

GEISINGER HEALTH PLAN

2024

# Geisinger 4th Tier



Geisinger

**List of covered drugs**

## General Formulary Information

**This formulary is applicable to the 4 Tier Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.**

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary represents the 4 Tier Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

Please note that you can also view the formulary online at [www.geisinger.org/health-plan](http://www.geisinger.org/health-plan).

## Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan

Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

## 4 Tier Benefit

The 4 Tier benefit assigns each prescription medication to one of four different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the 4 Tier benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 - Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 - Includes certain formulary brand name medications and brand name medications with a generic equivalent (unless higher cost-sharing applies). Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.
- Tier 4 - Includes high-cost medications, often used to treat rare conditions, and may require special handling or training for use. A maximum of a 34-day supply may be dispensed for medications in this tier unless a shorter duration is specified in the formulary or in your specific benefit documents.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

### **Specialty Vendor Medication Program**

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

### **A few things you should remember when using this formulary and your prescription benefit:**

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Except for those medications classified as being narrow therapeutic index, a brand name medication with a generic equivalent requires prior authorization. If approved, it will be covered at the tier 3 copay.
- Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exceptions process. Non-formulary medications will be available at the tier 3 copay level, if approved.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.

- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

### Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of April 1, 2024 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at [www.geisinger.org/health-plan](http://www.geisinger.org/health-plan).
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

### Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.
- If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

## **Step Therapy**

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.

## **What is a medication formulary?**

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered. A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. If an exception is approved under the 4 Tier benefit, you will be charged at the tier 3 copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

## **Formulary exclusions**

There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Used for cosmetic purposes
- Used for sexual dysfunction

Other exclusions may apply and are subject to change so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

## Health Care Reform

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created “provisions,” or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products - Low dose (81 mg) aspirin products
  - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives - For females
- Bowel Preparations for Colonoscopy - Brands with no generic and generic products
  - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
  - For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements - Generic folic acid 0.4 mg and 0.8 mg tablets
  - All women who are planning or capable of pregnancy.
- Fluoride Supplements - Fluoride drops and chewable tablets
  - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis - Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Smoking Cessation Products - Brands with no generic and generic products
  - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication - generic products
  - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations - Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Depending on your specific benefits and in which state you reside, oral chemotherapy agents may have no cost sharing.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications. Over-the-counter preventive care medications or products may be submitted for reimbursement if purchased without a prescription.

## **Formulary development**

When deciding whether or not a medication should be included in the formulary, the Health Plan's Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication's inclusion or exclusion in the formulary. For the specific criteria used to determine a medication's inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

## **What are generics?**

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

**Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.**

---

## Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
  - Member satisfaction
  - Cost analysis
  - Contract terms and conditions
  - Market share analysis
  - Patent life assessment
  - Utilization management
  - Consumer advertising
  - Per member per month costs

**Generic substitution policy:** The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand-name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.



**Prior authorization:** To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member's prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department. Submission of medical documentation is required. Prior authorization can be requested:

- Online at [ghp.promptpa.com](http://ghp.promptpa.com)
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
  - Attention Pharmacy Department 24-10  
100 North Academy Avenue  
Danville, PA 17822
- Prior authorization for certain medications can be initiated via phone by calling 800-988-4861

**Step Therapy:** Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

**Non-formulary medications:** The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

**Formulary addition requests:** Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

#### **Sources:**

Academy of Managed Care Pharmacy (AMCP), "Formulary Management," "Formularies," [www.amcp.org](http://www.amcp.org), November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." [www.hiaa.org](http://www.hiaa.org), November 2001.

National Consumers League (NCL), "Consumer Guide to Generic Medications," [www.nclnet.org](http://www.nclnet.org), November 2001.

"From the Pharmacist," [www.cvs.com](http://www.cvs.com), November 2001.

# Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue, Danville, PA 17822-3220  
Phone: 866-577-7733, TTY: 711  
Fax: 570-271-7225  
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building, Washington, DC 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

## LEGEND

0 ACA Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

4 Specialty

QL Quantity Limit

Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.

PA Prior Authorization

Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

PA-NSO Prior Authorization - New Starts Only

If this drug is new to you, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.

ST Step Therapy

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

AL Age Limit

Our plan limits certain medications to members who meet minimum or maximum age requirements.

PN Note

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

SUM2 Restricted Programs (SMART UM #2)

Customizable UM #2.

SUM3 SMART UM #3

Customizable UM #3.

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

# Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS . . . . .	12
AMINOGLYCOSIDES . . . . .	13
ANALGESICS - ANTI-INFLAMMATORY . . . . .	13
ANALGESICS - NONNARCOTIC . . . . .	17
ANALGESICS - OPIOID . . . . .	19
ANDROGENS-ANABOLIC . . . . .	22
ANORECTAL AND RELATED PRODUCTS . . . . .	22
ANTHELMINTICS . . . . .	23
ANTI-INFECTIVE AGENTS - MISC. . . . .	23
ANTIANGINAL AGENTS . . . . .	25
ANTIANKXIETY AGENTS . . . . .	25
ANTIARRHYTHMICS . . . . .	26
ANTIASTHMATIC AND BRONCHODILATOR AGENTS . . . . .	26
ANTICOAGULANTS . . . . .	29
ANTICONVULSANTS . . . . .	30
ANTIDEPRESSANTS . . . . .	33
ANTIDIABETICS . . . . .	35
ANTIDIARRHEAL/PROBIOTIC AGENTS . . . . .	40
ANTIDOTES AND SPECIFIC ANTAGONISTS . . . . .	41
ANTIEMETICS . . . . .	41
ANTIFUNGALS . . . . .	42
ANTIHISTAMINES . . . . .	43
ANTIHYPERTENSIVES . . . . .	43
ANTIHYPERTENSIVES . . . . .	46
ANTIMALARIALS . . . . .	48
ANTIMYASTHENIC/CHOLINERGIC AGENTS . . . . .	48
ANTIMYCOBACTERIAL AGENTS . . . . .	48
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES . . . . .	49
ANTIPARKINSON AND RELATED THERAPY AGENTS . . . . .	65
ANTIPSYCHOTICS/ANTIMANIC AGENTS . . . . .	66
ANTIVIRALS . . . . .	69
BETA BLOCKERS . . . . .	74
CALCIUM CHANNEL BLOCKERS . . . . .	75
CARDIOTONICS . . . . .	76
CARDIOVASCULAR AGENTS - MISC. . . . .	76
CEPHALOSPORINS . . . . .	78
CONTRACEPTIVES . . . . .	79
CORTICOSTEROIDS . . . . .	88
COUGH/COLD/ALLERGY . . . . .	88
DERMATOLOGICALS . . . . .	89
DIAGNOSTIC PRODUCTS . . . . .	98
DIGESTIVE AIDS . . . . .	98
DIURETICS . . . . .	98
ENDOCRINE AND METABOLIC AGENTS - MISC. . . . .	99
ESTROGENS . . . . .	104
FLUOROQUINOLONES . . . . .	105

GASTROINTESTINAL AGENTS - MISC.	105
GENITOURINARY AGENTS - MISCELLANEOUS	108
GOUT AGENTS	109
HEMATOLOGICAL AGENTS - MISC.	109
HEMATOPOIETIC AGENTS	112
HEMOSTATICS	114
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	114
LAXATIVES	114
MACROLIDES	115
MEDICAL DEVICES AND SUPPLIES	116
MIGRAINE PRODUCTS	144
MINERALS ELECTROLYTES	145
MISCELLANEOUS THERAPEUTIC CLASSES	146
MOUTH/THROAT/DENTAL AGENTS	148
MULTIVITAMINS	150
MUSCULOSKELETAL THERAPY AGENTS	154
NASAL AGENTS - SYSTEMIC AND TOPICAL	156
NEUROMUSCULAR AGENTS	156
NUTRIENTS	158
OPHTHALMIC AGENTS	158
OTIC AGENTS	162
OXYTOCICS	162
PASSIVE IMMUNIZING AND TREATMENT AGENTS	162
PENICILLINS	163
PROGESTINS	164
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	164
RESPIRATORY AGENTS - MISC.	170
SULFONAMIDES	170
TETRACYCLINES	170
THYROID AGENTS	171
TOXOIDS	171
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	172
UNCATEGORIZED	173
URINARY ANTISPASMODICS	173
VACCINES	174
VAGINAL AND RELATED PRODUCTS	176
VASOPRESSORS	177
VITAMINS	177

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	PA, QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	1	
VYVANSE (10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB)	3	PA, QL (1 ea per 1 days)
<b>ANALEPTICS</b>		
<i>caffeine citrate</i>	1	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	
<i>guanfacine hcl er</i>	1	
QELBREE 100 MG CAP ER 24H	3	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	3	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	3	PA, QL (3 ea per 1 days)
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	1	PA
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	PA
<i>methylphenidate</i>	1	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	

You can find information on what the symbols and abbreviations mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil</i>	1	PA
<b>AMINOGLYCOSIDES (CONTINUED)</b>		
<b>AMINOGLYCOSIDES</b>		
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI PODHALER	4	PA, QL (224 ea per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 ml per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, QL (280 ml per 56 days), SP
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	PA, QL (280 ml per 56 day(s)), SP
<b>ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-FKJP	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.4ML SOLN PRSYR	4	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT	4	QL (2 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	4	QL (2 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	4	QL (2 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA 20 MG/0.2ML PEF SY KT	4	
HUMIRA 40 MG/0.4ML PEF SY KT	4	QL (2 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	4	QL (2 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	4	QL (3 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN	4	QL (3 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	4	QL (6 ea per 28 day(s)), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	4	QL (3 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PEDIATRIC UC START	4	QL (4 ea per 28 day(s)), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PSOR/UEIT STARTER	4	QL (3 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER	4	QL (4 ea per 28 day(s)), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN A-INJ	4	QL (1 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN PRSYR	4	QL (1 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN A-INJ	4	QL (0.5 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	4	QL (0.5 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	4	PA, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	4	QL (28 ea per 28 days), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	4	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>GOLD COMPOUNDS</b>		
RIDAURA	2	
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	QL (3.6 ml per 28 days), PA-NSO, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	4	QL (3.6 ml per 28 days), PA-NSO, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>ec-naproxen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM (200 MG CAP, 400 MG CAP, 600 MG TAB)	1	
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
INDOCIN 25 MG/5ML SUSPENSION	2	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 ea per fill)
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen-esomeprazole mg</i>	1	PA, QL (2 ea per 1 days)
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	4	QL (4 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ENBREL 25 MG RECON SOLN	4	QL (8 ea per 28 days), PA-NSO, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	4	QL (8 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	4	QL (4 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	4	QL (4 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

## ANALGESICS - NONNARCOTIC (CONTINUED)

### ANALGESIC COMBINATIONS

<i>bac</i>	1	
<i>bupap</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)</i>	1	
<i>butalbital-apap-caffeine</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
<i>esgic 50-325-40 mg cap</i>	1	
TENCON	1	
<i>zebutal</i>	1	

### ANALGESICS-PEPTIDE CHANNEL BLOCKERS

PRIALT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
--------	---	--------------------------------------

### SALICYLATES

<i>adult aspirin regimen</i>	0	
<i>aspir-low</i>	0	
<i>aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>aspirin 81</i>	0	
<i>aspirin adult low dose</i>	0	
<i>aspirin adult low strength</i>	0	
<i>aspirin childrens</i>	0	
<i>aspirin ec low dose</i>	0	
<i>aspirin ec low strength</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin low dose</i>	0	
<i>aspirin low strength</i>	0	
<i>aspirin regimen</i>	0	
<i>bayer aspirin ec low dose</i>	0	
<i>bayer low dose</i>	0	
<i>childrens aspirin</i>	0	
<i>childrens aspirin low strength</i>	0	
<i>cvs aspirin adult low dose</i>	0	
<i>cvs aspirin adult low strength</i>	0	
<i>cvs aspirin ec 81 mg tab dr</i>	0	
<i>cvs aspirin low dose</i>	0	
<i>cvs aspirin low strength</i>	0	
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	0	
<i>eq aspirin adult low dose</i>	0	
<i>eq aspirin low dose</i>	0	
<i>eql aspirin low dose</i>	0	
<i>ft aspirin low dose</i>	0	
<i>gnp adult aspirin low strength</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	
<i>goodsense aspirin adult low st</i>	0	
<i>goodsense aspirin low dose</i>	0	
<i>h-e-b aspirin</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose</i>	0	
<i>kls aspirin low dose</i>	0	
<i>kp aspirin</i>	0	
<i>miniprin low dose</i>	0	
<i>mm aspirin</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>px aspirin 81 mg chew tab</i>	0	
<i>px enteric aspirin 81 mg tab dr</i>	0	
<i>qc aspirin low dose</i>	0	
<i>qc childrens aspirin</i>	0	
<i>ra aspirin adult low dose</i>	0	
<i>ra aspirin adult low strength</i>	0	
<i>ra aspirin childrens</i>	0	
<i>ra aspirin ec 81 mg tab dr</i>	0	
<i>ra aspirin ec adult low st</i>	0	
<i>salsalate</i>	1	
<i>sb aspirin 81 mg tab dr</i>	0	
<i>sb aspirin adult low strength</i>	0	
<i>sb childrens aspirin</i>	0	
<i>sb low dose asa ec</i>	0	
<i>sm aspirin adult low strength</i>	0	
<i>sm aspirin ec low strength</i>	0	
<i>sm aspirin low dose</i>	0	
<i>sm childrens aspirin</i>	0	
<i>st joseph aspirin</i>	0	
<i>st joseph low dose</i>	0	
<i>tgt aspirin (81 mg chew tab, 81 mg tab dr)</i>	0	
<i>tgt aspirin low dose</i>	0	
<i>tgt childrens aspirin</i>	0	
<b>ANALGESICS - OPIOID (CONTINUED)</b>		
<b>OPIOID AGONISTS</b>		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	1	
<i>fentanyl</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
FENTORA	3	PA
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
LEVORPHANOL TARTRATE (2 MG TAB, 3 MG TAB)	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	PA
<i>methadone hcl intensol</i>	1	PA
<i>methadose 40 mg tab sol</i>	1	PA
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	1	
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	1	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	1	PA
MORPHINE SULFATE ER BEADS	1	PA
NUCYNTA	3	PA
NUCYNTA ER	3	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER	1	PA
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER)	3	PA
OXYCONTIN 80 MG TB12 DETER	1	PA
<i>oxymorphone hcl</i>	1	
SUBSYS	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC)	1	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
<i>tramadol hcl er (biphasic)</i>	1	PA
<b>OPIOID COMBINATIONS</b>		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-60 MG TAB)	1	

Drug Name	Drug Tier	Requirements/Limits
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	1	
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>dvorah</i>	1	
<i>endocet</i>	1	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab, 10-325 mg/15ml solution)</i>	1	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	1	
NALOCET	1	
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>tramadol-acetaminophen</i>	1	
<b>OPIOID PARTIAL AGONISTS</b>		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	4	QL (1.28 ml per 28 days), SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>buprenorphine</i>	1	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>pentazocine-naloxone hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE	3	SP, SUM3 (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>ANDROGENS-ANABOLIC (CONTINUED)</b>		
<b>ANABOLIC STEROIDS</b>		
OXANDROLONE	1	
<b>ANDROGENS</b>		
AVEED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
JATENZO (158 MG CAP, 198 MG CAP)	3	PA, QL (4 ea per 1 days)
JATENZO 237 MG CAP	3	PA, QL (2 ea per 1 days)
KYZATREX (150 MG CAP, 200 MG CAP)	3	PA, QL (4 ea per 1 days)
KYZATREX 100 MG CAP	3	PA, QL (2 ea per 1 days)
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	
TESTOSTERONE ENANTHATE	1	
TLANDO	3	PA, QL (2 ea per 1 days)
<b>ANORECTAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>colocort</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>RECTAL COMBINATIONS</b>		
<i>hydrocort-pramoxine (perianal)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
LIDOCAINE-HYDROCORTISONE ACE (2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
<i>lidocort</i>	1	
PROCTOFOAM HC	2	
<b>RECTAL STEROIDS</b>		
<i>anucort-hc</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>anusol-hc 25 mg suppos</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctocort 1 % cream</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>ANTHELMINTICS (CONTINUED)</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	QL (4 ea per day(s))
EMVERM	2	PA
<i>ivermectin 3 mg tab</i>	1	PA, SUM2 (PA not required if submitted with the following ICD-10 codes: B73, B78, B86)
<b>ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
AEMCOLO	3	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN	3	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>phoshasal</i>	2	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</i>	1	
<i>uretron d/s</i>	2	
<i>urin ds</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>utira-c</i>	2	
XACDURO	4	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA 100 MG/5ML RECON SUSP	2	
<i>atovaquone</i>	1	
<i>nitazoxanide</i>	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<b>GLYCOPEPTIDES</b>		
DALVANCE	4	PA, PN (34 DAYS SUPPLY PER FILL)
FIRVANQ	2	
KIMYRSA	4	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	
VANCOMYCIN HCL IN NAACL 1.5-0.9 GM/500ML-% SOLUTION	1	
<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	
<b>OXAZOLIDINONES</b>		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	4	PA, QL (6 ea per 6 day(s)), PN (6 DAY SUPPLY IN 365 DAYS)
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	4	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin 25 mg/5ml suspension</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIANGINAL AGENTS (CONTINUED)</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
NITRO-BID	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	2	
NITRO-TIME	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg sl tab)</i>	1	
<b>ANTIANKXIETY AGENTS (CONTINUED)</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	
<i>meprobamate</i>	1	
<b>BENZODIAZEPINES</b>		
<i>alprazolam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam er</i>	1	
ALPRAZOLAM INTENSOL	2	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
<b>ANTIARRHYTHMICS (CONTINUED)</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 ea per 1 days)
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
CINQAIR	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FASENRA	4	PA, QL (1 ml per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	4	PA, QL (1 ml per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	4	PA, QL (1.91 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN A-INJ	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	
INCRUSE ELLIPTA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
TUDORZA PRESSAIR	3	ST
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	1	
<i>montelukast sodium 4 mg packet</i>	1	
<i>zafirlukast</i>	1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<b>STEROID INHALANTS</b>		
ARNUIITY ELLIPTA	2	
ASMANEX (120 METERED DOSES)	2	ST
ASMANEX (14 METERED DOSES)	2	ST
ASMANEX (30 METERED DOSES)	2	ST
ASMANEX (60 METERED DOSES)	2	ST
ASMANEX (7 METERED DOSES)	2	ST
ASMANEX HFA	2	ST
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
FLUTICASONE PROPIONATE DISKUS	2	
FLUTICASONE PROPIONATE HFA	2	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	2	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln)</i>	1	
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	PA
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 ea per 1 days)
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	2	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate</i>	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA	2	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL (1 ea per 30 days)
<i>formoterol fumarate</i>	1	PA
<i>ipratropium-albuterol</i>	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE	1	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA	2	QL (2 ea per 1 days)
VENTOLIN HFA	1	
<i>wixela inhub</i>	1	QL (2 ea per 1 days)
<b>XANTHINES</b>		
<i>elixophyllin</i>	1	
THEO-24	3	
<i>theophylline</i>	1	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
<b>ANTICOAGULANTS (CONTINUED)</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS 2.5 MG TAB	2	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	2	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	2	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 ea per 1 days)
XARELTO (2.5 MG TAB, 15 MG TAB)	2	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO 1 MG/ML RECON SUSP	2	QL (20 ml per 1 days)
XARELTO STARTER PACK	2	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	1	PN (34 DAYS SUPPLY PER FILL)
HEPARIN SODIUM (PORCINE) (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLN PRSYR, 5000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	1	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	1	
<b>ANTICONVULSANTS (CONTINUED)</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	3	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	3	PA, QL (24 ml per 1 days)
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (10 mg tab, 20 mg tab)</i>	1	
<i>clobazam 2.5 mg/ml suspension</i>	1	
<i>clonazepam</i>	1	
DIASTAT ACUDIAL	2	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	1	
NAYZILAM	2	QL (10 ea per 30 days), AL (12 to 999 yrs old), PN (30 DAYS SUPPLY PER FILL)
SYMPAZAN	3	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 15 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 20 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 5 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)



Drug Name	Drug Tier	Requirements/Limits
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (200 MG TAB, 400 MG TAB)	3	PA, QL (1 ea per 1 days)
APTIOM (600 MG TAB, 800 MG TAB)	3	PA, QL (2 ea per 1 days)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension)</i>	1	
<i>carbamazepine 200 mg tab</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
DIACOMIT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	3	PA, SP
<i>epitol</i>	1	
EPRONTIA	3	PA, QL (16 ml per 1 days)
FINTEPLA	4	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	PA
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>levetiracetam (250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam 100 mg/ml solution</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	1	
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	
OXTELLAR XR	3	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone (50 mg tab, 250 mg tab)</i>	1	
<i>roweepra</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>roweepra xr</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	PA
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
TEGRETOL 100 MG/5ML SUSPENSION	3	
TEGRETOL 200 MG TAB	3	
TEGRETOL-XR	3	
<i>topiramate</i>	1	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	1	PA
<i>topiramate er 200 mg cap er 24h</i>	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 600 MG TAB)	3	
TRILEPTAL 300 MG/5ML SUSPENSION	3	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA
TROKENDI XR 200 MG CAP ER 24H	3	PA
<i>zonisamide</i>	1	
ZTALMY	4	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARBAMATES</b>		
<i>felbamate (400 mg tab, 600 mg tab)</i>	1	
<i>felbamate 600 mg/5ml suspension</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	3	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	3	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	3	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	3	PA, QL (2 ea per 1 days)
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	1	PA, SP
<i>vigadrone</i>	1	PA, SP

Drug Name	Drug Tier	Requirements/Limits
<i>vigpoder</i>	1	PA, SP
<b>HYDANTOINS</b>		
DILANTIN 100 MG CAP	3	
DILANTIN 125 MG/5ML SUSPENSION	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	2	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap</i>	1	
<i>ethosuximide 250 mg/5ml solution</i>	1	
<b>VALPROIC ACID</b>		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid 250 mg cap</i>	1	
<i>valproic acid 250 mg/5ml solution</i>	1	
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	3	PA, QL (2 ea per 1 days)
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN	3	PA
<i>bupropion hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (smoking det)</i>	0	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 ea per 1 days)
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZULRESSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZURZUVAE (20 MG CAP, 25 MG CAP)	4	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	4	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab, 90 mg cap dr)</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	1	
<i>trazodone hcl</i>	1	
TRINTELLIX	3	PA
<i>vilazodone hcl</i>	1	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	1	QL (1 ea per 1 days)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
FETZIMA	3	PA
FETZIMA TITRATION	3	PA
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>doxepin hcl 10 mg/ml conc</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
<b>ANTIDIABETICS (CONTINUED)</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	1	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	QL (1 ea per 1 days)
JENTADUETO	2	QL (2 ea per 1 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 ea per 1 days)
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	1	
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	1	PA, QL (1 ea per 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	PA, QL (2 ea per 1 day(s))
SYNJARDY	2	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
XIGDUO XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	2	QL (1 ea per 1 day(s))
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 ea per 1 days)
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL (1 ea per 1 days)
XULTOPHY	2	ST, QL (0.5 ml per 1 days)
<b>ANTIDIABETIC-ANTIBODIES</b>		
TZIELD	4	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	2	QL (2 ea per fill)
BAQSIMI TWO PACK	2	QL (2 ea per fill)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
CVS SOFT GLUCOSE	2	
DEX4	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS	2	
DEX4 POUCH PACK	2	
DEX4 QUICK DISSOLVE GLUCOSE	2	
GLUCAGEN HYPOKIT	2	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCO TO GO	2	
GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
GLUCOSE INSTANT ENERGY	2	
GLUCOSE-VITAMIN C	2	
GNP GLUCOSE	2	
GNP QUICK DISSOLVE GLUCOSE	2	
GOODSENSE GLUCOSE	2	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	QL (0.4 ml per fill)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
HY-VEE GLUCOSE	2	
KORLYM	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
KROGER GLUCOSE	2	
LEADER GLUCOSE	2	
LEADER QUICK DISSOLVE GLUCOSE	2	
LONGS GLUCOSE	2	
MEIJER GLUCOSE	2	
<i>mifepristone 300 mg tab</i>	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	2	
PX GLUCOSE	2	
RA GLUCOSE	2	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	2	
SM GLUCOSE	2	
SMART SENSE GLUCOSE	2	
TGT GLUCOSE	2	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	2	
TRUEPLUS GLUCOSE ON THE GO	2	
UP & UP GLUCOSE	2	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	2	
WALGREENS GLUCOSE	2	
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	3	ST, QL (1.2 ml per fill)
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	3	ST, QL (1.2 ml per fill)
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>saxagliptin hcl</i>	1	PA, QL (1 ea per 1 day(s))
TRADJENTA	2	QL (1 ea per 1 days)
<b>INCRETIN MIMETIC AGENTS</b>		
MOUNJARO (5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	2	PA, QL (2 ml per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN PEN	2	PA, QL (2 ml per 180 day(s))
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	PA, QL (0.06 ml per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC (2 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
TRULICITY	2	PA, QL (0.072 ml per 1 days)
VICTOZA	2	PA, QL (0.3 ml per 1 days)
<b>INSULIN</b>		
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART	1	
INSULIN ASPART FLEXPEN	1	
INSULIN ASPART PENFILL	1	
INSULIN ASPART PROT & ASPART	1	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA	2	QL (1 ea per 1 day(s))
JARDIANCE	2	QL (1 ea per 1 days)
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
GLYNASE 3 MG TAB	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
ANDEXXA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRAXBIND	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO	2	
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	1	
<i>naltrexone hcl</i>	1	
OPVEE	2	
VIVITROL	4	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZIMHI	2	
<b>ANTIEMETICS (CONTINUED)</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	1	
SANCUSO	3	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine</i>	1	
TRANSDERM SCOP (1.5 MG)	2	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO 300-0.5 MG CAP	3	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
BONJESTA	2	QL (2 ea per 1 days)
<i>doxylamine-pyridoxine</i>	1	QL (4 ea per 1 days)
<i>dronabinol</i>	1	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	1	
CINVANTI	3	PA, SP
EMEND 125 MG/5ML RECON SUSP	3	
VARUBI (180 MG DOSE)	3	QL (2 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
<b>ANTIFUNGALS (CONTINUED)</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
NOXAFIL 300 MG PACKET	4	PA, QL (30 ea per 30 day(s)), PN (MAX 30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>posaconazole 100 mg tab dr</i>	4	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 40 mg/ml suspension</i>	4	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
VIVJOA	3	PA, QL (18 ea per 84 days), PN (84 DAYS SUPPLY PER FILL)
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIHISTAMINES (CONTINUED)</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
DEXCHLORPHENIRAMINE MALEATE	1	
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION, 6 MG TAB)	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>di-phen</i>	1	
<i>diphen 12.5 mg/5ml elixir</i>	1	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>phenadoz</i>	1	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
<b>ANTIHYPERLIPIDEMICS (CONTINUED)</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA, QL (1 ea per 1 days)
<b>ANGIPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA
NEXLIZET	2	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA 0.5 GM CAP	3	QL (8 ea per 1 days)
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<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	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	
<i>gemfibrozil</i>	1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 20 mg cap</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 40 mg cap</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium er</i>	1	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
LIVALO 1 MG TAB	3	PA, QL (4 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
LIVALO 2 MG TAB	3	PA, QL (2 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
LIVALO 4 MG TAB	3	PA, QL (1 ea per 1 day(s)), PN (\$0 copay for members age 40-75)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lovastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	3	PA, QL (1 ea per 1 days)
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID (20 MG CAP, 30 MG CAP)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
JUXTAPID (5 MG CAP, 10 MG CAP)	4	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	1	
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
LEQVIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PRALUENT	2	PA, QL (0.072 ml per 1 days)
REPATHA	2	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	2	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	2	PA, QL (0.072 ml per 1 days)
<b>ANTIHYPERTENSIVES (CONTINUED)</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>phenoxybenzamine hcl</i>	1	SP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
EDARBI	3	PA, QL (1 ea per 1 days)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>doxazosin mesylate</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i>	1	
METHYLDOPA	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	PA
<i>amlodipine-olmesartan</i>	1	PA
<i>amlodipine-valsartan-hctz</i>	1	PA
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
EDARBYCLOR	3	PA, QL (1 ea per 1 days)
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	PA
<i>quinapril-hydrochlorothiazide</i>	1	
TEKTURNA HCT	3	PA
<i>telmisartan-hctz</i>	1	
<i>trandolapril-verapamil hcl er (1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er)</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<b>ANTIMALARIALS (CONTINUED)</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
<b>ANTIMALARIALS</b>		
ARTESUNATE	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
KRINTAFEL	3	QL (2 ea per 1 day(s)), PN (1 DAY SUPPLY IN 180 DAYS)
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	3	QL (14 ea per 14 day(s)), PN (14 DAY SUPPLY IN 180 DAYS)
<i>pyrimethamine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	1	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	4	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS (CONTINUED)</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	1	
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 300 MG TAB)	1	
PRETOMANID	2	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	4	PA, LA, SP
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)</b>		
<b>ALKYLATING AGENTS</b>		
BELRAPZO	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	4	SP, PN (34 DAYS SUPPLY PER FILL)
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
GLEOSTINE	2	SP, SUM3 (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	2	SP
MELPHALAN	1	
MYLERAN	2	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>temozolomide</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mercaptopurine</i>	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium (pf)</i>	1	
<i>nelarabine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	3	QL (14 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	4	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE	4	SP, PN (34 DAYS SUPPLY PER FILL)
XATMEP	3	PA, SP
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN	4	SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	3	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	3	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA (8 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERCEPTIN	4	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
HERZUMA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	4	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TUKYSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPOUSA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP	4	PA, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI 2.5 MG/2.5ML SOLUTION	4	PA, QL (30 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
DANYELZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	4	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
EMPLICITI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	4	PA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAZYVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMFINZI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	4	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	4	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	4	PA, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUMOXITI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONJUVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	4	PA, SP, PN (34 DAY SUPPLY PER FILL)
TECENTRIQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	4	PA, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YERVOY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZEVALIN Y-90	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	4	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	3	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	3	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ODOMZO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>abiraterone acetate 500 mg tab</i>	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	0	
<i>bicalutamide</i>	1	
CAMCEVI	4	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	4	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	4	SP, SUM3 (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	4	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	4	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	2	SP
ERLEADA 240 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>exemestane</i>	0	
FIRMAGON	4	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	4	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>flutamide</i>	1	
FLUTAMIDE	1	
FULVESTRANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>fulvestrant</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	0	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leuprolide acetate</i>	1	
LUPRON DEPOT (1-MONTH)	4	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	4	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	4	SP, SUM3 (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	4	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide</i>	1	SP
NUBEQA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORGOVYX	3	PA, QL (64 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	0	
<i>tamoxifen citrate 20 mg tab</i>	0	PN (\$0 copay for women)
<i>toremifene citrate</i>	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI 40 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 40 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
YONSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX 10.8 MG IMPLANT	4	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	4	SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	3	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AYVAKIT (25 MG TAB, 50 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	3	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	3	QL (32 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
JELMYTO	4	PA, LA, QL (17 ea per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX FASPRO	4	PA, QL (15 ml per 1 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HERCEPTIN HYLECTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	3	QL (5 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	3	QL (70 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	3	QL (91 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA(200 MG DOSE)	3	QL (49 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	3	QL (100 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	3	QL (80 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	4	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	4	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	3	QL (240 ea per 30 days), PA-NSO, SP, SUM3 (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO	4	PA, QL (240 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	3	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	3	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	3	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BELEODAQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	3	QL (90 ea per 30 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<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	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	3	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 100 MG TAB	3	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLEEVEC 400 MG TAB	3	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	3	QL (21 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 560 MG TAB	3	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	3	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	3	QL (21 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	3	QL (42 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	3	QL (63 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOSELUGO 25 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KYPROLIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	4	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	3	PA, QL (1200 ml per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	3	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	3	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	3	QL (3 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJJAARA	3	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pazopanib hcl</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	3	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG CAP	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	3	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	3	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SCEMBLIX	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	3	QL (84 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sunitinib malate</i>	1	QL (28 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	3	PA, QL (900 ml per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA (150 MG CAP, 200 MG CAP)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	3	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>temsirolimus</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TRUQAP	3	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (100MG DAILY DOSE)	4	QL (21 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (125MG DAILY DOSE)	4	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (50MG DAILY DOSE)	4	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (75MG DAILY DOSE)	4	QL (63 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TURALIO 125 MG CAP	3	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TURALIO 200 MG CAP	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VOTRIENT	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	3	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (MAX 30 DAYS SUPPLY PER FILL)
ZEJULA 100 MG CAP	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYMES</b>		
ASPARLAS	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RYLAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
AZEDRA DOSIMETRIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AZEDRA THERAPEUTIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	4	PA, SP, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BESREMI	4	LA, QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	1	
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYNRIBO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	1	SP
TRISENOX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	4	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
KEPIVANCE 6.25 MG RECON SOLN	4	PN (34 DAYS SUPPLY PER FILL)
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
COSELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IWILFIN	4	QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
MESNEX 400 MG TAB	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE 50 MG CAP	1	SP
HALAVEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	4	PA, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ONCOLYTIC VIRAL AGENTS</b>		
IMLYGIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	3	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	1	
ONGENTYS	3	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	1	ST
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl</i>	1	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
INBRIJA	4	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID	3	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	3	PA, QL (1 ea per 1 days)
<i>lurasidone hcl</i>	1	PA
NUPLAZID	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	3	PA, QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	1	
<b>BENZISOXAZOLES</b>		
FANAPT	3	PA
FANAPT TITRATION PACK	3	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	PA, QL (3.5 ml per 168 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	PA, QL (5 ml per 168 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	PA, QL (0.75 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	PA, QL (1 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	PA, QL (1.5 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	PA, QL (0.25 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	PA, QL (0.5 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	PA, QL (0.88 ml per 84 day(s)), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	PA, QL (1.32 ml per 84 day(s)), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	PA, QL (1.75 ml per 84 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	PA, QL (2.63 ml per 84 day(s)), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er</i>	1	PA
PERSERIS	4	PA, QL (1 ea per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	4	PA, QL (2 ea per 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	1	
<i>risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	4	PA, QL (2 ea per 28 day(s)), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	4	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	4	PA, QL (0.28 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 125 MG/0.35ML SUSP PRSYR	4	PA, QL (0.35 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 150 MG/0.42ML SUSP PRSYR	4	PA, QL (0.42 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	4	PA, QL (0.56 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	4	PA, QL (0.7 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
UZEDY 50 MG/0.14ML SUSP PRSYR	4	PA, QL (0.14 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	4	PA, QL (0.21 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	1	
<i>haloperidol decanoate 100 mg/ml solution</i>	1	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate</i>	1	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	1	PA
CLOZAPINE (12.5 MG TAB DISP, 25 MG TAB DISP, 100 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP)	1	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	3	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	4	PA, QL (2 ea per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 56 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 56 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ABILIFY MAINTENA	4	PA, QL (1 ea per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	1	
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	4	PA, QL (3.9 ml per 56 days), SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	4	PA, QL (1.6 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	4	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 ml per 1 days)
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 ea per 1 days)
<i>abacavir sulfate-lamivudine</i>	1	QL (1 ea per 1 days)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (2 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
APRETUDE	0	QL (3 ml per fill), PN (HIV PREP: Drug covered at \$0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
APTIVUS 250 MG CAP	2	QL (4 ea per 1 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (1 ea per 1 days)
BIKTARVY	2	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	2	QL (1 ea per 1 day(s))
COMPLERA	2	QL (1 ea per 1 days)
<i>darunavir 600 mg tab</i>	1	QL (2 ea per 1 day(s))
<i>darunavir 800 mg tab</i>	1	QL (1 ea per 1 day(s))
DELSTRIGO	2	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	2	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	2	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
DOVATO	2	QL (1 ea per 1 days)
EDURANT	2	QL (2 ea per 1 days)
EFAVIRENZ 200 MG CAP	1	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	1	QL (3 ea per 1 days)
<i>efavirenz 600 mg tab</i>	1	QL (1 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	1	QL (1 ea per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	1	QL (1 ea per 1 days)
<i>emtricitabine</i>	1	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (1 ea per 1 days)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
<i>etravirine</i>	1	QL (2 ea per 1 days)
EVOTAZ	2	QL (1 ea per 1 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosamprenavir calcium</i>	1	QL (4 ea per 1 days)
FUZEON	2	QL (2 ea per 1 days), SP
GENVOYA	2	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	2	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS HD	2	QL (2 ea per 1 days)
JULUCA	2	QL (1 ea per 1 days)
<i>lamivudine 10 mg/ml solution</i>	1	QL (30 ml per 1 days)
<i>lamivudine 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	1	QL (1 ea per 1 days)
<i>lamivudine-zidovudine</i>	1	QL (2 ea per 1 days)
LEXIVA 50 MG/ML SUSPENSION	2	QL (56 ml per 1 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 ea per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	1	QL (4 ea per 1 days)
<i>nevirapine 200 mg tab</i>	1	QL (2 ea per 1 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (40 ml per 1 days)
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL (3 ea per 1 days)
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	2	QL (12 ea per 1 days)
NORVIR 80 MG/ML SOLUTION	2	QL (16 ml per 1 days)
ODEFSEY	2	QL (1 ea per 1 days)
PIFELTRO	2	QL (2 ea per 1 days)
PREZCOBIX	2	QL (1 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	2	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	2	QL (2 ea per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REYATAZ 50 MG PACKET	2	QL (6 ea per 1 days)
<i>ritonavir</i>	1	QL (12 ea per 1 day(s))
RUKOBIA	2	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 ml per 1 days)
SELZENTRY 25 MG TAB	2	QL (8 ea per 1 days)
SELZENTRY 75 MG TAB	2	QL (2 ea per 1 days)
STAVUDINE	1	QL (2 ea per 1 days)
STRIBILD	2	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 day(s)), PN (2 DAY SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	4	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 day(s)), PN (8 DAY SUPPLY IN 180 DAYS)
SYMTUZA	2	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (1 ea per 1 days)
TIVICAY (25 MG TAB, 50 MG TAB)	2	QL (2 ea per 1 days)
TIVICAY 10 MG TAB	2	QL (8 ea per 1 days)
TIVICAY PD	2	QL (12 ea per 1 days)
TRIUMEQ	2	QL (1 ea per 1 days)
TRIUMEQ PD	2	QL (6 ea per 1 days)
TRIZIVIR	2	QL (2 ea per 1 days)
TYBOST	2	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	2	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	2	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	2	QL (8 gm per 1 days)
VOCABRIA	2	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
<i>zidovudine 100 mg cap</i>	1	QL (6 ea per 1 days)
<i>zidovudine 300 mg tab</i>	1	QL (2 ea per 1 days)
<i>zidovudine 50 mg/5ml syrup</i>	1	QL (6 ml per 1 days)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	0	QL (20 ea per fill(s))

