM	2	PA, QL (120 GM PER 30 DAYS), NP
<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>		
EMOLLIENT CREAM AND LOTION	1	OTC
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>betamethasone dipropionate</i>	1	
BETAMETHASONE DIPROPIONATE AUG	2	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone valerate (betamethasone valerate, betamethasone valerate 0.1 % cream, betamethasone valerate 0.1 % lotion, betamethasone valerate 0.1 % ointment)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide 0.05 % gel</i>	1	QL (120 GM PER 30 DAYS)
<i>fluticasone propionate 0.05 % cream</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone 0.5%, 1%, 2.5% (cream, ointment, lotion)</i>	1	OTC, EDS
<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	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	2	
<i>triderm</i>	1	
<b>DIAPER RASH PRODUCTS</b>		
<i>diaper rash products</i>	1	OTC
<b>ECZEMA AGENTS</b>		
ADBRY	2	PA, QL (4 ML PER 28 DAYS), SP, NP
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
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 ML PER 28 DAYS), SP, P
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (2.68 ML PER 28 DAYS), SP, P
EBGLYSS 250 MG/2ML SOLN A-INJ	2	PA, QL (2 ML PER 28 DAYS), SP, NP
OPZELURA	2	PA, QL (240 GM PER 30 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea 10% and 20% (cream, lotion)</i>	1	OTC, EDS
<b>EMOLLIENTS</b>		
<i>ammonium lactate (12% cream, 12% lotion)</i>	1	OTC
<i>glycerin topical liquid</i>	1	OTC
<i>vitamin a&amp;d oint</i>	1	OTC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>IMMUNOMODULATING AGENTS – SYSTEMIC</b>		
NEMLUVIO	2	PA, QL (1 EA PER 28 DAYS), SP, NP
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	1	
<i>tacrolimus (0.03 %, 0.1 %)</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX	2	
<i>podofilox 0.5 % solution</i>	1	
<i>salicylic acid</i>	1	OTC, EDS
<b>LINIMENTS</b>		
<i>camphor / menthol / methyl salicylate pain relieving patch and cream</i>	1	OTC
<i>methyl salicylate / menthol</i>	1	OTC
<i>trolamine salicylate cream</i>	1	OTC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin cream and patch</i>	1	OTC, EDS
<i>glydo</i>	1	
<i>lidocaine 4% patch</i>	1	QL (3 EA PER DAY), OTC
<i>lidocaine 5% ointment</i>	2	QL (107 GM PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA, QL (3 EA PER DAY), NP
<i>lidocaine hcl 4 % solution</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lidocaine hcl urethral/mucosal</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>pramoxine / calamine lotion</i>	1	OTC
ZTLIDO 1.8 % PATCH	2	PA, NP
<b>MISC. TOPICAL</b>		
<i>benzoin tincture</i>	1	OTC
<i>calamine / zinc oxide</i>	1	OTC
DRYSOL	2	
<i>eyelid cleansing wipes</i>	1	OTC
<i>isopropyl alcohol 70% wipes</i>	\$0	OTC
<i>lanolin/mineral oil/white petrolatum</i>	1	OTC
MENTHOL / ZINC OXIDE OINT	1	OTC
<i>witch hazel</i>	1	OTC
<i>zinc oxide ointment</i>	1	OTC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	2	PA, QL (120 GM PER 30 DAYS), P
ZORYVE 0.15 % CREAM	2	PA, QL (120 GM PER 30 DAYS), NP
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion)</i>	1	
<i>rosadan</i>	1	
<b>SCABICIDES PEDICULICIDES</b>		
CROTAN	2	PA, NP
<i>malathion</i>	1	PA, NP
NATROBA	1	P
OVIDE	2	PA, NP
<i>permethrin (nix)</i>	2	OTC, P
<i>piperonyl / pyrethrins (rid)</i>	1	OTC, P
SPINOSAD	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>TAR PRODUCTS</b>		
<i>coal tar</i>	1	OTC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN DIAGNOSTIC	2	
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS STRIP	\$0	OTC, CDS, P
ACCU-CHEK GUIDE TEST	\$0	OTC, CDS, P
ACCU-CHEK SMARTVIEW	\$0	OTC, CDS, P
ALBUSTIX	\$0	OTC
CHEMSTRIP K	\$0	OTC
CHEMSTRIP MICRAL	\$0	OTC
CHEMSTRIP UGK	\$0	OTC, CDS
CONTOUR NEXT TEST	\$0	OTC, CDS, P
CONTOUR PLUS TEST	\$0	OTC, 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
KETOSTIX	\$0	OTC
NOVA MAX PLUS KETONE TEST	\$0	OTC, CDS
ONETOUCH ULTRA	\$0	PA, OTC, CDS, NP
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</i>	1	EDS
<i>acetazolamide er</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>DIURETIC COMBINATIONS</b>		
<i>amiloride-hydrochlorothiazide</i>	1	
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
<i>spironolactone-hctz</i>	1	EDS
<i>triamterene-hctz</i>	1	EDS
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	EDS
<i>bumetanide 0.25 mg/ml solution</i>	1	
<i>furosemide</i>	1	EDS
FUROSEMIDE 10 MG/ML SOLUTION	2	EDS
FUROSEMIDE 8 MG/ML SOLUTION	2	
<i>toremide</i>	1	EDS
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</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</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 tab)</i>	1	EDS, P
<i>alendronate sodium 70 mg/75ml solution</i>	1	P
AELVIA	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BINOSTO	2	PA, NP
BONSITY	2	PA, SP, NP
<i>calcitonin (salmon) 200 unit/act solution</i>	1	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, NP
TERIPARATIDE	2	PA, SP, NP
<i>teriparatide</i>	1	PA, SP, NP
TYMLOS	2	PA, SP, NP
XGEVA	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, NP
GENOTROPIN MINIQUICK	2	PA, SP, NP
HUMATROPE	2	PA, SP, NP
NGENLA	2	PA, SP, NP
NORDITROPIN FLEXP	2	PA, SP, P
OMNITROPE	2	PA, SP, NP
SAIZEN	2	PA, SP, NP
SAIZENPREP	2	PA, SP, NP
SEROSTIM	2	PA, NP
SKYTROFA	2	PA, SP, NP
SOGROYA	2	PA, SP, NP
ZOMACTON	2	PA, SP
ZOMACTON (FOR ZOMA-JET 10)	2	PA, SP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ZORBTIVE	2	PA, SP, NP
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA	2	PA, NP
<i>raloxifene hcl</i>	\$0	EDS, P
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	1	EDS
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>carglumic acid</i>	1	PA, SP
<i>cinacalcet hcl</i>	1	EDS, SP
<i>glycerol phenylbutyrate</i>	1	PA, SP
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
MYALEPT	2	PA, LA
PALYNZIQ (2.5 MG/0.5ML SOLN PRSYR, 10 MG/0.5ML SOLN PRSYR)	2	PA, QL (0.5 ML PER DAY), SP
PALYNZIQ 20 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER DAY), SP
<i>sodium phenylbutyrate 500 mg tab</i>	1	PA, SP
STRENSIQ	2	PA, LA
XPHOZAH	2	PA, LA, NP
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	2	PA, QL (1 EA PER DAY), SP
<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
DESMOPRESSIN ACETATE SPRAY	2	
<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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>SOMATOSTATIC AGENTS</b>		
OCTREOTIDE ACETATE	2	
<i>octreotide acetate (50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml)</i>	1	
SIGNIFOR	2	PA, LA, QL (2 EA PER DAY)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan</i>	1	PA, LA, QL (2 EA PER 1 DAY)
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>amabelz</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	2	PA
PREMPHASE	2	
<b>ESTROGENS</b>		
<i>dotti</i>	1	
<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)</i>	1	
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	EDS
<i>estradiol valerate</i>	1	
<i>lyllana</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA 450 MG TAB	2	PA, NP
CIPRO	2	PA, NP
<i>ciprofloxacin</i>	1	PA, NP
CIPROFLOXACIN HCL	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	2	PA, NP
<i>ofloxacin 400 mg tab</i>	1	PA, NP
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY	2	PA, NP
<i>prucalopride succinate</i>	1	
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE	2	PA, NP
<b>ANTIFLATULENTS</b>		
<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</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lubiprostone</i>	1	P
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI	2	PA, LA, NP
<i>metoclopramide hcl</i>	1	
METOCLOPRAMIDE HCL	2	PA, NP
<i>metoclopramide hcl +rfid</i>	1	
<b>HEPATOTROPICS</b>		
REZDIFFRA	2	PA, LA, QL (1 EA PER DAY)
<b>INFLAMMATORY BOWEL AGENTS</b>		
ASACOL HD	2	PA, NP
AVSOLA	2	PA, SP, NP
AZULFIDINE	2	PA, NP
AZULFIDINE EN-TABS	2	PA, NP
<i>balsalazide disodium</i>	1	P
CANASA	2	PA, NP
CIMZIA	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA (1 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP
CIMZIA (2 SYRINGE)	2	PA, QL (1 EA PER 28 DAYS), SP, NP
CIMZIA-STARTER	2	PA, QL (3 EA PER 365 DAYS), SP, NP
DIPENTUM	2	PA, NP
ENTYVIO	2	PA, SP, NP
ENTYVIO PEN	2	PA, QL (2 EA PER 28 DAYS), SP, NP
INFLECTRA	2	PA, SP, NP
INFLIXIMAB	2	PA, SP, P
LIALDA	2	PA, NP
MESALAMINE	2	PA, NP
<i>mesalamine (1.2 gm tab dr, 1000 mg suppos)</i>	1	P
<i>mesalamine (4 gm enema, 400 mg cap dr)</i>	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mesalamine 800 mg tab dr</i>	1	PA, NP
<i>mesalamine er 0.375 gm cap 24h</i>	1	PA, NP
<i>mesalamine er 500 mg cap</i>	1	PA, NP
<i>mesalamine-cleanser</i>	1	PA, NP
OMVOH (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	2	PA, QL (2 ML PER 28 DAYS), SP, NP
OMVOH (300 MG DOSE)	2	PA, QL (3 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
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
<i>sulfasalazine</i>	1	EDS, P
USTEKINUMAB 130 MG/26ML SOLUTION	2	PA, SP, NP
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 (2 EA PER 28 DAYS), SP, NP
ZYMFENTRA (2 SYRINGE)	2	PA, QL (2 EA PER 28 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alose tron hcl</i>	1	PA, NP
IBSRELA	2	PA, NP
LINZESS	2	P
LOTRONEX	2	PA, NP
VIBERZI	2	PA, NP
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	PA, NP
SYMPROIC	2	PA, NP
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	2	PA, NP
<i>calcium acetate</i>	1	P
<i>calcium acetate (phos binder)</i>	1	P
FOSRENOL	2	PA, NP
<i>lanthanum carbonate</i>	1	PA, NP
RENVELA	2	PA, NP
<i>sevelamer carbonate</i>	1	P
<i>sevelamer hcl</i>	1	PA, NP
VELPHORO	2	PA, NP
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>cytra-2</i>	1	OTC
<i>potassium citrate / citric acid soln</i>	2	OTC
<i>potassium citrate / sodium citrate (cytra-3)</i>	1	
<i>potassium citrate er</i>	1	EDS
SOD CITRATE-CITRIC ACID	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sod citrate-citric acid (1.5-1 gm/15ml, 3-2 gm/30ml)</i>	1	
<i>sod citrate-citric acid 500-334 mg/5ml solution</i>	1	OTC
SODIUM CITRATE-CITRIC ACID	2	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	LA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
ARGYLE STERILE SALINE	2	
CURITY STERILE SALINE	2	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	2	
SODIUM CHLORIDE 0.9 % SOLUTION	2	
<i>sodium chloride 0.9 % solution</i>	1	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	EDS, P
AVODART	2	PA, NP
CARDURA XL	2	PA, NP
<i>dutasteride</i>	1	EDS, P
<i>dutasteride-tamsulosin hcl</i>	1	PA, 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, NP
<i>tamsulosin hcl</i>	1	EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine (azo)</i>	1	OTC
<b>URINARY STONE AGENTS</b>		
<i>tiopronin</i>	1	PA, SP
<i>venxxiva</i>	1	PA, SP
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	
<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	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE	2	SP, P
ADYNOVATE	2	SP, P
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
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
VONVENDI	2	SP, P
WILATE	2	SP, P
XYNTHA	2	SP, P
XYNTHA SOLOFUSE	2	SP, P
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR	2	PA, SP, NP
<i>icatibant acetate</i>	1	PA, SP, P
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	2	PA, SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CINRYZE	2	PA, SP, P
HAEGARDA	2	PA, LA, QL (16 EA PER 28 DAYS), NP
RUCONEST	2	PA, LA, NP
TAVNEOS	2	PA, QL (6 EA PER DAY), SP, NP
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	EDS
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	2	PA, LA, NP
ORLADEYO (110 MG CAP, 150 MG CAP)	2	PA, LA, QL (28 EA PER 28 DAYS), NP
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	PA, LA, QL (4 ML PER 28 DAYS), NP
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, LA, QL (2 ML PER 28 DAYS), NP
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	1	PA, NP
BRILINTA	2	PA, NP
CABLIVI	2	PA, SP
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate 300 mg tab</i>	1	P
<i>clopidogrel bisulfate 75 mg tab</i>	1	EDS, P
<i>dipyridamole</i>	1	P
EFFIENT	2	PA, NP
PLAVIX	2	PA, NP
<i>prasugrel hcl</i>	1	EDS, P
<i>ticagrelor</i>	1	P
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO	2	PA, SP, P
DROXIA	2	P
ENDARI	1	PA, QL (6 EA PER 1 DAY), SP, P
<i>l-glutamine 5 gm packet</i>	1	PA, QL (6 EA PER 1 DAY), SP, NP
SIKLOS	2	PA, NP
<b>COBALAMINS</b>		
<i>b-12 (methylcobalamin)</i>	1	OTC, EDS
<i>vitamin b12</i>	2	OTC, EDS
VITAMIN B12	2	OTC
<b>FOLIC ACID/FOLATES</b>		
FOLIC ACID 1MG	1	OTC, EDS
<i>folic acid 400 mcg/800 mcg</i>	\$0	OTC, EDS
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	2	PA, SP, P
<i>eltrombopag olamine</i>	1	PA, SP
EPOGEN	2	PA, SP, P
LEUKINE	2	SP
MIRCERA	2	PA, LA, NP
PROCRIT	2	PA, SP, NP
REBLOZYL	2	PA, NP
RETACRIT	2	PA, SP, P
<b>HEMATOPOIETIC MIXTURES</b>		
CORVITA 150	2	
FERREX	2	OTC
<i>ferrous fumarate / vitamin b12 / vitamin c</i>	1	
<i>ferrous fumarate / vitamin c / vitamin b12 / folic acid</i>	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FERROUS FUMARATE POLYSACCHARIDE COMPLEX	2	
<i>ferrous fumarate polysaccharide complex</i>	1	
FOLIC ACID / VITAMIN B6 / VITAMIN B12 / OMEGA-3	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
INTEGRA F	2	
INTEGRA PLUS	2	
<i>iron combinations</i>	2	
IRON FOLATE PLUS	2	
IRON FOLATE-F	2	
<i>iron polysaccharide complex</i>	2	OTC
K-TAN PLUS	2	
<i>multigen folic</i>	2	
<i>multigen plus</i>	2	
<i>multivitamin</i>	2	OTC, EDS
PUREVIT DUALFE PLUS	2	
SE-TAN PLUS	2	
TANDEM PLUS	2	
TARON FORTE	2	
<b>IRON</b>		
<i>ferrous gluconate</i>	1	OTC, EDS
FERROUS GLUCONATE	1	OTC
<i>ferrous sulfate</i>	1	OTC, EDS
<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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTI-HISTAMINE HYPNOTICS</b>		
<i>acetaminophen / diphenhydramine</i>	1	OTC
<i>doxylamine (sleep)</i>	1	OTC
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital</i>	1	
PHENOBARBITAL	2	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	PA, NP
<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
<i>zolpidem tartrate</i>	1	QL (1 EA PER DAY), P
ZOLPIDEM TARTRATE	2	PA, QL (1 EA PER DAY), NP
<i>zolpidem tartrate er</i>	1	PA, QL (1 EA PER DAY), NP
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	2	QL (1 EA PER DAY), P
DAYVIGO	2	PA, QL (1 EA PER DAY), NP
QUVIVIQ	2	PA, QL (1 EA PER DAY), NP
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
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	QL (1 EA PER DAY), P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ROZEREM	2	PA, QL (1 EA PER DAY), NP
<i>tasimelteon</i>	1	PA, QL (1 EA PER DAY), SP, NP

