

A photograph of a man with tattoos lying on a blue mat on a wooden floor. A cat is perched on his back. The man is wearing a yellow t-shirt and has his arms crossed. The background is a dark wood floor.

GEISINGER HEALTH PLAN

2024

# Geisinger High Performance RX

**Geisinger**

**List of covered drugs**

## General Formulary Information

**This formulary is an option for self-insured employer groups with pharmacy benefits administered by Geisinger Health Plan**

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 High Performance Rx 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

### High Performance Rx Benefit

The High Performance Rx Benefit formulary assigns each prescription medication to one of three different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication benefits. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment.
- Tier 2 - Includes preferred brand name medications with no generic equivalent
- Tier 3 - Includes non-preferred brand name medications

**It is important to note that only medications listed on this formulary are covered, non-listed medications are excluded from coverage.**

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.
- 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 typically 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 SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of December 1, 2024 and is subject to change. 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 will 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
- 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.

## 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.

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.

### **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.**

**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 (Geisinger Health Plan) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity and sex stereotypes). Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

## Geisinger Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 reasonable modifications, appropriate auxiliary aids and services or language assistance services, call Geisinger Health Plan at 800-447-4000 or TTY: 711.

If you believe that Geisinger 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 N. Academy Ave., 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 Ave. 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 (телефакс: 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).

ملاحظة: إذا كنت تتحدث اللغة فإن خدمات المساعدة اللغوية متوفرة 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 ભિ: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: បើលិខិតសម្រាប់ភាសាខ្មែរ, យើងផ្តល់ជូនសេវាភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នកដែលមានការប្រើប្រាស់ភាសា ឬ មិនប្រើ 800-447-4000 (TTY: 711)។

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

## LEGEND

0 Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

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.

AL Age Limit

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

PN Note

This drug has unique restrictions.

Publishing Note (C0)

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

PN Note

This drug has unique restrictions

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 . . . . .	8
ALLERGENIC EXTRACTS/BIOLOGICALS MISC . . . . .	10
ALTERNATIVE MEDICINES . . . . .	10
AMINOGLYCOSIDES . . . . .	10
ANALGESICS - ANTI-INFLAMMATORY . . . . .	11
ANALGESICS - NONNARCOTIC . . . . .	15
ANALGESICS - OPIOID . . . . .	17
ANDROGENS-ANABOLIC . . . . .	20
ANORECTAL AND RELATED PRODUCTS . . . . .	21
ANTACIDS . . . . .	22
ANTHELMINTICS . . . . .	22
ANTI-INFECTIVE AGENTS - MISC . . . . .	22
ANTIANGINAL AGENTS . . . . .	25
ANTIANKXIETY AGENTS . . . . .	25
ANTIARRHYTHMICS . . . . .	26
ANTIASTHMATIC AND BRONCHODILATOR AGENTS . . . . .	27
ANTICOAGULANTS . . . . .	30
ANTICONVULSANTS . . . . .	31
ANTIDEPRESSANTS . . . . .	34
ANTIDIABETICS . . . . .	36
ANTIDIARRHEAL/PROBIOTIC AGENTS . . . . .	40
ANTIDOTES AND SPECIFIC ANTAGONISTS . . . . .	41
ANTIEMETICS . . . . .	41
ANTIFUNGALS . . . . .	42
ANTIHISTAMINES . . . . .	43
ANTIHYPERTENSIVES . . . . .	44
ANTIHYPERTENSIVES . . . . .	47
ANTIMALARIALS . . . . .	50
ANTIMYASTHENIC/CHOLINERGIC AGENTS . . . . .	50
ANTIMYCOBACTERIAL AGENTS . . . . .	50
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES . . . . .	51
ANTIPARKINSON AND RELATED THERAPY AGENTS . . . . .	62
ANTIPSYCHOTICS/ANTIMANIC AGENTS . . . . .	63
ANTISEPTICS & DISINFECTANTS . . . . .	65
ANTIVIRALS . . . . .	66
BETA BLOCKERS . . . . .	70
CALCIUM CHANNEL BLOCKERS . . . . .	71
CARDIOTONICS . . . . .	72
CARDIOVASCULAR AGENTS - MISC . . . . .	72
CEPHALOSPORINS . . . . .	75
CHEMICALS . . . . .	76
CONTRACEPTIVES . . . . .	76
CORTICOSTEROIDS . . . . .	84
COUGH/COLD/ALLERGY . . . . .	85
DERMATOLOGICALS . . . . .	86
DIAGNOSTIC PRODUCTS . . . . .	98