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (300/100)	0	QL (30 ea per fill(s))
<b>CMV AGENTS</b>		
LIVTENCITY	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL (1 ea per 1 days)
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	4	PN (34 DAYS SUPPLY PER FILL)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
BARACLUDE 0.05 MG/ML SOLUTION	2	SP
<i>entecavir</i>	1	
EPIVIR HBV 5 MG/ML SOLUTION	2	QL (20 ml per 1 days)
<i>lamivudine 100 mg tab</i>	1	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	4	PA, QL (84 ea per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	4	PA, QL (168 ea per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	4	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	SP
<i>ribavirin 200 mg cap</i>	1	
<i>ribavirin 200 mg tab</i>	1	
VEMLIDY	2	QL (1 ea per 1 days)
<b>HERPES AGENTS</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RELENZA DISKHALER	2	QL (60 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	3	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	3	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	0	QL (40 ea per fill(s))
TPOXX 200 MG CAP	0	QL (9 ea per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	0	QL (80 ml per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
<i>ribavirin 6 gm recon soln</i>	1	SP
<b>BETA BLOCKERS (CONTINUED)</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	PA
<i>carvedilol phosphate er 20 mg cap er 24h</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	ST
<b>BETA BLOCKERS NON-SELECTIVE</b>		
INNOPRAN XL	2	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>timolol maleate (5 mg tab, 10 mg tab)</i>	1	
<b>CALCIUM CHANNEL BLOCKERS (CONTINUED)</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr (120 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>dilt-xr 180 mg cap er 24h</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er (120 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<b>CARDIOTONICS (CONTINUED)</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	
<b>CARDIOVASCULAR AGENTS - MISC. (CONTINUED)</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin</i>	1	
ENTRESTO 24-26 MG TAB	2	QL (6 ea per 1 days)
ENTRESTO 49-51 MG TAB	2	QL (3 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO 97-103 MG TAB	2	QL (2 ea per 1 days)
<b>CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS</b>		
LODOCO	4	PA, QL (1 ea per 1 day(s))
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>treprostinil</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	4	PA, QL (81.2 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	4	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	4	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	4	PA, QL (81.2 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	4	PA, QL (81.2 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan</i>	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRACLEER 32 MG TAB SOL	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LIQREV	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	4	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (5 MG TAB, 7.5 MG TAB)	3	PA, QL (2 ea per 1 days)
CORLANOR 5 MG/5ML SOLUTION	3	PA, QL (20 ml per 1 days)
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	3	PA, QL (1 ea per 1 days)
<b>CEPHALOSPORINS (CONTINUED)</b>		
<b>CEPHALOSPORIN COMBINATIONS</b>		
AVYCAZ	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	2	
<b>CEPHALOSPORINS - SIDEROPHORES</b>		
FETROJA	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>CONTRACEPTIVES (CONTINUED)</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst</i>	0	
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette</i>	0	
BALCOLTRA	0	
<i>balziva</i>	0	
<i>bekyree</i>	0	
BEYAZ	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>daysee</i>	0	
<i>delyla</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dolishale</i>	0	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
ESTROSTEP FE	0	
<i>ethynodiol diac-eth estradiol</i>	0	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>gemmily</i>	0	
GENERESS FE	0	
<i>gianvi</i>	0	
<i>hailey 1.5/30</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30</i>	0	
<i>hailey fe 1/20</i>	0	
<i>iclevia</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel</i>	0	
<i>jolessa</i>	0	
<i>joyeaux</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kelnor 1/50</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>larin 1/20</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30</i>	0	
<i>larin fe 1/20</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levonorgest-eth est &amp; eth est</i>	0	
<i>levonorgest-eth estrad 91-day (0.1-0.02 &amp; 0.01 mg tab, 0.15-0.03 &amp; 0.01 mg tab, 0.15-0.03 mg tab)</i>	0	
<i>levonorgest-eth estradiol-iron</i>	0	
<i>levonorgestrel-ethinyl estrad</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lillow</i>	0	
LO LOESTRIN FE	0	
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
LOSEASONIQUE	0	
<i>low-ogestrel</i>	0	
<i>lutera</i>	0	
<i>marlissa</i>	0	
<i>melodetta 24 fe</i>	0	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	
MINASTRIN 24 FE	0	
MIRCETTE	0	
<i>mono-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	0	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>nylia 7/7/7</i>	0	
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>orsythia</i>	0	
ORTHO TRI-CYCLEN LO	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
QUARTETTE	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SAFYRAL	0	
SEASONIQUE	0	
<i>setlakin</i>	0	
<i>simliya</i>	0	
<i>simpesse</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>taysofy</i>	0	
TAYTULLA	0	
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	0	
TYBLUME	0	
<i>tydemy</i>	0	
VELIVET	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>viorele</i>	0	
<i>volnea</i>	0	
<i>vyfemla</i>	0	
<i>vylibra</i>	0	
<i>wera</i>	0	
<i>wymzya fe</i>	0	
YASMIN 28	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
YAZ	0	
<i>zarah</i>	0	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	0	
TWIRLA	0	
<i>xulane</i>	0	
<i>zafemy</i>	0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	0	
<i>eluryng</i>	0	
<i>enilloring</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>haloette</i>	0	
NUVARING	0	
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD INTRAUTERINE COPPER	0	SP
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>aftera</i>	0	
<i>afterpill</i>	0	
<i>curae</i>	0	
<i>econtra ez</i>	0	
<i>econtra one-step</i>	0	
ELLA	0	
<i>her style</i>	0	
<i>levonorgestrel</i>	0	
<i>my choice</i>	0	
<i>my way</i>	0	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>new day</i>	0	
<i>opcicon one-step</i>	0	
<i>option 2</i>	0	
PLAN B ONE-STEP	0	
<i>react</i>	0	
<i>take action</i>	0	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	0	
DEPO-SUBQ PROVERA 104	0	PN (84 DAYS SUPPLY PER FILL)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	PN (84 DAYS SUPPLY PER FILL)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
LILETTA (52 MG)	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MIRENA (52 MG)	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	0	
<i>deblitane</i>	0	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>lyleq</i>	0	
<i>lyza</i>	0	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyda</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norlyroc</i>	0	
ORTHO MICRONOR	0	
<i>sharobel</i>	0	
SLYND	0	
<i>tulana</i>	0	
<b>CORTICOSTEROIDS (CONTINUED)</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
ALKINDI SPRINKLE	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>budesonide 3 mg cp dr part</i>	1	
<i>decadron</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
SOLU-CORTEF	2	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	2	PN (34 DAYS SUPPLY PER FILL)
TARPEYO	4	PA, LA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY (CONTINUED)</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromet</i>	1	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
CODITUSSIN AC	1	
<i>g tussin ac</i>	1	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine</i>	1	
<i>hydrocod poli-chlorphe poli er</i>	1	
<i>maxi-tuss ac</i>	1	
NINJACOF-XG	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
<i>pseudoeph-bromphen-dm</i>	1	
<i>virtussin a/c</i>	1	
<i>virtussin ac w/alc</i>	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
HYPERSAL 3.5 % NEBU SOLN	3	
<i>nebusal 3 % nebu soln</i>	1	
NEBUSAL 6 % NEBU SOLN	3	
<i>pulmosal</i>	1	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
<b>DERMATOLOGICALS (CONTINUED)</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	
<i>amnestem</i>	4	PN (30 DAYS SUPPLY PER FILL)
ARAZLO	3	PA
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>enzoclear</i>	1	
ERY	1	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
FABIOR	3	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>isotretinoin (25 mg cap, 35 mg cap)</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>sss 10-5 10-5 % cream</i>	1	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % kit, 9-4.5 % liquid)</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % lotion, 10-5 % suspension)</i>	1	
SULFACETAMIDE-SULFUR IN UREA	1	
<i>sulfacleanse 8/4</i>	1	
TAZAROTENE 0.1 % FOAM	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	AL (Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zenatane</i>	4	PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN	3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	1	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 1 % gel</i>	1	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX	3	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
XEPI	3	PA
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate</i>	1	
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
<i>ketodan (2 % foam, 2 % kit)</i>	1	
<i>klayesta</i>	1	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	1	
<i>nyamyc</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
KLISYRI	3	PA, QL (5 ea per fill)
VALCHLOR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE)	4	QL (2 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	4	QL (2 ml per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
METHOXSALLEN RAPID	1	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	4	QL (1 ea per 84 days), PA-NSO, PN (84 DAYS SUPPLY PER FILL)
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL (1 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
SKYRIZI PEN	4	QL (1 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
SPEVIGO	4	PA, LA, QL (15 ml per fill), SP
STELARA 45 MG/0.5ML SOLN PRSYR	4	QL (0.5 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
STELARA 45 MG/0.5ML SOLUTION	4	QL (0.5 ml per 84 days), PA-NSO, SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	4	QL (1 ml per 56 days), PA-NSO, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAZORAC (0.05 % GEL, 0.1 % GEL)	3	PA
TREMFYA	4	QL (1 ml per 56 days), PA-NSO, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ZORYVE 0.3 % CREAM	4	PA, QL (60 gm per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	1	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
<i>sulfacetamide sodium (cleans)</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % cream</i>	1	PA, QL (5 gm per fill(s))
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	3	PA
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>CAUTERIZING AGENTS</b>		
SILVER NITRATE 0.5 % SOLUTION	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
ALA SCALP	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	1	
<i>beseer 0.05 % lotion</i>	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
CLOBETAVIX	1	
<i>clodan 0.05 % shampoo</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate 0.05 % ointment</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base</i>	1	
FLUOVIX	1	
FLUOVIX PLUS	1	
<i>flurandrenolide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	1	
<i>hydrocortisone butyr lipo base</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>nolix (0.05 % cream, 0.05 % lotion)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbase</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	
VERDESO	3	PA
<b>ECZEMA AGENTS</b>		
ADBRY	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	4	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
OPZELURA	3	PA, QL (240 gm per 28 days)
<b>ENZYMES - TOPICAL</b>		
SANTYL	2	PA
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
DAXXIFY	4	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
HYFTOR	4	PA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CANTHARIDIN	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
CONDYLOX	2	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
SALIMEZ	1	
SALYCIM	1	
YCANTH	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>anodyne lpt</i>	1	
APRIZIO PAK II	1	
EMPRICAINE-II	1	
<i>glydo</i>	1	
<i>lidocaine 5 % patch</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidopin 3 % cream</i>	1	
<i>lidopril</i>	1	
<i>lidopril xr</i>	1	
NUVAKAAN-II	1	
<i>prilolid</i>	1	
PRIZOPAK II	1	
QUTENZA	4	PA, QL (4 ea per 90 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	4	PA, QL (4 ea per 90 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	4	PA, QL (4 ea per 90 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>relador pak</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>relador pak plus</i>	1	
<i>tridacaine</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>MISC. TOPICAL</b>		
<i>alcohol wipes</i>	2	
<i>cvs isopropyl alcohol wipes</i>	2	
DRYSOL	1	
<i>isopropyl alcohol 70 % misc</i>	2	
<i>isopropyl alcohol wipes</i>	2	
<i>medpura alcohol pads</i>	2	
QBREXZA	2	PA, QL (1 ea per 1 days)
<i>qc alcohol</i>	2	
<i>ra isopropyl alcohol wipes</i>	2	
XERAC AC	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	3	PA
<b>PROTECTIVES AGAINST UV RADIATION</b>		
SCENESSE	4	PA, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	3	PA
IVERMECTIN 1 % CREAM	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
<i>rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)</i>	1	
<b>SCABICIDES PEDICULICIDES</b>		
IVERMECTIN 0.5 % LOTION	1	
LINDANE	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SPINOSAD	1	
<b>WOUND CARE PRODUCTS</b>		
VYJUVEK	4	PA, LA, QL (10 ml per 8 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>DIAGNOSTIC PRODUCTS (CONTINUED)</b>		
<b>DIAGNOSTIC DRUGS</b>		
MACRILEN	4	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	4	SP, PN (34 DAYS SUPPLY PER FILL)
<b>DIAGNOSTIC TESTS</b>		
CHEMSTRIP K	3	QL (100 ea per fill)
CHEMSTRIP UGK	3	QL (100 ea per fill)
CVS KETONE CARE	3	QL (100 ea per fill)
KETO-DIASTIX	3	QL (100 ea per fill)
KETONE TEST	3	QL (100 ea per fill)
KETOSTIX	3	QL (100 ea per fill)
ONETOUCH ULTRA	2	QL (200 strips per 30 days)
ONETOUCH ULTRA TEST	2	QL (200 strips per 30 days)
ONETOUCH VERIO STRIP	2	QL (200 strips per 30 days)
RELION KETONE TEST	3	QL (100 ea per fill)
<b>DIGESTIVE AIDS (CONTINUED)</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	
PERTZYE	3	PA
SUCRAID	4	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	3	PA
ZENPEP	3	PA
<b>DIURETICS (CONTINUED)</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide</i>	1	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>toremide</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
DIURIL	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	1	
BINOSTO	3	PA
<i>calcitonin (salmon) 200 unit/oct solution</i>	1	
EVENITY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOSAMAX PLUS D	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 ea per 30 days)
PROLIA	4	PA, SP, SUM3 (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	4	PA, QL (2.48 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	4	PA, QL (1.56 ml per 30 days), SP, SUM3 (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
<b>FERTILITY REGULATORS</b>		
CHORIONIC GONADOTROPIN	2	PA
FOLLISTIM AQ	4	PA, PN (34 DAYS SUPPLY PER FILL)
GONAL-F	3	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	3	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	3	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	4	PN (34 DAYS SUPPLY PER FILL)
NOVAREL	3	
OVIDREL	3	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	3	
<b>GNRH/LHRH ANTAGONISTS</b>		
<i>cetorelix acetate</i>	1	PN (34 DAYS SUPPLY PER FILL)
CETROTIDE	3	PN (34 DAYS SUPPLY PER FILL)
GANIRELIX ACETATE	2	
ORILISSA 150 MG TAB	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
ORILISSA 200 MG TAB	4	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>GROWTH HORMONES</b>		
GENOTROPIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	4	PA, SP, PN (34 DAY SUPPLY PER FILL)
ZOMACTON	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZORBTIVE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA	3	PA, QL (1 ea per 1 days)
<i>raloxifene hcl</i>	0	
<b>INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS</b>		
TEPEZZA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI (6 MONTH)	4	PA, QL (1 ea per 168 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	4	SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	4	SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	4	SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	4	PA, SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SYNAREL	2	SP
TRIPTODUR	4	PA, SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl</i>	1	
CRYSVITA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1	
ELAPRASE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO	4	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
FABRAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GALAFOLD	4	PA, LA, QL (14 ea per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>javygtor (100 mg tab, 500 mg packet)</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	4	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
LUMIZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NITYR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NULIBRY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	4	PA, QL (14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ 20 MG/ML SOLN PRSYR	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
REVCIVI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
STRENSIQ	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 20 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XPHOZAH	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 1.5 mg/ml solution)</i>	1	
<i>desmopressin acetate spray</i>	1	
TERLIVAZ	4	PA, SP, PN (14 DAYS SUPPLY PER FILL)
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
LANREOTIDE ACETATE	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>octreotide acetate (50 mcg/ml soln prsy, 50 mcg/ml solution, 100 mcg/ml soln prsy, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsy, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR	4	PA, LA, QL (60 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SIGNIFOR LAR	4	PA, LA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TOLVAPTAN 15 MG TAB	1	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>ESTROGENS (CONTINUED)</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	1	
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
DUAVEE	3	PA
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>lopreeza</i>	1	
<i>mimvey</i>	1	
MYFEMBREE	4	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	4	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE	2	
PREMPRO	2	
<b>ESTROGENS</b>		
DELESTROGEN 10 MG/ML OIL	3	
<i>dotti</i>	1	
ELESTRIN	3	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
<i>lyllana</i>	1	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
<b>FLUOROQUINOLONES (CONTINUED)</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA 450 MG TAB	4	PA, QL (28 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
<b>GASTROINTESTINAL AGENTS - MISC. (CONTINUED)</b>		
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	QL (2 ea per 1 days)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	4	PA, LA, QL (36 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	4	PA, LA, QL (12 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY 1200 MCG CAP	4	PA, LA, QL (6 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY 400 MCG CAP	4	PA, LA, QL (18 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
LIVMARLI	4	PA, LA, QL (90 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium</i>	1	
CIMZIA	4	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (2 SYRINGE)	4	QL (1 ea per 28 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA STARTER KIT	4	QL (3 ea per 28 days), PA-NSO, SP, SUM3 (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	2	
ENTYVIO 300 MG RECON SOLN	4	PA, SP, SUM3 (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
PENTASA 250 MG CAP ER	2	
REMICADE	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLXIS	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	4	QL (2.4 ml per 56 days), PA-NSO, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	4	PA, SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	1	
<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>alosetron hcl</i>	1	
LINZESS	2	QL (1 ea per 1 days)
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VOWST	4	PA, LA, QL (12 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	QL (1 ea per 1 days)
RELISTOR 12 MG/0.6ML SOLUTION	3	PA, QL (18 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
RELISTOR 8 MG/0.4ML SOLUTION	3	PA, QL (6 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	4	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium acetate 667 mg tab</i>	1	
<i>calphron</i>	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	PA
VELPHORO	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX	4	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)</b>		
<b>ALKALINIZERS</b>		
CYTRA K CRYSTALS	1	
CYTRA-3	1	
<i>cytra-k</i>	1	
<i>pot &amp; sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>sod citrate-citric acid</i>	1	
<i>tricitrates</i>	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	PA
<i>tamsulosin hcl</i>	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	2	
<b>GOUT AGENTS (CONTINUED)</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	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	PA, QL (1 ea per 1 days)
KRYSTEXXA	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>URICOSURICS</b>		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>		
GIVLAARI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE/VWF COMPLEX/HUMAN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELOCTATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FEIBA	4	PA, SP
HEMGENIX	4	PA, LA, QL (1 ea per lifetime), SP, PN (1 DOSE PER LIFETIME BY GPI-12)
HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMLIBRA 300 MG/2ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOATE-DVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	4	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	4	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HAEGARDA	4	PA, SP, PN (8 WEIGHT BASED DOSES / FILL; 28 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
RUCONEST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEOPOZ	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	4	PA, QL (4 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>PLASMA PROTEINS</b>		
RYPLAZIM	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	SP
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	3	
CABLIVI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>prasugrel hcl</i>	1	
ZONTIVITY	3	PA
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATOPOIETIC AGENTS (CONTINUED)</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>yargesa</i>	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENDARI	4	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SIKLOS	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>FOLIC ACID/FOLATES</b>		
<i>cvs folic acid</i>	0	
<i>folate</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	
<i>folic acid 1 mg tab</i>	1	
<i>gnp folic acid</i>	0	
<i>hm folic acid</i>	0	
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid</i>	0	
<i>qc folic acid</i>	0	
<i>ra folic acid</i>	0	
<i>sm folic acid</i>	0	
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid</i>	0	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOPTELET	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	4	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
LEUKINE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
MULPLETA	4	PA, QL (7 ea per fill), SP
NEULASTA	4	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	4	PA, QL (0.043 ml per 1 days), SP
NEUPOGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	4	PA, QL (0.043 ml per 1 days), SP
PROCRIT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
STIMUFEND	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
UDENYCA 6 MG/0.6ML SOLN A-INJ	4	PA, QL (0.043 ml per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	4	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	4	PA, QL (0.043 ml per 1 days), SP
<b>IRON</b>		
<i>ferrous sulfate 220 (44 fe) mg/5ml solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ferumoxytol</i>	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>iron supplement 220 (44 fe) mg/5ml solution</i>	1	
<b>STEM CELL MOBILIZERS</b>		
APHEXDA	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	4	SP
<b>HEMOSTATICS (CONTINUED)</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
<i>phenobarbital (20 mg/5ml elixir, 20 mg/5ml solution)</i>	1	
SEZABY	4	PN (5 DAYS SUPPLY PER FILL)
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF)	4	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
QUAZEPAM	1	
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab)</i>	1	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	
<i>zolpidem tartrate er</i>	1	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	1	ST
<b>LAXATIVES (CONTINUED)</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	3	PN (\$0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	1	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	1	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	1	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	PN (\$0 copay for members age 45-75 years)
PLENVU	3	PN (\$0 copay for members age 45-75 years)
<i>trilyte</i>	1	PN (\$0 copay for members age 45-75 years)
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	
KRISTALOSE	2	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
<b>MACROLIDES (CONTINUED)</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
<b>CLARITHROMYCIN</b>		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
<b>ERYTHROMYCINS</b>		
E.E.S. 400	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ery-tab</i>	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	3	PA, QL (20 ea per fill)
DIFICID 40 MG/ML RECON SUSP	3	PA, QL (150 ml per fill)
<b>MEDICAL DEVICES AND SUPPLIES (CONTINUED)</b>		
<b>CONTRACEPTIVES</b>		
CAYA	0	
FC2 FEMALE CONDOM	0	
FEMCAP	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
<b>DIABETIC SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 26G	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
ALTERNATE SITE LANCING DEVICE	2	
AQUA LANCE ADJUSTABLE LANCING	2	
AQUALANCE LANCETS 30G	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE STARTER PACK	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD LANCET ULTRAFINE 30G	2	
BD LANCET ULTRAFINE 33G	2	
BD MICROTAINER LANCETS	2	
BULLSEYE MINI SAFETY LANCETS	2	
BULLSEYE SAFETY LANCETS	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLEVER CHOICE COMFORT EZ MISC	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
COAGUCHEK LANCETS	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT LANCETS	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DEXCOM G6 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	2	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	2	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	2	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROPLET PERSONAL LANCETS 30G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TWIST & CAP LANCETS	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE SENSOR SYSTEM	2	QL (1 ea per 10 days)
FREESTYLE UNISTICK II LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING DEVICE (GOLD)	2	
GENTEEL LANCING DEVICE(PLATNM)	2	
GENTEEL LANCING DEVICE(SILVER)	2	
GENTEEL LANCING KIT (BLUE)	2	
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GNP LANCETS 21G	2	
GNP LANCETS MICRO THIN 33G	2	
GNP LANCETS SUPER THIN 30G	2	
GNP LANCETS THIN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOODSENSE LANCING DEVICE	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHY ACCENTS LANCING DEVICE	2	
HEALTHY ACCENTS UNILET LANCETS	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
HYPOLANCE AST LANCING	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA FINE	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO	2	
LEADER ADVANCED LANCING DEVICE	2	
LIBERTY MEDICAL LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIBERTY MINI LANCING DEVICE	2	
LIFESCAN UNISTIK 2	2	
LIFESCAN UNISTIK II LANCETS	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	
LIVE BETTER ADV LANCING DEVICE	2	
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDISENSE THIN LANCETS	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH LANCETS 30G	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 PACK	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
ON CALL LANCETS	2	
ON CALL LANCING DEVICE	2	
ON CALL PLUS LANCETS	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ON CALL PLUS LANCING DEVICE	2	
ONETOUCH CLUB LANCETS FINE PT	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH FINEPOINT LANCETS	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA 2	0	QL (1 meter per 2 years)
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRA MINI	0	QL (1 meter per 2 years)
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
ONETOUCH VERIO FLEX SYSTEM	0	QL (1 meter per 2 years)
ONETOUCH VERIO REFLECT	0	QL (1 meter per 2 years)
ONETOUCH VERIO W/DEVICE KIT	0	QL (1 meter per 2 years)
PC LANCETS SUPER THIN 30G	2	
PENLET II BLOOD SAMPLER	2	
PENLET II REPLACEMENT CAP	2	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
PRECISION THINS GP LANCETS	2	
PREFERRED PLUS LANCETS COLORED	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREFERRED PLUS LANCETS THIN	2	
PRESSURE ACTIVAT SAFETY LANCET	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	
PURE COMFORT LANCETS 30G	2	
PUSH BUTTON SAFETY LANCETS	2	
PUSH BUTTON SAFETY LANCETS 28G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS MICROTHIN 33G	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REALITY TRIGGER LANCETS	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
SAFETY LANCET 21G/PRESSURE ACT	2	
SAFETY LANCET 23G/PRESSURE ACT	2	
SAFETY LANCET 28G/PRESSURE ACT	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	2	
SAFETY LET LANCETS	2	
SAFETY SEAL LANCETS	2	
SAPS HEALTH PLUS LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELECT-LITE DEVICE/LANCETS	2	
SELECT-LITE LANCING DEVICE	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNILET LANCETS 28G	2	
SHOPKO UNILET LANCETS 30G	2	
SIDE BUTTON SAFETY LANCET	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMARTEST LANCETS 28G	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SURE-LANCE THIN LANCETS 28G	2	
SURE-LANCE ULTRA THIN LANCETS	2	
SURE-PEN	2	
SURE-TOUCH LANCETS UNIVERSAL	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TECHLITE LANCETS 30G	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THINLETS GP LANCETS	2	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRUE COMFORT SAFETY LANCETS	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TWIST TOP LANCETS 30G	2	
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE LANCETS 30G	2	
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II LANCETS	2	
ULTRALANCE	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPER-THIN 30G	2	
UNILET SUPERLITE LANCET	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
V-GO 20	2	QL (1 ea per 1 days)
V-GO 30	2	QL (1 ea per 1 days)
V-GO 40	2	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCING DEVICE	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEVRX TWIST TOP LANCETS 30G	2	
<b>MISC. DEVICES</b>		
ADVOCATE ALCOHOL PREP PADS	2	
ALCOH-GLOVE CONTOURED WIPE	2	
ALCOH-WIPE	2	
ALCOHOL PADS	2	
ALCOHOL PREP	2	
ALCOHOL PREP PADS	2	
ALCOHOL PREPS	2	
ALCOHOL SWABS	2	
ALCOHOL SWABSTICK	2	
APLICARE ALCOHOL SWABSTICK	2	
BD SWAB SINGLE USE REGULAR	2	
BD SWABS SINGLE USE BUTTERFLY	2	
CARETOUCH ALCOHOL PREP	2	
COMFORT TOUCH ALCOHOL PREP	2	
CURITY ALCOHOL PREPS	2	
CURITY ALCOHOL SWABS	2	
CVS ALCOHOL PREP PADS	2	
CVS PREP	2	
DROPSAFE ALCOHOL PREP	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY COMFORT ALCOHOL PADS	2	
EASY TOUCH ALCOHOL PREP MEDIUM	2	
EQL ALCOHOL SWABS	2	
ESSENTRA WIPES 9X9"	2	
FIFTY50 ALCOHOL PREP	2	
GLOBAL ALCOHOL PREP EASE	2	
GNP ALCOHOL SWABS	2	
H-E-B INCONTROL ALCOHOL	2	
HM STERILE ALCOHOL PREP	2	
MEIJER ALCOHOL SWABS	2	
PHARMACIST CHOICE ALCOHOL	2	
PRO COMFORT ALCOHOL	2	
PURE COMFORT ALCOHOL PREP	2	
QC ALCOHOL SWABS	2	
RA ALCOHOL SWABS	2	
REALITY SWABS	2	
RELION ALCOHOL SWABS	2	
SAPS CARE ALCOHOL PREP	2	
SAPS HEALTH ALCOHOL PREP	2	
SAPS HEALTH CARE ALCOHOL PREP	2	
SB ALCOHOL PREP	2	
SHOPKO ALCOHOL SWABS	2	
SM ALCOHOL PREP (70 % PAD, PAD)	2	
SURE COMFORT ALCOHOL PREP	2	
SURE-PREP ALCOHOL PREP	2	
TGT ALCOHOL SWABS	2	
TRUE COMFORT ALCOHOL PREP PADS	2	
TRUE COMFORT PRO ALCOHOL PREP	2	
ULTICARE ALCOHOL SWABS	2	
ULTILET ALCOHOL SWABS	2	
ULTRA-CARE ALCOHOL PREP PADS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WEBCOL ALCOHOL PREP LARGE	2	
WEBCOL ALCOHOL PREP MEDIUM	2	
ZEVX STERILE ALCOHOL PREP PAD	2	
<b>OPTICAL AND OPHTHALMIC SUPPLIES</b>		
SUSVIMO OCULAR IMPLANT	4	PA, QL (2 ea per lifetime), SP
<b>PARENTERAL THERAPY SUPPLIES</b>		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
ABOUTTIME PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLES	2	
ADVOCATE INSULIN SYRINGE	2	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
AUTOPEN	2	
BD AUTOSHIELD	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE HALF-UNIT	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE ULTRAFINE	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE MICRO U/F	2	
BD PEN NEEDLE MINI U/F	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO U/F	2	
BD PEN NEEDLE ORIGINAL U/F	2	
BD PEN NEEDLE SHORT U/F	2	
BD SAFETY-LOK INSULIN SYRINGE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYRINGE U/F	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CARETOUCH INSULIN SYRINGE	2	
CARETOUCH PEN NEEDLES	2	
CEQUR SIMPLICITY 2U	2	QL (10 ea per 30 days), AL (21 to 999 yrs old)
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	
CLICKFINE PEN NEEDLES	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMFORT EZ PRO PEN NEEDLES	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED	2	
DIATHRIVE PEN NEEDLE	2	
DROPLET INSULIN SYRINGE	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPSAFE SAFETY PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DRUG MART UNIFINE PENTIPS	2	
DRUG MART UNIFINE PENTIPS PLUS	2	
EASY COMFORT INSULIN SYRINGE	2	
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE PEN NEEDLES	2	
EASY TOUCH FLIPLOCK INSULIN SY	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	2	
EASY TOUCH SAFETY PEN NEEDLES	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ELITE-THIN INSULIN SYRINGE	2	
EMBRACE PEN NEEDLES	2	
EQL INSULIN SYRINGE	2	
EXEL COMFORT POINT INSULIN SYR	2	
EXEL COMFORT POINT PEN NEEDLE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREDS PHARMACY UNIFINE PENTIP+	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
FREESTYLE PRECISION INS SYR	2	
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE	2	
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP ULTICARE PEN NEEDLES	2	
GNP ULTIGUARD SAFEPACK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HEALTHWISE UNIFINE PENTIPS	2	
HEALTHY ACCENTS UNIFINE PENTIP	2	
HM ULTICARE INSULIN SYRINGE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE-NEEDLE U-100	2	
INSULIN SYRINGE/NEEDLE	2	
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE	2	
INSUPEN ULTRAFIN	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G	2	
KMART VALU INSULIN SYRINGE 30G	2	
KROGER INSULIN SYRINGE	2	
KROGER PEN NEEDLES	2	
LEADER INSULIN SYRINGE	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH PEN NEEDLES	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR	2	
MARATHON MEDICAL PENTIPS	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MM PEN NEEDLES	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT ULTRA COMFORT SYRINGE	2	
MS INSULIN SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	2	
NOVOTWIST PEN NEEDLE	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLES	2	
PEN NEEDLES 1/2"	2	
PEN NEEDLES 3/16"	2	
PEN NEEDLES 5/16"	2	
PENTIPS	2	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
PRECISION SURE-DOSE SYRINGE	2	
PRECISION SUREDOSE PLUS SYR	2	
PREFERRED PLUS INSULIN SYRINGE	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES	2	
PRODIGY INSULIN SYRINGE	2	
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PX PEN NEEDLE	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES	2	
QC UNIFINE PENTIPS	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	
RAYA SURE PEN NEEDLE	2	
REALITY INSULIN SYRINGE	2	
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFESNAP INSULIN SYRINGE	2	
SAFETY INSULIN SYRINGES	2	
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SHOPKO UNIFINE PENTIPS	2	
SHOPKO UNIFINE PENTIPS PLUS	2	
SURE COMFORT INSULIN SYRINGE	2	
SURE COMFORT PEN NEEDLES	2	
SURE-FINE PEN NEEDLES	2	
SURE-JECT INSULIN SYRINGE	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE PEN NEEDLES	2	
TECHLITE PLUS PEN NEEDLES	2	
TODAYS HEALTH MINI PEN NEEDLES	2	
TODAYS HEALTH PEN NEEDLES	2	
TODAYS HEALTH SHORT PEN NEEDLE	2	
TOPCARE CLICKFINE PEN NEEDLES	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOPCARE ULTRA COMFORT INS SYR	2	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	
TRUEPLUS PEN NEEDLES	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYR 1/2 UNIT	2	
ULTICARE INSULIN SYRINGE	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	
ULTICARE PEN NEEDLES	2	
ULTICARE SHORT PEN NEEDLES	2	
ULTIGUARD SAFEPACK PEN NEEDLE	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
ULTILET INSULIN SYRINGE	2	
ULTILET INSULIN SYRINGE SHORT	2	
ULTILET PEN NEEDLE	2	
ULTRA COMFORT INSULIN SYRINGE	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYR 1/2 UNIT	2	
ULTRA FLO INSULIN SYRINGE	2	
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTRACARE PEN NEEDLES	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE PROTECT PEN NEEDLE	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUMARK PEN NEEDLES	2	
VANISHPOINT INSULIN SYRINGE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	
VIDA MIA UNIFINE PENTIPS	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS	2	
ZEVX INSULIN SYRINGE	2	
ZEVX PEN NEEDLES	2	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ADULT MASK LARGE	2	
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
<b>MIGRAINE PRODUCTS (CONTINUED)</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	2	PA, QL (1 ml per 28 days)
AJOVY	4	PA, QL (1.5 ml per 28 days), SUM3 (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
EMGALITY	2	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	2	PA, QL (3 ml per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NURTEC	2	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	2	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	2	PA, QL (30 ea per 30 days)
UBRELVY	2	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>MIGRAINE COMBINATIONS</b>		
<i>ergotamine-caffeine</i>	1	
MIGERGOT	1	
<i>sumatriptan-naproxen sodium</i>	1	PA, QL (16 ea per 28 days)
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate</i>	1	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	1	PA, QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	1	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	1	PA, QL (16 ea per 28 days)
<i>naratriptan hcl</i>	1	QL (16 ea per 28 days)
<i>rizatriptan benzoate</i>	1	QL (16 ea per 28 days)
<i>sumatriptan</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 ml per 28 days)
<i>sumatriptan succinate refill</i>	1	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	3	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	1	PA, QL (16 ea per 28 days)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 ea per 28 days)
<b>MINERALS ELECTROLYTES (CONTINUED)</b>		
<b>FLUORIDE</b>		
<i>nafrinse</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.5 mg/ml solution, 0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
<b>PHOSPHATE</b>		
K-PHOS	2	
<i>phospho-trin k500</i>	2	
<b>POTASSIUM</b>		
<i>effer-k 25 meq effer tab</i>	1	
<i>k-prime</i>	1	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine</i>	1	SP
<i>trientine hcl 250 mg cap</i>	1	SP
<b>ENZYMES</b>		
XIAFLEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATORS</b>		
JOENJA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (21 ea per 28 days), PA-NSO, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	3	QL (21 ea per 28 days), PA-NSO, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	3	QL (28 ea per 28 days), PA-NSO, SP, SUM3 (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REZUROCK	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
THALOMID	4	SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO	4	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	1	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
ENSPRYNG	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARBUS XR	3	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	4	PA
<i>everolimus 1 mg tab</i>	1	PA
GAMIFANT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
LUPKYNIS	4	PA, LA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
NULOJIX	4	PA, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	3	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
UPLIZNA	4	PA, QL (30 ml per 180 days), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
<b>LYMPHATIC AGENTS</b>		
SYLVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	4	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	1	
LOKELMA 10 GM PACKET	3	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	3	PA, QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	
SPS	1	
VELTASSA	3	PA, QL (1 ea per 1 days)
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	4	PA, QL (4 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA	4	PA, PN (34 DAYS SUPPLY PER FILL)
<b>MOUTH/THROAT/DENTAL AGENTS (CONTINUED)</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
FIRST-MOUTHWASH BLM	3	
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<b>DENTAL PRODUCTS</b>		
<i>cavarest</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 enamel</i>	1	
<i>sodium fluoride 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	
<i>sodium fluoride 5000 sensitive</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>MULTIVITAMINS (CONTINUED)</b>		
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
ONEVITE	1	
THRIVITE 19	1	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vit/iron/fluoride</i>	1	
<i>multi-vitamin/fluoride/iron</i>	1	
<i>multivitamin/fluoride/iron</i>	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	1	
<b>PED MV W/ FLUORIDE</b>		
MULTI-VIT-FLOR (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
<i>multi-vitamin/fluoride</i>	1	
MULTIVITAMIN + FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
<i>multivitamin select/fluoride</i>	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
<i>multivitamins/fluoride</i>	1	
POLY-VI-FLOR (0.25 MG CHEW TAB, 0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
QUFLORA PEDIATRIC (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
TRI-VI-FLOR	1	
TRI-VI-FLORO	1	
<i>tri-vite/fluoride 0.25 mg/ml solution</i>	1	
<i>vitamins acd-fluoride</i>	1	
<b>PRENATAL VITAMINS</b>		
ATABEX EC	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATABEX OB	1	
AZESCO	1	
BAL-CARE DHA	1	
C-NATE DHA	1	
CITRANATAL 90 DHA	1	
CITRANATAL ASSURE	1	
CITRANATAL B-CALM	1	
CITRANATAL BLOOM	1	
CITRANATAL BLOOM DHA	1	
CITRANATAL DHA	1	
CITRANATAL HARMONY	1	
CITRANATAL RX	1	
COMPLETE NATAL DHA	1	
COMPLETENATE	1	
CONCEPT DHA	1	
CONCEPT OB	1	
DUET DHA 400	1	
DUET DHA BALANCED	1	
ELITE-OB	1	
ENBRACE HR	1	
FOLIVANE-OB	1	
KOSHER PRENATAL PLUS IRON	1	
M-NATAL PLUS	1	
MULTI-MAC	1	
NATACHEW	1	
NEEVO DHA	1	
NEONATAL COMPLETE 27-1 MG TAB	1	
NEONATAL PLUS	1	
NESTABS	1	
NESTABS DHA	1	
NESTABS ONE	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NIVA-PLUS	1	
O-CAL PRENATAL	1	
OB COMPLETE	1	
OB COMPLETE ONE	1	
OB COMPLETE PETITE	1	
OB COMPLETE PREMIER	1	
OB COMPLETE/DHA	1	
OBSTETRIX EC (WITH DOCUSATE)	1	
OBSTETRIX ONE (WITH DOCUSATE)	1	
ONE VITE WOMENS PLUS	1	
PNV-DHA	1	
PNV-DHA+DOCUSATE	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PREGEN DHA	1	
PREMESISRX	1	
PRENA 1 TRUE	1	
PRENA1	1	
PRENA1 PEARL	1	
PRENAISSANCE	1	
PRENAISSANCE PLUS	1	
PRENATAL 19	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATE	1	
PRENATE AM	1	
PRENATE DHA	1	
PRENATE ELITE	1	
PRENATE ENHANCE	1	
PRENATE ESSENTIAL	1	
PRENATE MINI	1	
PRENATE PIXIE	1	
PRENATE RESTORE	1	
PRENATRIX	1	
PRENATRYL	1	
PREPLUS	1	
PRIMACARE	1	
PROVIDA OB	1	
R-NATAL OB	1	
RELNATE DHA	1	
SE-NATAL 19	1	
SELECT-OB	1	
SELECT-OB+DHA	1	
TARON-C DHA	1	
TARON-PREX	1	
TRI-TABS DHA	1	
TRICARE	1	
TRICARE PRENATAL DHA ONE	1	
TRINATAL RX 1	1	
TRINATE	1	
TRISTART DHA	1	
TRIVEEN-DUO DHA	1	
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VITAFOL GUMMIES	1	
VITAFOL ULTRA	1	
VITAFOL-NANO	1	
VITAFOL-OB	1	
VITAFOL-OB+DHA	1	
VITAFOL-ONE	1	
VITAMEDMD ONE RX/QUATREFOLIC	1	
VITAMEDMD REDICHEW RX	1	
VITAPEARL	1	
VITATHELY WITH GINGER	1	
VITATRUE	1	
VIVA DHA	1	
VOL-PLUS	1	
VP-PNV-DHA	1	
WESCAP-C DHA	1	
WESCAP-PN DHA	1	
WESNATAL DHA COMPLETE	1	
WESNATE DHA	1	
WESTAB PLUS	1	
WESTGEL DHA	1	
ZALVIT	1	
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZIPHEX	1	
<b>MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 ml per 1 day(s)), SP
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl</i>	1	
<i>vanadom</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
CARISOPRODOL-ASPIRIN-CODEINE	1	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	4	QL (3 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	4	PA, QL (3 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	4	PA, SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	4	PA, QL (10 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
MONOVISC	4	PA, QL (4 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
ORTHOVISC	4	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SODIUM HYALURONATE	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	4	PA, QL (12.5 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SYNOJOYNT	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	4	PA, QL (7.5 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	4	PA, QL (7.5 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

## NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)

### NASAL AGENT COMBINATIONS

*azelastine-fluticasone*

1

### NASAL ANTIALLERGY

*azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)*

1

*olopatadine hcl 0.6 % solution*

1

### NASAL ANTICHOLINERGICS

*ipratropium bromide (0.03 % solution, 0.06 % solution)*

1

### NASAL STEROIDS

BECONASE AQ

3

PA

*flunisolide*

1

*fluticasone propionate 50 mcg/act suspension*

1

*mometasone furoate 50 mcg/act suspension*

1

OMNARIS

3

PA

QNASL

3

PA

QNASL CHILDRENS

3

PA

ZETONNA

3

PA

## NEUROMUSCULAR AGENTS (CONTINUED)

### ALS AGENTS

EXSERVAN

4

PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QALSODY	4	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
RADICAVA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	4	PA, QL (50 ml per 28 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	4	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
RELYVRIO	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>riluzole</i>	1	PN (34 DAYS SUPPLY PER FILL)
TEGLUTIK	4	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TIGLUTIK	4	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>FRIEDRICHS ATAXIA AGENTS</b>		
SKYCLARYS	4	PA, LA, QL (90 ea per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
<b>MUSCULAR DYSTROPHY AGENTS</b>		
AMONDYS 45	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPOBT	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
SOHONOS (1.5 MG CAP, 10 MG CAP)	4	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 1 MG CAP	4	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	4	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	4	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XEOMIN	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI	4	PA, LA, QL (6.67 ml per 1 days), SP

Drug Name	Drug Tier	Requirements/Limits
SPINRAZA	4	PA, LA, SP, SUM3 (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
<b>NUTRIENTS (CONTINUED)</b>		
<b>LIPIDS</b>		
DOJOLVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<b>BETA-BLOCKERS - OPTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S	2	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>altafrin 10 % solution</i>	1	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE	1	
<i>phenylephrine hcl 10 % solution</i>	1	
<i>tropicamide</i>	1	
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
VUITY	3	PA, QL (2.5 ml per 30 days)
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BEOVU 6 MG/0.05ML SOLN PRSYR	4	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)
CIMERLI	4	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)



Drug Name	Drug Tier	Requirements/Limits
EYLEA	4	PA, QL (0.1 ml per 25 days), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	4	PA, QL (0.14 ml per 21 days), SP, SUM3 (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	4	PA, QL (0.1 ml per 28 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 28 days), SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL)	4	PA, QL (0.2 ml per 168 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	4	PA, QL (0.2 ml per 168 days), SP, SUM3 (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO	4	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P 0.1 % SOLUTION	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA	3	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	
AZASITE	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
GENTAK	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin 0.5 % solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN	2	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE	1	
XDEMVY	4	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC COMPLEMENT INHIBITORS</b>		
IZERVAY	4	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	4	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	1	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	3	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	4	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE	4	SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	2	
ILUVIEN	4	PA, SP, SUM3 (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX	2	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
PRED-G	2	
PREDNISOLONE ACETATE	1	
PREDNISOLONE ACETATE P-F	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	
XIPERE	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMICS - MISC.</b>		
ALOMIDE	3	PA
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
DORZOLAMIDE HCL	1	
<i>epinastine hcl</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost</i>	1	ST
DURYSTA	4	PA, QL (2 ea per lifetime), SP
LATANOPROST	1	
LUMIGAN	3	ST
<i>tafluprost (pf)</i>	1	PA
<i>travoprost (bak free)</i>	1	
VYZULTA	3	ST
XELPROS	2	ST
<b>OTIC AGENTS (CONTINUED)</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	
<b>OTIC COMBINATIONS</b>		
CIPRO HC	2	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<b>OXYTOCICS (CONTINUED)</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)</b>		
<b>IMMUNE SERUMS</b>		
ASCENIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CUTAQUIG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	4	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	2	SP, PN (34 DAYS SUPPLY PER FILL-override)
RHOPHYLAC	2	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	4	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PENICILLINS (CONTINUED)</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin</i>	1	
<b>NATURAL PENICILLINS</b>		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	1	
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 200-28.5 MG/5ML RECON SUSP, 250-125 MG TAB, 250-62.5 MG/5ML RECON SUSP, 400-57 MG CHEW TAB, 400-57 MG/5ML RECON SUSP, 500-125 MG TAB, 600-42.9 MG/5ML RECON SUSP, 875-125 MG TAB)	1	
AMOXICILLIN-POT CLAVULANATE ER	1	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<b>PROGESTINS (CONTINUED)</b>		
<b>PROGESTINS</b>		
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
MAKENA 275 MG/1.1ML SOLN A-INJ	4	PA
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>disulfiram</i>	1	
LUCEMYRA	4	PA, QL (112 ea per 7 days), PN (7 DAYS SUPPLY PER FILL)
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ	4	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYREM	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er</i>	1	PA
<i>rivastigmine tartrate</i>	1	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
<i>olanzapine-fluoxetine hcl</i>	1	
PERPHENAZINE-AMITRIPTYLINE	1	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	2	
SAVELLA TITRATION PACK	2	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	1	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BAFIERTAM	4	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
BETASERON	4	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	4	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	4	QL (60 ea per 30 day(s)), SP
EXTAVIA	4	QL (15 ea per 30 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>fingolimod hcl</i>	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.25 MG CAP	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	QL (30 ml per 30 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	4	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
LEMTRADA	4	PA, QL (6 ml per 365 days), SP, SUM3 (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAVENCLAD (10 TABS)	4	PA, LA, QL (10 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (4 TABS)	4	PA, LA, QL (4 ea per 27 days), SP, PN (27 DAYS SUPPLY PER FILL)
MAVENCLAD (5 TABS)	4	PA, LA, QL (5 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (6 TABS)	4	PA, LA, QL (6 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (7 TABS)	4	PA, LA, QL (7 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (8 TABS)	4	PA, LA, QL (8 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (9 TABS)	4	PA, LA, QL (9 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	4	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	4	QL (7 ea per 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	QL (12 ea per 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCREVUS	4	PA, QL (20 ea per 180 day(s)), SP, SUM3 (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY), PN (TWO 180 DAY SUPPLIES IN 365 DAYS)
PLEGRIDY	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PONVORY	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PONVORY STARTER PACK	4	QL (14 ea per 14 day(s)), SP, PN (14 DAY SUPPLY IN 180 DAYS)
REBIF	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	1	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	4	PA, SP, SUM3 (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY	4	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA	2	PA, QL (30 ea per 30 days), SP, SUM2 (PA not required if submitted with the following ICD-10 codes: G35), PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (7 ea per 7 day(s)), SP, SUM2 (PA not required if submitted with the following ICD-10 codes: G35), PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA, QL (37 ea per 37 day(s)), SUM2 (PA not required if submitted with the following ICD-10 codes: G35), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 ea per 28 days), SP, SUM2 (PA not required if submitted with the following ICD-10 codes: G35), PN (MAX 28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD)	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
<b>SMOKING DETERRENTS</b>		
APO-VARENICLINE	0	QL (2 ea per 1 days)
CHANTIX	0	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	0	QL (2 ea per 1 days)
CHANTIX STARTING MONTH PAK	0	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>cvs nicotine</i>	0	
<i>cvs nicotine polacrilex</i>	0	
<i>eq nicotine</i>	0	
<i>eq nicotine polacrilex</i>	0	
<i>eq nicotine step 3</i>	0	
<i>eq nicotine polacrilex</i>	0	
<i>ft nicotine</i>	0	
<i>ft nicotine mini</i>	0	
<i>gnp nicotine</i>	0	
<i>gnp nicotine mini</i>	0	
<i>gnp nicotine polacrilex</i>	0	
<i>goodsense nicotine</i>	0	
<i>habitrol</i>	0	
<i>hm nicotine</i>	0	
<i>hm nicotine polacrilex</i>	0	
<i>kls quit2</i>	0	
<i>kls quit4</i>	0	
NICODERM CQ	3	
NICORETTE	3	
NICORETTE MINI	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICORETTE STARTER KIT	3	
NICOTINE (7 MG/24HR PATCH 24HR, 14 MG/24HR PATCH 24HR, 21 MG/24HR PATCH 24HR, 21-14-7 MG/24HR KIT)	0	
<i>nicotine mini</i>	0	
<i>nicotine polacrilex</i>	0	
<i>nicotine polacrilex mini</i>	0	
<i>nicotine step 1</i>	0	
<i>nicotine step 2</i>	0	
<i>nicotine step 3</i>	0	
NICOTROL	0	
NICOTROL NS	0	
<i>px stop smoking aid</i>	0	
<i>qc nicotine transdermal system</i>	0	
<i>ra mini nicotine</i>	0	
<i>ra nicotine</i>	0	
<i>ra nicotine gum</i>	0	
<i>ra nicotine polacrilex</i>	0	
<i>sm nicotine</i>	0	
<i>sm nicotine polacrilex</i>	0	
<i>tgt nicotine</i>	0	
<i>tgt nicotine polacrilex</i>	0	
<i>tgt nicotine step one</i>	0	
<i>tgt nicotine step three</i>	0	
<i>tgt nicotine step two</i>	0	
<i>thrive</i>	0	
<i>varenicline tartrate</i>	0	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	0	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	0	QL (2 ea per 1 days)
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
AMVUTTRA	4	PA, LA, QL (0.5 ml per 84 days), SP, SUM3 (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ONPATTRO	4	PA, SP, PN (21 DAY SUPPLY PER FILL)
TEGSEDI	4	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>RESPIRATORY AGENTS - MISC. (CONTINUED)</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST NP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	4	PA, LA, QL (60 ea per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	4	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	4	PA, LA, QL (56 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>SULFONAMIDES (CONTINUED)</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE	1	
<b>TETRACYCLINES (CONTINUED)</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA 150 MG TAB	4	PA, SP
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>coremino</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	
<i>minocycline hcl er (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115 mg tab er 24h)</i>	1	PA
<i>mondoxylene nl 100 mg cap</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
<b>THYROID AGENTS (CONTINUED)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>THYROID HORMONES</b>		
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	3	
<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	
<i>levoxyI</i>	3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID	1	
SYNTHROID	3	
THYROID (90 MG TAB)	1	
<i>unithroid</i>	3	
<b>TOXOIDS (CONTINUED)</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	0	AL (Up to 64 yrs old)

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX	0	
DAPTACEL	0	AL (Up to 6 yrs old)
DIPHThERIA-TETANUS TOXOIDS DT	0	AL (Up to 6 yrs old)
INFANRIX	0	AL (Up to 6 yrs old)
KINRIX	0	AL (Up to 6 yrs old)
PEDIARIX	0	AL (Up to 6 yrs old)
PENTACEL	0	AL (Up to 4 yrs old)
QUADRACEL	0	AL (Up to 6 yrs old)
TDVAX	0	AL (7 to 999 yrs old)
TENIVAC	0	
TETANUS-DIPHThERIA TOXOIDS TD	0	AL (7 to 999 yrs old)

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)

### ANTISPASMODICS

<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (1 mg tab, 1.5 mg tab, 2 mg tab)</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate sl</i>	1	
<i>hyosyne</i>	1	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin 0.125 mg tab</i>	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	

### H-2 ANTAGONISTS

<i>cimetidine</i>	1	
CIMETIDINE HCL (300 MG/5ML SOLUTION)	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	1	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>lansoprazole</i>	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	3	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	1	PA
<i>rabeprazole sodium 20 mg tab dr</i>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>omeprazole-sodium bicarbonate</i>	1	ST
<b>UNCATEGORIZED (CONTINUED)</b>		
<b>UNCLASSIFIED</b>		
OPILL	0	
<b>URINARY ANTISPASMODICS (CONTINUED)</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	ST
<i>fesoterodine fumarate er</i>	1	ST
GELNIQUE	3	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	3	ST
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er</i>	1	ST
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	ST
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 ea per 1 days)
MYRBETRIQ 8 MG/ML SRER	2	QL (10 ml per 1 days), AL (3 to 18 yrs old)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	
<b>VACCINES (CONTINUED)</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	0	AL (Up to 5 yrs old)
BEXSERO	0	AL (Up to 25 yrs old)
HIBERIX	0	AL (Up to 4 yrs old)
MENACTRA	0	AL (Up to 55 yrs old)
MENVEO (RECON SOLN, SOLUTION)	0	AL (Up to 55 yrs old)
PEDVAX HIB	0	AL (Up to 6 yrs old)
PENBRAYA	0	QL (2 ea per lifetime), AL (10 to 25 yrs old)
PNEUMOVAX 23	0	
PREVNAR 13	0	
PREVNAR 20	0	QL (0.5 ml per lifetime)
TRUMENBA	0	AL (Up to 25 yrs old)
VAXNEUVANCE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	3	QL (4 ea per fill)
<b>VIRAL VACCINES</b>		
ABRYVO	0	AL (60 to 999 yrs old)
ACAM2000	0	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old)
COMIRNATY	0	
ENGERIX-B (20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	AL (20 to 99 yrs old)
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	0	AL (Up to 19 yrs old)
FLUAD QUADRIVALENT	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST QUADRIVALENT	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9	0	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	0	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	AL (18 to 99 yrs old)
IPOL	0	AL (Up to 18 yrs old)
JANSSEN COVID-19 VACCINE	0	
JYNNEOS	0	AL (18 to 999 yrs old)
M-M-R II	0	
MODERNA COVID-19 BIVAL 6M-5Y	0	
MODERNA COVID-19 BIVAL BOOSTER	0	
MODERNA COVID-19 BIVALENT	0	
MODERNA COVID-19 VAC (BOOSTER)	0	
MODERNA COVID-19 VAC 6M-11Y	0	
MODERNA COVID-19 VACCINE	0	
NOVAVAX COVID-19 VACCINE	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0	
PFIZER COVID-19 VAC BIVAL 5-11	0	

Drug Name	Drug Tier	Requirements/Limits
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PFIZER-BIONTECH COVID-19 VACC	0	
PREHEVBRIO	0	AL (18 to 999 yrs old)
PRIORIX	0	
PROQUAD	0	AL (Up to 12 yrs old)
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION)	0	AL (11 to 999 yrs old)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	AL (Up to 19 yrs old)
RECOMBIVAX HB 40 MCG/ML SUSPENSION	0	AL (18 to 99 yrs old)
SHINGRIX	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	0	
SPIKEVAX COVID-19 VACCINE	0	
TWINRIX	0	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 99 yrs old)
VARIVAX	0	
<b>VAGINAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>SPERMICIDES</b>		
OPTIONS GYNOL II CONTRACEPTIVE	0	
TODAY SPONGE	0	
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 12.5 % FOAM, 28 % FILM)	0	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	2	
MICONAZOLE 3 200 MG SUPPOS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI	0	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	1	
ESTRING	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem</i>	1	
<b>VAGINAL PROGESTINS</b>		
CRINONE	3	PA
ENDOMETRIN	2	
<b>VASOPRESSORS (CONTINUED)</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	QL (2 ea per fill), AL (Up to 3 yrs old)
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL (2 ea per fill)
<i>midodrine hcl</i>	1	
<b>VITAMINS (CONTINUED)</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	

# Appendix

## 1

1ST TIER UNIFINE PENTIPS . . . . .	136
1ST TIER UNIFINE PENTIPS PLUS . . . . .	136
1ST TIER UNILET COMFORTOUCH . . . . .	116

## A

abacavir sulfate . . . . .	69
abacavir sulfate-lamivudine . . . . .	69
abacavir-lamivudine-zidovudine . . . . .	69
ABILIFY ASIMTUFI . . . . .	69
ABILIFY MAINTENA . . . . .	69
abiraterone acetate . . . . .	54
ABOUTTIME PEN NEEDLE . . . . .	136
ABRAXANE . . . . .	64
ABRYSVO . . . . .	174
ACAM2000 . . . . .	174
acarbose . . . . .	35
ACCU-CHEK FASTCLIX LANCET . . . . .	116
ACCU-CHEK FASTCLIX LANCETS . . . . .	116
ACCU-CHEK MULTICLIX LANCETS . . . . .	116
ACCU-CHEK SAFE-T PRO LANCETS . . . . .	116
ACCU-CHEK SOFTCLIX LANCET DEV . . . . .	116
ACCU-CHEK SOFTCLIX LANCETS . . . . .	117
acebutolol hcl . . . . .	75
ACETAMINOPHEN-CODEINE . . . . .	20
acetazolamide . . . . .	98
acetazolamide er . . . . .	98
acetic acid . . . . .	162
acetylcysteine . . . . .	89
acitretin . . . . .	92
ACTEMRA . . . . .	15
ACTEMRA ACTPEN . . . . .	15
ACTHIB . . . . .	174
ACTI-LANCE 28G . . . . .	117
ACTI-LANCE LITE LANCETS 28G . . . . .	117
ACTI-LANCE SPECIAL LANCETS 17G . . . . .	117
ACTI-LANCE UNIVERSAL 23G . . . . .	117
ACTIMMUNE . . . . .	63
acyclovir . . . . .	73,93
ADACEL . . . . .	171