## **LAXATIVES**

### **BULK LAXATIVES**

<i>calcium polycarbophil 625mg tab (fiber laxative)</i>	1	OTC, EDS
<i>methylcellulose (citrucel)</i>	1	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	
<i>senna / docusate sodium 8.6 - 50mg tab</i>	1	OTC, EDS

### **LAXATIVES - MISCELLANEOUS**

<i>constulose</i>	1	
<i>glycerin suppository</i>	1	OTC
<i>lactulose (10 gm/15ml, 20 gm/30ml)</i>	1	
<i>polyethylene glycol packets</i>	1	OTC, EDS
<i>polyethylene glycol powder</i>	\$0	OTC, EDS

### **LUBRICANT LAXATIVES**

<i>mineral oil</i>	1	OTC, EDS
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### **SALINE LAXATIVES**

ENEMA (ENEMA, ENEMA)	1	OTC
<i>magnesium citrate solution (citroma)</i>	\$0	OTC
<i>magnesium hydroxide (phillips' milk of magnesia)</i>	\$0	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 capsule</i>	1	OTC, EDS
<i>docusate sodium (capsule, oral liquid)</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>LOCAL ANESTHETICS - AMIDES</b>		
<i>lidocaine hcl (0.5 %, 1 %, 2 %)</i>	1	
<i>lidocaine hcl (pf) (1 %, 1.5 %, 2 %, 4 %)</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chlorprocaine hcl (pf)</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (azithromycin, azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	1	P
<i>azithromycin 500 mg recon soln</i>	1	
ZITHROMAX (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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN	2	PA, NP
<i>clarithromycin</i>	1	P
<i>clarithromycin er</i>	1	PA, NP
<b>ERYTHROMYCINS</b>		
<i>e.e.s. 400</i>	1	PA, NP
E.E.S. 400	2	PA, NP
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	P
ERYTHROMYCIN BASE	2	PA, NP
<i>erythromycin base</i>	1	P
<i>erythromycin ethylsuccinate</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)
<i>fidaxomicin</i>	1	QL (2 EA 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	OTC
<i>bandages</i>	2	OTC
CVS EYE	2	OTC
GAUZE PADS AND DRESSINGS	2	OTC
GELOCAST 3"X10YD	2	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
J & J EYE PADS OVAL SMALL	2	OTC
J & J OVAL EYE PADS	2	OTC
J & J STERILE EYE PADS	2	OTC
JOHNSONS STERILE EYE PADS	2	OTC
PROFORE	2	OTC
PROFORE LITE	2	OTC
PROFORE WCL 5-1/2"X8"	2	OTC
RA HOT/COLD GEL SLEEVE	2	OTC
SM DELUXE REUSABLE COMPRESS	2	OTC
SUREPRESS HI COMPRESS BANDAGE	2	OTC
<b>BLOOD PRESSURE DEVICES</b>		
BLOOD PRESSURE MONITORING DEVICE	2	OTC
<b>CONTRACEPTIVES</b>		
CAYA	\$0	
<i>female condoms</i>	\$0	OTC
FEMCAP	\$0	
<i>male condoms</i>	\$0	OTC
WIDE-SEAL DIAPHRAGM	\$0	
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK GUIDE	\$0	OTC, CDS, P
ACCU-CHEK GUIDE ME	\$0	OTC, CDS, P
<i>blood glucose calibration liquid</i>	\$0	OTC, CDS
CONTOUR BLOOD GLUCOSE SYSTEM	\$0	OTC, CDS, P
CONTOUR MONITOR	\$0	OTC, CDS, P
CONTOUR NEXT EZ	\$0	OTC, CDS, P
CONTOUR NEXT GEN MONITOR	\$0	PA, OTC, CDS, NP
CONTOUR NEXT MONITOR	\$0	PA, OTC, CDS, NP
CONTOUR NEXT ONE KIT	\$0	OTC, CDS, P
CONTOUR NEXT ONE W/DEVICEKIT	\$0	OTC, CDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DEXCOM G6 RECEIVER	\$0	QL (1 EA PER 365 DAYS), CDS, P
DEXCOM G6 SENSOR	\$0	QL (0.1 EA PER DAY), CDS, P
DEXCOM G6 TRANSMITTER	\$0	QL (1 EA PER 90 DAYS), EDS, CDS, P
DEXCOM G7 15 DAY SENSOR	\$0	QL (0.07 EA PER DAY), CDS, P
DEXCOM G7 RECEIVER	\$0	QL (1 EA PER 365 DAYS), CDS, P
DEXCOM G7 SENSOR	\$0	QL (0.1 EA PER DAY), CDS, P
FORA G20 BLOOD GLUCOSE SYSTEM	\$0	PA, OTC, CDS, NP
FREESTYLE FREEDOM LITE	\$0	PA, OTC, CDS, NP
FREESTYLE LIBRE 14 DAY READER	\$0	QL (1 EA PER 365 DAYS), CDS, P
FREESTYLE LIBRE 14 DAY SENSOR	\$0	QL (0.072 EA PER DAY), CDS, P
FREESTYLE LIBRE 2 PLUS SENSOR	\$0	QL (0.07 EA PER DAY), CDS, P
FREESTYLE LIBRE 2 READER	\$0	QL (1 EA PER 365 DAYS), CDS, P
FREESTYLE LIBRE 2 SENSOR	\$0	QL (0.072 EA PER DAY), CDS, P
FREESTYLE LIBRE 3 PLUS SENSOR	\$0	QL (0.07 EA PER DAY), CDS, P
FREESTYLE LIBRE 3 READER	\$0	QL (1 EA PER 365 DAYS), CDS, P
FREESTYLE LIBRE 3 SENSOR	\$0	QL (0.072 EA PER DAY), CDS, P
FREESTYLE LIBRE READER	\$0	QL (1 EA PER 365 DAYS), CDS
FREESTYLE LITE DEVICE	\$0	PA, OTC, CDS, NP
FREESTYLE LITE W/DEVICEKIT	\$0	PA, OTC, CDS, NP
GLUCOCARD EXPRESSION MONITOR	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE CONNEX	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE DEVICE	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE EXPRESS	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE W/DEVICEKIT	\$0	PA, OTC, CDS, NP
GLUCOCARD SHINE XL	\$0	PA, OTC, CDS, NP
GNP TRUE METRIX AIR METER	\$0	PA, OTC, CDS, NP
GNP TRUE METRIX GLUCOSE METER	\$0	PA, OTC, CDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lancet device</i>	2	OTC, CDS
<i>lancets</i>	2	OTC, CDS
<i>needles and syringes</i>	\$0	PA, OTC, CDS
OMNIPOD 5 DEXG7G6 INTRO GEN 5	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 DEXG7G6 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 G6 INTRO GEN5	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	QL (0.5 EA PER DAY), CDS
OMNIPOD CLASSIC PDM (GEN 3)	\$0	QL (1 EA PER 365 DAYS), CDS
OMNIPOD CLASSIC PODS (GEN 3)	\$0	QL (0.5 EA PER DAY), 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
ONETOUCH ULTRA 2	\$0	PA, OTC, CDS, NP
ONETOUCH VERIO FLEX SYSTEM W/DEVICEKIT	\$0	PA, OTC, CDS, NP
PRECISION XTRA	\$0	PA, OTC, CDS, NP
PRECISION XTRA-GLUCOSE/KETONE	\$0	PA, OTC, CDS, NP
PRODIGY AUTOCODE BLOOD GLUCOSE W/DEVICEKIT	\$0	PA, OTC, CDS, NP
PRODIGY NO CODING BLOOD GLUC W/DEVICEKIT	\$0	PA, OTC, CDS, NP
PRODIGY POCKET BLOOD GLUCOSE	\$0	PA, OTC, CDS, NP
PRODIGY VOICE BLOOD GLUCOSE	\$0	PA, OTC, CDS, NP
TRUE METRIX AIR GLUCOSE METER DEVICE	\$0	PA, OTC, CDS, NP
TRUE METRIX AIR GLUCOSE METER W/DEVICEKIT	\$0	PA, OTC, CDS, NP
TRUE METRIX METER DEVICE	\$0	PA, OTC, CDS, NP
TRUE METRIX METER W/DEVICEKIT	\$0	PA, OTC, CDS, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>GI-GU OSTOMY &amp; IRRIGATION SUPPLIES</b>		
<i>incontinence supplies</i>	2	OTC
<i>ostomy supplies</i>	2	OTC
<b>INFANT CARE PRODUCTS</b>		
<i>diapers</i>	2	OTC
<b>MISC. DEVICES</b>		
<i>alcohol swabs</i>	\$0	OTC, CDS
<i>miscellaneous medical devices</i>	2	OTC
<b>PARENTERAL THERAPY SUPPLIES</b>		
BD INSULIN PEN NEEDLE	2	OTC, CDS
BD INSULIN SYRINGE U-500	\$0	CDS
EMBECTA INSULIN PEN NEEDLE	2	OTC, CDS
EMBECTA INSULIN SYRINGE U-500	\$0	CDS
<i>insulin injection device</i>	\$0	OTC, CDS
MULTI-DRAW NEEDLE (21G MISC, 22G MISC)	2	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 140 MG/ML SOLN A-INJ	2	PA, QL (1 EA PER 28 DAYS), P
AIMOVIG 70 MG/ML SOLN A-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 A-INJ	2	PA, QL (1 ML PER 28 DAYS), P
EMGALITY 120 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 28 DAYS), P
NURTEC	2	PA, QL (16 EA PER 28 DAYS), NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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>MIGRAINE COMBINATIONS</b>		
<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 - 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
<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 STATDOSE REFILL	2	QL (8 ML PER 30 DAYS), P