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS . . . . .	99
DIGESTIVE AIDS . . . . .	99
DIURETICS . . . . .	100
ENDOCRINE AND METABOLIC AGENTS - MISC. . . . .	101
ESTROGENS . . . . .	105
FLUOROQUINOLONES . . . . .	106
GASTROINTESTINAL AGENTS - MISC. . . . .	107
GENERAL ANESTHETICS . . . . .	108
GENITOURINARY AGENTS - MISCELLANEOUS . . . . .	109
GOUT AGENTS . . . . .	110
HEMATOLOGICAL AGENTS - MISC. . . . .	111
HEMATOPOIETIC AGENTS . . . . .	112
HEMOSTATICS . . . . .	115
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS . . . . .	116
LAXATIVES . . . . .	117
LOCAL ANESTHETICS-PARENTERAL . . . . .	118
MACROLIDES . . . . .	119
MEDICAL DEVICES AND SUPPLIES . . . . .	120
MIGRAINE PRODUCTS . . . . .	152
MINERALS ELECTROLYTES . . . . .	154
MISCELLANEOUS THERAPEUTIC CLASSES . . . . .	157
MOUTH/THROAT/DENTAL AGENTS . . . . .	159
MULTIVITAMINS . . . . .	161
MUSCULOSKELETAL THERAPY AGENTS . . . . .	163
NASAL AGENTS - SYSTEMIC AND TOPICAL . . . . .	164
NEUROMUSCULAR AGENTS . . . . .	164
NUTRIENTS . . . . .	165
OPHTHALMIC AGENTS . . . . .	165
OTIC AGENTS . . . . .	170
OXYTOCICS . . . . .	170
PASSIVE IMMUNIZING AND TREATMENT AGENTS . . . . .	171
PENICILLINS . . . . .	171
PHARMACEUTICAL ADJUVANTS . . . . .	172
PROGESTINS . . . . .	172
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. . . . .	173
RESPIRATORY AGENTS - MISC. . . . .	177
SULFONAMIDES . . . . .	177
TETRACYCLINES . . . . .	177
THYROID AGENTS . . . . .	178
TOXOIDS . . . . .	179
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS . . . . .	179
URINARY ANTISPASMODICS . . . . .	181
VACCINES . . . . .	182
VAGINAL AND RELATED PRODUCTS . . . . .	184
VASOPRESSORS . . . . .	185
VITAMINS . . . . .	186

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)</b>		
<b>AMPHETAMINES</b>		
ADDERALL XR	2	
<i>amphet-dextroamphet 3-bead er</i>	1	(1 EA / 1 DAYS)
<i>amphetamine sulfate</i>	1	
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
DEXEDRINE	3	
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 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	(1 EA / 1 day(s))
<i>lisdexamfetamine dimesylate (10 mg chew tab, 20 mg chew tab, 30 mg chew tab, 40 mg chew tab, 50 mg chew tab, 60 mg chew tab)</i>	1	
<i>methamphetamine hcl</i>	1	
MYDAYIS	2	
<i>procentra</i>	1	
VYVANSE	2	(1 EA / 1 DAYS)
<i>zenzedi</i>	1	
<b>ANALECTICS</b>		
<i>caffeine citrate</i>	1	
CAFFEINE-SODIUM BENZOATE	1	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>benzphetamine hcl 50 mg tab</i>	1	
<i>diethylpropion hcl</i>	1	
DIETHYLPROPION HCL ER	1	
<i>phendimetrazine tartrate</i>	1	
PHENDIMETRAZINE TARTRATE ER	1	
<i>phentermine hcl</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
QSYMIA	2	
<b>ANTI-OBESITY AGENTS</b>		
ORLISTAT	1	
SAXENDA	2	
WEGOVY	2	
ZEPBOUND (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	(2 ML / 28 day(s))
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	
<i>clonidine hcl er</i>	1	
<i>guanfacine hcl er</i>	1	
QELBREE 100 MG CAP ER 24H	2	(1 EA / 1 DAYS)
QELBREE 150 MG CAP ER 24H	2	(2 EA / 1 DAYS)
QELBREE 200 MG CAP ER 24H	2	(3 EA / 1 DAYS)
STRATTERA	3	
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI	2	
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX	2	SP
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	1	
AZSTARYS	2	
CONCERTA	2	
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
FOCALIN	3	
JORNAY PM	2	
METHYLIN	3	
<i>methylphenidate</i>	1	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>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)</i>	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
METHYLPHENIDATE HCL ER (OSM) (45 MG TAB ER, 63 MG TAB ER, 72 MG TAB ER)	1	(1 EA / 1 day(s))
<i>methylphenidate hcl er (xr)</i>	1	
<i>modafinil</i>	1	
RITALIN	3	