ADAKVEO . . . . .	112
ADALIMUMAB-FKJP . . . . .	13
adapalene . . . . .	89
adapalene-benzoyl peroxide . . . . .	90
ADBRY . . . . .	95
ADCETRIS . . . . .	51
adefovir dipivoxil . . . . .	73
ADEMPAS . . . . .	78
ADJUSTABLE LANCING DEVICE . . . . .	117
adult aspirin regimen . . . . .	17
ADULT MASK LARGE . . . . .	144
ADVAIR HFA . . . . .	28
ADVANCED MOBILE LANCET . . . . .	117
ADVATE . . . . .	109
ADVOCATE ALCOHOL PREP PADS . . . . .	134
ADVOCATE INSULIN PEN NEEDLE . . . . .	136
ADVOCATE INSULIN PEN NEEDLES . . . . .	136
ADVOCATE INSULIN SYRINGE . . . . .	136
ADVOCATE LANCETS . . . . .	117
ADVOCATE LANCETS 30G . . . . .	117
ADVOCATE LANCING DEVICE . . . . .	117
ADVOCATE RAPID-SAFE LANCING . . . . .	117
ADVOCATE SAFETY LANCETS . . . . .	117
ADVOCATE SAFETY LANCETS 26G . . . . .	117
AEMCOLO . . . . .	23
afirmelle . . . . .	79
AFLURIA QUADRIVALENT . . . . .	174
AFSTYLA . . . . .	109
aftera . . . . .	86
afterpill . . . . .	86
AGAMATRIX ULTRA-THIN LANCETS . . . . .	117
AIMOVIG . . . . .	144
AIMSCO TWIST LANCETS 32G . . . . .	117
AIMSCO TWIST LANCETS 33G . . . . .	117
AJOVY . . . . .	144
ak-poly-bac . . . . .	159
AKEEGA . . . . .	54
AKYNZEO . . . . .	42
ALA SCALP . . . . .	93
ala-cort . . . . .	93
albendazole . . . . .	23

albuterol sulfate . . . . .	28	amantadine hcl . . . . .	65
albuterol sulfate hfa . . . . .	28	ambrisentan . . . . .	77
alclometasone dipropionate . . . . .	93	AMCINONIDE . . . . .	93
ALCOH-GLOVE CONTOURED WIPE . . . . .	134	amethia . . . . .	79
ALCOH-WIPE . . . . .	134	amethia lo . . . . .	79
ALCOHOL PADS . . . . .	134	amethyst . . . . .	79
ALCOHOL PREP . . . . .	134	amiloride hcl . . . . .	99
ALCOHOL PREP PADS . . . . .	134	AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	99
ALCOHOL PREPS . . . . .	134	amiodarone hcl . . . . .	26
ALCOHOL SWABS . . . . .	134	amitriptyline hcl . . . . .	35
ALCOHOL SWABSTICK . . . . .	134	amlodipine besy-benazepril hcl . . . . .	47
alcohol wipes . . . . .	97	amlodipine besylate . . . . .	75
ALDURAZYME . . . . .	102	amlodipine besylate-valsartan . . . . .	47
ALECENSA . . . . .	57	amlodipine-atorvastatin . . . . .	76
alendronate sodium . . . . .	99	amlodipine-olmesartan . . . . .	47
alfuzosin hcl er . . . . .	109	amlodipine-valsartan-hctz . . . . .	47
ALINIA . . . . .	24	amnesteem . . . . .	90
ALIQOPA . . . . .	57	AMONDYS 45 . . . . .	157
aliskiren fumarate . . . . .	47	amoxapine . . . . .	35
ALKINDI SPRINKLE . . . . .	88	amoxicillin . . . . .	163
allopurinol . . . . .	109	AMOXICILLIN-POT CLAVULANATE . . . . .	164
almotriptan malate . . . . .	145	AMOXICILLIN-POT CLAVULANATE ER . . . . .	164
ALOMIDE . . . . .	161	amphetamine-dextroamphet er . . . . .	12
alosetron hcl . . . . .	107	amphetamine-dextroamphetamine . . . . .	12
ALPHAGAN P . . . . .	159	ampicillin . . . . .	164
ALPHANATE . . . . .	109	AMVUTTRA . . . . .	169
ALPHANATE/VWF COMPLEX/HUMAN . . . . .	109	anagrelide hcl . . . . .	111
alprazolam . . . . .	25	anastrozole . . . . .	54
alprazolam er . . . . .	26	ANDEXXA . . . . .	41
ALPRAZOLAM INTENSOL . . . . .	26	ANNOVERA . . . . .	86
alprazolam xr . . . . .	26	anodyne lpt . . . . .	96
ALTABAX . . . . .	91	ANORO ELLIPTA . . . . .	28
altafrin . . . . .	158	anucort-hc . . . . .	22
altavera . . . . .	79	anusol-hc . . . . .	23
ALTERNATE SITE LANCING DEVICE . . . . .	117	APAP-CAFF-DIHYDROCODEINE . . . . .	21
ALTUVIIIIO . . . . .	109	APHEXDA . . . . .	114
ALUNBRIG . . . . .	57	APLENZIN . . . . .	33
alyacen 1/35 . . . . .	79	APLICARE ALCOHOL SWABSTICK . . . . .	134
alyacen 7/7/7 . . . . .	79	APO-VARENICLINE . . . . .	168
alyq . . . . .	77	apomorphine hcl . . . . .	65
amabelz . . . . .	104	apraclonidine hcl . . . . .	159

aprepitant . . . . .	42	aspirin childrens . . . . .	17
APRETUDE . . . . .	70	aspirin ec low dose . . . . .	17
apri . . . . .	79	aspirin ec low strength . . . . .	17
APRIZIO PAK II . . . . .	96	aspirin low dose . . . . .	18
APTIOM . . . . .	31	aspirin low strength . . . . .	18
APTIVUS . . . . .	70	aspirin regimen . . . . .	18
AQ INSULIN SYRINGE . . . . .	136	aspirin-dipyridamole er . . . . .	111
AQINJECT PEN NEEDLE . . . . .	136	ASSURE COMFORT LANCETS 28G . . . . .	117
AQUA LANCE ADJUSTABLE LANCING . . . . .	117	ASSURE HAEMOLANCE PLUS HIGH . . . . .	117
AQUALANCE LANCETS 30G . . . . .	117	ASSURE HAEMOLANCE PLUS LOW . . . . .	117
ARALAST NP . . . . .	170	ASSURE HAEMOLANCE PLUS MICRO . . . . .	117
aranelle . . . . .	79	ASSURE HAEMOLANCE PLUS NORMAL . . . . .	117
ARANESP (ALBUMIN FREE) . . . . .	112	ASSURE HAEMOLANCE PLUS PED . . . . .	117
ARAZLO . . . . .	90	ASSURE ID DUO PRO PEN NEEDLES . . . . .	136
ARCALYST . . . . .	15	ASSURE ID INSULIN SAFETY SYR . . . . .	136
AREXVY . . . . .	175	ASSURE ID PRO PEN NEEDLES . . . . .	136
arformoterol tartrate . . . . .	28	ASSURE ID SAFETY PEN NEEDLES . . . . .	136
aripiprazole . . . . .	69	ASSURE LANCE LANCETS . . . . .	117
ARISTADA . . . . .	69	ASSURE LANCE LANCETS 21G . . . . .	117
ARISTADA INITIO . . . . .	69	ASSURE LANCE PLUS SAFETY 25G . . . . .	117
armodafinil . . . . .	12	ASSURE LANCE PLUS SAFETY 30G . . . . .	117
ARMOUR THYROID . . . . .	171	ASSURE LANCE SAFETY LANCET 28G . . . . .	117
ARNUITY ELLIPTA . . . . .	28	ASSURE LANCETS . . . . .	117
ARTESUNATE . . . . .	48	ATABEX EC . . . . .	150
ARZERRA . . . . .	51	ATABEX OB . . . . .	151
ASCENIV . . . . .	162	atazanavir sulfate . . . . .	70
ascomp-codeine . . . . .	21	atenolol . . . . .	75
asenapine maleate . . . . .	68	atenolol-chlorthalidone . . . . .	47
ashlyna . . . . .	79	atomoxetine hcl . . . . .	12
ASMANEX (120 METERED DOSES) . . . . .	28	atorvastatin calcium . . . . .	44
ASMANEX (14 METERED DOSES) . . . . .	28	atovaquone . . . . .	24
ASMANEX (30 METERED DOSES) . . . . .	28	atovaquone-proguanil hcl . . . . .	48
ASMANEX (60 METERED DOSES) . . . . .	28	atropine sulfate . . . . .	158
ASMANEX (7 METERED DOSES) . . . . .	28	ATROVENT HFA . . . . .	27
ASMANEX HFA . . . . .	28	aubra . . . . .	79
ASPARLAS . . . . .	63	aubra eq . . . . .	79
aspir-low . . . . .	17	AUGMENTIN . . . . .	164
aspirin . . . . .	17	AUGTYRO . . . . .	57
aspirin 81 . . . . .	17	AUM INSULIN SAFETY PEN NEEDLE . . . . .	136
aspirin adult low dose . . . . .	17	AUM MINI INSULIN PEN NEEDLE . . . . .	136
aspirin adult low strength . . . . .	17	AUM PEN NEEDLE . . . . .	136

AUM READYGARD DUO PEN NEEDLE . . . . .	136	azelaic acid . . . . .	97
AUM SAFETY PEN NEEDLE . . . . .	136	azelastine hcl . . . . .	156,161
AURORA LANCET SUPER THIN 30G . . . . .	118	azelastine-fluticasone . . . . .	156
AURORA LANCET THIN 23G . . . . .	118	AZESCO . . . . .	151
AURORA PEN NEEDLES . . . . .	136	azithromycin . . . . .	115
AURORA UNIFINE PENTIPS . . . . .	136	azurette . . . . .	80
aurovela 1.5/30 . . . . .	79		
aurovela 1/20 . . . . .	79	<b>B</b>	
aurovela 24 fe . . . . .	80	bac . . . . .	17
aurovela fe 1.5/30 . . . . .	80	bacitra-neomycin-polymyxin-hc . . . . .	160
aurovela fe 1/20 . . . . .	80	BACITRACIN . . . . .	159
AURYXIA . . . . .	107	bacitracin-polymyxin b . . . . .	159
AUTO-LANCET . . . . .	118	baclofen . . . . .	154
AUTO-LANCET MINI . . . . .	118	BACLOFEN . . . . .	155
AUTOLET II CLINISAFE . . . . .	118	BAFIERTAM . . . . .	165
AUTOLET LANCING DEVICE . . . . .	118	BAL-CARE DHA . . . . .	151
AUTOLET LITE CLINISAFE . . . . .	118	balanced salt . . . . .	161
AUTOLET LITE STARTER PACK . . . . .	118	BALCOLTRA . . . . .	80
AUTOLET MINI . . . . .	118	balsalazide disodium . . . . .	106
AUTOLET PLATFORMS . . . . .	118	BALVERSA . . . . .	57
AUTOLET PLUS . . . . .	118	balziva . . . . .	80
AUTOPEN . . . . .	136	BAQSIMI ONE PACK . . . . .	36
AUVELITY . . . . .	33	BAQSIMI TWO PACK . . . . .	36
AUVI-Q . . . . .	177	BARACLUDE . . . . .	73
avar-e emollient . . . . .	90	BAVENCIO . . . . .	51
avar-e green . . . . .	90	BAXDELA . . . . .	105
AVASTIN . . . . .	50	bayer aspirin ec low dose . . . . .	18
AVEED . . . . .	22	bayer low dose . . . . .	18
aviane . . . . .	80	BD AUTOSHIELD . . . . .	136
avidoxy . . . . .	170	BD AUTOSHIELD DUO . . . . .	136
avita . . . . .	90	BD INSULIN SYR ULTRAFINE II . . . . .	136
AVONEX PEN . . . . .	165	BD INSULIN SYRINGE . . . . .	136
AVONEX PREFILLED . . . . .	165	BD INSULIN SYRINGE HALF-UNIT . . . . .	136
AVSOLA . . . . .	106	BD INSULIN SYRINGE MICROFINE . . . . .	137
AVYCAZ . . . . .	78	BD INSULIN SYRINGE U-500 . . . . .	137
ayuna . . . . .	80	BD INSULIN SYRINGE U/F . . . . .	137
AYVAKIT . . . . .	56	BD INSULIN SYRINGE U/F 1/2UNIT . . . . .	137
AZASITE . . . . .	159	BD INSULIN SYRINGE ULTRAFINE . . . . .	137
azathioprine . . . . .	147	BD LANCET ULTRAFINE 30G . . . . .	118
AZEDRA DOSIMETRIC . . . . .	63	BD LANCET ULTRAFINE 33G . . . . .	118
AZEDRA THERAPEUTIC . . . . .	63	BD MICROTAINER LANCETS . . . . .	118

BD PEN . . . . .	137	BETOPTIC-S . . . . .	158
BD PEN MINI . . . . .	137	bexarotene . . . . .	64,91
BD PEN NEEDLE MICRO U/F . . . . .	137	BEXSERO . . . . .	174
BD PEN NEEDLE MINI U/F . . . . .	137	BEYAZ . . . . .	80
BD PEN NEEDLE NANO 2ND GEN . . . . .	137	bicalutamide . . . . .	54
BD PEN NEEDLE NANO U/F . . . . .	137	BIKTARVY . . . . .	70
BD PEN NEEDLE ORIGINAL U/F . . . . .	137	bimatoprost . . . . .	162
BD PEN NEEDLE SHORT U/F . . . . .	137	BINOSTO . . . . .	99
BD SAFETY-LOK INSULIN SYRINGE . . . . .	137	bisoprolol fumarate . . . . .	75
BD SAFETYGLIDE INSULIN SYRINGE . . . . .	137	bisoprolol-hydrochlorothiazide . . . . .	47
BD SWAB SINGLE USE REGULAR . . . . .	134	BIVIGAM . . . . .	162
BD SWABS SINGLE USE BUTTERFLY . . . . .	134	BLENREP . . . . .	51
BD VEO INSULIN SYR U/F 1/2UNIT . . . . .	137	BLEPHAMIDE . . . . .	160
BD VEO INSULIN SYRINGE U/F . . . . .	137	BLEPHAMIDE S.O.P. . . . .	160
BECONASE AQ . . . . .	156	BLINCYTO . . . . .	51
bekyree . . . . .	80	blisovi 24 fe . . . . .	80
BELEODAQ . . . . .	58	blisovi fe 1.5/30 . . . . .	80
BELRAPZO . . . . .	49	blisovi fe 1/20 . . . . .	80
benazepril hcl . . . . .	46	BONJESTA . . . . .	42
benazepril-hydrochlorothiazide . . . . .	47	BOOSTRIX . . . . .	172
bendamustine hcl . . . . .	49	BORTEZOMIB . . . . .	58
BENDAMUSTINE HCL . . . . .	49	bosentan . . . . .	77
BENDEKA . . . . .	49	BOSULIF . . . . .	58
BENLYSTA . . . . .	148	BOTOX . . . . .	157
benzonatate . . . . .	88	BRAFTOVI . . . . .	58
BENZOYL PEROXIDE . . . . .	90	BREO ELLIPTA . . . . .	28
benzoyl peroxide-erythromycin . . . . .	90	BREZTRI AEROSPHERE . . . . .	28
benztropine mesylate . . . . .	65	briellyn . . . . .	80
BEOVU . . . . .	158	BRILINTA . . . . .	111
BERINERT . . . . .	110	brimonidine tartrate . . . . .	97,159
besser . . . . .	93	BRINEURA . . . . .	102
BESIVANCE . . . . .	159	brinzolamide . . . . .	161
BESPONSA . . . . .	51	BRIUMVI . . . . .	165
BESREMI . . . . .	64	BRIXADI . . . . .	21
betamethasone dipropionate . . . . .	93	BRIXADI (WEEKLY) . . . . .	21
betamethasone dipropionate aug . . . . .	93	bromfenac sodium (once-daily) . . . . .	161
betamethasone valerate . . . . .	94	bromocriptine mesylate . . . . .	65
BETASERON . . . . .	165	BRUKINSA . . . . .	58
betaxolol hcl . . . . .	75	budesonide . . . . .	28,88
BETAXOLOL HCL . . . . .	158	budesonide-formoterol fumarate . . . . .	28
bethanechol chloride . . . . .	174	BULLSEYE MINI SAFETY LANCETS . . . . .	118



BULLSEYE SAFETY LANCETS . . . . .	118	CAMZYOS . . . . .	76
bumetanide . . . . .	99	candesartan cilexetil . . . . .	46
bupap . . . . .	17	candesartan cilexetil-hctz . . . . .	47
buprenorphine . . . . .	21	CANTHARIDIN . . . . .	96
buprenorphine hcl . . . . .	21	capecitabine . . . . .	49
buprenorphine hcl-naloxone hcl . . . . .	21	CAPLYTA . . . . .	66
bupropion hcl . . . . .	33	CAPRELSA . . . . .	58
bupropion hcl er (smoking det) . . . . .	34	captopril . . . . .	46
bupropion hcl er (sr) . . . . .	34	CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .	47
bupropion hcl er (xl) . . . . .	34	carbamazepine . . . . .	31
BUPROPION HCL ER (XL) . . . . .	34	carbamazepine er . . . . .	31
buspirone hcl . . . . .	25	CARBATROL . . . . .	31
butalbital-acetaminophen . . . . .	17	carbidopa-levodopa . . . . .	65
butalbital-apap-caff-cod . . . . .	21	carbidopa-levodopa er . . . . .	65
butalbital-apap-caffeine . . . . .	17	carbidopa-levodopa-entacapone . . . . .	65
butalbital-asa-caff-codeine . . . . .	21	CARBINOXAMINE MALEATE . . . . .	43
butalbital-aspirin-caffeine . . . . .	17	CARDIOCOM LANCING DEVICE . . . . .	118
butorphanol tartrate . . . . .	21	CAREFINE PEN NEEDLES . . . . .	137
BYLVAY . . . . .	106	CAREONE ADVANCED LANCING DEV . . . . .	118
BYLVAY (PELLETS) . . . . .	106	CAREONE INSULIN SYRINGE . . . . .	137
<b>C</b>		CAREONE LANCET SUPER THIN 30G . . . . .	118
C-NATE DHA . . . . .	151	CAREONE LANCET THIN 23G . . . . .	118
CABENUVA . . . . .	70	CAREONE UNIFINE PENTIPS . . . . .	137
cabergoline . . . . .	103	CAREONE UNIFINE PENTIPS PLUS . . . . .	137
CABLIVI . . . . .	111	CARESENS LANCETS . . . . .	118
CABOMETYX . . . . .	58	CARESENS LANCETS 30G . . . . .	118
caffeine citrate . . . . .	12	CARETOUCH ALCOHOL PREP . . . . .	134
calcipotriene . . . . .	92	CARETOUCH INSULIN SYRINGE . . . . .	137
calcitonin (salmon) . . . . .	99	CARETOUCH LANCING/EJECTOR . . . . .	118
calcitrene . . . . .	92	CARETOUCH PEN NEEDLES . . . . .	137
CALCITRIOL . . . . .	92	CARETOUCH SAFETY LANCETS . . . . .	118
calcitriol . . . . .	102	CARETOUCH SAFETY LANCETS 26G . . . . .	118
calcium acetate . . . . .	108	CARETOUCH TWIST LANCETS 28G . . . . .	118
calcium acetate (phos binder) . . . . .	107	CARETOUCH TWIST LANCETS 30G . . . . .	118
calphron . . . . .	108	CARETOUCH TWIST LANCETS 33G . . . . .	118
CALQUENCE . . . . .	58	CARETOUCH TWIST MC LANCETS 30G . . . . .	118
CAMCEVI . . . . .	54	carisoprodol . . . . .	155
camila . . . . .	87	CARISOPRODOL-ASPIRIN-CODEINE . . . . .	155
camrese . . . . .	80	CARTEOLOL HCL . . . . .	158
camrese lo . . . . .	80	cartia xt . . . . .	75
		carvedilol . . . . .	74

carvedilol phosphate er . . . . .	74	CIBINQO . . . . .	95
cataflam . . . . .	15	ciclopirox . . . . .	91
cavarest . . . . .	149	ciclopirox olamine . . . . .	91
CAYA . . . . .	116	cilostazol . . . . .	111
caziant . . . . .	80	CILOXAN . . . . .	159
CEFACLOR . . . . .	79	CIMDUO . . . . .	70
CEFACLOR ER . . . . .	79	CIMERLI . . . . .	158
cefadroxil . . . . .	78	cimetidine . . . . .	172
cefdinir . . . . .	79	CIMETIDINE HCL . . . . .	172
cefixime . . . . .	79	CIMZIA . . . . .	106
cefopodoxime proxetil . . . . .	79	CIMZIA (2 SYRINGE) . . . . .	106
cefprozil . . . . .	79	CIMZIA STARTER KIT . . . . .	106
cefuroxime axetil . . . . .	79	cinacalcet hcl . . . . .	102
celecoxib . . . . .	15	CINQAIR . . . . .	27
cephalexin . . . . .	78	CINRYZE . . . . .	110
CEQR SIMPLICITY 2U . . . . .	137	CINVANTI . . . . .	42
CEREZYME . . . . .	112	CIPRO . . . . .	105
cetorelix acetate . . . . .	100	CIPRO HC . . . . .	162
CETROTIDE . . . . .	100	ciprofloxacin . . . . .	105
CHANTIX . . . . .	168	ciprofloxacin hcl . . . . .	105,159
CHANTIX CONTINUING MONTH PAK . . . . .	168	CIPROFLOXACIN HCL . . . . .	162
CHANTIX STARTING MONTH PAK . . . . .	168	ciprofloxacin-dexamethasone . . . . .	162
charlotte 24 fe . . . . .	80	citalopram hydrobromide . . . . .	34
chateal . . . . .	80	CITRANATAL 90 DHA . . . . .	151
chateal eq . . . . .	80	CITRANATAL ASSURE . . . . .	151
CHEMSTRIP K . . . . .	98	CITRANATAL B-CALM . . . . .	151
CHEMSTRIP UGK . . . . .	98	CITRANATAL BLOOM . . . . .	151
childrens aspirin . . . . .	18	CITRANATAL BLOOM DHA . . . . .	151
childrens aspirin low strength . . . . .	18	CITRANATAL DHA . . . . .	151
chlordiazepoxide hcl . . . . .	26	CITRANATAL HARMONY . . . . .	151
CHLORDIAZEPOXIDE-AMITRIPTYLINE . . . . .	165	CITRANATAL RX . . . . .	151
chlordiazepoxide-clidinium . . . . .	172	claravis . . . . .	90
chlorhexidine gluconate . . . . .	149	CLARITHROMYCIN . . . . .	115
chloroquine phosphate . . . . .	48	clarithromycin er . . . . .	115
chlorpromazine hcl . . . . .	68	CLEANLET LANCETS 28G . . . . .	118
chlorthalidone . . . . .	99	CLEMASTINE FUMARATE . . . . .	43
chlorzoxazone . . . . .	155	CLENPIQ . . . . .	114,115
CHOLBAM . . . . .	105	CLEOCIN . . . . .	176
cholestyramine . . . . .	44	CLEVER CHEK LANCETS . . . . .	118
cholestyramine light . . . . .	44	CLEVER CHOICE COMFORT EZ . . . . .	119,137
CHORIONIC GONADOTROPIN . . . . .	100	CLEVER CHOICE LANCETS 21G . . . . .	119

CLEVER CHOICE LANCETS 23G . . . . .	119	COMETRIQ (60 MG DAILY DOSE) . . . . .	58
CLEVER CHOICE LANCETS 28G . . . . .	119	COMFORT ASSIST INSULIN SYRINGE . . . . .	137
CLICKFINE PEN NEEDLES . . . . .	137	COMFORT ASSURED LANCETS 28G . . . . .	119
clindacin etz . . . . .	90	COMFORT ASSURED LANCETS 33G . . . . .	119
clindacin-p . . . . .	90	COMFORT EZ INSULIN SYRINGE . . . . .	137
clindamycin hcl . . . . .	24	COMFORT EZ MICRO PEN NEEDLES . . . . .	137
clindamycin palmitate hcl . . . . .	24	COMFORT EZ PEN NEEDLES . . . . .	137
clindamycin phos-benzoyl perox . . . . .	90	COMFORT EZ PRO PEN NEEDLES . . . . .	138
clindamycin phosphate . . . . .	90,176	COMFORT EZ SHORT PEN NEEDLES . . . . .	138
CLINDESSE . . . . .	176	COMFORT LANCETS . . . . .	119
clobazam . . . . .	30	COMFORT TOUCH ALCOHOL PREP . . . . .	134
clobetasol prop emollient base . . . . .	94	COMFORT TOUCH INSULIN PEN NEED . . . . .	138
clobetasol propionate . . . . .	94	COMFORT TOUCH LANCETS 31G . . . . .	119
clobetasol propionate e . . . . .	94	COMFORT TOUCH PLUS LANCETS 28G . . . . .	119
clobetasol propionate emulsion . . . . .	94	COMFORT TOUCH PLUS LANCETS 30G . . . . .	119
CLOBETAVIX . . . . .	94	COMIRNATY . . . . .	175
clodan . . . . .	94	COMPLERA . . . . .	70
clofarabine . . . . .	49	COMPLETE NATAL DHA . . . . .	151
clomipramine hcl . . . . .	35	COMPLETENATE . . . . .	151
clonazepam . . . . .	30	compro . . . . .	68
clonidine . . . . .	46	CONCEPT DHA . . . . .	151
clonidine hcl . . . . .	46	CONCEPT OB . . . . .	151
clopidogrel bisulfate . . . . .	111	CONDYLOX . . . . .	96
clorazepate dipotassium . . . . .	26	constulose . . . . .	115
clotrimazole . . . . .	91,149	COPIKTRA . . . . .	58
clotrimazole-betamethasone . . . . .	91	CORDRAN . . . . .	94
CLOZAPINE . . . . .	68	coremino . . . . .	171
clozapine . . . . .	68	CORLANOR . . . . .	78
COAGUCHEK LANCETS . . . . .	119	COSELA . . . . .	64
codeine sulfate . . . . .	19	COSENTYX . . . . .	92
CODITUSSIN AC . . . . .	89	COSENTYX (300 MG DOSE) . . . . .	92
colchicine . . . . .	109	COSENTYX SENSOREADY (300 MG) . . . . .	92
colchicine-probenecid . . . . .	109	COSENTYX SENSOREADY PEN . . . . .	92
colesevelam hcl . . . . .	44	COSENTYX UNOREADY . . . . .	92
colestipol hcl . . . . .	44	COTELLIC . . . . .	58
colocort . . . . .	22	covaryx . . . . .	104
COLUMVI . . . . .	51	covaryx hs . . . . .	104
COMBIPATCH . . . . .	104	CREON . . . . .	98
COMBIVENT RESPIMAT . . . . .	28	CRESEMBA . . . . .	42
COMETRIQ (100 MG DAILY DOSE) . . . . .	58	CRINONE . . . . .	177
COMETRIQ (140 MG DAILY DOSE) . . . . .	58	cromolyn sodium . . . . .	26,106

CROMOLYN SODIUM . . . . .	161
cryselle-28 . . . . .	80
CRYSVITA . . . . .	102
curae . . . . .	86
CURITY ALCOHOL PREPS . . . . .	134
CURITY ALCOHOL SWABS . . . . .	134
CUTAQUIG . . . . .	163
CUVITRU . . . . .	163
CVS ALCOHOL PREP PADS . . . . .	134
cvs aspirin adult low dose . . . . .	18
cvs aspirin adult low strength . . . . .	18
cvs aspirin ec . . . . .	18
cvs aspirin low dose . . . . .	18
cvs aspirin low strength . . . . .	18
cvs folic acid . . . . .	112
CVS GLUCOSE . . . . .	37
cvs isopropyl alcohol wipes . . . . .	97
CVS KETONE CARE . . . . .	98
CVS LANCETS 21G . . . . .	119
CVS LANCETS MICRO THIN 33G . . . . .	119
CVS LANCETS ORIGINAL . . . . .	119
CVS LANCETS THIN 26G . . . . .	119
CVS LANCETS ULTRA THIN 30G . . . . .	119
CVS LANCETS ULTRA-THIN 30G . . . . .	119
CVS LANCING DEVICE . . . . .	119
cvs nicotine . . . . .	168
cvs nicotine polacrilex . . . . .	168
CVS PREP . . . . .	134
CVS SOFT GLUCOSE . . . . .	37
CVS ULTRA THIN LANCETS . . . . .	119
cyclafem 1/35 . . . . .	80
cyclafem 7/7/7 . . . . .	80
cyclobenzaprine hcl . . . . .	155
cyclopentolate hcl . . . . .	158
CYCLOPHOSPHAMIDE . . . . .	49
cyclosporine . . . . .	147,160
cyclosporine modified . . . . .	147
cyproheptadine hcl . . . . .	43
CYRAMZA . . . . .	50
cyred . . . . .	80
cyred eq . . . . .	80

CYSTAGON . . . . .	108
CYTOGAM . . . . .	163
CYTRA K CRYSTALS . . . . .	108
CYTRA-3 . . . . .	108
cytra-k . . . . .	108

## D

dalfampridine er . . . . .	165
DALVANCE . . . . .	24
danazol . . . . .	22
dantrolene sodium . . . . .	155
DANYELZA . . . . .	51
dapsone . . . . .	24
DAPTACEL . . . . .	172
daptomycin . . . . .	24
darifenacin hydrobromide er . . . . .	173
darunavir . . . . .	70
DARZALEX . . . . .	51
DARZALEX FASPRO . . . . .	56
dasetta 1/35 . . . . .	80
dasetta 7/7/7 . . . . .	80
DAURISMO . . . . .	53
DAXXIFY . . . . .	95
daysee . . . . .	80
deblitane . . . . .	87
decadron . . . . .	88
decitabine . . . . .	49
deferasirox . . . . .	41
deferasirox granules . . . . .	41
deferiprone . . . . .	41
DELESTROGEN . . . . .	105
DELSTRIGO . . . . .	70
delyla . . . . .	80
demeclocycline hcl . . . . .	171
denta 5000 plus . . . . .	149
dentagel . . . . .	149
DEPAKOTE . . . . .	33
DEPAKOTE ER . . . . .	33
DEPAKOTE SPRINKLES . . . . .	33
DEPO-PROVERA . . . . .	87
DEPO-SUBQ PROVERA 104 . . . . .	87

depo-testosterone . . . . .	22	diclofenac sodium er . . . . .	15
DESCOVY . . . . .	70	diclofenac-misoprostol . . . . .	15
desipramine hcl . . . . .	35	dicloxacillin sodium . . . . .	164
desmopressin ace spray refig . . . . .	103	dicyclomine hcl . . . . .	172
desmopressin acetate . . . . .	103	DIFICID . . . . .	116
desmopressin acetate spray . . . . .	103	diflorasone diacetate . . . . .	94
desogestrel-ethinyl estradiol . . . . .	80	diflunisal . . . . .	18
desonide . . . . .	94	digitek . . . . .	76
desoximetasone . . . . .	94	digox . . . . .	76
desvenlafaxine succinate er . . . . .	35	digoxin . . . . .	76
DEX4 . . . . .	37	DIGOXIN . . . . .	76
DEX4 GLUCOSE . . . . .	37	dihydroergotamine mesylate . . . . .	145
DEX4 NATURALS . . . . .	37	DILANTIN . . . . .	33
DEX4 POUCH PACK . . . . .	37	DILANTIN INFATABS . . . . .	33
DEX4 QUICK DISSOLVE GLUCOSE . . . . .	37	dilt-xr . . . . .	75
dexamethasone . . . . .	88	diltiazem hcl . . . . .	75
DEXAMETHASONE SODIUM PHOSPHATE . . . . .	161	diltiazem hcl er . . . . .	75
DEXCHLORPHENIRAMINE MALEATE . . . . .	43	diltiazem hcl er beads . . . . .	76
DEXCOM G6 RECEIVER . . . . .	119	diltiazem hcl er coated beads . . . . .	76
DEXCOM G6 SENSOR . . . . .	119	dimethyl fumarate . . . . .	165,166
DEXCOM G6 TRANSMITTER . . . . .	119	dimethyl fumarate starter pack . . . . .	166
DEXCOM G7 RECEIVER . . . . .	119	DIPENTUM . . . . .	106
DEXCOM G7 SENSOR . . . . .	119	diphen . . . . .	43
dexlansoprazole . . . . .	173	diphenhydramine hcl . . . . .	43
dexmethylphenidate hcl . . . . .	12	diphenoxylate-atropine . . . . .	41
dexmethylphenidate hcl er . . . . .	12	DIPHTHERIA-TETANUS TOXOIDS DT . . . . .	172
dextroamphetamine sulfate . . . . .	12	dipyridamole . . . . .	111
dextroamphetamine sulfate er . . . . .	12	disopyramide phosphate . . . . .	26
di-phen . . . . .	43	disulfiram . . . . .	164
DIACOMIT . . . . .	31	DIURIL . . . . .	99
DIASTAT ACUDIAL . . . . .	30	divalproex sodium . . . . .	33
DIATHRIVE LANCET ULTRA THIN 30 . . . . .	119	divalproex sodium er . . . . .	33
DIATHRIVE LANCETS . . . . .	119	dofetilide . . . . .	26
DIATHRIVE LANCING DEVICE . . . . .	119	DOJOLVI . . . . .	158
DIATHRIVE PEN NEEDLE . . . . .	138	dolishale . . . . .	81
diazepam . . . . .	26	donepezil hcl . . . . .	165
DIAZEPAM . . . . .	30	DOPTELET . . . . .	113
diazepam intensol . . . . .	26	DORZOLAMIDE HCL . . . . .	161
DICLOFENAC EPOLAMINE . . . . .	91	dorzolamide hcl-timolol mal . . . . .	158
diclofenac potassium . . . . .	15	dorzolamide hcl-timolol mal pf . . . . .	158
diclofenac sodium . . . . .	15,91,161	dotti . . . . .	105