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	2	QL (8 EA PER 30 DAYS), P
IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ	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
SUMATRIPTAN SUCCINATE	2	PA, QL (8 ML 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 (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	PA, QL (8 ML PER 30 DAYS), NP
SUMATRIPTAN SUCCINATE REFILL	2	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, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg solution, zolmitriptan 5 mg tab disp)</i>	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, zomig 5 mg solution)</i>	1	QL (18 EA PER 30 DAYS), P
ZOMIG 2.5 MG SOLUTION	1	PA, 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 d / vitamin k</i>	1	OTC, EDS
<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
<i>calcium citrate / vitamin d</i>	1	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ELECTROLYTE MIXTURES</b>		
<i>dextrose in lactated ringers</i>	1	
<i>dextrose-sodium chloride (2.5, 5, 5)</i>	1	
<i>electrolyte solution (electrolyte solution, electrolyte solution)</i>	1	OTC
ISOLYTE-S	2	
KCL (0.149%) IN NAACL	2	
KCL IN DEXTROSE-NAACL (IN 10-5-0.45 MEQ/L-%-% SOLUTION, IN 20-5-0.2 MEQ/L-%-% SOLUTION, IN 20-5-0.45 MEQ/L-%-% SOLUTION, IN 20-5-0.9 MEQ/L-%-% SOLUTION, IN 30-5-0.45 MEQ/L-%-% SOLUTION, IN 40-5-0.45 MEQ/L-%-% SOLUTION)	2	
<i>kcl in dextrose-nacl (in 10-5-0.45 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	
<i>lactated ringers</i>	1	
LACTATED RINGERS	2	
POTASSIUM CHLORIDE IN DEXTROSE	2	
<i>potassium chloride in dextrose</i>	1	
<i>potassium chloride in nacl</i>	1	
POTASSIUM CHLORIDE IN NAACL 20-0.9 MEQ/L-% SOLUTION	2	
POTASSIUM CL IN DEXTROSE 5%	2	
<i>ringers</i>	1	
<b>FLUORIDE</b>		
<i>sodium fluoride</i>	\$0	OTC, EDS
<b>MAGNESIUM</b>		
<i>magnesium 250mg tab</i>	1	OTC, EDS
<i>magnesium sulfate (2 gm/50ml, 4 gm/100ml, 4 gm/50ml, 20 gm/500ml, 40 gm/1000ml)</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PHOSPHATE</b>		
<i>potassium / sodium phosphate</i>	2	OTC, EDS
<b>POTASSIUM</b>		
KLOR-CON	2	
<i>klor-con</i>	1	
<i>klor-con 10 (klor-con 10, klor-con 10)</i>	1	
<i>klor-con m10</i>	1	EDS
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	EDS
<i>potassium chloride</i>	1	
<i>potassium chloride crys er (er 10 tab er, er 20 tab er)</i>	1	EDS
<i>potassium chloride crys er 15 meq tab</i>	1	
<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 20 tab er)</i>	1	EDS
<i>potassium chloride er 10 meq tab</i>	1	
<b>SODIUM</b>		
AQUASTAT	2	
AQUASTAT SFR	2	
BD POSIFLUSH	2	
BD POSIFLUSH SAFESCRUB	2	
MONOJECT FLUSH SYRINGE	2	
MONOJECT SODIUM CHLORIDE FLUSH	2	
NORMAL SALINE FLUSH	2	
SALINE FLUSH	2	
<i>sodium chloride</i>	1	OTC, EDS
SODIUM CHLORIDE FLUSH	2	
<i>sodium chloride flush</i>	1	
<b>TRACE MINERALS</b>		
<i>chromium</i>	1	OTC, EDS
<i>selenium capsule</i>	1	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ZINC</b>		
<i>zinc gluconate</i>	1	OTC
<i>zinc sulfate</i>	1	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine 250 mg tab</i>	1	PA, SP
<i>trientine hcl</i>	1	SP
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i>	1	PA, QL (1 EA PER DAY), SP
REZUROCK	2	PA, QL (1 EA PER DAY), SP, NP
THALOMID	2	LA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL	2	PA, SP, NP
<i>azasan</i>	1	PA, NP
<i>azathioprine (75 mg tab, 100 mg tab)</i>	1	P
<i>azathioprine 50 mg tab</i>	1	EDS, P
CELLCEPT (250 MG CAP, 500 MG TAB)	2	PA, SP, NP
CELLCEPT 200 MG/ML RECON SUSP	1	SP, P
<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 (250 mg cap, 500 mg tab)</i>	1	P
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>mycophenolate sodium</i>	1	PA, NP
<i>mycophenolic acid</i>	1	PA, NP
MYFORTIC	2	PA, SP, NP
MYHIBBIN	2	PA, 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</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>IRRIGATION SOLUTIONS</b>		
RINGERS IRRIGATION	2	
<i>ringers irrigation</i>	1	
<i>tis-u-sol</i>	1	
<b>MISC NATURAL PRODUCTS</b>		
MISCELLANEOUS NATURAL PRODUCTS (MISCELLANEOUS NATURAL PRODUCTS, MISCELLANEOUS NATURAL PRODUCTS)	2	OTC
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (50 MG TAB THPK, 125 MG TAB THPK)	2	PA, QL (1 EA PER DAY), SP
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
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA	2	
<i>sodium polystyrene sulfonate powder</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>periogard</i>	1	EDS
<b>DENTAL PRODUCTS</b>		
CLINPRO 5000	2	
DENTA 5000 PLUS (DENTA 5000 PLUS, DENTA 5000 PLUS)	\$0	EDS
DENTAGEL	2	EDS
<i>dentagel</i>	1	EDS
FLUORIDEX	2	
<i>fluoridex</i>	1	EDS
FLUORIDEX ENHANCED WHITENING	2	
FLUORIMAX 5000	2	
FRAICHE 5000 DENTAL	2	EDS
JUST RIGHT 5000	2	
<i>just right 5000</i>	1	EDS
SF	2	EDS
SF 5000 PLUS	\$0	EDS
SODIUM FLUORIDE (0.2 % SOLUTION, 1.1 % GEL)	2	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SODIUM FLUORIDE 1.1 % CREAM	\$0	EDS
SODIUM FLUORIDE 5000 PLUS	\$0	EDS
<i>sodium fluoride 5000 ppm</i>	\$0	EDS
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	2	EDS
SODIUM FLUORIDE 5000 PPM 1.1 % PASTE	2	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex</i>	1	OTC, EDS
<b>B-COMPLEX W/ FOLIC ACID</b>		
VITAMIN B COMPLEX COMBINATIONS (VITAMIN COMPLEX COMBINATIONS, VITAMIN COMPLEX COMINATIONS)	2	
<b>MULTIPLE VITAMINS W/ CALCIUM</b>		
<i>multivitamins / calcium</i>	2	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
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
PEDIATRIC MULTIVITAMIN COMBINATIONS	2	OTC
<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	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>PED MV W/ IRON</b>		
<i>pediatric multiple vitamins / iron chew tab</i>	2	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS / IRON	2	OTC, EDS
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>pediatric multiple vitamins chew tab</i>	1	OTC, EDS
PEDIATRIC MULTIPLE VITAMINS DROPS	2	OTC
<b>PEDIATRIC VITAMINS</b>		
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>		
<i>prenatal vitamin</i>	\$0	OTC, EDS
PRENATAL VITAMIN	2	OTC
<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 500 mg tab</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	1	
<i>metaxalone 800 mg tab</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>		
<i>saline nasal spray</i>	1	OTC
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (0.1 %, 137 mcg/spray)</i>	1	EDS, P
<i>cromolyn sodium nasal spray</i>	1	OTC, EDS
<i>olopatadine hcl 0.6 % solution</i>	1	PA, NP
<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</i>	1	PA, QL (2 ML PER DAY), 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
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 nasal spray</i>	1	QL (0.57 ML PER DAY), OTC, EDS
XHANCE	2	PA, QL (1.07 ML PER DAY), NP
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>oxymetazoline nasal</i>	1	OTC
<i>phenylephrine (neo-synephrine)</i>	1	OTC
<i>phenylephrine (sudafed pe)</i>	1	OTC
<i>pseudoephedrine (sudafed)</i>	1	OTC