### ALLERGENIC EXTRACTS/BIOLOGICALS MISC (CONTINUED)

#### ALLERGENIC EXTRACTS

GRASTEK	2	
ORALAIR	2	SP
ORALAIR ADULT SAMPLE KIT	2	SP
ORALAIR ADULT STARTER PACK	2	SP
RAGWITEK	2	

### ALTERNATIVE MEDICINES (CONTINUED)

#### ALTERNATIVE MEDICINE - M'S

<i>melatol pediatric sleep/calm</i>	1	
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### AMINOGLYCOSIDES (CONTINUED)

#### AMINOGLYCOSIDES

<i>amikacin sulfate</i>	1	
BETHKIS	2	(224 ML / 56 DAYS), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION)	1	
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin 300 mg/4ml nebu soln</i>	1	(224 ML / 56 DAYS), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	(280 ML / 56 day(s)), SP
<i>tobramycin 300 mg/5ml nebu soln</i>	1	(280 ML / 56 DAYS), SP
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	1	

## ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)

### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-ADAZ	2	(0.8 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	2	(2 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) (40 MG/0.4ML AUT-IJ KIT, 40 MG/0.8ML AUT-IJ KIT)	2	(2 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	(3 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	2	(2 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT	2	(2 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	(8 EA / 30 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA 40 MG/0.4ML PREF SY KT	2	(2 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	(2 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	(3 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED<40KG CROHNS STARTER	2	(2 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>=40KG CROHNS START	2	(3 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PED>=40KG UC STARTER	2	(3 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER	2	(2 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PSORIASIS/UVEIT STARTER	2	(3 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYRIMOZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	(0.8 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ (40 MG/0.8ML SOLN A-INJ, 40 MG/0.8ML SOLN PRSYR, 80 MG/0.8ML SOLN A-INJ)	2	(1.6 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ 10 MG/0.1 ML SOLN PRSYR	2	(0.2 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ 20 MG/0.2ML SOLN PRSYR	2	(0.4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-CROHNS/UC STARTER	2	(2.4 ML / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ-CROHNS/UC STARTER PACK	2	(2.4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	2	(1.2 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR	2	(2.4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-PLAQ PSOR/UVEIT START	2	(1.6 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
HYRIMOZ-PLAQUE PSORIASIS START	2	(1.6 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
SIMPONI ARIA	2	SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	2	(28 EA / 28 DAYS), (84 DAYS SUPPLY IN 180 DAYS), SP, PN (84 DAYS SUPPLY IN 180 DAYS)
RINVOQ LQ	2	(360 ML / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	2	(300 ML / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RASUVO (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ)	2	
RASUVO 20 MG/0.4ML SOLN A-INJ	2	
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS	2	SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA	2	(2.28 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ANAPROX DS	3	
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>diclofenac potassium (25 mg cap, 50 mg tab)</i>	1	
<i>diclofenac potassium 25 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	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium 400 mg cap</i>	1	
<i>flexipak</i>	1	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen lysine</i>	1	
<i>ibuprofen-famotidine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin (20 mg cap, 25 mg cap, 25 mg/5ml suspension, 50 mg cap, 100 mg suppos)</i>	1	
<i>indomethacin 50 mg suppos</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin sodium</i>	1	
KETOPROFEN	1	
<i>ketorolac tromethamine (15 mg/ml solution, 15.75 mg/spray solution, 30 mg/ml solution, 60 mg/2ml solution)</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	(20 EA / FILL)
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
<i>meloxicam (5 mg cap, 7.5 mg tab, 7.5 mg/5ml suspension, 10 mg cap, 15 mg tab)</i>	1	
<i>nabumetone</i>	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 sodium er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>naproxen sodium er 375 mg tab er 24h</i>	1	
OXAPROZIN 300 MG CAP	1	(4 EA / 1 day(s))
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	
<i>previdolrx plus analgesic</i>	1	
<i>sulindac</i>	1	
TOLECTIN 600	1	
TOLMETIN SODIUM	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 20 MG TAB)	2	SP
OTEZLA 10 & 20 & 30 MG TAB THPK	2	(55 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