DOVATO . . . . .	70
doxazosin mesylate . . . . .	46
doxepin hcl . . . . .	35
doxercalciferol . . . . .	102
doxycycline hyclate . . . . .	171
doxycycline monohydrate . . . . .	171
doxylamine-pyridoxine . . . . .	42
dronabinol . . . . .	42
DROPLET GENTEEL LANCING DEVICE . . . . .	119
DROPLET INSULIN SYRINGE . . . . .	138
DROPLET LANCETS ULTRA THIN 30G . . . . .	119
DROPLET LANCING DEVICE . . . . .	119
DROPLET MICRON . . . . .	138
DROPLET PEN NEEDLES . . . . .	138
DROPLET PERSONAL LANCETS 30G . . . . .	120
DROPSAFE ALCOHOL PREP . . . . .	134
DROPSAFE SAFETY PEN NEEDLES . . . . .	138
DROPSAFE SAFETY SYRINGE/NEEDLE . . . . .	138
drosipren-eth estrad-levomefol . . . . .	81
drosiprenone-ethinyl estradiol . . . . .	81
DRUG MART LANCETS THIN 26G . . . . .	120
DRUG MART LANCING DEVICE . . . . .	120
DRUG MART ON-THE-GO LANCET 30G . . . . .	120
DRUG MART UNIFINE PENTIPS . . . . .	138
DRUG MART UNIFINE PENTIPS PLUS . . . . .	138
DRUG MART UNILET LANCETS 28G . . . . .	120
DRUG MART UNILET LANCETS 30G . . . . .	120
DRUG MART UNILET LANCETS 33G . . . . .	120
DRYSOL . . . . .	97
DUAVEE . . . . .	104
DUET DHA 400 . . . . .	151
DUET DHA BALANCED . . . . .	151
DULERA . . . . .	28
duloxetine hcl . . . . .	35
DUPIXENT . . . . .	95
DUROLANE . . . . .	155
DURYSTA . . . . .	162
dutasteride . . . . .	109
dutasteride-tamsulosin hcl . . . . .	109
dvorah . . . . .	21
DYSPORT . . . . .	157

## E

E-Z JECT LANCET MICRO-THIN 33G . . . . .	120
E-Z JECT LANCET SUPER THIN 30G . . . . .	120
E-Z JECT LANCETS . . . . .	120
E-Z JECT LANCETS 21G . . . . .	120
E-Z JECT LANCETS THIN 26G . . . . .	120
E.E.S. 400 . . . . .	115
EASY COMFORT ALCOHOL PADS . . . . .	135
EASY COMFORT INSULIN SYRINGE . . . . .	138
EASY COMFORT LANCETS . . . . .	120
EASY COMFORT LANCETS TWIST TOP . . . . .	120
EASY COMFORT PEN NEEDLES . . . . .	138
EASY GLIDE PEN NEEDLES . . . . .	138
EASY MINI EJECT LANCING DEVICE . . . . .	120
EASY MINI LANCING DEVICE . . . . .	120
EASY TOUCH ALCOHOL PREP MEDIUM . . . . .	135
EASY TOUCH FLIPLOCK INSULIN SY . . . . .	138
EASY TOUCH INSULIN SAFETY SYR . . . . .	138
EASY TOUCH INSULIN SYRINGE . . . . .	138
EASY TOUCH LANCETS 21G . . . . .	120
EASY TOUCH LANCETS 23G . . . . .	120
EASY TOUCH LANCETS 26G . . . . .	120
EASY TOUCH LANCETS 28G . . . . .	120
EASY TOUCH LANCETS 28G/TWIST . . . . .	120
EASY TOUCH LANCETS 30G . . . . .	120
EASY TOUCH LANCETS 30G/TWIST . . . . .	120
EASY TOUCH LANCETS 32G . . . . .	120
EASY TOUCH LANCETS 32G/TWIST . . . . .	120
EASY TOUCH LANCETS 33G/TWIST . . . . .	120
EASY TOUCH LANCING DEVICE . . . . .	120
EASY TOUCH PEN NEEDLES . . . . .	138
EASY TOUCH SAFETY LANCETS 21G . . . . .	120
EASY TOUCH SAFETY LANCETS 23G . . . . .	120
EASY TOUCH SAFETY LANCETS 26G . . . . .	120
EASY TOUCH SAFETY LANCETS 28G . . . . .	120
EASY TOUCH SAFETY PEN NEEDLES . . . . .	138
EASY TOUCH SHEATHLOCK SYRINGE . . . . .	138
EASY TWIST & CAP LANCETS . . . . .	121
ec-naproxen . . . . .	15
econazole nitrate . . . . .	91

econtra ez . . . . .	86	EMGALITY (300 MG DOSE) . . . . .	144
econtra one-step . . . . .	86	emoquette . . . . .	81
ecotrin low strength . . . . .	18	EMPAVELI . . . . .	110
ed-spaz . . . . .	172	EMPLICITI . . . . .	51
EDARBI . . . . .	46	EMPRICAINE-II . . . . .	96
EDARBYCLOR . . . . .	47	emtricitabine . . . . .	70
EDURANT . . . . .	70	emtricitabine-tenofovir df . . . . .	70
eemt . . . . .	104	EMTRIVA . . . . .	70
eemt hs . . . . .	104	EMVERM . . . . .	23
EFAVIRENZ . . . . .	70	enalapril maleate . . . . .	46
efavirenz . . . . .	70	enalapril-hydrochlorothiazide . . . . .	47
efavirenz-emtricitab-tenofo df . . . . .	70	ENBRACE HR . . . . .	151
efavirenz-lamivudine-tenofovir . . . . .	70	ENBREL . . . . .	16,17
effer-k . . . . .	146	ENBREL MINI . . . . .	17
ELAHERE . . . . .	51	ENBREL SURECLICK . . . . .	17
ELAPRASE . . . . .	102	ENDARI . . . . .	112
ELELYSO . . . . .	112	endocet . . . . .	21
ELESTRIN . . . . .	105	ENDOMETRIN . . . . .	177
eletriptan hydrobromide . . . . .	145	ENGERIX-B . . . . .	175
ELFABRIO . . . . .	102	ENHERTU . . . . .	51
ELIGARD . . . . .	54	enilloring . . . . .	86
elinest . . . . .	81	ENJAYMO . . . . .	110
ELIQUIS . . . . .	29	enoxaparin sodium . . . . .	30
ELIQUIS DVT/PE STARTER PACK . . . . .	29	enpresse-28 . . . . .	81
ELITE-OB . . . . .	151	enskyce . . . . .	81
ELITE-THIN INSULIN SYRINGE . . . . .	138	ENSPRYNG . . . . .	147
ELITEK . . . . .	64	entacapone . . . . .	65
elixophyllin . . . . .	29	entecavir . . . . .	73
ELLA . . . . .	86	ENTRESTO . . . . .	76,77
ELMIRON . . . . .	108	ENTYVIO . . . . .	106
ELOCTATE . . . . .	110	enulose . . . . .	107
ELREXFIO . . . . .	51	ENVARUSUS XR . . . . .	147
eluryng . . . . .	86	enzoclear . . . . .	90
EMBRACE LANCETS ULTRA THIN 30G . . . . .	121	EPIDIOLEX . . . . .	31
EMBRACE LANCING DEVICE/EJECTOR . . . . .	121	epinastine hcl . . . . .	161
EMBRACE PEN NEEDLES . . . . .	138	epinephrine . . . . .	177
EMBRACE PRESSURE ACTIVATED 21G . . . . .	121	epitol . . . . .	31
EMBRACE PRESSURE ACTIVATED 28G . . . . .	121	EPIVIR HBV . . . . .	73
EMCYT . . . . .	54	EPKINLY . . . . .	51
EMEND . . . . .	42	eplerenone . . . . .	48
EMGALITY . . . . .	144	EPOGEN . . . . .	113

epoprostenol sodium . . . . .	77	estradiol-norethindrone acet . . . . .	104
EPRONTIA . . . . .	31	ESTRING . . . . .	177
eq aspirin adult low dose . . . . .	18	ESTROSTEP FE . . . . .	81
eq aspirin low dose . . . . .	18	eszopiclone . . . . .	114
eq nicotine . . . . .	168	ethambutol hcl . . . . .	48
eq nicotine polacrilex . . . . .	168	ethosuximide . . . . .	33
eq nicotine step 3 . . . . .	168	ethynodiol diac-eth estradiol . . . . .	81
EQL ALCOHOL SWABS . . . . .	135	etodolac . . . . .	16
eql aspirin low dose . . . . .	18	etodolac er . . . . .	16
EQL COLOR LANCETS 21G . . . . .	121	etonogestrel-ethinyl estradiol . . . . .	86
EQL COLOR LANCETS MICRO 33G . . . . .	121	ETOPOSIDE . . . . .	64
EQL INSULIN SYRINGE . . . . .	138	etravirine . . . . .	70
eql nicotine polacrilex . . . . .	168	EUCRISA . . . . .	97
EQL SUPER THIN LANCETS 30G . . . . .	121	EUFLEXXA . . . . .	155
EQL THIN LANCETS 26G . . . . .	121	euthyrox . . . . .	171
ERBITUX . . . . .	53	EVENITY . . . . .	99
ergocalciferol . . . . .	177	everolimus . . . . .	58,147
ERGOLOID MESYLATES . . . . .	168	EVKEEZA . . . . .	43
ergotamine-caffeine . . . . .	145	EVOTAZ . . . . .	70
ERIVEDGE . . . . .	53	EVRYSDI . . . . .	157
ERLEADA . . . . .	54	EXEL COMFORT POINT INSULIN SYR . . . . .	138
erlotinib hcl . . . . .	53	EXEL COMFORT POINT PEN NEEDLE . . . . .	138
errin . . . . .	87	exemestane . . . . .	54
ERY . . . . .	90	EXKIVITY . . . . .	53
ery-tab . . . . .	116	EXONDYS 51 . . . . .	157
ERYTHROCIN STEARATE . . . . .	116	EXSERVAN . . . . .	156
erythromycin . . . . .	90,116,159	EXTAVIA . . . . .	166
erythromycin base . . . . .	116	EYLEA . . . . .	159
erythromycin ethylsuccinate . . . . .	116	EYLEA HD . . . . .	159
escitalopram oxalate . . . . .	34	EZ-LETS LANCETS 21G . . . . .	121
esgic . . . . .	17	EZ-LETS LANCETS 26G . . . . .	121
esomeprazole magnesium . . . . .	173	EZ-LETS LANCETS 28G . . . . .	121
ESPEROCT . . . . .	110	EZ-LETS LANCETS 30G . . . . .	121
ESSENTRA WIPES 9X9" . . . . .	135	ezetimibe . . . . .	45
est estrogens-methyltest . . . . .	104	ezetimibe-simvastatin . . . . .	43
est estrogens-methyltest ds . . . . .	104		
est estrogens-methyltest hs . . . . .	104	<b>F</b>	
estarylla . . . . .	81	FABIOR . . . . .	90
estazolam . . . . .	114	FABRAZYME . . . . .	102
estradiol . . . . .	105,177	falmina . . . . .	81
estradiol valerate . . . . .	105	famciclovir . . . . .	73



famotidine . . . . .	172	fingolimod hcl . . . . .	166
FANAPT . . . . .	66	FINTEPLA . . . . .	31
FANAPT TITRATION PACK . . . . .	66	finzala . . . . .	81
FARXIGA . . . . .	40	FIRDAPSE . . . . .	48
FASENRA . . . . .	27	FIRMAGON . . . . .	54
FASENRA PEN . . . . .	27	FIRMAGON (240 MG DOSE) . . . . .	54
fayosim . . . . .	81	FIRST-MOUTHWASH BLM . . . . .	148
FC2 FEMALE CONDOM . . . . .	116	FIRVANQ . . . . .	24
febuxostat . . . . .	109	flac . . . . .	162
FEIBA . . . . .	110	FLAREX . . . . .	161
felbamate . . . . .	32	flavoxate hcl . . . . .	174
felodipine er . . . . .	76	FLEBOGAMMA DIF . . . . .	163
FEMCAP . . . . .	116	flecainide acetate . . . . .	26
femynor . . . . .	81	FLOVENT DISKUS . . . . .	28
fenofibrate . . . . .	44	FLOVENT HFA . . . . .	28
FENOFIBRATE MICRONIZED . . . . .	44	FLUAD QUADRIVALENT . . . . .	175
fenofibrate micronized . . . . .	44	FLUARIX QUADRIVALENT . . . . .	175
fenofibric acid . . . . .	44	FLUBLOK QUADRIVALENT . . . . .	175
FENOPROFEN CALCIUM . . . . .	16	FLUCELVAX QUADRIVALENT . . . . .	175
FENSOLVI (6 MONTH) . . . . .	101	fluconazole . . . . .	42
fentanyl . . . . .	19	flucytosine . . . . .	42
FENTANYL CITRATE . . . . .	19	fludrocortisone acetate . . . . .	88
fentanyl citrate . . . . .	19	FLULAVAL QUADRIVALENT . . . . .	175
FENTORA . . . . .	20	FLUMIST QUADRIVALENT . . . . .	175
FERRIPROX . . . . .	41	flunisolide . . . . .	156
ferrous sulfate . . . . .	113	fluocinolone acetonide . . . . .	94,162
ferumoxytol . . . . .	114	fluocinolone acetonide body . . . . .	94
fesoterodine fumarate er . . . . .	173	fluocinolone acetonide scalp . . . . .	94
FETROJA . . . . .	79	fluocinonide . . . . .	94
FETZIMA . . . . .	35	fluocinonide emulsified base . . . . .	94
FETZIMA TITRATION . . . . .	35	fluorometholone . . . . .	161
FIFTY50 ALCOHOL PREP . . . . .	135	FLUOROURACIL . . . . .	92
FIFTY50 PEN NEEDLES . . . . .	138	FLUOVIX . . . . .	94
FIFTY50 SAFETY SEAL LANCETS . . . . .	121	FLUOVIX PLUS . . . . .	94
FIFTY50 SUPERIOR COMFORT SYR . . . . .	138	fluoxetine hcl . . . . .	34
FIFTY50 UNILET LANCETS 33G . . . . .	121	FLUOXETINE HCL (PMDD) . . . . .	168
FILSPARI . . . . .	108	fluphenazine decanoate . . . . .	68
FINACEA . . . . .	97	fluphenazine hcl . . . . .	68
finasteride . . . . .	109	FLUPHENAZINE HCL . . . . .	68
FINE 30 . . . . .	121	flurandrenolide . . . . .	94
FINGERSTIX LANCETS . . . . .	121	flurbiprofen . . . . .	16

FLURBIPROFEN SODIUM . . . . .	161	FREESTYLE LIBRE READER . . . . .	121
flutamide . . . . .	54	FREESTYLE LIBRE SENSOR SYSTEM . . . . .	121
FLUTAMIDE . . . . .	54	FREESTYLE PRECISION INS SYR . . . . .	139
FLUTICASONE PROPIONATE . . . . .	94	FREESTYLE UNISTICK II LANCETS . . . . .	121
fluticasone propionate . . . . .	156	frovatriptan succinate . . . . .	145
FLUTICASONE PROPIONATE DISKUS . . . . .	28	FRUZAQLA . . . . .	50
FLUTICASONE PROPIONATE HFA . . . . .	28	ft aspirin low dose . . . . .	18
fluticasone-salmeterol . . . . .	28	ft nicotine . . . . .	168
FLUTICASONE-SALMETEROL . . . . .	29	ft nicotine mini . . . . .	168
fluvastatin sodium . . . . .	44	FULPHILA . . . . .	113
fluvastatin sodium er . . . . .	44	FULVESTRANT . . . . .	54
fluvoxamine maleate . . . . .	34	fulvestrant . . . . .	54
FLUZONE HIGH-DOSE QUADRIVALENT . . . . .	175	furosemide . . . . .	99
FLUZONE QUADRIVALENT . . . . .	175	FUZEON . . . . .	71
FML FORTE . . . . .	161	FYARRO . . . . .	58
folate . . . . .	112	fyavolv . . . . .	104
folic acid . . . . .	112	FYCOMPA . . . . .	30
FOLIVANE-OB . . . . .	151	FYLNETRA . . . . .	113
FOLLISTIM AQ . . . . .	100		
FOLOTYN . . . . .	49	<b>G</b>	
fondaparinux sodium . . . . .	30	g tussin ac . . . . .	89
FORA LANCETS . . . . .	121	gabapentin . . . . .	31
FORA LANCING DEVICE . . . . .	121	GALAFOLD . . . . .	102
formoterol fumarate . . . . .	29	galantamine hydrobromide . . . . .	165
FOSAMAX PLUS D . . . . .	99	galantamine hydrobromide er . . . . .	165
fosamprenavir calcium . . . . .	71	GAMASTAN . . . . .	163
fosinopril sodium . . . . .	46	GAMIFANT . . . . .	147
fosinopril sodium-hctz . . . . .	47	GAMMAGARD . . . . .	163
FOSRENOL . . . . .	108	GAMMAGARD S/D LESS IGA . . . . .	163
FOTIVDA . . . . .	58	GAMMAKED . . . . .	163
FREDS PHARMACY AUTOLET LANCING . . . . .	121	GAMMAPLEX . . . . .	163
FREDS PHARMACY UNIFINE PENTIP+ . . . . .	139	GAMUNEX-C . . . . .	163
FREDS PHARMACY UNIFINE PENTIPS . . . . .	139	GANIRELIX ACETATE . . . . .	100
FREDS PHARMACY UNILET LANC 28G . . . . .	121	GARDASIL 9 . . . . .	175
FREDS PHARMACY UNILET LANC 30G . . . . .	121	GATTEX . . . . .	108
FREESTYLE LANCETS . . . . .	121	GAVILYTE-C . . . . .	115
FREESTYLE LIBRE 14 DAY READER . . . . .	121	gavilyte-g . . . . .	115
FREESTYLE LIBRE 14 DAY SENSOR . . . . .	121	gavilyte-n with flavor pack . . . . .	115
FREESTYLE LIBRE 2 READER . . . . .	121	GAVRETO . . . . .	58
FREESTYLE LIBRE 2 SENSOR . . . . .	121	GAZYVA . . . . .	52
FREESTYLE LIBRE 3 SENSOR . . . . .	121	gefitinib . . . . .	53

GEL-ONE . . . . .	155	GLEEVEC . . . . .	58,59
GELNIQUE . . . . .	173	GLEOSTINE . . . . .	49
GELSYN-3 . . . . .	155	glimepiride . . . . .	40
gemfibrozil . . . . .	44	glipizide . . . . .	40
gemmily . . . . .	81	glipizide er . . . . .	40
GENERESS FE . . . . .	81	glipizide xl . . . . .	40
generlac . . . . .	107	glipizide-metformin hcl . . . . .	35
gengraf . . . . .	147	GLOBAL ALCOHOL PREP EASE . . . . .	135
GENOTROPIN . . . . .	100	GLOBAL EASE INJECT PEN NEEDLES . . . . .	139
GENOTROPIN MINIQUICK . . . . .	100	GLOBAL EASY GLIDE INSULIN SYR . . . . .	139
GENTAK . . . . .	159	GLOBAL EASY GLIDE PEN NEEDLES . . . . .	139
gentamicin sulfate . . . . .	91,159	GLOBAL INJECT EASE INSULIN SYR . . . . .	139
GENTEEL BUTTERFLY TOUCH LANCET . . . . .	122	GLOBAL INJECT EASE LANCETS 28G . . . . .	122
GENTEEL CONTACT TIPS (BLUE) . . . . .	122	GLOBAL INJECT EASE LANCETS 30G . . . . .	122
GENTEEL CONTACT TIPS (CLEAR) . . . . .	122	GLOBAL INSULIN SYRINGES . . . . .	139
GENTEEL CONTACT TIPS (GREEN) . . . . .	122	GLOBAL LANCING DEVICE . . . . .	122
GENTEEL CONTACT TIPS (ORANGE) . . . . .	122	GLUCAGEN HYPOKIT . . . . .	37
GENTEEL CONTACT TIPS (RAINBOW) . . . . .	122	GLUCAGON EMERGENCY . . . . .	37
GENTEEL CONTACT TIPS (VIOLET) . . . . .	122	GLUCO TO GO . . . . .	37
GENTEEL CONTACT TIPS (YELLOW) . . . . .	122	GLUCOCOM LANCETS 28G . . . . .	122
GENTEEL LANCING DEVICE (GOLD) . . . . .	122	GLUCOCOM LANCETS 30G . . . . .	122
GENTEEL LANCING DEVICE(PLATNM) . . . . .	122	GLUCOCOM LANCETS 33G . . . . .	122
GENTEEL LANCING DEVICE(SILVER) . . . . .	122	GLUCOPRO INSULIN SYRINGE . . . . .	139
GENTEEL LANCING KIT (BLUE) . . . . .	122	GLUCOSE . . . . .	37
GENTEEL NOZZLES . . . . .	122	GLUCOSE INSTANT ENERGY . . . . .	37
GENTEEL PLUS LANCING (BLACK) . . . . .	122	GLUCOSE-VITAMIN C . . . . .	37
GENTEEL PLUS LANCING (PURPLE) . . . . .	122	glyburide . . . . .	40
GENTEEL PLUS LANCING (WHITE) . . . . .	122	GLYBURIDE MICRONIZED . . . . .	40
GENTEEL PLUS LANCING DEV(BLUE) . . . . .	122	glyburide-metformin . . . . .	36
GENTEEL PLUS LANCING DEV(PINK) . . . . .	122	glycopyrrolate . . . . .	172
GENTLE-LET GP LANCETS . . . . .	122	glydo . . . . .	96
GENTLE-LET LANCETS . . . . .	122	GLYNASE . . . . .	40
GENTLE-LET PLATFORMS . . . . .	122	GLYXAMBI . . . . .	36
GENVISC 850 . . . . .	155	gnp adult aspirin low strength . . . . .	18
GENVOYA . . . . .	71	GNP ALCOHOL SWABS . . . . .	135
gianvi . . . . .	81	gnp aspirin . . . . .	18
GILENYA . . . . .	166	gnp aspirin low dose . . . . .	18
GILOTRIF . . . . .	53	GNP CLICKFINE PEN NEEDLES . . . . .	139
GIVLAARI . . . . .	109	gnp folic acid . . . . .	112
GLASSIA . . . . .	170	GNP GLUCOSE . . . . .	37
glatiramer acetate . . . . .	166	GNP INSULIN SYRINGE . . . . .	139

GNP INSULIN SYRINGES . . . . .	139	griseofulvin microsize . . . . .	42
GNP INSULIN SYRINGES 28GX1/2" . . . . .	139	griseofulvin ultramicrosize . . . . .	42
GNP INSULIN SYRINGES 29GX1/2" . . . . .	139	guaiaatussin ac . . . . .	89
GNP INSULIN SYRINGES 30GX5/16" . . . . .	139	guaifenesin ac . . . . .	89
GNP INSULIN SYRINGES 31GX5/16" . . . . .	139	guaifenesin-codeine . . . . .	89
GNP LANCETS 21G . . . . .	122	guanfacine hcl . . . . .	47
GNP LANCETS MICRO THIN 33G . . . . .	122	guanfacine hcl er . . . . .	12
GNP LANCETS SUPER THIN 30G . . . . .	122	GVOKE HYPOPEN 1-PACK . . . . .	37
GNP LANCETS THIN . . . . .	122	GVOKE HYPOPEN 2-PACK . . . . .	37
GNP LANCETS THIN 26G . . . . .	123	GVOKE KIT . . . . .	37
GNP LANCING SYSTEM DEVICE . . . . .	123	GVOKE PFS . . . . .	37
gnp nicotine . . . . .	168		
gnp nicotine mini . . . . .	168	<b>H</b>	
gnp nicotine polacrilex . . . . .	168	h-e-b aspirin . . . . .	18
GNP QUICK DISSOLVE GLUCOSE . . . . .	37	H-E-B INCONTROL ADV LANCING . . . . .	123
GNP STERILE LANCETS 28G . . . . .	123	H-E-B INCONTROL ALCOHOL . . . . .	135
GNP STERILE LANCETS 30G . . . . .	123	H-E-B INCONTROL LANCETS 28G . . . . .	123
GNP STERILE LANCETS 33G . . . . .	123	H-E-B INCONTROL LANCETS 30G . . . . .	123
GNP ULTICARE PEN NEEDLES . . . . .	139	H-E-B INCONTROL LANCETS 33G . . . . .	123
GNP ULTIGUARD SAFEPAK NEEDLE . . . . .	139	H-E-B INCONTROL PEN NEEDLES . . . . .	139
GNP ULTRA COM INSULIN SYRINGE . . . . .	139	H-E-B INCONTROL UNIFINE PENTIP . . . . .	139
GOJJI LANCING DEVICE/CLEAR CAP . . . . .	123	habitrol . . . . .	168
GOJJI STERILE LANCETS . . . . .	123	HADLIMA . . . . .	13
GONAL-F . . . . .	100	HADLIMA PUSHTOUCH . . . . .	13
GONAL-F RFF . . . . .	100	HAEGARDA . . . . .	110
GONAL-F RFF REDIJECT . . . . .	100	HAEMOLANCE . . . . .	123
goodsense aspirin . . . . .	18	HAEMOLANCE LOW FLOW LANCETS . . . . .	123
goodsense aspirin adult low st . . . . .	18	HAEMOLANCE PLUS . . . . .	123
goodsense aspirin low dose . . . . .	18	HAEMOLANCE PLUS HIGH FLOW . . . . .	123
GOODSENSE CLICKFINE PEN NEEDLE . . . . .	139	HAEMOLANCE PLUS LOW FLOW . . . . .	123
GOODSENSE COLOR LANCETS 33G . . . . .	123	HAEMOLANCE PLUS MAX FLOW . . . . .	123
GOODSENSE GLUCOSE . . . . .	37	HAEMOLANCE PLUS PEDIATRIC FLOW . . . . .	123
GOODSENSE LANCETS 26G UNIV . . . . .	123	hailey 1.5/30 . . . . .	81
GOODSENSE LANCETS 30G . . . . .	123	hailey 24 fe . . . . .	81
GOODSENSE LANCETS 30G UNIV . . . . .	123	hailey fe 1.5/30 . . . . .	81
GOODSENSE LANCETS 33G . . . . .	123	hailey fe 1/20 . . . . .	81
GOODSENSE LANCETS 33G UNIV . . . . .	123	HALAVEN . . . . .	64
GOODSENSE LANCING DEVICE . . . . .	123	halobetasol propionate . . . . .	94
goodsense nicotine . . . . .	168	haloette . . . . .	86
GOODSENSE PEN NEEDLE PENFINE . . . . .	139	haloperidol . . . . .	68
granisetron hcl . . . . .	41	haloperidol decanoate . . . . .	68

haloperidol lactate . . . . .	68	HUMIRA PEN . . . . .	14
HAVRIX . . . . .	175	HUMIRA PEN-CD/UC/HS STARTER . . . . .	14
HEALTH CARE LANCING DEVICE . . . . .	123	HUMIRA PEN-PEDIATRIC UC START . . . . .	14
HEALTHWISE INSULIN SYR/NEEDLE . . . . .	139	HUMIRA PEN-PSOR/UEIT STARTER . . . . .	14
HEALTHWISE MICRON PEN NEEDLES . . . . .	139	HUMIRA-PS/UV/ADOL HS STARTER . . . . .	14
HEALTHWISE MINI PEN NEEDLES . . . . .	139	HY-VEE GLUCOSE . . . . .	37
HEALTHWISE PEN NEEDLES . . . . .	139	HY-VEE LANCETS . . . . .	123
HEALTHWISE SHORT PEN NEEDLES . . . . .	139	HY-VEE THIN LANCETS . . . . .	123
HEALTHWISE UNIFINE PENTIPS . . . . .	139	HYALGAN . . . . .	155
HEALTHY ACCENTS LANCING DEVICE . . . . .	123	HYCAMTIN . . . . .	65
HEALTHY ACCENTS UNIFINE PENTIP . . . . .	139	hydralazine hcl . . . . .	48
HEALTHY ACCENTS UNILET LANCETS . . . . .	123	hydrochlorothiazide . . . . .	99
heather . . . . .	87	hydrocod poli-chlorphe poli er . . . . .	89
HEMGENIX . . . . .	110	hydrocodone bit-homatrop mbr . . . . .	88
HEMLIBRA . . . . .	110	hydrocodone-acetaminophen . . . . .	21
hemmorex-hc . . . . .	23	HYDROCODONE-IBUPROFEN . . . . .	21
HEMOFIL M . . . . .	110	hydrocort-pramoxine (perianal) . . . . .	22
HEPARIN SODIUM (PORCINE) . . . . .	30	hydrocortisone . . . . .	22,88,94
heparin sodium (porcine) pf . . . . .	30	hydrocortisone (perianal) . . . . .	23
HEPLISAV-B . . . . .	175	HYDROCORTISONE ACE-PRAMOXINE . . . . .	22
her style . . . . .	86	hydrocortisone ace-pramoxine . . . . .	94
HERCEPTIN . . . . .	51	hydrocortisone acetate . . . . .	23
HERCEPTIN HYLECTA . . . . .	57	hydrocortisone butyr lipo base . . . . .	94
HERZUMA . . . . .	51	HYDROCORTISONE BUTYRATE . . . . .	94
HIBERIX . . . . .	174	hydrocortisone valerate . . . . .	94
HIZENTRA . . . . .	163	hydrocortisone-acetic acid . . . . .	162
hm aspirin . . . . .	18	hydromet . . . . .	89
hm aspirin ec low dose . . . . .	18	hydromorphone hcl . . . . .	20
hm folic acid . . . . .	112	hydroxychloroquine sulfate . . . . .	48
hm nicotine . . . . .	168	hydroxyprogesterone caproate . . . . .	164
hm nicotine polacrilex . . . . .	168	hydroxyurea . . . . .	64
HM STERILE ALCOHOL PREP . . . . .	135	hydroxyzine hcl . . . . .	25
HM ULTICARE INSULIN SYRINGE . . . . .	139	HYDROXYZINE PAMOATE . . . . .	25
HM ULTICARE MINI PEN NEEDLES . . . . .	140	HYFTOR . . . . .	95
HM ULTICARE SHORT PEN NEEDLES . . . . .	140	HYMOVIS . . . . .	155
HUMATE-P . . . . .	110	hyoscyamine sulfate . . . . .	172
HUMATROPE . . . . .	101	hyoscyamine sulfate er . . . . .	172
HUMIRA . . . . .	14	hyoscyamine sulfate sl . . . . .	172
HUMIRA (2 PEN) . . . . .	13	hyosyne . . . . .	172
HUMIRA (2 SYRINGE) . . . . .	13	HYPERSAL . . . . .	89
HUMIRA PEDIATRIC CROHNS START . . . . .	14	HYPOLANCE AST LANCING . . . . .	123

HYQVIA . . . . .	163	INSULIN ASPART FLEXPEN . . . . .	39
<b>I</b>		INSULIN ASPART PENFILL . . . . .	39
ibandronate sodium . . . . .	99	INSULIN ASPART PROT & ASPART . . . . .	39
IBRANCE . . . . .	59	INSULIN SYRINGE . . . . .	140
ibu . . . . .	16	INSULIN SYRINGE-NEEDLE U-100 . . . . .	140
ibuprofen . . . . .	16	INSULIN SYRINGE/NEEDLE . . . . .	140
icatibant acetate . . . . .	110	INSUPEN PEN NEEDLES . . . . .	140
iclevia . . . . .	81	INSUPEN SENSITIVE . . . . .	140
ICLUSIG . . . . .	59	INSUPEN ULTRAFIN . . . . .	140
icosapent ethyl . . . . .	44	INTELENCE . . . . .	71
IDHIFA . . . . .	59	INTRON A . . . . .	64
ILARIS . . . . .	15	introvale . . . . .	81
ILUVIEN . . . . .	161	INVEGA HAFYERA . . . . .	66
imatinib mesylate . . . . .	59	INVEGA SUSTENNA . . . . .	66,67
IMBRUVICA . . . . .	59	INVEGA TRINZA . . . . .	67
IMFINZI . . . . .	52	IPOL . . . . .	175
imipramine hcl . . . . .	35	ipratropium bromide . . . . .	27,156
imipramine pamoate . . . . .	35	ipratropium-albuterol . . . . .	29
imiquimod . . . . .	95	irbesartan . . . . .	46
IMJUDO . . . . .	52	irbesartan-hydrochlorothiazide . . . . .	47
IMLYGIC . . . . .	65	iron supplement . . . . .	114
IN TOUCH LANCING DEVICE . . . . .	124	ISENTRESS . . . . .	71
IN TOUCH STERILE LANCETS 30G . . . . .	124	ISENTRESS HD . . . . .	71
INBRIJA . . . . .	65	isibloom . . . . .	81
incassia . . . . .	87	ISONIAZID . . . . .	48
INCONTROL ULTICARE PEN NEEDLES . . . . .	140	isopropyl alcohol . . . . .	97
INCRUSE ELLIPTA . . . . .	27	isopropyl alcohol wipes . . . . .	97
indapamide . . . . .	99	ISOPTO ATROPINE . . . . .	158
INDOCIN . . . . .	16	isosorbide dinitrate . . . . .	25
indomethacin . . . . .	16	isosorbide mononitrate . . . . .	25
indomethacin er . . . . .	16	isosorbide mononitrate er . . . . .	25
INFANRIX . . . . .	172	isotretinoin . . . . .	90
INFLECTRA . . . . .	106	isradipine . . . . .	76
INJECTAFER . . . . .	114	itraconazole . . . . .	42
INLYTA . . . . .	50	ivermectin . . . . .	23
INNOPRAN XL . . . . .	75	IVERMECTIN . . . . .	97
INQOVI . . . . .	57	IWILFIN . . . . .	64
INREBIC . . . . .	59	IXEMPRA KIT . . . . .	64
INSULIN ASP PROT & ASP FLEXPEN . . . . .	39	IZERVAY . . . . .	160
INSULIN ASPART . . . . .	39		