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole</i>	1	
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, LA, QL (6.67 ML PER DAY)
<b>NUTRIENTS</b>		
<b>CARBOHYDRATES</b>		
DEXTROSE (DEXTROSE 50 % SOLUTION, DEXTROSE 5 % SOLUTION, DEXTROSE 5 % SOLUTION)	1	
DEXTROSE 250 MG/ML SOLUTION	2	
<b>LIPIDS</b>		
INTRALIPID	2	
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<i>omega-3 fatty acids (fish oil)</i>	1	OTC, EDS
<b>PROTEINS</b>		
CLINIMIX E/DEXTROSE	2	
CLINIMIX/DEXTROSE (4.25/10)	2	
CLINIMIX/DEXTROSE (4.25/5)	2	
CLINIMIX/DEXTROSE (5/15)	2	
CLINIMIX/DEXTROSE (5/20)	2	
CLINIMIX/DEXTROSE (6/5)	2	
CLINIMIX/DEXTROSE (8/10)	2	
CLINIMIX/DEXTROSE (8/14)	2	
PROCALAMINE	2	
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
<i>artificial tear drops</i>	1	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dextran 70/hypromellose lubricating eye drops</i>	1	OTC, EDS
<i>lubricant eye drops and ointment</i>	2	OTC, EDS
<i>polyethylene glycol drops</i>	1	OTC
<i>polyvinyl alcohol / povidone eye drops</i>	1	OTC, EDS
<i>polyvinyl alcohol eye drops</i>	1	OTC
REFRESH 1.4-0.6 % SOLUTION	2	OTC

## **BETA-BLOCKERS - OPHTHALMIC**

BETAXOLOL HCL	2	PA, NP
<i>betaxolol hcl 0.5 % solution</i>	1	PA, NP
BETIMOL	2	PA, NP
BETOPTIC-S	2	PA, NP
<i>brimonidine tartrate-timolol</i>	1	PA, 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, NP
ISTALOL	2	PA, NP
LEVOBUNOLOL HCL	2	PA, NP
<i>timolol hemihydrate</i>	1	P
<i>timolol maleate (0.25 % gel soln, 0.5 % gel soln)</i>	1	P
<i>timolol maleate (0.25 %, 0.5 %)</i>	1	EDS, P
<i>timolol maleate (once-daily)</i>	1	PA, NP
<i>timolol maleate ocudose</i>	1	PA, NP
<i>timolol maleate pf</i>	1	PA, NP
TIMOPTIC	2	PA, NP
TIMOPTIC OCUDOSE	2	PA, NP
TIMOPTIC-XE	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA	2	PA, QL (0.28 ML PER 1 DAY), NP
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate 1 % solution</i>	1	
<b>MIOTICS</b>		
<i>pilocarpine hcl (1 %, 1.25 %, 2 %, 4 %)</i>	1	PA, NP
VUITY	2	PA, NP
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P	1	P
APRACLONIDINE HCL	2	PA, NP
<i>apraclonidine hcl</i>	1	PA, NP
<i>brimonidine tartrate 0.1 % solution</i>	1	P
<i>brimonidine tartrate 0.15 % solution</i>	1	PA, NP
<i>brimonidine tartrate 0.2 % solution</i>	1	EDS, P
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
BACITRACIN-POLYMYXIN B	2	
BESIVANCE	2	PA, NP
CILOXAN 0.3 % OINTMENT	2	PA, NP
<i>ciprofloxacin hcl 0.3 % solution</i>	1	P
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin</i>	1	PA, NP
<i>gentamicin sulfate 0.3 % solution</i>	1	
KLARITY-A	2	PA, NP
MOXIFLOXACIN HCL (2X DAY)	2	PA, NP
<i>moxifloxacin hcl 0.5 % solution</i>	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NATACYN	2	PA, QL (15 ML PER FILL), NP
<i>neo-polycin</i>	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX	2	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
OCUFLOX	2	PA, NP
<i>ofloxacin 0.3 % solution</i>	1	P
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	2	PA, NP
SULFACETAMIDE SODIUM 10 % SOLUTION	2	
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
VIGAMOX	2	PA, NP
XDEMYVY	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>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), 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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>proparacaine hcl</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	2	PA, LA, QL (7 ML PER FILL; 8 FILLS PER LIFETIME)
<b>OPHTHALMIC STEROIDS</b>		
ALREX	1	P
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BACITRA-NEOMYCIN-POLYMYXIN-HC	2	
BLEPHAMIDE	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
DEXTENZA	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	2	
OZURDEX	2	PA, LA, NP
<i>prednisolone acetate</i>	1	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	PA, NP
RETISERT	2	PA, LA, NP
SULFACETAMIDE-PREDNISOLONE	2	
<i>tobramycin-dexamethasone</i>	1	
TRIESENCE	2	LA, P
XIPERE	2	PA, LA, NP
YUTIQ	2	PA, LA, NP
<b>OPHTHALMICS - MISC.</b>		
ACULAR	2	PA, NP
ACULAR LS	2	PA, NP
ACUVAIL	2	PA, NP
<i>azelastine hcl 0.05 % solution</i>	1	P
AZOPT	2	PA, NP
<i>bepotastine besilate</i>	1	PA, NP
BEPREVE	1	P
<i>brinzolamide</i>	1	PA, NP
<i>bromfenac sodium</i>	1	PA, NP
<i>bromfenac sodium (once-daily)</i>	1	PA, NP
BROMSITE	2	PA, NP
CROMOLYN SODIUM (CROMOLYN SODIUM, 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</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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>olopatadine 0.1% and 0.2% eye drop</i>	1	OTC, EDS, P
PROLENSA	2	PA, NP
<i>sodium chloride eye products</i>	1	OTC
ZERVIATE	2	PA, NP

## **PROSTAGLANDINS - OPHTHALMIC**

<i>bimatoprost</i>	1	PA, QL (0.085 ML PER DAY), NP
BIMATOPROST	2	PA, QL (0.09 ML PER DAY), NP
DURYSTA	2	PA, NP
IYUZEH	2	PA, NP
<i>latanoprost</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), 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 ear wax removal solution</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	2	PA, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	2	PA, NP
<i>neomycin-polymyxin-hc</i>	1	P
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	1	QL (28 EA PER FILL; 1 FILL PER 365 DAYS)
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL (28 EA PER FILL; 1 FILL PER 365 DAYS)
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUVITRU	2	SP
HIZENTRA	2	SP
HYPERTET	2	
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS	\$0	
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	2	SP
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin</i>	1	
AMOXICILLIN	2	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
AMPICILLIN SODIUM 1 GM RECON SOLN	2	
<b>NATURAL PENICILLINS</b>		
<i>penicillin g potassium</i>	1	
PENICILLIN V POTASSIUM	2	
<i>penicillin v potassium</i>	1	
<i>pfizerpen</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE	2	PA, NP
<i>amoxicillin-pot clavulanate</i>	1	P
<i>amoxicillin-pot clavulanate er</i>	1	PA, NP
<i>ampicillin-sulbactam sodium</i>	1	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	PA, NP
AUGMENTIN ES-600	2	PA, NP
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm ln, 3-0.375 gm ln, 3.375 (3-0.375) gm ln, 4-0.5 gm ln, 4.5 (4-0.5) gm ln, 40.5 (36-4.5) gm ln)</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
NAFCILLIN SODIUM	2	
<i>nafcillin sodium</i>	1	
NAFCILLIN SODIUM IN DEXTROSE	2	
<i>oxacillin sodium</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
<i>petrolatum (vaseline)</i>	2	OTC
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>gallifrey</i>	1	EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LILETTA (52 MG)	\$0	LA
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	EDS
MEGESTROL ACETATE	2	PA, NP
<i>megestrol acetate 625 mg/5ml suspension</i>	1	PA, NP
NEXPLANON	\$0	LA
<i>norethindrone acetate</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	
<i>disulfiram 250 mg tab</i>	1	