ARAVA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i>	1	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	(4 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	2	(8 EA / 28 DAYS), PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	2	(8 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	2	(4 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	2	(4 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>ANALGESICS - NONNARCOTIC (CONTINUED)</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>bac</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i>	1	
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
TENCON	1	
<b>ANALGESICS OTHER</b>		
<i>acetaminophen (10 mg/ml solution, 100 mg/10ml soln prsyr, 1000 mg/100ml solution)</i>	1	
CLONIDINE HCL (ANALGESIA) (100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION)	1	
<b>SALICYLATES</b>		
<i>adult aspirin regimen</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin ec adult low dose</i>	0	
<i>aspirin ec low dose</i>	0	
<i>aspirin ec low strength</i>	0	
<i>aspirin low dose</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 81 mg chew tab</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kp aspirin</i>	0	
<i>miniprin low dose</i>	0	
<i>mm aspirin</i>	0	
<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	
<b>ANALGESICS - OPIOID (CONTINUED)</b>		
<b>OPIOID AGONISTS</b>		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	1	
<i>duramorph</i>	1	
<i>fentanyl</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<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>	1	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
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)	1	(120 EA / 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
<i>fentanyl citrate (pf) (50 mcg/ml solution, 100 mcg/2ml soln cart, 100 mcg/2ml solution, 250 mcg/5ml solution, 500 mcg/10ml solution, 1000 mcg/20ml solution, 2500 mcg/50ml solution)</i>	1	
<i>fentanyl citrate pf 50 mcg/ml soln prsyr</i>	1	
FENTANYL CITRATE-NACL	1	
<i>hydrocodone bitartrate er (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 20 mg tb24 deter, 30 mg cap er 12h, 30 mg tb24 deter, 40 mg cap er 12h, 40 mg tb24 deter, 50 mg cap er 12h, 60 mg tb24 deter, 80 mg tb24 deter, 100 mg tb24 deter, 120 mg tb24 deter)</i>	1	
HYDROMORPHONE HCL (0.25 MG/0.5ML SOLUTION, 0.5 MG/ML SOLUTION, 1 MG/ML LIQUID, 1 MG/ML SOLUTION, 2 MG TAB, 2 MG/ML SOLUTION, 3 MG SUPPOS, 4 MG TAB, 4 MG/ML SOLUTION, 8 MG TAB)	1	
HYDROMORPHONE HCL 0.2 MG/ML SOLUTION	1	
<i>hydromorphone hcl er</i>	1	
<i>hydromorphone hcl pf (1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution)</i>	1	
HYDROMORPHONE HCL-NACL	1	
<i>meperidine hcl (25 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 50 mg/ml solution, 100 mg/ml solution)</i>	1	
METHADONE HCL (5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 10 MG/5ML SOLUTION, 10 MG/ML CONC, 10 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION, 40 MG TAB SOL)	1	
<i>methadone hcl intensol</i>	1	
METHADOSE 10 MG/ML CONC	1	
<i>methadose 40 mg tab sol</i>	1	
<i>mitigo</i>	1	
<i>morphine sulfate (0.5 mg/ml solution, 1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 5 mg suppos, 8 mg/ml solution, 10 mg suppos, 10 mg/5ml solution, 10 mg/ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab, 50 mg/ml solution)</i>	1	
MORPHINE SULFATE (CONCENTRATE) (100 MG/5ML SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE (PF) (0.5 MG/ML SOLUTION, 1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	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	
MORPHINE SULFATE ER BEADS	1	
NUCYNTA	2	
NUCYNTA ER	2	
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 15 mg tab deter, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER	1	
<i>oxymorphone hcl</i>	1	
OXYMORPHONE HCL ER	1	
<i>remifentanil hcl</i>	1	
ROXYBOND 15 MG TAB DETER	1	
SUBSYS	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
SUFENTANIL CITRATE	1	
<i>tramadol hcl (5 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>tramadol hcl (er biphasic)</i>	1	
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 CAP ER 24H, 300 MG TAB ER 24H)	1	
XTAMPZA ER	2	
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-30 mg/12.5ml solution, 300-60 mg tab)</i>	1	
APAP-CAFF-DIHYDROCODEINE	1	
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
OXYCODONE-ACETAMINOPHEN (2.5-300 MG TAB, 5-300 MG TAB, 10-300 MG TAB)	1	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
OXYCODONE-ASPIRIN	1	
<i>tramadol-acetaminophen</i>	1	
TREZIX	1	
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA	2	
<i>buprenorphine</i>	1	(0.143 EA / 1 DAYS)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
BUTORPHANOL TARTRATE (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>nalbuphine hcl</i>	1	
<i>pentazocine-naloxone hcl</i>	1	
ZUBSOLV	2	
<b>ANDROGENS-ANABOLIC (CONTINUED)</b>		
<b>ANABOLIC STEROIDS</b>		