<b>J</b>	
jaimiess . . . . .	81
JAKAFI . . . . .	59
JANSSEN COVID-19 VACCINE . . . . .	175
jantoven . . . . .	29
JARDIANCE . . . . .	40
jasmiel . . . . .	81
JATENZO . . . . .	22
javygtor . . . . .	102
JAYPIRCA . . . . .	59
JELMYTO . . . . .	56
JEMPERLI . . . . .	52
jencycla . . . . .	87
JENTADUETO . . . . .	36
JENTADUETO XR . . . . .	36
JEVTANA . . . . .	64
jinteli . . . . .	104
JIVI . . . . .	110
JOENJA . . . . .	146
jolessa . . . . .	81
joyeaux . . . . .	81
juleber . . . . .	81
JULUCA . . . . .	71
junel 1.5/30 . . . . .	81
junel 1/20 . . . . .	81
junel fe 1.5/30 . . . . .	82
junel fe 1/20 . . . . .	82
junel fe 24 . . . . .	82
just right 5000 . . . . .	149
JUXTAPID . . . . .	45
JYNARQUE . . . . .	104
JYNNEOS . . . . .	175
<b>K</b>	
K-PHOS . . . . .	146
k-prime . . . . .	146
KADCYLA . . . . .	52
kaitlib fe . . . . .	82
KALBITOR . . . . .	111
kalliga . . . . .	82
KALYDECO . . . . .	170
KANJINTI . . . . .	51
KANUMA . . . . .	102
kariva . . . . .	82
KCENTRA . . . . .	110
kelnor 1/35 . . . . .	82
kelnor 1/50 . . . . .	82
KEPIVANCE . . . . .	64
KESIMPTA . . . . .	166
KETO-DIASTIX . . . . .	98
ketoconazole . . . . .	42,91
ketodan . . . . .	91
KETONE TEST . . . . .	98
ketorolac tromethamine . . . . .	16,161
KETOSTIX . . . . .	98
KEYTRUDA . . . . .	52
KHAPZORY . . . . .	64
KIMMTRAK . . . . .	52
KIMYRSA . . . . .	24
KINNEY LANCETS . . . . .	124
KINNEY THIN LANCETS . . . . .	124
KINRAY INSULIN SYRINGE . . . . .	140
KINRIX . . . . .	172
kionex . . . . .	148
KISQALI (200 MG DOSE) . . . . .	59
KISQALI (400 MG DOSE) . . . . .	59
KISQALI (600 MG DOSE) . . . . .	59
KISQALI FEMARA (400 MG DOSE) . . . . .	57
KISQALI FEMARA (600 MG DOSE) . . . . .	57
KISQALI FEMARA(200 MG DOSE) . . . . .	57
klayesta . . . . .	91
KLISYRI . . . . .	92
klor-con . . . . .	146
klor-con 10 . . . . .	146
klor-con m10 . . . . .	146
klor-con m15 . . . . .	146
klor-con m20 . . . . .	146
klor-con sprinkle . . . . .	146
klor-con/ef . . . . .	146
KLOXXADO . . . . .	41
klis aspirin low dose . . . . .	18

cls quit2 . . . . .	168	lactulose . . . . .	115
cls quit4 . . . . .	168	lactulose encephalopathy . . . . .	107
KMART VALU INSULIN SYRINGE 29G . . . . .	140	LAGEVRIO . . . . .	74
KMART VALU INSULIN SYRINGE 30G . . . . .	140	lamivudine . . . . .	71,73
KOATE . . . . .	110	lamivudine-zidovudine . . . . .	71
KOATE-DVI . . . . .	110	lamotrigine . . . . .	31
KOGENATE FS . . . . .	110	lamotrigine er . . . . .	31
KORLYM . . . . .	37	lamotrigine starter kit-blue . . . . .	31
KORSUVA . . . . .	148	LAMZEDE . . . . .	102
KOSELUGO . . . . .	59,60	LANCET DEVICE . . . . .	124
KOSHER PRENATAL PLUS IRON . . . . .	151	LANCET DEVICE WITH EJECTOR . . . . .	124
kourzeq . . . . .	149	LANCET TRANSPORTER CASE . . . . .	124
kp aspirin . . . . .	18	LANCETS . . . . .	124
kp folic acid . . . . .	112	LANCETS 28G . . . . .	124
KRAZATI . . . . .	60	LANCETS 30G . . . . .	124
KRINTAFEL . . . . .	48	LANCETS 33G . . . . .	124
KRISTALOSE . . . . .	115	LANCETS MICRO THIN 33G . . . . .	124
KROGER AUTOLET LANCING DEVICE . . . . .	124	LANCETS SUPER THIN 28G . . . . .	124
KROGER GLUCOSE . . . . .	38	LANCETS THIN . . . . .	124
KROGER HEALTHPRO LANCET 26G . . . . .	124	LANCETS ULTRA FINE . . . . .	124
KROGER INSULIN SYRINGE . . . . .	140	LANCETS ULTRA THIN . . . . .	124
KROGER LANCETS . . . . .	124	LANCETS ULTRA THIN 30G . . . . .	124
KROGER LANCETS 21G . . . . .	124	LANCING DEVICE . . . . .	124
KROGER LANCETS MICRO THIN 33G . . . . .	124	LANOXIN . . . . .	76
KROGER LANCETS SUPER THIN . . . . .	124	LANREOTIDE ACETATE . . . . .	103
KROGER LANCETS THIN . . . . .	124	lansoprazole . . . . .	173
KROGER LANCETS THIN 26G . . . . .	124	lanthanum carbonate . . . . .	108
KROGER LANCETS ULTRATHIN 30G . . . . .	124	LANTUS . . . . .	39
KROGER LANCING DEVICE . . . . .	124	LANTUS SOLOSTAR . . . . .	39
KROGER PEN NEEDLES . . . . .	140	LANZO . . . . .	124
KRYSTEXXA . . . . .	109	lapatinib ditosylate . . . . .	60
kurvelo . . . . .	82	larin 1.5/30 . . . . .	82
KYLEENA . . . . .	87	larin 1/20 . . . . .	82
KYNMOBI . . . . .	65	larin 24 fe . . . . .	82
KYNMOBI TITRATION KIT . . . . .	65	larin fe 1.5/30 . . . . .	82
KYPROLIS . . . . .	60	larin fe 1/20 . . . . .	82
KYZATREX . . . . .	22	larissia . . . . .	82
<b>L</b>		LATANOPROST . . . . .	162
labetalol hcl . . . . .	75	layolis fe . . . . .	82
lacosamide . . . . .	31	LEADER ADVANCED LANCING DEVICE . . . . .	124
		LEADER GLUCOSE . . . . .	38



LEADER INSULIN SYRINGE . . . . .	140	levonorgestrel-ethinyl estrad . . . . .	82
LEADER QUICK DISSOLVE GLUCOSE . . . . .	38	levora 0.15/30 (28) . . . . .	82
LEADER UNIFINE PENTIPS . . . . .	140	LEVORPHANOL TARTRATE . . . . .	20
LEADER UNIFINE PENTIPS PLUS . . . . .	140	levothyroxine sodium . . . . .	171
leena . . . . .	82	levoxyl . . . . .	171
leflunomide . . . . .	16	LEXIVA . . . . .	71
LEMTRADA . . . . .	166	LIBERTY MEDICAL LANCETS . . . . .	124
lenalidomide . . . . .	146	LIBERTY MINI LANCING DEVICE . . . . .	125
LENVIMA (10 MG DAILY DOSE) . . . . .	50	LIBTAYO . . . . .	52
LENVIMA (12 MG DAILY DOSE) . . . . .	50	lidocaine . . . . .	96
LENVIMA (14 MG DAILY DOSE) . . . . .	50	lidocaine hcl . . . . .	96
LENVIMA (18 MG DAILY DOSE) . . . . .	50	LIDOCAINE HCL . . . . .	148
LENVIMA (20 MG DAILY DOSE) . . . . .	50	LIDOCAINE HCL URETHRAL/MUCOSAL . . . . .	96
LENVIMA (24 MG DAILY DOSE) . . . . .	50	lidocaine viscous hcl . . . . .	148
LENVIMA (4 MG DAILY DOSE) . . . . .	50	lidocaine-hydrocort (perianal) . . . . .	22
LENVIMA (8 MG DAILY DOSE) . . . . .	51	LIDOCAINE-HYDROCORTISONE ACE . . . . .	22
LEQVIO . . . . .	45	lidocaine-prilocaine . . . . .	96
lessina . . . . .	82	lidocan . . . . .	96
letrozole . . . . .	54	lidocort . . . . .	22
leucovorin calcium . . . . .	64	lidopin . . . . .	96
LEUKERAN . . . . .	49	lidopril . . . . .	96
LEUKINE . . . . .	113	lidopril xr . . . . .	96
leuprolide acetate . . . . .	55	LIFESCAN UNISTIK 2 . . . . .	125
levabuterol hcl . . . . .	29	LIFESCAN UNISTIK II LANCETS . . . . .	125
LEVALBUTEROL TARTRATE . . . . .	29	LILETTA (52 MG) . . . . .	87
LEVEMIR . . . . .	39	lillow . . . . .	82
LEVEMIR FLEXPEN . . . . .	39	LINDANE . . . . .	97
LEVEMIR FLEXTOUCH . . . . .	39	linezolid . . . . .	24
levetiracetam . . . . .	31	LINZESS . . . . .	107
levetiracetam er . . . . .	31	liothyronine sodium . . . . .	171
levo-t . . . . .	171	LIQREV . . . . .	78
LEVOBUNOLOL HCL . . . . .	158	lisdexamphetamine dimesylate . . . . .	12
levocarnitine . . . . .	102	lisinopril . . . . .	46
levocarnitine sf . . . . .	102	lisinopril-hydrochlorothiazide . . . . .	47
levofloxacin . . . . .	105,159	LITE TOUCH LANCETS . . . . .	125
levonest . . . . .	82	LITE TOUCH LANCING PEN . . . . .	125
levonorg-eth estrad triphasic . . . . .	82	LITETOUCH INSULIN SYRINGE . . . . .	140
levonorgest-eth est & eth est . . . . .	82	LITETOUCH LANCETS . . . . .	125
levonorgest-eth estrad 91-day . . . . .	82	LITETOUCH PEN NEEDLES . . . . .	140
levonorgest-eth estradiol-iron . . . . .	82	lithium . . . . .	66
levonorgestrel . . . . .	86	lithium carbonate . . . . .	66

lithium carbonate er . . . . .	66	LUMAKRAS . . . . .	60
LITHOBID . . . . .	66	LUMIGAN . . . . .	162
LITHOSTAT . . . . .	109	LUMIZYME . . . . .	102
LIVALO . . . . .	44	LUMOXITI . . . . .	52
LIVE BETTER ADV LANCING DEVICE . . . . .	125	LUMRYZ . . . . .	164
LIVE BETTER LANCET SUPER THIN . . . . .	125	LUNSUMIO . . . . .	52
LIVE BETTER LANCET ULTRA THIN . . . . .	125	LUPKYNIS . . . . .	147
LIVMARLI . . . . .	106	LUPRON DEPOT (1-MONTH) . . . . .	55
LIVTENCITY . . . . .	73	LUPRON DEPOT (3-MONTH) . . . . .	55
LO LOESTRIN FE . . . . .	82	LUPRON DEPOT (4-MONTH) . . . . .	55
lo-zumandimine . . . . .	82	LUPRON DEPOT (6-MONTH) . . . . .	55
LODOCO . . . . .	77	LUPRON DEPOT-PED (1-MONTH) . . . . .	101
loestrin 1.5/30 (21) . . . . .	82	LUPRON DEPOT-PED (3-MONTH) . . . . .	101
loestrin 1/20 (21) . . . . .	82	LUPRON DEPOT-PED (6-MONTH) . . . . .	101
loestrin fe 1.5/30 . . . . .	83	lurasidone hcl . . . . .	66
loestrin fe 1/20 . . . . .	83	LUTATHERA . . . . .	63
lojaimiess . . . . .	83	lutera . . . . .	83
LOKELMA . . . . .	148	lyleq . . . . .	87
LONGS GLUCOSE . . . . .	38	lyllana . . . . .	105
LONGS INSULIN SYRINGE . . . . .	140	LYNPARZA . . . . .	60
LONGS LANCETS STANDARD . . . . .	125	LYSODREN . . . . .	55
LONGS LANCETS THIN . . . . .	125	LYTGOBI (12 MG DAILY DOSE) . . . . .	60
LONGS LANCETS ULTRA THIN . . . . .	125	LYTGOBI (16 MG DAILY DOSE) . . . . .	60
LONSURF . . . . .	57	LYTGOBI (20 MG DAILY DOSE) . . . . .	60
loperamide hcl . . . . .	41	lyza . . . . .	87
lopinavir-ritonavir . . . . .	71		
lopreeza . . . . .	104	<b>M</b>	
LOQTORZI . . . . .	52	M-M-R II . . . . .	175
lorazepam . . . . .	26	M-NATAL PLUS . . . . .	151
lorazepam intensol . . . . .	26	MACRILEN . . . . .	98
LORBRENA . . . . .	60	MAGELLAN INSULIN SAFETY SYR . . . . .	140
loryna . . . . .	83	MAKENA . . . . .	164
losartan potassium . . . . .	46	malathion . . . . .	97
losartan potassium-hctz . . . . .	47	MARATHON MEDICAL PENTIPS . . . . .	140
LOSEASONIQUE . . . . .	83	maraviroc . . . . .	71
lovastatin . . . . .	45	MARGENZA . . . . .	51
low-ogestrel . . . . .	83	marlissa . . . . .	83
loxapine succinate . . . . .	68	MARQIBO . . . . .	64
lubiprostone . . . . .	106	MATULANE . . . . .	64
LUCEMYRA . . . . .	164	matzim la . . . . .	76
LUCENTIS . . . . .	159	MAVENCLAD (10 TABS) . . . . .	166

MAVENCLAD (4 TABS) . . . . .	.166	MEIJER LANCETS UNIVERSAL 21G . . . . .	.125
MAVENCLAD (5 TABS) . . . . .	.166	MEIJER LANCETS UNIVERSAL 30G . . . . .	.125
MAVENCLAD (6 TABS) . . . . .	.166	MEIJER LANCETS UNIVERSAL 33G . . . . .	.125
MAVENCLAD (7 TABS) . . . . .	.166	MEIJER PEN NEEDLES . . . . .	.140
MAVENCLAD (8 TABS) . . . . .	.166	MEIJER SUPER THIN LANCETS . . . . .	.125
MAVENCLAD (9 TABS) . . . . .	.166	MEKINIST . . . . .	.60
MAVYRET . . . . .	.73	MEKTOVI . . . . .	.60
MAXI-COMFORT INSULIN SYRINGE . . . . .	.140	melodetta 24 fe . . . . .	.83
MAXI-COMFORT SAFETY PEN NEEDLE . . . . .	.140	meloxicam . . . . .	.16
maxi-tuss ac . . . . .	.89	MELPHALAN . . . . .	.49
MAXICOMFORT II PEN NEEDLE . . . . .	.140	memantine hcl . . . . .	.165
MAXICOMFORT SYR 27G X 1/2" . . . . .	.140	memantine hcl er . . . . .	.165
MAXIDEX . . . . .	.161	MENACTRA . . . . .	.174
MAYZENT . . . . .	.166	MENOPUR . . . . .	.100
MAYZENT STARTER PACK . . . . .	.166	MENVEO . . . . .	.174
meclizine hcl . . . . .	.42	MEPERIDINE HCL . . . . .	.20
MECLOFENAMATE SODIUM . . . . .	.16	meprobamate . . . . .	.25
MEDIC INSULIN SYRINGE . . . . .	.140	MEPSEVII . . . . .	.102
MEDICHOICE SAFETY LANCET . . . . .	.125	mercaptopurine . . . . .	.49
MEDICHOICE SAFETY LANCET EXTRA . . . . .	.125	merzee . . . . .	.83
MEDICHOICE SAFETY LANCET NORM . . . . .	.125	mesalamine . . . . .	.106
MEDICINE SHOPPE PEN NEEDLES . . . . .	.140	mesalamine er . . . . .	.107
MEDISENSE THIN LANCETS . . . . .	.125	mesalamine-cleanser . . . . .	.107
MEDLANCE EXTRA 21G . . . . .	.125	MESNEX . . . . .	.64
MEDLANCE LITE 25G . . . . .	.125	metaxalone . . . . .	.155
MEDLANCE PLUS EXTRA 21G . . . . .	.125	metformin hcl . . . . .	.36
MEDLANCE PLUS LANCETS . . . . .	.125	metformin hcl er . . . . .	.36
MEDLANCE PLUS LITE 25G . . . . .	.125	methadone hcl . . . . .	.20
MEDLANCE PLUS SPECIAL 0.8MM . . . . .	.125	methadone hcl intensol . . . . .	.20
MEDLANCE PLUS SUPERLITE 30G . . . . .	.125	methadose . . . . .	.20
MEDLANCE PLUS UNIVERSAL 21G . . . . .	.125	methamphetamine hcl . . . . .	.12
MEDLANCE UNIVERSAL 21G . . . . .	.125	methazolamide . . . . .	.99
medpura alcohol pads . . . . .	.97	methenamine hippurate . . . . .	.25
medroxyprogesterone acetate . . . . .	.87,164	methenamine mandelate . . . . .	.25
mefenamic acid . . . . .	.16	methergine . . . . .	.162
mefloquine hcl . . . . .	.48	methimazole . . . . .	.171
megestrol acetate . . . . .	.55	methocarbamol . . . . .	.155
MEIJER ALCOHOL SWABS . . . . .	.135	METHOTREXATE SODIUM . . . . .	.49
MEIJER GLUCOSE . . . . .	.38	methotrexate sodium (pf) . . . . .	.50
MEIJER LANCETS . . . . .	.125	METHOXSALEN RAPID . . . . .	.92
MEIJER LANCETS THIN . . . . .	.125	methscopolamine bromide . . . . .	.172

METHYLDOPA . . . . .	47	minocycline hcl er . . . . .	171
methylergonovine maleate . . . . .	162	minoxidil . . . . .	48
methylphenidate . . . . .	12	MIRCERA . . . . .	113
methylphenidate hcl . . . . .	12	MIRCETTE . . . . .	83
METHYLPHENIDATE HCL ER . . . . .	12	MIRENA (52 MG) . . . . .	87
methylphenidate hcl er (cd) . . . . .	12	mirtazapine . . . . .	33
methylphenidate hcl er (la) . . . . .	12,13	misoprostol . . . . .	173
methylphenidate hcl er (osm) . . . . .	13	mitomycin . . . . .	56
methylprednisolone . . . . .	88	mm aspirin . . . . .	18
methylprednisolone sodium succ . . . . .	88	MM INSULIN SYRINGE/NEEDLE . . . . .	140
metoclopramide hcl . . . . .	106	MM LANCING DEVICE . . . . .	126
metolazone . . . . .	99	MM PEN NEEDLES . . . . .	141
metoprolol succinate er . . . . .	75	MM TWIST LANCETS . . . . .	126
metoprolol tartrate . . . . .	75	modafinil . . . . .	13
metoprolol-hydrochlorothiazide . . . . .	47	MODERNA COVID-19 BIVAL 6M-5Y . . . . .	175
metronidazole . . . . .	23,97	MODERNA COVID-19 BIVAL BOOSTER . . . . .	175
mexiletine hcl . . . . .	26	MODERNA COVID-19 BIVALENT . . . . .	175
mibelas 24 fe . . . . .	83	MODERNA COVID-19 VAC (BOOSTER) . . . . .	175
MICONAZOLE 3 . . . . .	176	MODERNA COVID-19 VAC 6M-11Y . . . . .	175
MICRODOT PEN NEEDLE . . . . .	140	MODERNA COVID-19 VACCINE . . . . .	175
microgestin 1.5/30 . . . . .	83	moexipril hcl . . . . .	46
microgestin 1/20 . . . . .	83	mometasone furoate . . . . .	95,156
microgestin 24 fe . . . . .	83	mondoxyne nl . . . . .	171
microgestin fe 1.5/30 . . . . .	83	MONJUVI . . . . .	52
microgestin fe 1/20 . . . . .	83	mono-linyah . . . . .	83
MICROLET LANCETS . . . . .	126	MONOJECT INSULIN SYRINGE . . . . .	141
MICROLET NEXT LANCING DEVICE . . . . .	126	MONOJECT ULTRA COMFORT SYRINGE . . . . .	141
midazolam hcl . . . . .	114	MONOLET LANCETS . . . . .	126
MIDAZOLAM-SODIUM CHLORIDE (PF) . . . . .	114	MONOLET OPD LANCETS . . . . .	126
midodrine hcl . . . . .	177	MONOLETTOR SAFETY LANCETS . . . . .	126
mifepristone . . . . .	38,103	MONOVISC . . . . .	155
MIGERGOT . . . . .	145	montelukast sodium . . . . .	27
MIGLITOL . . . . .	35	morgidox . . . . .	171
miglustat . . . . .	112	morphine sulfate . . . . .	20
mili . . . . .	83	morphine sulfate (concentrate) . . . . .	20
mimvey . . . . .	104	morphine sulfate er . . . . .	20
MINASTRIN 24 FE . . . . .	83	MORPHINE SULFATE ER BEADS . . . . .	20
MINI LANCING DEVICE . . . . .	126	MOUNJARO . . . . .	38
miniprin low dose . . . . .	18	MOVANTIK . . . . .	107
minitran . . . . .	25	moxifloxacin hcl . . . . .	105,160
minocycline hcl . . . . .	171	MOXIFLOXACIN HCL (2X DAY) . . . . .	160

MOZOBIL . . . . .	114	nabumetone . . . . .	16
MPD SAFETY LANCET 21G . . . . .	126	nadolol . . . . .	75
MPD SAFETY LANCET 23G . . . . .	126	nafrinse . . . . .	145
MPD SAFETY LANCET 28G . . . . .	126	NAFTIFINE HCL . . . . .	91
MPD SAFETY LANCET 30G . . . . .	126	NAGLAZYME . . . . .	102
MS INSULIN SYRINGE . . . . .	141	NALFON . . . . .	16
MULPLETA . . . . .	113	NALOCET . . . . .	21
MULTAQ . . . . .	26	naloxone hcl . . . . .	41
MULTI-LANCET DEVICE . . . . .	126	naltrexone hcl . . . . .	41
MULTI-LANCET DEVICE 2 . . . . .	126	naproxen . . . . .	16
MULTI-MAC . . . . .	151	naproxen dr . . . . .	16
MULTI-VIT-FLOR . . . . .	150	naproxen sodium . . . . .	16
multi-vit/iron/fluoride . . . . .	150	naproxen-esomeprazole mg . . . . .	16
multi-vitamin/fluoride . . . . .	150	naratriptan hcl . . . . .	145
multi-vitamin/fluoride/iron . . . . .	150	NATACHEW . . . . .	151
MULTIVITAMIN + FLUORIDE . . . . .	150	NATACYN . . . . .	160
multivitamin select/fluoride . . . . .	150	NATAZIA . . . . .	83
MULTIVITAMIN W/FLUORIDE . . . . .	150	nateglinide . . . . .	40
MULTIVITAMIN/FLUORIDE . . . . .	150	NAYZILAM . . . . .	30
multivitamin/fluoride/iron . . . . .	150	nebivolol hcl . . . . .	75
multivitamins/fluoride . . . . .	150	nebusal . . . . .	89
mupirocin . . . . .	91	NEBUSAL . . . . .	89
mupirocin calcium . . . . .	91	necon 0.5/35 (28) . . . . .	83
mutamycin . . . . .	56	NEEVO DHA . . . . .	151
MVASI . . . . .	51	NEFAZODONE HCL . . . . .	34
my choice . . . . .	86	nelarabine . . . . .	50
my way . . . . .	86	neo-polycin . . . . .	160
mycophenolate mofetil . . . . .	147	neo-polycin hc . . . . .	161
mycophenolate sodium . . . . .	147	neomycin sulfate . . . . .	13
mycophenolic acid . . . . .	147	neomycin-bacitracin zn-polymyx . . . . .	160
MYFEMBREE . . . . .	104	neomycin-polymyxin-dexameth . . . . .	161
MYGLUCOHEALTH LANCETS 30G . . . . .	126	NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . .	160
MYLERAN . . . . .	49	NEOMYCIN-POLYMYXIN-HC . . . . .	161
MYLOTARG . . . . .	52	neomycin-polymyxin-hc . . . . .	162
MYOBLOC . . . . .	157	NEONATAL COMPLETE . . . . .	151
myorisan . . . . .	90	NEONATAL PLUS . . . . .	151
MYRBETRIQ . . . . .	174	NEORAL . . . . .	147
MYTESI . . . . .	40	NERLYNX . . . . .	60
		NESTABS . . . . .	151
		NESTABS DHA . . . . .	151
		NESTABS ONE . . . . .	151
<b>N</b>			
na sulfate-k sulfate-mg sulf . . . . .	115		

NEULASTA . . . . .	113	nitrofurantoin . . . . .	25
NEULASTA ONPRO . . . . .	113	nitrofurantoin macrocrystal . . . . .	25
NEUPOGEN . . . . .	113	nitrofurantoin monohyd macro . . . . .	25
nevirapine . . . . .	71	nitroglycerin . . . . .	25
NEVIRAPINE . . . . .	71	NITYR . . . . .	102
NEVIRAPINE ER . . . . .	71	NIVA-PLUS . . . . .	152
nevirapine er . . . . .	71	NIVESTYM . . . . .	113
new day . . . . .	87	NIZATIDINE . . . . .	172
NEXIUM . . . . .	173	nolix . . . . .	95
NEXLETOL . . . . .	43	nora-be . . . . .	87
NEXLIZET . . . . .	43	NORDITROPIN FLEXPPO . . . . .	101
NEXTSTELLIS . . . . .	83	norelgestromin-eth estradiol . . . . .	86
NEXVIAZYME . . . . .	102	norethin ace-eth estrad-fe . . . . .	83
NGENLA . . . . .	101	norethin-eth estradiol-fe . . . . .	83
niacin er (antihyperlipidemic) . . . . .	45	norethindron-ethinyl estrad-fe . . . . .	83
nicardipine hcl . . . . .	76	norethindrone . . . . .	87
NICODERM CQ . . . . .	168	norethindrone acet-ethinyl est . . . . .	83
NICORETTE . . . . .	168	norethindrone acetate . . . . .	164
NICORETTE MINI . . . . .	168	norethindrone-eth estradiol . . . . .	104
NICORETTE STARTER KIT . . . . .	169	norgestim-eth estrad triphasic . . . . .	83
NICOTINE . . . . .	169	norgestimate-eth estradiol . . . . .	84
nicotine mini . . . . .	169	norlyda . . . . .	87
nicotine polacrilex . . . . .	169	norlyroc . . . . .	88
nicotine polacrilex mini . . . . .	169	NORPACE CR . . . . .	26
nicotine step 1 . . . . .	169	nortrel 0.5/35 (28) . . . . .	84
nicotine step 2 . . . . .	169	nortrel 1/35 (21) . . . . .	84
nicotine step 3 . . . . .	169	nortrel 1/35 (28) . . . . .	84
NICOTROL . . . . .	169	nortrel 7/7/7 . . . . .	84
NICOTROL NS . . . . .	169	nortriptyline hcl . . . . .	35
nifedipine . . . . .	76	NORVIR . . . . .	71
nifedipine er . . . . .	76	NOVA SAFETY LANCETS 23G . . . . .	126
nifedipine er osmotic release . . . . .	76	NOVA SAFETY LANCETS 28G . . . . .	126
nikki . . . . .	83	NOVA SUREFLEX LANCETS . . . . .	126
nilutamide . . . . .	55	NOVA SUREFLEX LANCING DEVICE . . . . .	126
nimodipine . . . . .	76	NOVAREL . . . . .	100
NINJACOF-XG . . . . .	89	NOVAVAX COVID-19 VACCINE . . . . .	175
NINLARO . . . . .	60	NOVOEIGHT . . . . .	110
nitazoxanide . . . . .	24	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	141
NITRO-BID . . . . .	25	NOVOFINE PEN NEEDLE . . . . .	141
NITRO-DUR . . . . .	25	NOVOFINE PLUS PEN NEEDLE . . . . .	141
NITRO-TIME . . . . .	25	NOVOLIN 70/30 . . . . .	39

NOVOLIN 70/30 FLEXPEN . . . . .	39
NOVOLIN 70/30 FLEXPEN RELION . . . . .	39
NOVOLIN 70/30 RELION . . . . .	39
NOVOLIN N . . . . .	39
NOVOLIN N FLEXPEN . . . . .	39
NOVOLIN N FLEXPEN RELION . . . . .	39
NOVOLIN N RELION . . . . .	39
NOVOLIN R . . . . .	39
NOVOLIN R FLEXPEN . . . . .	39
NOVOLIN R FLEXPEN RELION . . . . .	39
NOVOLIN R RELION . . . . .	39
NOVOLOG . . . . .	39
NOVOLOG 70/30 FLEXPEN RELION . . . . .	39
NOVOLOG FLEXPEN . . . . .	40
NOVOLOG FLEXPEN RELION . . . . .	40
NOVOLOG MIX 70/30 . . . . .	40
NOVOLOG MIX 70/30 FLEXPEN . . . . .	40
NOVOLOG MIX 70/30 RELION . . . . .	40
NOVOLOG PENFILL . . . . .	40
NOVOLOG RELION . . . . .	40
NOVOPEN ECHO . . . . .	141
NOVOTWIST PEN NEEDLE . . . . .	141
NOXAFIL . . . . .	42
NP THYROID . . . . .	171
NPLATE . . . . .	113
NUBEQA . . . . .	55
NUCALA . . . . .	27
NUCYNTA . . . . .	20
NUCYNTA ER . . . . .	20
nulev . . . . .	172
NULIBRY . . . . .	102
NULOJIX . . . . .	147
NUPLAZID . . . . .	66
NURTEC . . . . .	145
NUTROPIN AQ NUSPIN 10 . . . . .	101
NUTROPIN AQ NUSPIN 20 . . . . .	101
NUTROPIN AQ NUSPIN 5 . . . . .	101
NUVAKAAN-II . . . . .	96
NUVARING . . . . .	86
NUZYRA . . . . .	170
nyamyc . . . . .	91

nylia 1/35 . . . . .	84
nylia 7/7/7 . . . . .	84
nymyo . . . . .	84
nystatin . . . . .	42,91,149
nystatin-triamcinolone . . . . .	91
nystop . . . . .	91
NYVEPRIA . . . . .	113

## O

O-CAL PRENATAL . . . . .	152
OB COMPLETE . . . . .	152
OB COMPLETE ONE . . . . .	152
OB COMPLETE PETITE . . . . .	152
OB COMPLETE PREMIER . . . . .	152
OB COMPLETE/DHA . . . . .	152
OBIZUR . . . . .	110
OBSTETRIX EC (WITH DOCUSATE) . . . . .	152
OBSTETRIX ONE (WITH DOCUSATE) . . . . .	152
ocella . . . . .	84
OCREVUS . . . . .	167
OCTAGAM . . . . .	163
octreotide acetate . . . . .	103
ODEFSEY . . . . .	71
ODOMZO . . . . .	54
OFLOXACIN . . . . .	105
ofloxacin . . . . .	160
OGIVRI . . . . .	51
OGSIVEO . . . . .	60
OJJAARA . . . . .	60
olanzapine . . . . .	68
olanzapine-fluoxetine hcl . . . . .	165
olmesartan medoxomil . . . . .	46
olmesartan medoxomil-hctz . . . . .	47
olmesartan-amlodipine-hctz . . . . .	47
olopatadine hcl . . . . .	156,161
omega-3-acid ethyl esters . . . . .	44
omeprazole . . . . .	173
omeprazole-sodium bicarbonate . . . . .	173
OMNARIS . . . . .	156
OMNIFLEX DIAPHRAGM . . . . .	116
OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	126