### **ANTIDEMENTIA AGENTS**

ADLARITY	2	PA, NP
ARICEPT	2	PA, NP
<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	1	P
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	1	EDS, P
<i>donepezil hcl 23 mg tab</i>	1	PA, NP
EXELON	1	P
GALANTAMINE HYDROBROMIDE	2	PA, NP
<i>galantamine hydrobromide</i>	1	PA, NP
<i>galantamine hydrobromide er</i>	1	PA, NP
MEMANTINE HCL	2	PA, NP
<i>memantine hcl (2 mg/ml, 10 mg/5ml)</i>	1	PA, NP
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	1	EDS, P
<i>memantine hcl er</i>	1	PA, NP
NAMENDA	2	PA, NP
NAMENDA TITRATION PAK	2	PA, NP
NAMZARIC	2	PA, NP
<i>rivastigmine</i>	1	PA, NP
<i>rivastigmine tartrate</i>	1	PA, NP

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
LYBALVI	\$0	PA, NP
<i>olanzapine-fluoxetine hcl</i>	\$0	PA, NP
PERPHENAZINE-AMITRIPTYLINE	\$0	
<b>FIBROMYALGIA AGENTS</b>		
<i>milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (2 EA PER DAY)
<i>milnacipran hcl 12.5 &amp; 25 &amp; 50 mg misc</i>	1	QL (55 EA PER 180 DAYS)
SAVELLA	1	QL (2 EA PER DAY), P
SAVELLA TITRATION PACK	1	QL (55 EA PER 180 DAYS), P
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO (6 MG TAB, 12 MG TAB)	2	PA, QL (4 EA PER DAY), SP
AUSTEDO 9 MG TAB	2	PA, QL (3 EA PER DAY), SP
AUSTEDO XR (12 MG TAB ER 24H, 24 MG TAB ER 24H)	2	PA, QL (1 EA PER DAY), SP
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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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</i>	1	SP, P
<i>dimethyl fumarate starter pack</i>	1	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	2	PA, SP, NP
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	PA, SP, NP
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	PA, SP, NP
<i>glatopa 20 mg/ml soln prsy</i>	1	PA, SP, NP
<i>glatopa 40 mg/ml soln prsy</i>	1	PA, SP, NP
KESIMPTA	2	PA, SP, NP
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
OCREVUS ZUNOVO	2	PA, LA, 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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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
<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	2	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT	2	PA, NP
<b>SMOKING DETERRENTS</b>		
<i>nicotine gum / lozenge</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>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate</i>	1	PA, 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
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>		
OFEV	2	PA, LA, QL (2 EA PER DAY)
<i>pirfenidone (267 mg cap, 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</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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>mondoxyne nl</i>	1	
<i>tetracycline hcl</i>	1	

## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

<i>methimazole</i>	1	EDS
<i>propylthiouracil</i>	1	

### **THYROID HORMONES**

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	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
<i>euthyrox</i>	1	EDS
EVEXITHROID (15 MG TAB, 30 MG TAB, 45 MG TAB, 60 MG TAB, 75 MG TAB, 90 MG TAB, 120 MG TAB)	2	
<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>liomny (5 mcg tab, 25 mcg tab)</i>	1	EDS
<i>liomny 50 mcg tab</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab)</i>	1	EDS
<i>liothyronine sodium 50 mcg tab</i>	1	
NIVA THYROID	2	
NP THYROID	2	
RENTHYROID	2	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
THYQUIDITY	2	
THYROID	2	
<i>unithroid</i>	1	EDS

## **TOXOIDS**

### **TOXOID COMBINATIONS**

ADACEL 5-2-15.5 LF-MCG/0.5 SUSP PRSYR	\$0	
ADACEL 5-2-15.5 LF-MCG/0.5 SUSPENSION	\$0	
BOOSTRIX	\$0	
DAPTACEL	\$0	
DIPHThERIA-TETANUS TOXOIDS DT	\$0	
INFANRIX	\$0	
KINRIX	\$0	
PEDIARIX	\$0	
PENTACEL	\$0	
QUADRACEL	\$0	
TDVAX	\$0	
TENIVAC	\$0	

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<i>atropine sulfate (0.4 mg/ml solution, 1 mg/10ml soln prsy, 1 mg/ml solution, 8 mg/20ml solution)</i>	1	
ATROPINE SULFATE (PF)	2	
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	1	EDS
<i>dicyclomine hcl 10 mg/5ml solution</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	1	EDS
<i>hyoscyamine sulfate</i>	1	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)	2	
HYOSCYAMINE SULFATE ER	2	
<i>hyoscyamine sulfate er</i>	1	
HYOSCYAMINE SULFATE SL	2	
HYOSYNE	2	
<i>methscopolamine bromide</i>	1	
NULEV	2	
OSCIMIN	2	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	1	
<i>famotidine</i>	1	OTC, EDS
FAMOTIDINE PREMIXED	2	
NIZATIDINE	2	
<i>nizatidine</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate 1 gm tab</i>	1	EDS
<i>sucralfate 1 gm/10ml suspension</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	1	OTC, EDS
<i>cvs esomeprazole magnesium</i>	1	OTC, EDS, P
<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 (2.5 mg packet, 5 mg packet)</i>	1	PA, NP
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC, EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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</i>	1	PA, OTC, EDS, 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
<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</i>	1	PA, NP
<i>sm esomeprazole magnesium</i>	1	OTC, EDS, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
KONVOMEP	2	PA, NP
<i>omeprazole-sodium bicarbonate (20-1680 mg packet, 40-1100 mg cap, 40-1680 mg packet)</i>	1	PA, NP
<i>zegerid otc</i>	1	PA, OTC, EDS, NP
<b>UNCATEGORIZED</b>		
<b>UNCLASSIFIED</b>		
ALHEMO	2	PA, SP
ALYFTREK 10-50-125 MG TAB	2	PA, QL (2 EA PER DAY), SP
ALYFTREK 4-20-50 MG TAB	2	PA, QL (3 EA PER DAY), SP
ANDEMBRY	2	PA, QL (1.2 ML PER 28 DAYS), NP
AVMAPKI FAKZYNJA CO-PACK	2	PA, QL (2.4 EA PER DAY)
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, QL (40 ML PER 28 DAYS), SP, NP
BILDYOS	2	PA, SP, NP
BILPREVDA	2	PA, SP, NP
BOMYNTRA	2	PA, SP, NP
BRUKINSA 160 MG TAB	2	PA, QL (2 EA PER DAY), SF, SP
BRYNOVIN	2	PA, NP
CONEXXENCE	2	PA, SP, NP
DAWNZERA	2	PA, QL (0.8 ML PER 28 DAYS), NP
EBGLYSS 250 MG/2ML SOLN PRSYR	2	PA, QL (2 ML PER 28 DAYS), SP, NP
EDURANT PED	2	
EKTERLY	2	PA, QL (4 EA PER DAY), NP
ELIQUIS (0.15 MG CAP SPRINK, 0.5 MG TAB SOL)	2	P
ELIQUIS (1.5 MG PACK)	2	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ELIQUIS (2 MG PACK)	2	P
ENFLONIA	\$0	
ENSACOVE 100 MG CAP	2	PA, QL (2 EA PER DAY)
ENSACOVE 25 MG CAP	2	PA, QL (1 EA PER DAY)
EVRYSDI 5 MG TAB	2	PA, LA, QL (1 EA PER DAY)
GOMEKLI 1 MG CAP	2	PA, QL (1.5 EA PER DAY), SP
GOMEKLI 1 MG TAB SOL	2	PA, QL (4.5 EA PER DAY), SP
GOMEKLI 2 MG CAP	2	PA, QL (3 EA PER DAY), SP
HERNEXEOS	2	PA, QL (3 EA PER DAY), SP
IBTROZI	2	PA, QL (3 EA PER DAY)
JUBBONTI	2	PA, SP, NP
KOSELUGO 5 MG CAP SPRINK	2	PA, QL (20 EA PER DAY), SP
KOSELUGO 7.5 MG CAP SPRINK	2	PA, QL (12 EA PER DAY), SP
MERILOG	2	PA, NP
MERILOG SOLOSTAR	2	PA, NP
MODEYSO	2	PA, QL (20 EA PER 28 DAYS)
OPIPZA	\$0	PA, NP
ORLADEYO (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	2	PA, LA, QL (1 EA PER DAY), NP
OSENVELT	2	PA, SP, NP
OTEZLA XR	2	PA, QL (1 EA PER DAY), SP, NP
OTULFI 130 MG/26ML SOLUTION	2	PA, SP, NP
OTULFI 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
OTULFI 45 MG/0.5ML SOLUTION	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
OTULFI 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
PENMENVY	\$0	
PREVYMIS (20 MG PACKET, 120 MG PACKET)	2	PA, QL (1 EA PER DAY; 200 EA PER 365 DAYS)
PYZCHIVA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ML PER 84 DAYS), SP, P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PYZCHIVA 130 MG/26ML SOLUTION	2	PA, SP, P
PYZCHIVA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, P
REVUFORJ 110 MG TAB	2	PA, QL (4 EA PER DAY), SP
REVUFORJ 160 MG TAB	2	PA, QL (2 EA PER DAY), SP
REVUFORJ 25 MG TAB	2	PA, QL (8 EA PER DAY), SP
ROMVIMZA	2	PA, QL (0.3 EA PER DAY)
SELARSDI 130 MG/26ML SOLUTION	2	PA, SP, NP
SELARSDI 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
SELARSDI 45 MG/0.5ML SOLUTION	2	PA, QL (0.5 ML PER 84 DAYS), SP
SELARSDI 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	\$0	
STEQEYMA 130 MG/26ML SOLUTION	2	PA, SP, P
STEQEYMA 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, P
STEQEYMA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, P
STOBOCLO	2	PA, SP, NP
SUBVENITE	2	
SUNLENCA 300 MG TAB	2	LA
TEZRULY	2	PA, NP
TRYNGOLZA	2	PA, QL (0.8 ML PER 30 DAYS), NP
TRYPTYR	2	PA, NP
USTEKINUMAB-AAUZ 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP
USTEKINUMAB-AAUZ 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
USTEKINUMAB-TTWE 130 MG/26ML SOLUTION	2	PA, SP, NP
USTEKINUMAB-TTWE 45 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
USTEKINUMAB-TTWE 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
VIMKUNYA	\$0	
WEZLANA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ML PER 84 DAYS), SP, NP
WEZLANA 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, NP
WYOST	2	PA, SP, NP
XROMI	2	PA, NP
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	PA, QL (0.5 ML PER 84 DAYS), SP, P
YESINTEK 90 MG/ML SOLN PRSYR	2	PA, QL (1 ML PER 84 DAYS), SP, P
YEZTUGO 300 MG TAB	\$0	LA, QL (4 TABS PER 28 DAYS)
YUTREPIA	2	PA, NP
ZEPBOUND KWIKPEN (5 MG/0.6ML SOLN PEN, 7.5 MG/0.6ML SOLN PEN, 10 MG/0.6ML SOLN PEN, 12.5 MG/0.6ML SOLN PEN, 15 MG/0.6ML SOLN PEN)	2	PA, QL (2.4 ML PER 28 DAYS), NP
ZEPBOUND KWIKPEN KWIK2.5 MG/0.6ML SOLN	2	PA, QL (2.4 ML PER 28 DAYS; 2 FILLS PER 180 DAYS), NP