OMNIPOD 5 G6 PODS (GEN 5) . . . . .	126	ONTRUZANT . . . . .	51
OMNIPOD 5 G7 INTRO (GEN 5) . . . . .	126	ONUREG . . . . .	50
OMNIPOD 5 G7 PODS (GEN 5) . . . . .	126	opcicon one-step . . . . .	87
OMNIPOD 5 PACK . . . . .	126	OPDIVO . . . . .	52
OMNIPOD CLASSIC PDM (GEN 3) . . . . .	126	OPDUALAG . . . . .	57
OMNIPOD DASH INTRO (GEN 4) . . . . .	126	OPILL . . . . .	173
OMNIPOD DASH PDM (GEN 4) . . . . .	126	opium . . . . .	41
OMNIPOD DASH PODS (GEN 4) . . . . .	126	OPSUMIT . . . . .	77
OMNITROPE . . . . .	101	OPTICHAMBER DIAMOND . . . . .	144
ON CALL LANCETS . . . . .	126	OPTICHAMBER DIAMOND-LG MASK . . . . .	144
ON CALL LANCING DEVICE . . . . .	126	OPTICHAMBER DIAMOND-MD MASK . . . . .	144
ON CALL PLUS LANCETS . . . . .	126	OPTICHAMBER DIAMOND-SM MASK . . . . .	144
ON CALL PLUS LANCING DEVICE . . . . .	127	option 2 . . . . .	87
ONCASPAR . . . . .	63	OPTIONS GYNOL II CONTRACEPTIVE . . . . .	176
ondansetron . . . . .	41	OPVEE . . . . .	41
ondansetron hcl . . . . .	41	OPZELURA . . . . .	95
ONE VITE WOMENS PLUS . . . . .	152	oralone . . . . .	149
ONETOUCH CLUB LANCETS FINE PT . . . . .	127	ORGOVYX . . . . .	55
ONETOUCH DELICA LANCETS 30G . . . . .	127	ORIAHNN . . . . .	104
ONETOUCH DELICA LANCETS 33G . . . . .	127	ORLISSA . . . . .	100
ONETOUCH DELICA LANCING DEV . . . . .	127	ORKAMBI . . . . .	170
ONETOUCH DELICA PLUS LANCET30G . . . . .	127	orphenadrine citrate er . . . . .	155
ONETOUCH DELICA PLUS LANCET33G . . . . .	127	ORSERDU . . . . .	55
ONETOUCH DELICA PLUS LANCING . . . . .	127	orsythia . . . . .	84
ONETOUCH DELICA SAFETY LANCING . . . . .	127	ORTHO MICRONOR . . . . .	88
ONETOUCH FINEPOINT LANCETS . . . . .	127	ORTHO TRI-CYCLEN LO . . . . .	84
ONETOUCH SURESOFT LANCING DEV . . . . .	127	ORTHOVISC . . . . .	155
ONETOUCH ULTRA . . . . .	98	oscimin . . . . .	172
ONETOUCH ULTRA 2 . . . . .	127	oseltamivir phosphate . . . . .	73,74
ONETOUCH ULTRA CONTROL . . . . .	127	OSPHENA . . . . .	101
ONETOUCH ULTRA MINI . . . . .	127	OTEZLA . . . . .	16
ONETOUCH ULTRA TEST . . . . .	98	OVIDREL . . . . .	100
ONETOUCH ULTRASOFT 2 LANCETS . . . . .	127	OXALIPLATIN . . . . .	49
ONETOUCH ULTRASOFT LANCETS . . . . .	127	OXANDROLONE . . . . .	22
ONETOUCH VERIO . . . . .	98,127	oxaprozin . . . . .	16
ONETOUCH VERIO FLEX SYSTEM . . . . .	127	oxazepam . . . . .	26
ONETOUCH VERIO REFLECT . . . . .	127	oxcarbazepine . . . . .	31
ONEVITE . . . . .	150	OXERVATE . . . . .	160
ONGENTYS . . . . .	65	OXTELLAR XR . . . . .	31
ONIVYDE . . . . .	65	oxybutynin chloride . . . . .	173
ONPATTRO . . . . .	170	oxybutynin chloride er . . . . .	173



oxycodone hcl . . . . .	20	PEMETREXED DITROMETHAMINE . . . . .	50
OXYCODONE HCL ER . . . . .	20	PEMFEXY . . . . .	50
oxycodone-acetaminophen . . . . .	21	PEN NEEDLES . . . . .	141
OXYCONTIN . . . . .	20	PEN NEEDLES 1/2" . . . . .	141
oxymorphone hcl . . . . .	20	PEN NEEDLES 3/16" . . . . .	141
OXYTROL . . . . .	173	PEN NEEDLES 5/16" . . . . .	141
OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . . .	38	PENBRAYA . . . . .	174
OZEMPIC (1 MG/DOSE) . . . . .	38	penciclovir . . . . .	93
OZEMPIC (2 MG/DOSE) . . . . .	39	penicillamine . . . . .	146
<b>P</b>			
pacerone . . . . .	26	PENICILLIN V POTASSIUM . . . . .	164
PACLITAXEL PROTEIN-BOUND PART . . . . .	64	PENLET II BLOOD SAMPLER . . . . .	127
PADCEV . . . . .	52	PENLET II REPLACEMENT CAP . . . . .	127
paliperidone er . . . . .	67	PENTACEL . . . . .	172
PALYNZIQ . . . . .	102,103	pentamidine isethionate . . . . .	23
pantoprazole sodium . . . . .	173	PENTASA . . . . .	107
PANZYGA . . . . .	163	pentazocine-naloxone hcl . . . . .	21
PARAGARD INTRAUTERINE COPPER . . . . .	86	PENTIPS . . . . .	141
paricalcitol . . . . .	103	pentoxifylline er . . . . .	111
paroex . . . . .	149	PERFECT LANCETS 28G . . . . .	127
paramomycin sulfate . . . . .	13	PERFECT LANCETS 30G . . . . .	127
paroxetine hcl . . . . .	34	PERINDOPRIL ERBUMINE . . . . .	46
paroxetine hcl er . . . . .	34	periogard . . . . .	149
PARSABIV . . . . .	103	PERJETA . . . . .	51
PAXLOVID (150/100) . . . . .	72	permethrin . . . . .	97
PAXLOVID (300/100) . . . . .	73	perphenazine . . . . .	68
pazopanib hcl . . . . .	61	PERPHENAZINE-AMITRIPTYLINE . . . . .	165
PC LANCETS SUPER THIN 30G . . . . .	127	PERSERIS . . . . .	67
PC UNIFINE PENTIPS . . . . .	141	PERTZYE . . . . .	98
PEDIARIX . . . . .	172	PFIZER COVID-19 BIVAL 6MO-4YR . . . . .	175
PEDMARK . . . . .	64	PFIZER COVID-19 VAC BIVAL 5-11 . . . . .	175
PEDVAX HIB . . . . .	174	PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	176
peg 3350-kcl-na bicarb-nacl . . . . .	115	PFIZER COVID-19 VAC-TRIS 6M-4Y . . . . .	176
peg-3350/electrolytes . . . . .	115	PFIZER-BIONTECH COVID-19 VAC-TRIS . . . . .	176
peg-3350/electrolytes/ascorbat . . . . .	115	PFIZER-BIONTECH COVID-19 VACC . . . . .	176
peg-kcl-nacl-nasulf-na asc-c . . . . .	115	PHARMACIST CHOICE ALCOHOL . . . . .	135
PEGASYS . . . . .	73	PHARMACIST CHOICE LANCETS . . . . .	127
PEMAZYRE . . . . .	61	PHARMACY COUNTER LANCETS . . . . .	127
PEMETREXED . . . . .	50	phenadoz . . . . .	43
PEMETREXED DISODIUM . . . . .	50	PHENELZINE SULFATE . . . . .	34
		phenobarbital . . . . .	114
		phenobarbital-belladonna alk . . . . .	172

phenoxybenzamine hcl . . . . .	46	PNV-SELECT . . . . .	152
phenylephrine hcl . . . . .	158	podofilox . . . . .	96
phenytek . . . . .	33	POLIVY . . . . .	52
phenytoin . . . . .	33	POLY-VI-FLOR . . . . .	150
phenytoin infatabs . . . . .	33	POLY-VI-FLOR/IRON . . . . .	150
phenytoin sodium extended . . . . .	33	polycin . . . . .	160
PHESGO . . . . .	57	polymyxin b-trimethoprim . . . . .	160
PHEXXI . . . . .	177	POMALYST . . . . .	56
philith . . . . .	84	PONVORY . . . . .	167
phosphasal . . . . .	23	PONVORY STARTER PACK . . . . .	167
phospho-trin k500 . . . . .	146	portia-28 . . . . .	84
PHOSPHOLINE IODIDE . . . . .	158	PORTRAZZA . . . . .	53
phytonadione . . . . .	177	posaconazole . . . . .	43
PIFELTRO . . . . .	71	pot & sod cit-cit ac . . . . .	108
pilocarpine hcl . . . . .	149,158	potassium chloride . . . . .	146
pimecrolimus . . . . .	95	potassium chloride crys er . . . . .	146
PIMOZIDE . . . . .	168	potassium chloride er . . . . .	146
pimtrea . . . . .	84	potassium citrate er . . . . .	108
pindolol . . . . .	75	potassium citrate-citric acid . . . . .	108
pioglitazone hcl . . . . .	40	POTELIGEO . . . . .	52
pioglitazone hcl-glimepiride . . . . .	36	PR NATAL 400 . . . . .	152
pioglitazone hcl-metformin hcl . . . . .	36	PR NATAL 400 EC . . . . .	152
PIP LANCETS 28G . . . . .	127	PR NATAL 430 . . . . .	152
PIP LANCETS 30G . . . . .	127	PR NATAL 430 EC . . . . .	152
PIP PEN NEEDLES 31G X 5MM . . . . .	141	PRALATREXATE . . . . .	50
PIP PEN NEEDLES 32G X 4MM . . . . .	141	PRALUENT . . . . .	46
PIQRAY (200 MG DAILY DOSE) . . . . .	61	pramipexole dihydrochloride . . . . .	65
PIQRAY (250 MG DAILY DOSE) . . . . .	61	pramipexole dihydrochloride er . . . . .	65
PIQRAY (300 MG DAILY DOSE) . . . . .	61	prasugrel hcl . . . . .	111
pirmella 1/35 . . . . .	84	pravastatin sodium . . . . .	45
pirmella 7/7/7 . . . . .	84	PRAXBIND . . . . .	41
piroxicam . . . . .	16	prazosin hcl . . . . .	47
PLAN B ONE-STEP . . . . .	87	PRECISION SURE-DOSE SYRINGE . . . . .	141
PLEGRIDY . . . . .	167	PRECISION SUREDOSE PLUS SYR . . . . .	141
PLEGRIDY STARTER PACK . . . . .	167	PRECISION THINS GP LANCETS . . . . .	127
PLENVU . . . . .	115	PRED-G . . . . .	161
PLUVICTO . . . . .	63	PREDNICARBATE . . . . .	95
PNEUMOVAX 23 . . . . .	174	prednisolone . . . . .	88
PNV-DHA . . . . .	152	PREDNISOLONE ACETATE . . . . .	161
PNV-DHA+DOCUSATE . . . . .	152	PREDNISOLONE ACETATE P-F . . . . .	161
PNV-OMEGA . . . . .	152	prednisolone sodium phosphate . . . . .	88

PREDNISOLONE SODIUM PHOSPHATE . . . . .	161	PREVENT DROPSAFE PEN NEEDLES . . . . .	141
PREDNISON . . . . .	88	PREVENT SAFETY PEN NEEDLES . . . . .	141
PREFERRED PLUS GLUCOSE . . . . .	38	previfem . . . . .	84
PREFERRED PLUS INSULIN SYRINGE . . . . .	141	PREVNAR 13 . . . . .	174
PREFERRED PLUS LANCETS COLORED . . . . .	127	PREVNAR 20 . . . . .	174
PREFERRED PLUS LANCETS THIN . . . . .	128	PREVYMIS . . . . .	73
PREFERRED PLUS UNIFINE PENTIPS . . . . .	141	PREZCOBIX . . . . .	71
pregabalin . . . . .	31	PREZISTA . . . . .	71
PREGEN DHA . . . . .	152	PRIALT . . . . .	17
PREGNYL . . . . .	100	prilolid . . . . .	96
PREHEVBRIO . . . . .	176	PRIMACARE . . . . .	153
PREMARIN . . . . .	105,177	primaquine phosphate . . . . .	48
PREMESISRX . . . . .	152	primidone . . . . .	31
PREMPHASE . . . . .	105	PRIORIX . . . . .	176
PREMPRO . . . . .	105	PRIVIGEN . . . . .	163
PRENA 1 TRUE . . . . .	152	PRIZOPAK II . . . . .	96
PRENA1 . . . . .	152	PRO COMFORT ALCOHOL . . . . .	135
PRENA1 PEARL . . . . .	152	PRO COMFORT INSULIN SYRINGE . . . . .	141
PRENAISSANCE . . . . .	152	PRO COMFORT LANCETS 30G . . . . .	128
PRENAISSANCE PLUS . . . . .	152	PRO COMFORT LANCETS 31G . . . . .	128
PRENATAL . . . . .	152	PRO COMFORT PEN NEEDLES . . . . .	141
PRENATAL 19 . . . . .	152	PRO COMFORT SAFETY LANCETS 30G . . . . .	128
PRENATAL PLUS . . . . .	152	probenecid . . . . .	109
PRENATAL PLUS VITAMIN/MINERAL . . . . .	152	prochlorperazine . . . . .	68
PRENATAL VITAMIN PLUS LOW IRON . . . . .	152	prochlorperazine maleate . . . . .	69
PRENATAL-U . . . . .	152	PROCRIT . . . . .	113
PRENATE . . . . .	153	procto-med hc . . . . .	23
PRENATE AM . . . . .	153	procto-pak . . . . .	23
PRENATE DHA . . . . .	153	proctocort . . . . .	23
PRENATE ELITE . . . . .	153	PROCTOFOAM HC . . . . .	22
PRENATE ENHANCE . . . . .	153	proctosol hc . . . . .	23
PRENATE ESSENTIAL . . . . .	153	proctozone-hc . . . . .	23
PRENATE MINI . . . . .	153	PROCYSBI . . . . .	108
PRENATE PIXIE . . . . .	153	PRODIGY INSULIN SYRINGE . . . . .	141
PRENATE RESTORE . . . . .	153	PRODIGY LANCETS 28G . . . . .	128
PRENATRIX . . . . .	153	PRODIGY LANCING DEVICE . . . . .	128
PRENATRYL . . . . .	153	PRODIGY SAFETY LANCETS 26G . . . . .	128
PREPLUS . . . . .	153	PRODIGY TWIST TOP LANCETS 28G . . . . .	128
PRESSURE ACTIVAT SAFETY LANCET . . . . .	128	progesterone . . . . .	164
PRETOMANID . . . . .	48	PROGRAF . . . . .	147
prevalite . . . . .	44	PROLASTIN-C . . . . .	170

PROLIA . . . . .	99	PX LANCETS ULTRA THIN 28G . . . . .	128
PROMACTA . . . . .	113	PX MINI PEN NEEDLES . . . . .	141
promethazine hcl . . . . .	43	PX PEN NEEDLE . . . . .	142
PROMETHAZINE VC . . . . .	89	PX SHORTLENGTH PEN NEEDLES . . . . .	142
PROMETHAZINE VC/CODEINE . . . . .	89	px stop smoking aid . . . . .	169
promethazine-codeine . . . . .	89	pyrazinamide . . . . .	49
promethazine-dm . . . . .	89	pyridostigmine bromide . . . . .	48
promethazine-phenyleph-codeine . . . . .	89	pyridostigmine bromide er . . . . .	48
promethazine-phenylephrine . . . . .	89	pyrimethamine . . . . .	48
PROMETHEGAN . . . . .	43	PYRUKYND . . . . .	111
propafenone hcl . . . . .	26	PYRUKYND TAPER PACK . . . . .	112
propafenone hcl er . . . . .	26		
propranolol hcl . . . . .	75	<b>Q</b>	
propranolol hcl er . . . . .	75	QALSODY . . . . .	157
propylthiouracil . . . . .	171	QBREXZA . . . . .	97
PROQUAD . . . . .	176	QC ADVANCED LANCING DEVICE . . . . .	128
protriptyline hcl . . . . .	35	qc alcohol . . . . .	97
PROVIDA OB . . . . .	153	QC ALCOHOL SWABS . . . . .	135
pseudoeph-bromphen-dm . . . . .	89	qc aspirin low dose . . . . .	19
PSS SELECT GP LANCETS . . . . .	128	qc childrens aspirin . . . . .	19
PSS SELECT PLATFORMS . . . . .	128	qc folic acid . . . . .	112
PSS SELECT SAFETY LANCETS . . . . .	128	QC LANCETS SUPER THIN 30G . . . . .	128
PULMICORT FLEXHALER . . . . .	28	QC LANCETS ULTRA THIN . . . . .	128
pulmosal . . . . .	89	qc nicotine transdermal system . . . . .	169
PULMOZYME . . . . .	170	QC PEN NEEDLES . . . . .	142
PURE COMFORT ALCOHOL PREP . . . . .	135	QC UNIFINE PENTIPS . . . . .	142
PURE COMFORT LANCETS 30G . . . . .	128	QC UNILET LANCETS 28G . . . . .	128
PURE COMFORT PEN NEEDLE . . . . .	141	QC UNILET LANCETS MICRO THIN . . . . .	128
PURE COMFORT SAFETY PEN NEEDLE . . . . .	141	QELBREE . . . . .	12
PUSH BUTTON SAFETY LANCETS . . . . .	128	QINLOCK . . . . .	61
PUSH BUTTON SAFETY LANCETS 28G . . . . .	128	QNASL . . . . .	156
PX ADVANCED LANCING DEVICE . . . . .	128	QNASL CHILDRENS . . . . .	156
px aspirin . . . . .	19	QUADRACEL . . . . .	172
px enteric aspirin . . . . .	19	QUARTETTE . . . . .	84
PX EXTRA SHORT PEN NEEDLES . . . . .	141	QUAZEPAM . . . . .	114
px folic acid . . . . .	112	quetiapine fumarate . . . . .	68
PX GLUCOSE . . . . .	38	quetiapine fumarate er . . . . .	68
PX INSULIN SYRINGE . . . . .	141	QUFLORA PEDIATRIC . . . . .	150
PX LANCET AUTO INJECTOR . . . . .	128	quinapril hcl . . . . .	46
PX LANCETS MICROTHIN 33G . . . . .	128	quinapril-hydrochlorothiazide . . . . .	47
PX LANCETS ULTRA THIN . . . . .	128	quinidine gluconate er . . . . .	26

quinidine sulfate . . . . .	26
quinine sulfate . . . . .	48
QULIPTA . . . . .	145
QUTENZA . . . . .	96
QUTENZA (2 PATCH) . . . . .	96
QUTENZA (4 PATCH) . . . . .	96
QVAR REDIHALER . . . . .	28

## R

R-NATAL OB . . . . .	153
RA ALCOHOL SWABS . . . . .	135
ra aspirin adult low dose . . . . .	19
ra aspirin adult low strength . . . . .	19
ra aspirin childrens . . . . .	19
ra aspirin ec . . . . .	19
ra aspirin ec adult low st . . . . .	19
RA E-ZJECT LANCETS 28G . . . . .	128
RA E-ZJECT LANCETS THIN 26G . . . . .	128
RA E-ZJECT LANCETS THIN 28G . . . . .	128
RA E-ZJECT LANCETS ULTRA THIN . . . . .	128
ra folic acid . . . . .	112
RA GLUCOSE . . . . .	38
RA INSULIN SYRINGE . . . . .	142
ra isopropyl alcohol wipes . . . . .	97
ra mini nicotine . . . . .	169
ra nicotine . . . . .	169
ra nicotine gum . . . . .	169
ra nicotine polacrilex . . . . .	169
RA PEN NEEDLES . . . . .	142
RABEPRAZOLE SODIUM . . . . .	173
rabeprazole sodium . . . . .	173
RADICAVA . . . . .	157
RADICAVA ORS . . . . .	157
RADICAVA ORS STARTER KIT . . . . .	157
raloxifene hcl . . . . .	101
ramelteon . . . . .	114
ramipril . . . . .	46
ranolazine er . . . . .	25
rasagiline mesylate . . . . .	66
RAYA SURE PEN NEEDLE . . . . .	142
react . . . . .	87

READYLANCE SAFETY LANCETS . . . . .	128
REALITY INSULIN SYRINGE . . . . .	142
REALITY LANCETS . . . . .	128
REALITY SWABS . . . . .	135
REALITY TRIGGER LANCETS . . . . .	129
REBIF . . . . .	167
REBIF REBIDOSE . . . . .	167
REBIF REBIDOSE TITRATION PACK . . . . .	167
REBIF TITRATION PACK . . . . .	167
REBLOZYL . . . . .	113
REBYOTA . . . . .	107
reclipsen . . . . .	84
RECOMBIMATE . . . . .	110
RECOMBIVAX HB . . . . .	176
relador pak . . . . .	96
relador pak plus . . . . .	97
RELENZA DISKHALER . . . . .	74
RELEUKO . . . . .	113
RELION ALCOHOL SWABS . . . . .	135
RELION GLUCOSE . . . . .	38
RELION INSULIN SYRINGE . . . . .	142
RELION KETONE TEST . . . . .	98
RELION LANCET DEVICES 30G . . . . .	129
RELION LANCETS . . . . .	129
RELION LANCETS MICRO-THIN 33G . . . . .	129
RELION LANCETS THIN 26G . . . . .	129
RELION LANCETS ULTRA-THIN 30G . . . . .	129
RELION LANCING DEVICE . . . . .	129
RELION MINI PEN NEEDLES . . . . .	142
RELION PEN NEEDLES . . . . .	142
RELION SHORT PEN NEEDLES . . . . .	142
RELION ULTRA THIN LANCETS 30G . . . . .	129
RELION ULTRA THIN PLUS LANCETS . . . . .	129
RELISTOR . . . . .	107
RELNATE DHA . . . . .	153
RELYVRIO . . . . .	157
REMICADE . . . . .	107
RENFLEXIS . . . . .	107
repaglinide . . . . .	40
REPATHA . . . . .	46
REPATHA PUSHTRONEX SYSTEM . . . . .	46

REPATHA SURECLICK . . . . .	46	roweepra xr . . . . .	32
RETACRIT . . . . .	113	ROZLYTREK . . . . .	61
RETEVMO . . . . .	61	RUBRACA . . . . .	61
REVCOVI . . . . .	103	RUCONEST . . . . .	111
REVLIMID . . . . .	146,147	rufinamide . . . . .	32
REXALL LANCETS ULTRA THIN 30G . . . . .	129	RUKOBIA . . . . .	72
REYATAZ . . . . .	72	RUXIENCE . . . . .	52
REZLIDHIA . . . . .	61	RYBELSUS . . . . .	39
REZUROCK . . . . .	147	RYBREVANT . . . . .	52
RHOGAM ULTRA-FILTERED PLUS . . . . .	163	RYDAPT . . . . .	61
RHOPHYLAC . . . . .	163	RYKINDO . . . . .	67
RIABNI . . . . .	52	RYLAZE . . . . .	63
RIBAVIRIN . . . . .	73	RYPLAZIM . . . . .	111
ribavirin . . . . .	73,74		
RIDAURA . . . . .	15	<b>S</b>	
rifabutin . . . . .	49	SAFE-T-LANCE . . . . .	129
rifampin . . . . .	49	SAFE-T-LANCE PLUS . . . . .	129
RIGHTEST ALTERNATE SITE ADAPT . . . . .	129	SAFESNAP INSULIN SYRINGE . . . . .	142
RIGHTEST GD500 LANCING DEVICE . . . . .	129	SAFETY INSULIN SYRINGES . . . . .	142
RIGHTEST GL300 LANCETS . . . . .	129	SAFETY LANCET 21G/PRESSURE ACT . . . . .	129
riluzole . . . . .	157	SAFETY LANCET 23G/PRESSURE ACT . . . . .	129
RIMANTADINE HCL . . . . .	74	SAFETY LANCET 28G/PRESSURE ACT . . . . .	129
RINVOQ . . . . .	15	SAFETY LANCET 30G/PRESSURE ACT . . . . .	129
risedronate sodium . . . . .	99	SAFETY LANCETS . . . . .	129
RISPERDAL CONSTA . . . . .	67	SAFETY LANCETS 21G . . . . .	129
risperidone . . . . .	67	SAFETY LANCETS 23G . . . . .	129
risperidone microspheres er . . . . .	67	SAFETY LANCETS 28G . . . . .	129
ritonavir . . . . .	72	SAFETY LET LANCETS . . . . .	129
RITUXAN . . . . .	52	SAFETY PEN NEEDLES . . . . .	142
RITUXAN HYCELA . . . . .	57	SAFETY SEAL LANCETS . . . . .	129
rivastigmine tartrate . . . . .	165	SAFYRAL . . . . .	84
rivelsa . . . . .	84	SAIZEN . . . . .	101
rizatriptan benzoate . . . . .	145	SAIZENPREP . . . . .	101
roflumilast . . . . .	27	sajazir . . . . .	110
ROLVEDON . . . . .	113	SALIMEZ . . . . .	96
ROMIDEPSIN . . . . .	61	salsalate . . . . .	19
ropinirole hcl . . . . .	66	SALYCIM . . . . .	96
ropinirole hcl er . . . . .	66	SANCUSO . . . . .	41
rosadan . . . . .	97	SANDIMMUNE . . . . .	147
rosuvastatin calcium . . . . .	45	SANDOSTATIN LAR DEPOT . . . . .	103
roweepra . . . . .	31	SANTYL . . . . .	95

SAPHNELO . . . . .	148	sevelamer carbonate . . . . .	108
sapropterin dihydrochloride . . . . .	103	sevelamer hcl . . . . .	108
SAPS CARE ALCOHOL PREP . . . . .	135	SEZABY . . . . .	114
SAPS HEALTH ALCOHOL PREP . . . . .	135	sf . . . . .	149
SAPS HEALTH CARE ALCOHOL PREP . . . . .	135	sf 5000 plus . . . . .	149
SAPS HEALTH PLUS LANCETS . . . . .	129	sharobel . . . . .	88
SAPS HEALTH TWIST TOP LANCETS . . . . .	129	SHINGRIX . . . . .	176
SAPS TWIST TOP LANCETS . . . . .	129	SHOPKO ALCOHOL SWABS . . . . .	135
SAPSCARE TWIST TOP LANCETS . . . . .	129	SHOPKO AUTOLET LANCING DEVICE . . . . .	130
SARCLISA . . . . .	52	SHOPKO ON-THE-GO LANCETS 30G . . . . .	130
SAVELLA . . . . .	165	SHOPKO UNIFINE PENTIPS . . . . .	142
SAVELLA TITRATION PACK . . . . .	165	SHOPKO UNIFINE PENTIPS PLUS . . . . .	142
saxagliptin hcl . . . . .	38	SHOPKO UNILET LANCETS 28G . . . . .	130
saxagliptin-metformin er . . . . .	36	SHOPKO UNILET LANCETS 30G . . . . .	130
SB ALCOHOL PREP . . . . .	135	SIDE BUTTON SAFETY LANCET . . . . .	130
sb aspirin . . . . .	19	SIGNIFOR . . . . .	104
sb aspirin adult low strength . . . . .	19	SIGNIFOR LAR . . . . .	104
sb childrens aspirin . . . . .	19	SIKLOS . . . . .	112
SB INSULIN SYRINGE . . . . .	142	sildenafil citrate . . . . .	78
SB LANCETS THIN . . . . .	129	silodosin . . . . .	109
SB LANCETS ULTRA THIN . . . . .	129	SILVER NITRATE . . . . .	93
sb low dose asa ec . . . . .	19	silver sulfadiazine . . . . .	93
SCEMBLIX . . . . .	61	SIMBRINZA . . . . .	159
SCENESSE . . . . .	97	simliya . . . . .	84
scopolamine . . . . .	42	simpesse . . . . .	84
SE-NATAL 19 . . . . .	153	SIMPLE DIAGNOSTICS LANCING DEV . . . . .	130
SEASONIQUE . . . . .	84	SIMPONI . . . . .	14
SECUADO . . . . .	68	SIMPONI ARIA . . . . .	14
SECURESAFE INSULIN SYRINGE . . . . .	142	simvastatin . . . . .	45
SECURESAFE SAFETY PEN NEEDLES . . . . .	142	SINGLE-LET . . . . .	130
SELECT-LITE DEVICE/LANCETS . . . . .	130	sirolimus . . . . .	147
SELECT-LITE LANCING DEVICE . . . . .	130	SIRTURO . . . . .	49
SELECT-OB . . . . .	153	SIVEXTRO . . . . .	24
SELECT-OB+DHA . . . . .	153	SKYCLARYS . . . . .	157
selegiline hcl . . . . .	66	SKYLA . . . . .	87
selenium sulfide . . . . .	93	SKYRIZI . . . . .	92,107
SELZENTRY . . . . .	72	SKYRIZI (150 MG DOSE) . . . . .	92
SEREVENT DISKUS . . . . .	29	SKYRIZI PEN . . . . .	92
SEROSTIM . . . . .	101	SKYTROFA . . . . .	101
sertraline hcl . . . . .	34	SLYND . . . . .	88
setlakin . . . . .	84	SM ALCOHOL PREP . . . . .	135

sm aspirin adult low strength . . . . .	19	sorine . . . . .	75
sm aspirin ec low strength . . . . .	19	sotalol hcl . . . . .	75
sm aspirin low dose . . . . .	19	sotalol hcl (af) . . . . .	75
sm childrens aspirin . . . . .	19	SPEVIGO . . . . .	92
sm folic acid . . . . .	112	SPIKEVAX . . . . .	176
SM GLUCOSE . . . . .	38	SPIKEVAX COVID-19 VACCINE . . . . .	176
SM LANCETS 33G . . . . .	130	SPINOSAD . . . . .	98
sm nicotine . . . . .	169	SPINRAZA . . . . .	158
sm nicotine polacrilex . . . . .	169	SPIRIVA HANDIHALER . . . . .	27
SM TRUEDRAW LANCING DEVICE . . . . .	130	SPIRIVA RESPIMAT . . . . .	27
SMART DIABETES VANTAGE LANCING . . . . .	130	spironolactone . . . . .	99
SMART SENSE COLOR LANCETS 33G . . . . .	130	spironolactone-hctz . . . . .	99
SMART SENSE GLUCOSE . . . . .	38	SPRAVATO (56 MG DOSE) . . . . .	34
SMART SENSE STANDARD LANCETS . . . . .	130	SPRAVATO (84 MG DOSE) . . . . .	34
SMART SENSE SUPER THIN LANCETS . . . . .	130	sprintec 28 . . . . .	84
SMART SENSE THIN LANCETS 26G . . . . .	130	SPRYCEL . . . . .	61
SMARTEST LANCETS 28G . . . . .	130	SPS . . . . .	148
sod citrate-citric acid . . . . .	108	sronyx . . . . .	84
sodium chloride . . . . .	89	ssd . . . . .	93
sodium fluoride . . . . .	145,149	sss 10-5 . . . . .	90
sodium fluoride 5000 enamel . . . . .	149	st joseph aspirin . . . . .	19
sodium fluoride 5000 plus . . . . .	149	st joseph low dose . . . . .	19
sodium fluoride 5000 ppm . . . . .	149	STAVUDINE . . . . .	72
sodium fluoride 5000 sensitive . . . . .	149	STELARA . . . . .	92,107
SODIUM HYALURONATE . . . . .	155	STERILANCE PA . . . . .	130
SODIUM OXYBATE . . . . .	164	STERILANCE TL . . . . .	130
sodium polystyrene sulfonate . . . . .	148	STIMUFEND . . . . .	113
sodium sulfacetamide wash . . . . .	93	STIOLTO RESPIMAT . . . . .	29
SODIUM SULFACETAMIDE-BAKUCHIOL . . . . .	93	STIVARGA . . . . .	61
SOGROYA . . . . .	101	STRENSIQ . . . . .	103
SOHONOS . . . . .	157	STRIBILD . . . . .	72
solifenacin succinate . . . . .	173	STRIVERDI RESPIMAT . . . . .	29
SOLIRIS . . . . .	111	SUBLOCADE . . . . .	22
SOLU-CORTEF . . . . .	88	SUBSYS . . . . .	20
SOLU-MEDROL (PF) . . . . .	88	subvenite . . . . .	32
SOLUS V2 LANCETS 28G . . . . .	130	subvenite starter kit-blue . . . . .	32
SOLUS V2 LANCING DEVICE . . . . .	130	SUCRAID . . . . .	98
SOLUS V2 TWIST LANCETS 30G . . . . .	130	sucrafate . . . . .	173
SOMATULINE DEPOT . . . . .	104	sulfacetamide sod-sulfur wash . . . . .	90
SOMAVERT . . . . .	100	sulfacetamide sodium . . . . .	93,160
sorafenib tosylate . . . . .	61	sulfacetamide sodium (acne) . . . . .	90



sulfacetamide sodium (cleans) . . . . .	93	SUSVIMO (IMPLANT REFILL) . . . . .	159
sulfacetamide sodium-sulfur . . . . .	90	SUSVIMO OCULAR IMPLANT . . . . .	136
SULFACETAMIDE-PREDNISOLONE . . . . .	161	syeda . . . . .	84
SULFACETAMIDE-SULFUR IN UREA . . . . .	90	SYFOVRE . . . . .	160
sulfacleanse 8/4 . . . . .	90	SYLVANT . . . . .	148
SULFADIAZINE . . . . .	170	SYMDEKO . . . . .	170
sulfamethoxazole-trimethoprim . . . . .	23	SYMLINPEN 120 . . . . .	35
sulfasalazine . . . . .	107	SYMLINPEN 60 . . . . .	35
sulfatrim pediatric . . . . .	23	SYMPAZAN . . . . .	30
sulindac . . . . .	16	SYMTUZA . . . . .	72
sumatriptan . . . . .	145	SYNAGIS . . . . .	163
sumatriptan succinate . . . . .	145	SYNAREL . . . . .	102
sumatriptan succinate refill . . . . .	145	SYNJARDY . . . . .	36
sumatriptan-naproxen sodium . . . . .	145	SYNJARDY XR . . . . .	36
sunitinib malate . . . . .	62	SYNOJOYNT . . . . .	156
SUNLENCA . . . . .	72	SYNRIBO . . . . .	64
SUPARTZ FX . . . . .	155	SYNTHROID . . . . .	171
SUPER THIN LANCETS . . . . .	130	SYNVISC . . . . .	156
SUPPRELIN LA . . . . .	101	SYNVISC ONE . . . . .	156
SUPRAX . . . . .	79		
SURE COMFORT ALCOHOL PREP . . . . .	135	<b>T</b>	
SURE COMFORT INSULIN SYRINGE . . . . .	142	TABRECTA . . . . .	62
SURE COMFORT LANCETS 18G . . . . .	130	tacrolimus . . . . .	96,147
SURE COMFORT LANCETS 21G . . . . .	130	tadalafil (pah) . . . . .	78
SURE COMFORT LANCETS 23G . . . . .	130	TAFINLAR . . . . .	62
SURE COMFORT LANCETS 28G . . . . .	130	tafluprost (pf) . . . . .	162
SURE COMFORT LANCETS 30G . . . . .	130	TAGRISSO . . . . .	53
SURE COMFORT LANCING PEN . . . . .	130	take action . . . . .	87
SURE COMFORT PEN NEEDLES . . . . .	142	TAKHZYRO . . . . .	111
SURE-FINE PEN NEEDLES . . . . .	142	TALVEY . . . . .	52
SURE-JECT INSULIN SYRINGE . . . . .	142	TALZENNA . . . . .	62
SURE-LANCE FLAT LANCETS . . . . .	130	tamoxifen citrate . . . . .	55
SURE-LANCE LANCETS 26G . . . . .	130	tamsulosin hcl . . . . .	109
SURE-LANCE THIN LANCETS 28G . . . . .	131	tarina 24 fe . . . . .	84
SURE-LANCE ULTRA THIN LANCETS . . . . .	131	tarina fe 1/20 . . . . .	84
SURE-PEN . . . . .	131	tarina fe 1/20 eq . . . . .	84
SURE-PREP ALCOHOL PREP . . . . .	135	TARON-C DHA . . . . .	153
SURE-TOUCH LANCETS UNIVERSAL . . . . .	131	TARON-PREX . . . . .	153
SURELITE LANCETS . . . . .	131	TARPEYO . . . . .	88
SUSTOL . . . . .	41	TASIGNA . . . . .	62
SUSVIMO (IMPLANT 1ST FILL) . . . . .	159	TAVALISSE . . . . .	111

taysofy . . . . .	85	TESTOSTERONE ENANTHATE . . . . .	22
TAYTULLA . . . . .	85	TETANUS-DIPHTHERIA TOXOIDS TD . . . . .	172
TAZAROTENE . . . . .	90	tetrabenazine . . . . .	165
tazarotene . . . . .	92	tetracycline hcl . . . . .	171
TAZORAC . . . . .	93	TEZSPIRE . . . . .	27
taztia xt . . . . .	76	TGT ALCOHOL SWABS . . . . .	135
TAZVERIK . . . . .	62	tgt aspirin . . . . .	19
TDVAX . . . . .	172	tgt aspirin low dose . . . . .	19
TECENTRIQ . . . . .	52	tgt childrens aspirin . . . . .	19
TECHLITE AST LANCETS . . . . .	131	TGT GLUCOSE . . . . .	38
TECHLITE INSULIN SYRINGE . . . . .	142	TGT LANCET MICRO THIN 33G . . . . .	131
TECHLITE LANCETS . . . . .	131	TGT LANCET THIN 26G . . . . .	131
TECHLITE LANCETS 26G . . . . .	131	TGT LANCET ULTRA THIN 30G . . . . .	131
TECHLITE LANCETS 30G . . . . .	131	TGT LANCING DEVICE . . . . .	131
TECHLITE PEN NEEDLES . . . . .	142	tgt nicotine . . . . .	169
TECHLITE PLUS PEN NEEDLES . . . . .	142	tgt nicotine polacrilex . . . . .	169
TECVAYLI . . . . .	52	tgt nicotine step one . . . . .	169
TEGLUTIK . . . . .	157	tgt nicotine step three . . . . .	169
TEGRETOL . . . . .	32	tgt nicotine step two . . . . .	169
TEGRETOL-XR . . . . .	32	THALOMID . . . . .	147
TEGSEDI . . . . .	170	THEO-24 . . . . .	29
TEKTRUNA HCT . . . . .	47	theophylline . . . . .	29
telmisartan . . . . .	46	theophylline er . . . . .	29
telmisartan-hctz . . . . .	47	THINLETS GP LANCETS . . . . .	131
temazepam . . . . .	114	thioridazine hcl . . . . .	69
temozolomide . . . . .	49	thiotepa . . . . .	49
temsirolimus . . . . .	62	thiothixene . . . . .	69
TENCON . . . . .	17	thrive . . . . .	169
TENIVAC . . . . .	172	THRIVITE 19 . . . . .	150
tenofovir disoproxil fumarate . . . . .	72	THYROGEN . . . . .	98
TEPEZZA . . . . .	101	THYROID . . . . .	171
TEPMETKO . . . . .	62	tiadylt er . . . . .	76
terazosin hcl . . . . .	47	tiagabine hcl . . . . .	32
terbinafine hcl . . . . .	42	TIBSOVO . . . . .	62
terbutaline sulfate . . . . .	29	TIGLUTIK . . . . .	157
terconazole . . . . .	177	tilia fe . . . . .	85
teriflunomide . . . . .	167	timolol maleate . . . . .	75,158
TERIPARATIDE (RECOMBINANT) . . . . .	100	tinidazole . . . . .	23
TERLIVAZ . . . . .	103	TIVDAK . . . . .	52
testosterone . . . . .	22	TIVICAY . . . . .	72
TESTOSTERONE CYPIONATE . . . . .	22	TIVICAY PD . . . . .	72

tizanidine hcl . . . . .	155	tranylcypromine sulfate . . . . .	34
TLANDO . . . . .	22	TRAVEL LANCETS . . . . .	131
TOBI PODHALER . . . . .	13	TRAVEL LANCETS ADVANCED 28G . . . . .	131
TOBRADEX . . . . .	161	travoprost (bak free) . . . . .	162
tobramycin . . . . .	13,160	TRAZIMERA . . . . .	51
TOBRAMYCIN . . . . .	13	trazodone hcl . . . . .	34
tobramycin-dexamethasone . . . . .	161	TRELEGY ELLIPTA . . . . .	29
TODAY SPONGE . . . . .	176	TRELSTAR MIXJECT . . . . .	55
TODAYS HEALTH LANCING DEVICE . . . . .	131	TREMFYA . . . . .	93
TODAYS HEALTH MINI PEN NEEDLES . . . . .	142	treprostinil . . . . .	77
TODAYS HEALTH PEN NEEDLES . . . . .	142	TRESIBA . . . . .	40
TODAYS HEALTH SHORT PEN NEEDLE . . . . .	142	TRESIBA FLEXTOUCH . . . . .	40
TODAYS HEALTH THIN LANCETS 28G . . . . .	131	tretinoin . . . . .	64,90
TODAYS HEALTH THIN LANCETS 30G . . . . .	131	tri femynor . . . . .	85
tolcapone . . . . .	65	tri-estarylla . . . . .	85
tolterodine tartrate . . . . .	173	tri-legest fe . . . . .	85
tolterodine tartrate er . . . . .	174	tri-lynyah . . . . .	85
tolvaptan . . . . .	104	tri-lo-estarylla . . . . .	85
TOLVAPTAN . . . . .	104	tri-lo-marzia . . . . .	85
TOPCARE CLICKFINE PEN NEEDLES . . . . .	142	tri-lo-mili . . . . .	85
TOPCARE LANCETS MICRO-THIN 33G . . . . .	131	tri-lo-sprintec . . . . .	85
TOPCARE ULTRA COMFORT INS SYR . . . . .	143	tri-mili . . . . .	85
topiramate . . . . .	32	tri-nymyo . . . . .	85
topiramate er . . . . .	32	tri-previfem . . . . .	85
toremifene citrate . . . . .	55	tri-sprintec . . . . .	85
torsemid . . . . .	99	TRI-TABS DHA . . . . .	153
TOUJEO MAX SOLOSTAR . . . . .	40	TRI-VI-FLOR . . . . .	150
TOUJEO SOLOSTAR . . . . .	40	TRI-VI-FLORO . . . . .	150
TPOXX . . . . .	74	tri-vite/fluoride . . . . .	150
TRACLEER . . . . .	77	tri-vylibra . . . . .	85
TRADJENTA . . . . .	38	tri-vylibra lo . . . . .	85
tramadol hcl . . . . .	20	triamcinolone acetonide . . . . .	95,149
TRAMADOL HCL (ER BIPHASIC) . . . . .	20	triamcinolone in absorbbase . . . . .	95
tramadol hcl er . . . . .	20	triamterene-hctz . . . . .	99
tramadol hcl er (biphasic) . . . . .	20	trianex . . . . .	95
tramadol-acetaminophen . . . . .	21	triazolam . . . . .	114
trandolapril . . . . .	46	TRICARE . . . . .	153
trandolapril-verapamil hcl er . . . . .	47	TRICARE PRENATAL DHA ONE . . . . .	153
tranexamic acid . . . . .	114	tricitrates . . . . .	108
TRANSDERM SCOP (1.5 MG) . . . . .	42	tridacaine . . . . .	97
TRANSDERM-SCOP . . . . .	42	triderm . . . . .	95

trientine hcl . . . . .	146	TRUEPLUS GLUCOSE . . . . .	38
trifluoperazine hcl . . . . .	69	TRUEPLUS GLUCOSE ON THE GO . . . . .	38
TRIFLURIDINE . . . . .	160	TRUEPLUS INSULIN SYRINGE . . . . .	143
trihexyphenidyl hcl . . . . .	65	TRUEPLUS LANCETS 26G . . . . .	131
TRIJARDY XR . . . . .	36	TRUEPLUS LANCETS 28G . . . . .	131
TRIKAFTA . . . . .	170	TRUEPLUS LANCETS 30G . . . . .	131
TRILEPTAL . . . . .	32	TRUEPLUS LANCETS 33G . . . . .	131
TRILURON . . . . .	156	TRUEPLUS PEN NEEDLES . . . . .	143
trilyte . . . . .	115	TRUEPLUS SAFETY LANCETS 28G . . . . .	131
trimethobenzamide hcl . . . . .	42	TRULICITY . . . . .	39
trimethoprim . . . . .	23	TRUMENBA . . . . .	174
trimipramine maleate . . . . .	35	TRUQAP . . . . .	62
TRINATAL RX 1 . . . . .	153	TRUSELTIQ (100MG DAILY DOSE) . . . . .	62
TRINATE . . . . .	153	TRUSELTIQ (125MG DAILY DOSE) . . . . .	62
TRINTELLIX . . . . .	34	TRUSELTIQ (50MG DAILY DOSE) . . . . .	62
TRIPTODUR . . . . .	102	TRUSELTIQ (75MG DAILY DOSE) . . . . .	62
TRISENOX . . . . .	64	TUDORZA PRESSAIR . . . . .	27
TRISTART DHA . . . . .	153	TUKYSA . . . . .	51
tritocin . . . . .	95	tulana . . . . .	88
TRIUMEQ . . . . .	72	TURALIO . . . . .	62
TRIUMEQ PD . . . . .	72	turqoz . . . . .	85
TRIVEEN-DUO DHA . . . . .	153	TWINRIX . . . . .	176
TRIVISC . . . . .	156	TWIRLA . . . . .	86
trivora (28) . . . . .	85	TWIST TOP LANCETS 30G . . . . .	131
TRIZIVIR . . . . .	72	TYBLUME . . . . .	85
TRODELVY . . . . .	65	TYBOST . . . . .	72
TROKENDI XR . . . . .	32	tydemy . . . . .	85
tropicamide . . . . .	158	TYMLOS . . . . .	100
tropium chloride . . . . .	174	TYSABRI . . . . .	167
tropium chloride er . . . . .	174	TYVASO . . . . .	77
TRUE COMFORT ALCOHOL PREP PADS . . . . .	135	TYVASO DPI INSTITUTIONAL KIT . . . . .	77
TRUE COMFORT INSULIN SYRINGE . . . . .	143	TYVASO DPI MAINTENANCE KIT . . . . .	77
TRUE COMFORT PEN NEEDLES . . . . .	143	TYVASO DPI TITRATION KIT . . . . .	77
TRUE COMFORT PRO ALCOHOL PREP . . . . .	135	TYVASO REFILL . . . . .	77
TRUE COMFORT PRO INSULIN SYR . . . . .	143	TYVASO STARTER . . . . .	77
TRUE COMFORT PRO PEN NEEDLES . . . . .	143	TZIELD . . . . .	36
TRUE COMFORT SAFETY LANCETS . . . . .	131		
TRUE COMFORT TWIST TOP LANCETS . . . . .	131	<b>U</b>	
true folic acid . . . . .	112	UBRELVY . . . . .	145
TRUEDRAW LANCING DEVICE . . . . .	131	UDENYCA . . . . .	113
TRUEPLUS 5-BEVEL PEN NEEDLES . . . . .	143	UDENYCA ONBODY . . . . .	113

ULTI-LANCE AUTOMATIC . . . . .	131	UNIFINE PROTECT PEN NEEDLE . . . . .	144
ULTICARE ALCOHOL SWABS . . . . .	135	UNIFINE SAFECONTROL PEN NEEDLE . . . . .	144
ULTICARE INSULIN SAFETY SYR . . . . .	143	UNIFINE ULTRA PEN NEEDLE . . . . .	144
ULTICARE INSULIN SYR 1/2 UNIT . . . . .	143	UNILET COMFORTOUCH LANCET . . . . .	132
ULTICARE INSULIN SYRINGE . . . . .	143	UNILET EXCELITE . . . . .	132
ULTICARE MICRO PEN NEEDLES . . . . .	143	UNILET EXCELITE II . . . . .	132
ULTICARE MINI PEN NEEDLES . . . . .	143	UNILET G.P. LANCET . . . . .	132
ULTICARE PEN NEEDLES . . . . .	143	UNILET G.P. SUPERLITE LANCET . . . . .	132
ULTICARE SHORT PEN NEEDLES . . . . .	143	UNILET GP 28 ULTRA THIN . . . . .	132
ULTIGUARD SAFEPACK PEN NEEDLE . . . . .	143	UNILET LANCET . . . . .	132
ULTIGUARD SAFEPACK SYR/NEEDLE . . . . .	143	UNILET MICRO-THIN 33G . . . . .	132
ULTILET ALCOHOL SWABS . . . . .	135	UNILET SUPER-THIN 30G . . . . .	132
ULTILET CLASSIC LANCETS . . . . .	131	UNILET SUPERLITE LANCET . . . . .	132
ULTILET INSULIN SYRINGE . . . . .	143	UNILET ULTRA-THIN 28G . . . . .	132
ULTILET INSULIN SYRINGE SHORT . . . . .	143	UNISTIK 1 . . . . .	132
ULTILET LANCETS . . . . .	132	UNISTIK 2 . . . . .	132
ULTILET PEN NEEDLE . . . . .	143	UNISTIK 2 COMFORT . . . . .	132
ULTILET SAFETY LANCETS . . . . .	132	UNISTIK 2 EXTRA . . . . .	132
ULTILET SAFETY LANCETS 23G . . . . .	132	UNISTIK 2 NEONATAL . . . . .	132
ULTOMIRIS . . . . .	111	UNISTIK 2 NORMAL . . . . .	132
ULTRA COMFORT INSULIN SYRINGE . . . . .	143	UNISTIK 2 SUPER . . . . .	132
ULTRA FLO INSULIN PEN NEEDLES . . . . .	143	UNISTIK 3 . . . . .	132
ULTRA FLO INSULIN SYR 1/2 UNIT . . . . .	143	UNISTIK 3 COMFORT . . . . .	132
ULTRA FLO INSULIN SYRINGE . . . . .	143	UNISTIK 3 EXTRA . . . . .	132
ULTRA THIN LANCETS 31G . . . . .	132	UNISTIK 3 GENTLE . . . . .	132
ULTRA THIN PEN NEEDLES . . . . .	143	UNISTIK 3 NEONATAL . . . . .	132
ULTRA-CARE ALCOHOL PREP PADS . . . . .	135	UNISTIK 3 NORMAL . . . . .	133
ULTRA-CARE LANCETS 30G . . . . .	132	UNISTIK CZT COMFORT . . . . .	133
ULTRA-THIN II AUTO LANCET . . . . .	132	UNISTIK CZT NORMAL . . . . .	133
ULTRA-THIN II INS SYR SHORT . . . . .	143	UNISTIK NORMAL . . . . .	133
ULTRA-THIN II INSULIN SYRINGE . . . . .	143	UNISTIK PRO SAFETY LANCET . . . . .	133
ULTRA-THIN II LANCETS . . . . .	132	UNISTIK SAFETY LANCETS 28G . . . . .	133
ULTRA-THIN II MINI PEN NEEDLE . . . . .	143	UNISTIK SAFETY LANCETS 30G . . . . .	133
ULTRA-THIN II PEN NEEDLE SHORT . . . . .	143	UNISTIK TOUCH SAFETY LANC 21G . . . . .	133
ULTRA-THIN II PEN NEEDLES . . . . .	143	UNISTIK TOUCH SAFETY LANC 23G . . . . .	133
ULTRACARE INSULIN SYRINGE . . . . .	143	UNISTIK TOUCH SAFETY LANC 28G . . . . .	133
ULTRACARE PEN NEEDLES . . . . .	144	UNISTIK TOUCH SAFETY LANC 30G . . . . .	133
ULTRALANCE . . . . .	132	unithroid . . . . .	171
UNIFINE PEN NEEDLES . . . . .	144	UNITUXIN . . . . .	52
UNIFINE PENTIPS . . . . .	144	UNIVERSAL 1 LANCETS THIN 26G . . . . .	133
UNIFINE PENTIPS PLUS . . . . .	144	UNIVERSAL 1 LANCETS THIN 33G . . . . .	133

UNIVERSAL 1 LANCETS ULTRA THIN . . . . .	133
UP & UP GLUCOSE . . . . .	38
UPLIZNA . . . . .	147
UPTRAVI . . . . .	78
uretron d/s . . . . .	23
urin ds . . . . .	23
ursodiol . . . . .	105
utira-c . . . . .	24
UZEDY . . . . .	67,68

## V

V-GO 20 . . . . .	133
V-GO 30 . . . . .	133
V-GO 40 . . . . .	133
VABYSMO . . . . .	159
valacyclovir hcl . . . . .	73
VALCHLOR . . . . .	92
valganciclovir hcl . . . . .	73
valproic acid . . . . .	33
valsartan . . . . .	46
valsartan-hydrochlorothiazide . . . . .	47
VALTOCO 10 MG DOSE . . . . .	30
VALTOCO 15 MG DOSE . . . . .	30
VALTOCO 20 MG DOSE . . . . .	30
VALTOCO 5 MG DOSE . . . . .	30
VALUE HEALTH INSULIN SYRINGE . . . . .	144
VALUE PLUS GLUCOSE . . . . .	38
VALUE PLUS LANCET STANDARD 21G . . . . .	133
VALUE PLUS LANCETS SUPER THIN . . . . .	133
VALUE PLUS LANCETS THIN 26G . . . . .	133
VALUE PLUS LANCING DEVICE . . . . .	133
VALUMARK LANCET SUPER THIN 30G . . . . .	133
VALUMARK LANCET ULTRA THIN 28G . . . . .	133
VALUMARK PEN NEEDLES . . . . .	144
vanadom . . . . .	155
vancomycin hcl . . . . .	24
VANCOMYCIN HCL IN NACL . . . . .	24
VANFLYTA . . . . .	62
VANISHPOINT INSULIN SYRINGE . . . . .	144
VAQTA . . . . .	176
varenicline tartrate . . . . .	169

varenicline tartrate (starter) . . . . .	169
varenicline tartrate(continue) . . . . .	169
VARIVAX . . . . .	176
VARUBI (180 MG DOSE) . . . . .	42
VASCEPA . . . . .	44
VAXNEUVANCE . . . . .	174
VCF VAGINAL CONTRACEPTIVE . . . . .	176
VECTIBIX . . . . .	53
VELIVET . . . . .	85
VELPHORO . . . . .	108
VELTASSA . . . . .	148
VEMLIDY . . . . .	73
VENCLEXTA . . . . .	53
VENCLEXTA STARTING PACK . . . . .	53
venlafaxine hcl . . . . .	35
venlafaxine hcl er . . . . .	35
VENTAVIS . . . . .	77
VENTOLIN HFA . . . . .	29
VEOPOZ . . . . .	111
verapamil hcl . . . . .	76
verapamil hcl er . . . . .	76
VERDESO . . . . .	95
VEREGEN . . . . .	91
VERIFINE INSULIN PEN NEEDLE . . . . .	144
VERIFINE INSULIN SYRINGE . . . . .	144
VERIFINE PLUS PEN NEEDLE . . . . .	144
VERIFINE SAFE LANCET MINI 21G . . . . .	133
VERIFINE SAFE LANCET MINI 23G . . . . .	133
VERIFINE SAFE LANCET MINI 28G . . . . .	133
VERIFINE SAFE LANCET MINI 30G . . . . .	133
VERIFINE UNIVERSAL LANCETS 28G . . . . .	133
VERIFINE UNIVERSAL LANCETS 30G . . . . .	133
VERIFINE UNIVERSAL LANCETS 33G . . . . .	133
VERQUVO . . . . .	78
VERZENIO . . . . .	62
vestura . . . . .	85
VICTOZA . . . . .	39
VIDA MIA AUTOLET LANCING DEV . . . . .	133
VIDA MIA UNIFINE PENTIPS . . . . .	144
VIDA MIA UNILET LANCETS 28G . . . . .	134
VIDA MIA UNILET LANCETS 30G . . . . .	134

vienna . . . . .	85	VIVITROL . . . . .	41
vigabatrin . . . . .	32	VIVJOA . . . . .	43
vigadrone . . . . .	32	VIVOTIF . . . . .	174
vigpoder . . . . .	33	VIZIMPRO . . . . .	53
VIJOICE . . . . .	148	VOCABRIA . . . . .	72
vilazodone hcl . . . . .	34	VOL-PLUS . . . . .	154
VILTEPSO . . . . .	157	volnea . . . . .	85
VIMIZIM . . . . .	103	VONJO . . . . .	63
VINATE DHA RF . . . . .	153	VORAXAZE . . . . .	64
VINATE II . . . . .	153	voriconazole . . . . .	43
VINATE ONE . . . . .	153	VOTRIENT . . . . .	63
VIOKACE . . . . .	98	VOWST . . . . .	107
viorele . . . . .	85	VOXZOGO . . . . .	103
VIRACEPT . . . . .	72	VP INSULIN SYRINGE . . . . .	144
VIREAD . . . . .	72	VP-PNV-DHA . . . . .	154
VIRT-C DHA . . . . .	154	VPRIV . . . . .	112
VIRT-NATE DHA . . . . .	154	VRAYLAR . . . . .	66
VIRT-PN DHA . . . . .	154	VUITY . . . . .	158
VIRT-PN PLUS . . . . .	154	VUMERITY . . . . .	167
virtussin a/c . . . . .	89	vyfemla . . . . .	85
virtussin ac w/alc . . . . .	89	VYJUVEK . . . . .	98
VISCO-3 . . . . .	156	vylibra . . . . .	85
VISUDYNE . . . . .	160	VYNDAMAX . . . . .	78
VITAFOL GUMMIES . . . . .	154	VYNDAAQEL . . . . .	78
VITAFOL ULTRA . . . . .	154	VYONDYS 53 . . . . .	157
VITAFOL-NANO . . . . .	154	VYVANSE . . . . .	12
VITAFOL-OB . . . . .	154	VYVGART . . . . .	147
VITAFOL-OB+DHA . . . . .	154	VYVGART HYTRULO . . . . .	147
VITAFOL-ONE . . . . .	154	VYXEOS . . . . .	57
VITAMEDMD ONE RX/QUATREFOLIC . . . . .	154	VYZULTA . . . . .	162
VITAMEDMD REDICHEW RX . . . . .	154		
vitamin d (ergocalciferol) . . . . .	177	<b>W</b>	
vitamins acid-fluoride . . . . .	150	WALGREENS ADV TRAVEL LANCETS . . . . .	134
VITAPEARL . . . . .	154	WALGREENS GLUCOSE . . . . .	38
VITATHELY WITH GINGER . . . . .	154	WALGREENS LANCETS . . . . .	134
VITATRUE . . . . .	154	WALGREENS LANCETS MICRO THIN . . . . .	134
VITRAKVI . . . . .	63	WALGREENS LANCETS SUPER THIN . . . . .	134
VIVA DHA . . . . .	154	WALGREENS THIN LANCETS . . . . .	134
VIVAGUARD LANCETS . . . . .	134	WALGREENS ULTRA THIN LANCETS . . . . .	134
VIVAGUARD LANCING DEVICE . . . . .	134	warfarin sodium . . . . .	29
VIVIMUSTA . . . . .	49	WEBCOL ALCOHOL PREP LARGE . . . . .	136

WEBCOL ALCOHOL PREP MEDIUM . . . . .	136	XERAC AC . . . . .	97
WEGMANS UNIFINE PENTIPS PLUS . . . . .	144	XERESE . . . . .	93
WELIREG . . . . .	56	XERMELO . . . . .	108
wera . . . . .	85	XGEVA . . . . .	100
WESCAP-C DHA . . . . .	154	XIAFLEX . . . . .	146
WESCAP-PN DHA . . . . .	154	XIFAXAN . . . . .	23
WESNATAL DHA COMPLETE . . . . .	154	XIGDUO XR . . . . .	36
WESNATE DHA . . . . .	154	XIIDRA . . . . .	160
WESTAB PLUS . . . . .	154	XIPERE . . . . .	161
WESTGEL DHA . . . . .	154	XOFIGO . . . . .	63
WIDE-SEAL DIAPHRAGM 60 . . . . .	116	XOFLUZA (40 MG DOSE) . . . . .	74
WIDE-SEAL DIAPHRAGM 65 . . . . .	116	XOFLUZA (80 MG DOSE) . . . . .	74
WIDE-SEAL DIAPHRAGM 70 . . . . .	116	XOLAIR . . . . .	27
WIDE-SEAL DIAPHRAGM 75 . . . . .	116	XOSPATA . . . . .	63
WIDE-SEAL DIAPHRAGM 80 . . . . .	116	XPHOZAH . . . . .	103
WIDE-SEAL DIAPHRAGM 85 . . . . .	116	XPOVIO (100 MG ONCE WEEKLY) . . . . .	56
WIDE-SEAL DIAPHRAGM 90 . . . . .	116	XPOVIO (40 MG ONCE WEEKLY) . . . . .	56
WIDE-SEAL DIAPHRAGM 95 . . . . .	116	XPOVIO (40 MG TWICE WEEKLY) . . . . .	56
WILATE . . . . .	110	XPOVIO (60 MG ONCE WEEKLY) . . . . .	56
WINRHO SDF . . . . .	163	XPOVIO (60 MG TWICE WEEKLY) . . . . .	56
wixela inhub . . . . .	29	XPOVIO (80 MG ONCE WEEKLY) . . . . .	56
wymzya fe . . . . .	85	XPOVIO (80 MG TWICE WEEKLY) . . . . .	56
 <b>X</b>		XTANDI . . . . .	55
XACDURO . . . . .	24	xulane . . . . .	86
XALKORI . . . . .	63	XULTOPHY . . . . .	36
XARELTO . . . . .	29,30	XYNTHA . . . . .	110
XARELTO STARTER PACK . . . . .	30	XYNTHA SOLOFUSE . . . . .	110
XATMEP . . . . .	50	XYREM . . . . .	164
XCOPRI . . . . .	32	XYWAV . . . . .	164
XCOPRI (250 MG DAILY DOSE) . . . . .	32	 <b>Y</b>	
XCOPRI (350 MG DAILY DOSE) . . . . .	32	yargesa . . . . .	112
XDEMVY . . . . .	160	YASMIN 28 . . . . .	85
XELJANZ . . . . .	15	YAZ . . . . .	86
XELJANZ XR . . . . .	15	YCANTH . . . . .	96
XELPROS . . . . .	162	YERVOY . . . . .	52
XEMBIFY . . . . .	163	yl folic acid . . . . .	112
XENLETA . . . . .	24	YONDELIS . . . . .	49
XENPOZYME . . . . .	103	YONSA . . . . .	55
XEOMIN . . . . .	157	YUSIMRY . . . . .	14
XEPI . . . . .	91	yuvafem . . . . .	177



## Z

zafemy . . . . .	86	zolpidem tartrate . . . . .	114
zafirlukast . . . . .	27	zolpidem tartrate er . . . . .	114
zaleplon . . . . .	114	ZOMACTON . . . . .	101
ZALTRAP . . . . .	51	ZOMACTON (FOR ZOMA-JET 10) . . . . .	101
ZALVIT . . . . .	154	zonisamide . . . . .	32
zarah . . . . .	86	ZONTIVITY . . . . .	111
ZATEAN-PN DHA . . . . .	154	ZORBTIVE . . . . .	101
ZATEAN-PN PLUS . . . . .	154	ZORYVE . . . . .	93
zebutal . . . . .	17	zovia 1/35 (28) . . . . .	86
ZEGALOGUE . . . . .	38	zovia 1/35e (28) . . . . .	86
ZEJULA . . . . .	63	ZTALMY . . . . .	32
ZELBORAF . . . . .	63	ZULRESSO . . . . .	34
ZEMAIRA . . . . .	170	zumandimine . . . . .	86
ZEMBRACE SYMTOUCH . . . . .	145	ZURZUVAE . . . . .	34
zenatane . . . . .	91	ZYDELIG . . . . .	63
ZENPEP . . . . .	98	ZYKADIA . . . . .	63
ZEPOSIA . . . . .	167	ZYNLONTA . . . . .	53
ZEPOSIA 7-DAY STARTER PACK . . . . .	167	ZYNYZ . . . . .	53
ZEPOSIA STARTER KIT . . . . .	167	ZYPITAMAG . . . . .	45
ZEPZELCA . . . . .	49	ZYPREXA RELPREVV . . . . .	68
ZETONNA . . . . .	156		
ZEVALIN Y-90 . . . . .	53		
ZEVRX INSULIN SYRINGE . . . . .	144		
ZEVRX PEN NEEDLES . . . . .	144		
ZEVRX STERILE ALCOHOL PREP PAD . . . . .	136		
ZEVRX TWIST TOP LANCETS 30G . . . . .	134		
zidovudine . . . . .	72		
ZIEXTENZO . . . . .	113		
ZIMHI . . . . .	41		
ZINPLAVA . . . . .	163		
ZIPHEX . . . . .	154		
ziprasidone hcl . . . . .	66		
ZOKINVY . . . . .	148		
ZOLADEX . . . . .	56		
ZOLEDRONIC ACID . . . . .	100		
zoledronic acid . . . . .	100		
ZOLINZA . . . . .	63		
ZOLMITRIPTAN . . . . .	145		
zolmitriptan . . . . .	145		