## **URINARY ANTISPASMODICS**

### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide er</i>	1	PA, NP
DETROL	2	PA, NP
DETROL LA	2	PA, NP
<i>fesoterodine fumarate er</i>	1	P
<i>oxybutynin chloride</i>	1	EDS, P
<i>oxybutynin chloride er</i>	1	EDS, P
OXYTROL	2	P

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>solifenacin succinate</i>	1	EDS, P
<i>tolterodine tartrate</i>	1	P
<i>tolterodine tartrate er</i>	1	P
TOVIAZ	2	PA, NP
<i>trospium chloride</i>	1	PA, NP
<i>trospium chloride er</i>	1	PA, 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	PA, NP
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	1	P
MYRBETRIQ 8 MG/ML SRER	2	PA, NP

### **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

<i>bethanechol chloride</i>	1	
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### **URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

<i>flavoxate hcl</i>	1	PA, NP
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## **VACCINES**

### **BACTERIAL VACCINES**

ACTHIB	\$0	
BCG VACCINE	\$0	
BEXSERO	\$0	
CAPVAXIVE	\$0	
HIBERIX	\$0	
MENACTRA	\$0	
MENQUADFI	\$0	
MENVEO	\$0	
PEDVAX HIB	\$0	
PENBRAYA	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PNEUMOVAX 23	\$0	
PREVNAR 13	\$0	
PREVNAR 20	\$0	
TRUMENBA	\$0	
TYPHIM VI	\$0	
VAXCHORA	\$0	
VAXNEUVANCE	\$0	
VIVOTIF	\$0	
<b>VIRAL VACCINES</b>		
ABRYSVO	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AREXVY	\$0	
COMIRNATY	\$0	
COMIRNATY 5-11 YEARS	\$0	
DENGVAXIA	\$0	
ENGERIX-B (20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	\$0	
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	\$0	
ERVEBO	\$0	
FLUAD	\$0	
FLUARIX	\$0	
FLUARIX QUADRIVALENT	\$0	
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	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FLUZONE QUADRIVALENT	\$0	
GARDASIL 9	\$0	
HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION)	\$0	
HAVRIX 1440 EL U/ML SUSP PRSYR	\$0	
HEPLISAV-B	\$0	
IMOVAX RABIES	\$0	
IPOL	\$0	
IXIARO	\$0	
JANSSEN COVID-19 VACCINE	\$0	
JYNNEOS	\$0	
M-M-R II	\$0	
MNEXSPIKE	\$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	
NUVAXOVID COVID-19 VACCINE	\$0	
PFIZER COVID-19 BIVAL 6MO-4YR	\$0	
PFIZER COVID-19 VAC BIVAL 5-11	\$0	
PFIZER COVID-19 VAC BIVALENT	\$0	
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	
PFIZER-BIONT COVID-19 VAC-TRIS	\$0	
PFIZER-BIONTECH COVID-19 VACC	\$0	

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PREHEVBRIO	\$0	
PRIORIX	\$0	
PROQUAD	\$0	
RABAVERT	\$0	
RECOMBIVAX HB (5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	\$0	
RECOMBIVAX HB 5 MCG/0.5ML SUSP PRSYR	\$0	
ROTARIX	\$0	
ROTATEQ	\$0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	\$0	
SPIKEVAX	\$0	
SPIKEVAX 6M-11Y	\$0	
SPIKEVAX COVID-19 VACCINE	\$0	
STAMARIL	\$0	
TICOVAC	\$0	
TWINRIX	\$0	
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 50 UNIT/ML SUSP PRSYR)	\$0	
VAQTA (25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSPENSION)	\$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 vaginal cream</i>	1	OTC, P
<i>micronazole (monistat)</i>	1	OTC

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

## VAGINAL ESTROGENS

<i>estradiol 0.01 % cream</i>	1	EDS
<i>estradiol 10 mcg tab</i>	1	QL (0.7 EA PER DAY)
<i>yuvafem</i>	1	QL (0.7 EA PER DAY)

## VASOPRESSORS

### ANAPHYLAXIS THERAPY AGENTS

AUVI-Q	2	PA, QL (2 EA PER FILL), CDS, NP
<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
<i>epinephrine (anaphylaxis)</i>	1	CDS
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	2	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 1 MG/0.1ML SOLUTION	2	PA, QL (2 EA PER 1 FILL), NP
NEFFY 2 MG/0.1ML SOLUTION	2	PA, QL (2 EA PER FILL), NP
<i>midodrine hcl</i>	1	

## VITAMINS

### OIL SOLUBLE VITAMINS

<i>phytonadione 5 mg tab</i>	1	
<i>vitamin a</i>	1	OTC, EDS
<i>vitamin d</i>	1	OTC, EDS, P
VITAMIN D	2	OTC
<i>vitamin e</i>	1	OTC, EDS

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>WATER SOLUBLE VITAMINS</b>		
NIACIN	2	OTC, P
<i>niacin</i>	1	OTC, EDS, P
<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



ALBUTEROL SULFATE ER	41	AMBIEN CR	130	amphetamine-	
albuterol sulfate hfa	41	ambrisentan	91	dextroamphetamine	15
Albuterol Sulfate HFA (Ventolin generic)	41	amethia	93	AMPHOTERICIN B	60
alcohol swabs	137	amethyst	93	ampicillin	155
ALECENSA	72	amikacin sulfate	20	ampicillin sodium	155
alendronate sodium	116	amiloride hcl	116	AMPICILLIN SODIUM	156
alfuzosin hcl er	124	amiloride-		ampicillin-sulbactam sodium	156
ALHEMO	166	hydrochlorothiazide	116	AMPYRA	158
aliskiren fumarate	67	AMILORIDE-		AMZEEQ	103
allopurinol	125	HYDROCHLOROTHIAZIDE	116	anagrelide hcl	127
allopurinol sodium	125	amiodarone hcl	38	anastrozole	70
almotriptan malate	138	AMITIZA	120	ANCOBON	60
ALOGLIPTIN BENZOATE	54	amitriptyline hcl	51	ANDEMBRY	166
ALOGLIPTIN-METFORMIN HCL	52	AMJEVITA	22	ANDROGEL PUMP	33
ALOGLIPTIN-PIOGLITAZONE	52	AMJEVITA-PED 15KG TO <30KG	22	ANORO ELLIPTA	41
alosectron hcl	123	amlodipine besy-benazepril hcl	66	ANTARA	62
ALPHAGAN P	150	amlodipine besylate	88	anti-dandruff shampoo	110
ALPHANATE	125	amlodipine besylate-valsartan	66	anti-itch lotion	108
ALPHANINE SD	125	amlodipine-atorvastatin	90	ANUCORT-HC	34
alprazolam	38	amlodipine-olmesartan	66	ANUSOL-HC	34
ALPROLIX	125	amlodipine-valsartan-hctz	66	ANZEMET	59
ALREX	152	ammonium lactate (12% cream, 12% lotion)	112	APIDRA	55
ALTACE	64	amnestem	103	APIDRA SOLOSTAR	55
altavera	93	amoxapine	51	APLENZIN	49
ALTOPREV	63	amoxicillin	155	APRACLONIDINE HCL	150
ALTRENO	103	AMOXICILLIN	155	apraclonidine hcl	150
ALTUVIIIO	125	AMOXICILLIN-POT		aprepitant	60
ALUMINUM HYDROXIDE GEL	35	CLAVULANATE	156	APRETUDE	82
ALUNBRIG	72	amoxicillin-pot clavulanate	156	apri	93
ALVESCO	40	amoxicillin-pot clavulanate er	156	APTENSIO XR	18
alyacen 1/35	93	amphet-dextroamphet 3-bead er	15	APTIOM	44
alyacen 7/7/7	93	AMPHETAMINE ER	15	APTIVUS	83
ALYFTREK	166	amphetamine er	15	AQUASTAT	141
alyq	91	amphetamine sulfate	15	AQUASTAT SFR	141
amabelz	119	amphetamine-dextroamphet er	15	ARANELLE	93
amantadine hcl	77			ARANESP (ALBUMIN FREE)	128
AMBIEN	130			ARAZLO	103
				ARCALYST	24
				AREXVY	171
				arformoterol tartrate	41
				ARGYLE STERILE SALINE	124

ARICEPT.....	157	atenolol.....	87	AVONEX PREFILLED.....	158
ARIKAYCE.....	20	atenolol-chlorthalidone.....	66	AVSOLA.....	121
aripiprazole.....	82	atomoxetine hcl.....	17	AVTOZMA.....	166
ARISTADA.....	82	ATORVALIQ.....	63	ayuna.....	94
ARISTADA INITIO.....	82	atorvastatin calcium.....	63	AYVAKIT.....	71
ARIXTRA.....	43	atovaquone.....	36	azasan.....	142
armodafinil.....	18	atovaquone-proguanil hcl.....	68	AZASITE.....	150
ARMOUR THYROID.....	162	ATRALIN.....	103	azathioprine.....	142
ARNUITY ELLIPTA.....	40	atropine sulfate.....	150,163	azelaic acid.....	113
ARTHROTEC.....	25	ATROPINE SULFATE (PF).....	163	azelastine hcl.....	147,153
artificial tear drops.....	148	ATROVENT HFA.....	39	azelastine-fluticasone.....	147
ASACOL HD.....	121	AUBAGIO.....	158	azithromycin.....	132
ascomp-codeine.....	31	aubra.....	94	AZOPT.....	153
asenapine maleate.....	80	aubra eq.....	94	AZOR.....	66
ashlyna.....	94	AUGMENTIN.....	156	AZSTARYS.....	18
ASMANEX (120 METERED DOSES).....	40	AUGMENTIN ES-600.....	156	aztreonam.....	36
ASMANEX (14 METERED DOSES).....	40	AUGTYRO.....	72	AZULFIDINE.....	121
ASMANEX (30 METERED DOSES).....	40	aurovela 1.5/30.....	94	AZULFIDINE EN-TABS.....	121
ASMANEX (60 METERED DOSES).....	40	aurovela 1/20.....	94	azurette.....	94
ASMANEX HFA.....	40	aurovela 24 fe.....	94		
aspirin (325mg, 500mg, suppository).....	28	aurovela fe 1.5/30.....	94	<b>B</b>	
aspirin (81 mg chew tab).....	28	aurovela fe 1/20.....	94	b-12 (methylcobalamin).....	128
aspirin (81 mg tab dr).....	28	AURYXIA.....	123	bac (butalbital-acetamin-caff).....	27
aspirin (81mg, 325mg, 500mg, suppository).....	28	AUSTEDO.....	158	bacitra-neomycin-polymyxin-hc.....	152
aspirin / acetaminophen / caffeine (EXCEDRIN).....	27	AUSTEDO XR.....	158	BACITRA-NEOMYCIN-POLYMYXIN-HC.....	152
aspirin / buffers (BUFFERIN).....	28	AUSTEDO XR PATIENT TITRATION.....	158	bacitracin.....	35,106
aspirin / sodium bicarb / citric acid (ALKA-SELTZER).....	28	AUVELITY.....	49	BACITRACIN.....	150
aspirin-dipyridamole er.....	127	AUVI-Q.....	174	bacitracin / polymyxin b.....	106
ASTAGRAF XL.....	142	AVALIDE.....	66	bacitracin zinc.....	106
ATACAND.....	65	AVAPRO.....	65	BACITRACIN-POLYMYXIN B.....	150
ATACAND HCT.....	66	AVAR CLEANSER.....	103	baclofen.....	146
atazanavir sulfate.....	83	AVAR-E EMOLLIENT.....	103	BAFIERTAM.....	158
ATELVIA.....	116	avar-e green.....	103	balsalazide disodium.....	121
		AVAR-E LS.....	103	BALVERSA.....	72
		aviane.....	94	balziva.....	94
		avita.....	104	bandages.....	133
		AVMAPKI FAKZYNJA CO-PACK.....	166	BANZEL.....	44
		AVODART.....	124	BAQSIMI ONE PACK.....	54
		AVONEX PEN.....	158	BAQSIMI TWO PACK.....	54

BARACLUDE.....	85	betamethasone valerate.....	110	BOSULIF.....	72
BASAGLAR KWIKPEN.....	55	BETAPACE.....	87	BRAFTOVI.....	72
BASAGLAR TEMPO PEN.....	55	BETAPACE AF.....	87	BREO ELLIPTA.....	41
BAXDELA.....	120	BETASERON.....	158	breyana.....	41
BCG VACCINE.....	170	betaxolol hcl.....	87,149	BREZTRI AEROSPHERE.....	41
BD HEPARIN POSIFLUSH.....	43	BETAXOLOL HCL.....	149	briellyn.....	94
BD Insulin Pen Needle.....	137	bethanechol chloride.....	170	BRILINTA.....	127
BD INSULIN SYRINGE U-500.....	137	BETHKIS.....	20	brimonidine tartrate.....	150
BD POSIFLUSH.....	141	BETIMOL.....	149	brimonidine tartrate-timolol.....	149
BD POSIFLUSH SAFESCRUB.....	141	BETOPTIC-S.....	149	brinzolamide.....	153
BELBUCA.....	32	BEVESPI AEROSPHERE.....	41	BRIUMVI.....	159
BELSOMRA.....	130	bexarotene.....	76,108	BRIVIACT.....	44
benazepril hcl.....	64	BEXSERO.....	170	BRIXADI.....	32
benazepril-hydrochlorothiazide.....	66	BEYFORTUS.....	155	BRIXADI (WEEKLY).....	32
BENEFIX.....	125	bicalutamide.....	70	bromfed dm.....	102
BENICAR.....	65	BIKTARVY.....	83	bromfenac sodium.....	153
BENICAR HCT.....	66	BILDYOS.....	166	bromfenac sodium (once-daily).....	153
BENLYSTA.....	144	BILPREVDA.....	166	bromocriptine mesylate.....	77
BENZAMYCIN.....	104	bimatoprost.....	154	brompheniramine / phenylephrine.....	102
BENZNIDAZOLE.....	35	BIMATOPROST.....	154	brompheniramine / pseudoephedrine.....	102
benzoin tincture.....	113	BIMZELX.....	108	BROMSITE.....	153
benzonatate.....	102	BINOSTO.....	117	BROVANA.....	41
benzoyl peroxide.....	104	bisacodyl.....	132	BRUKINSA.....	72,166
benzoyl peroxide cleanser 6%.....	104	bisacodyl 10 mg suppository.....	132	BRYNOVIN.....	166
benzoyl peroxide-erythromycin.....	104	bismuth subsalicylate (tablets, chewable, suspension).....	58	budesonide.....	34,40,101
benztropine mesylate.....	76	bisoprolol fumarate.....	87	budesonide er.....	101
bepotastine besilate.....	153	bisoprolol-hydrochlorothiazide.....	66	budesonide-formoterol fumarate.....	41
BEPREVE.....	153	BLEPHAMIDE.....	152	bumetanide.....	116
BERINERT.....	126	blisovi 24 fe.....	94	buprenorphine.....	32
BESIVANCE.....	150	blisovi fe 1.5/30.....	94	buprenorphine hcl.....	32
betamethasone dipropionate.....	110	blisovi fe 1/20.....	94	buprenorphine hcl-naloxone hcl.....	32
BETAMETHASONE DIPROPIONATE AUG.....	110	blood glucose calibration liquid.....	134	bupropion hcl.....	49
betamethasone dipropionate aug.....	110	blood pressure monitoring device.....	134	bupropion hcl er (smoking det).....	49
		BOMYNTRA.....	166	bupropion hcl er (sr).....	49
		BONJESTA.....	59	BUPROPION HCL ER (XL).....	49
		BONSITY.....	117	bupropion hcl er (xl).....	49
		BOOSTRIX.....	163		
		bosentan.....	91		

buspirone hcl	37	CALQUENCE	72	CAYSTON	36
butalbital-acetaminophen	28	camila	100	caziant	94
butalbital-apap-caff-cod	31	camphor / menthol / methyl salicylate pain relieving patch and cream	112	CEFACLOR	92
butalbital-apap-caffeine	28	camrese	94	CEFACLOR ER	92
butalbital-asa-caff-codeine	31	camrese lo	94	cefadroxil	92
butalbital-aspirin-caffeine	28	CAMZYOS	90	CEFADROXIL	92
BUTALBITAL-ASPIRIN-		CANASA	121	cefazolin sodium	92
CAFFEINE	28	candesartan cilexetil	65	CEFAZOLIN SODIUM-	
BYSTOLIC	87	candesartan cilexetil-hctz	66	DEXTROSE	92
<b>C</b>		capecitabine	69	cefdinir	93
CABENUVA	83	CAPLYTA	78	cefepime hcl	93
cabergoline	118	CAPRELSA	72	CEFEPIME HCL	93
CABLIVI	127	capsaicin cream and patch	112	cefixime	93
CABOMETYX	72	captopril	64	cefoxitin sodium	93
CABTREO	104	CAPTOPRIL-		cefpodoxime proxetil	93
CADUET	90	HYDROCHLOROTHIAZIDE	66	CEFPODOXIME PROXETIL	93
CAFFEINE-SODIUM		CAPVAXIVE	170	cefprozil	93
BENZOATE	16	carbamazepine	45	ceftazidime	93
calamine / zinc oxide	113	carbamazepine er	45	CEFTAZIDIME	93
calcipotriene	108	carbamide peroxide ear wax removal solution	154	ceftriaxone sodium	93
CALCIPOTRIENE	108	CARBATROL	45	CEFTRIAZONE SODIUM	93
calcitonin (salmon)	117	carbidopa-levodopa	77	cefuroxime axetil	93
calcitriol	118	CARBIDOPA-LEVODOPA ER	77	cefuroxime sodium	93
calcium / magnesium / zinc	139	carbidopa-levodopa-		CELEBREX	25
calcium / phosphorus / vitamin D	139	entacapone	77	celecoxib	25
calcium / vitamin D / vitamin K	139	carbinoxamine maleate	61	CELEXA	49
calcium acetate	123	CARDIZEM	88	CELLCEPT	142
calcium acetate (phos binder)	123	CARDIZEM CD	88	CELONTIN	48
calcium carbonate	139	CARDIZEM LA	88	CENTANY	106
calcium carbonate (TUMS)	35	CARDURA	65	CENTANY AT	106
calcium carbonate / folic acid / vitamin D	139	CARDURA XL	124	cephalexin	92
calcium carbonate / vitamin D	139	carglumic acid	118	CEQUA	151
calcium citrate / vitamin D	139	CARTEOLOL HCL	149	cetirizine (ZYRTEC)	61
calcium polycarbophil 625mg tab (fiber laxative)	131	cartia xt	88	cetirizine / pseudoephedrine (ZYRTEC – D)	102
		carvedilol	87	cetirizine chew tab (ZYRTEC)	61
		carvedilol phosphate er	87	cevimeline hcl	145
		CATHFLO ACTIVASE	127	charlotte 24 fe	94
		CAYA	134	chateal	94
				chateal eq	94
				CHEMET	58

CHEMSTRIP K.....	114	CIPROFLOXACIN HCL.....	120	CLINIMIX/DEXTROSE (8/10).	148
CHEMSTRIP MICRAL.....	114	ciprofloxacin hcl....	120,150,154	CLINIMIX/DEXTROSE (8/14).	148
CHEMSTRIP UGK.....	114	ciprofloxacin-		CLINPRO 5000.....	144
CHILDRENS COLD-		dexamethasone.....	154	clobazam.....	44
ALLERGY.....	102	CIPROFLOXACIN-		clobetasol prop emollient	
CHLORDIAZEPOXIDE-		FLUOCINOLONE PF.....	154	base.....	110
AMITRIPTYLINE.....	158	ciprofloxacin-hydrocortisone.	155	clobetasol propionate.....	110
chlorhexidine gluconate.	82,144	CITALOPRAM		clobetasol propionate e.....	111
chlorprocaine hcl (pf).....	132	HYDROBROMIDE.....	49	clomipramine hcl.....	51
chloroquine phosphate.....	68	citalopram hydrobromide..	49,50	clonazepam.....	44
chlorpheniramine.....	61	claravis.....	104	clonidine.....	65
chlorpheniramine /		CLARINEX.....	61	clonidine hcl.....	65
phenylephrine.....	102	CLARINEX-D 12 HOUR.....	102	clonidine hcl er.....	17
chlorpheniramine /		CLARITHROMYCIN.....	133	clopidogrel bisulfate.....	127
phenylephrine /		clarithromycin.....	133	clorazepate dipotassium.....	38
acetaminophen.....	102	clarithromycin er.....	133	clotrimazole.....	144
chlorpheniramine /		CLENIA PLUS.....	104	clotrimazole 1% cream.....	106
pseudoephedrine.....	102	clindacin.....	104	clotrimazole vaginal cream...	173
chlorpromazine hcl.....	81	clindacin etz.....	104	CLOTRIMAZOLE-	
chlorthalidone.....	116	clindacin-p.....	104	BETAMETHASONE.....	106
chlorzoxazone.....	146	clindamycin hcl.....	36	clotrimazole-betamethasone..	106
cholestyramine.....	62	clindamycin palmitate hcl....	36	clozapine.....	80
cholestyramine light.....	62	clindamycin phos (once-		CLOZARIL.....	80
chromium.....	141	daily).....	104	COAGADEX.....	125
ciclodan.....	106	clindamycin phos (twice-		coal tar.....	114
ciclopirox.....	106	daily).....	104	COARTEM.....	68
ciclopirox olamine.....	106	clindamycin phos-benzoyl		COBENFY.....	81
cilostazol.....	127	perox.....	104	COBENFY STARTER PACK..	81
CILOXAN.....	150	clindamycin		colchicine.....	125
CIMDUO.....	83	phosphate.....	36,104,173	colchicine-probenecid.....	125
cimetidine.....	164	clindamycin-tretinoin.....	104	colesevelam hcl.....	62
CIMZIA.....	121	CLINIMIX E/DEXTROSE....	148	COLESTID.....	62
CIMZIA (1 SYRINGE).....	121	CLINIMIX/DEXTROSE		colestipol hcl.....	62
CIMZIA (2 SYRINGE).....	121	(4.25/10).....	148	colistimethate sodium (cba)...	37
CIMZIA-STARTER.....	121	CLINIMIX/DEXTROSE		COMBIGAN.....	149
cinacalcet hcl.....	118	(4.25/5).....	148	COMBIVENT RESPIMAT.....	41
CINQAIR.....	39	CLINIMIX/DEXTROSE		COMETRIQ (100 MG DAILY	
CINRYZE.....	127	(5/15).....	148	DOSE).....	72
CIPRO.....	120	CLINIMIX/DEXTROSE		COMETRIQ (140 MG DAILY	
CIPRO HC.....	154	(5/20).....	148	DOSE).....	72
ciprofloxacin.....	120	CLINIMIX/DEXTROSE (6/5).	148		

COMETRIQ (60 MG DAILY DOSE)	72	COZAAR	65	dalfampridine er	159
COMIRNATY	171	CREON	115	DALIRESP	40
COMIRNATY 5-11 YEARS	171	CRESEMBA	60	danazol	33
compro	81	cromolyn sodium	38,120	dantrolene sodium	146
CONCERTA	18	CROMOLYN SODIUM	153	DAPAGLIFLOZIN PRO-METFORMIN ER	52
CONEXXENCE	166	cromolyn sodium nasal spray	147	DAPAGLIFLOZIN	
constulose	131	CROTAN	113	PROPANEDIOL	57
CONTOUR BLOOD GLUCOSE SYSTEM	134	cryselle	94	dapsone	36,104
CONTOUR MONITOR	134	cryselle-28	94	DAPTACEL	163
CONTOUR NEXT EZ	134	CURITY STERILE SALINE	124	daptomycin	36
CONTOUR NEXT GEN MONITOR	134	CUVITRU	155	darifenacin hydrobromide er	169
CONTOUR NEXT MONITOR	134	cvs adapalene	104	darunavir	83
CONTOUR NEXT ONE	134	cvs esomeprazole		dasatinib	73
CONTOUR NEXT TEST	114	magnesium	164	dasetta 1/35	94
CONTOUR PLUS TEST	114	CVS EYE	133	dasetta 7/7/7	94
CONTOUR TEST	114	CVS KETONE CARE	114	DAURISMO	70
CONZIP	28	cvs omeprazole magnesium	164	DAWNZERA	166
COPAXONE	159	cyclafem 1/35	94	DAYPRO	25
COPIKTRA	72	cyclafem 7/7/7	94	daysee	94
COREG	87	cyclobenzaprine hcl	146	DAYTRANA	18
COREG CR	87	cyclophosphamide	69	DAYVIGO	130
CORIFACT	125	CYCLOPHOSPHAMIDE	69	deblitane	100
CORTISONE ACETATE	101	cyclosporine	142,151	decadron	101
CORTISPORIN-TC	155	cyclosporine modified	142	deferasirox	58
CORVITA 150	128	CYLTEZO (2 PEN)	22	deferasirox granules	58
COSENTYX	108	CYLTEZO (2 SYRINGE)	22	DELSTRIGO	83
COSENTYX (300 MG DOSE)	108	CYLTEZO-CD/UC/HS STARTER	22	delyla	94
COSENTYX SENSOREADY (300 MG)	108	CYLTEZO-PSORIASIS/UV STARTER	22	DENAVIR	110
COSENTYX SENSOREADY PEN	108	CYMBALTA	51	DENG VAXIA	171
COSENTYX UNOREADY	108	cyproheptadine hcl	61	DENTA 5000 PLUS	144
COSOPT	149	cyred	94	DENTAGEL	144
COSOPT PF	149	cyred eq	94	dentagel	144
COTELLIC	73	CYSTAGON	124	DEPAKOTE	48
COTEMPLA XR-ODT	18	CYSTARAN	153	DEPAKOTE ER	48
		cytra-2	123	DEPAKOTE SPRINKLES	48
		<b>D</b>		depo-testosterone	33
		dabigatran etexilate mesylate	44	DESCOVY	83
				desipramine hcl	51
				desloratadine	61
				DESLORATADINE	61

desmopressin ace spray	dextroamphetamine sulfate er	16	dimenhydrinate tablet	59
refrig	dextromethorphan /	118	dimethyl fumarate	159
desmopressin acetate	phenylephrine /	118	dimethyl fumarate starter	
DESMOPRESSIN ACETATE	acetaminophen	102	pack	159
SPRAY	dextromethorphan capsule and	118	DIOVAN	65
desmopressin acetate	oral suspension	102	DIOVAN HCT	66
spray	DEXTROSE	118	DIPENTUM	121
desogestrel-ethinyl estradiol	dextrose in lactated ringers	95	diphenhydramine (sleep)	61
desonide	dextrose-sodium chloride	111	diphenhydramine / zinc	107
DESVENLAFAXINE ER	DHIVY	51	diphenhydramine tablet, capsule,	
desvenlafaxine succinate er	DIACOMIT	51	oral liquid	61
DETROL	diaper rash products	169	diphenoxylate-atropine	58
DETROL LA	diapers	169	DIPHThERIA-TETANUS	
dexamethasone	diazepam	101	TOXOIDS DT	163
DEXAMETHASONE	diazepam intensol	101	dipyridamole	127
DEXAMETHASONE	diazoxide	101	disulfiram	157
INTENSOL	DICLEGIS	101	divalproex sodium	48
DEXAMETHASONE SOD	DICLOFENAC EPOLAMINE	101	divalproex sodium er	48
PHOS +RFID	diclofenac potassium	101	docusate calcium capsule	132
dexamethasone sod phosphate	diclofenac		docusate sodium (capsule, oral	
pf	sodium	101	liquid)	132
dexamethasone sodium	diclofenac sodium 1 % gel	101	dofetilide	38
phosphate	diclofenac sodium er	101	dolishale	95
DEXAMETHASONE SODIUM	diclofenac-misoprostol	101	donepezil hcl	157
PHOSPHATE	dicloxacillin sodium	101,152	dorzolamide hcl	153
DEXCOM G6 RECEIVER	dicyclomine hcl	135	dorzolamide hcl-timolol mal	149
DEXCOM G6 SENSOR	DIFICID	135	dorzolamide hcl-timolol mal pf	149
DEXCOM G6	DIFLUCAN		dotti	119
TRANSMITTER	diflunisal	135	DOVATO	83
DEXCOM G7 15 DAY	difluprednate	135	doxazosin mesylate	65
SENSOR	digitek	135	DOXEPIN HCL	51
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YUFLYMA (2 SYRINGE).....	24			

ZYMFENTRA (1 PEN).....	122
ZYMFENTRA (2 PEN).....	122
ZYMFENTRA (2 SYRINGE)	122
ZYPITAMAG.....	63
ZYPREXA.....	81
ZYPREXA RELPREVV.....	81
ZYPREXA ZYDIS.....	81



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