<i>oxandrolone</i>	1	
<b>ANDROGENS</b>		
ANDRODERM	2	
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
<i>methyltestosterone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NATESTO	2	
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 PELLETT, 25 MG/2.5GM (1%) GEL, 30 MG/ACT SOLUTION, 40.5 MG/2.5GM (1.62%) GEL, 50 MG PELLETT, 50 MG/5GM (1%) GEL, 100 MG PELLETT, 200 MG PELLETT)	1	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	
TESTOSTERONE ENANTHATE	1	
XYOSTED	2	
<b>ANORECTAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	
CORTENEMA	3	
CORTIFOAM	2	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	
<b>RECTAL COMBINATIONS</b>		
<i>ana-lex</i>	1	
<i>hydrocort-pramoxine (perianal)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
HYDROCORTISONE ACE-PRAMOXINE 25-18 MG SUPPOS	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
LIDOCAINE-HYDROCORTISONE ACE (2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
PROCTOFOAM HC	2	
<b>RECTAL STEROIDS</b>		
<i>anucort-hc</i>	1	
<i>anusol-hc (2.5 % cream, 25 mg suppos)</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak</i>	1	
<i>proctocort 1 % cream</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin 0.4 % ointment</i>	1	
<b>ANTACIDS (CONTINUED)</b>		
<b>ANTACIDS - BICARBONATE</b>		
SODIUM BICARBONATE POWDER	1	
<b>ANTHELMINTICS (CONTINUED)</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	(4 EA / day(s))
EMVERM	2	
<i>ivermectin 3 mg tab</i>	1	(PA REQUIRED FOR UNAPPROVED INDICATIONS)
<i>praziquantel</i>	1	
STROMEKTOL	3	
<b>ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>baciim</i>	1	
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
XIFAXAN	2	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
HYOPHEN	1	
<i>me/naphos/mb/hyo1</i>	1	
<i>phosphasal</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 400-80 mg/5ml solution, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
<i>urelle</i>	1	
<i>uretron d/s</i>	1	
<i>uribel (81.6 mg tab, 118 mg cap)</i>	1	
<i>urimar-t 120 mg cap</i>	1	
URIMAR-T 120 MG TAB	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
<i>uro-mp</i>	1	
<i>uro-sp</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone</i>	1	
NITAZOXANIDE	1	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium</i>	1	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	1	
<i>meropenem (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)</i>	1	
<b>CHLORAMPHENICOLS</b>		
CHLORAMPHENICOL SOD SUCCINATE	1	
<b>CYCLIC LIPOPEPTIDES</b>		
DAPTOMYCIN (350 MG RECON SOLN, 500 MG RECON SOLN)	1	
DAPTOMYCIN 350 MG RECON SOLN	1	PN (34 DAYS SUPPLY PER FILL)
<i>daptomycin 500 mg recon soln</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>GLYCOPEPTIDES</b>		
VANCOCIN	2	
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, 100 GM RECON SOLN, 125 MG CAP, 250 MG CAP, 250 MG RECON SOLN, 250 MG/5ML RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION)	1	
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 1.25-5 GM/250ML-% SOLUTION, 1.5-5 GM/250ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	1	
VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 1-0.9 GM/250ML-% SOLUTION, 1.25-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/500ML-% SOLUTION, 1.75-0.9 GM/250ML-% SOLUTION, 1.75-0.9 GM/500ML-% SOLUTION, 2-0.9 GM/500ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	1	
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
<b>LINCOSAMIDES</b>		
CLEOCIN (75 MG CAP, 75 MG/5ML RECON SOLN, 150 MG CAP, 300 MG CAP)	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>lincomycin hcl</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam</i>	1	
<b>OXAZOLIDINONES</b>		
<i>linezolid (100 mg/5ml recon susp, 600 mg/300ml solution)</i>	1	
<i>linezolid 600 mg tab</i>	1	(2 EA / 1 DAYS), (56 DAYS SUPPLY IN 180 DAYS), PN (56 DAYS SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
LINEZOLID IN SODIUM CHLORIDE	1	
<b>POLYMYXINS</b>		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine</i>	1	
MACROBID	2	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension, 50 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	
<b>NITRATES</b>		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
NITRO-DUR (0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.3 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 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, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 5 mg/ml solution)</i>	1	
NITROGLYCERIN IN D5W	1	
NITROLINGUAL	3	
NITROSTAT	3	
<b>ANTIANSIETY AGENTS (CONTINUED)</b>		
<b>ANTIANSIETY AGENTS - MISC.</b>		
<i>buspirone hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DROPERIDOL 2.5 MG/ML SOLUTION	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</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	
<i>alprazolam er</i>	1	
<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, 5 mg/ml solution, 10 mg tab, 10 mg/2ml soln a-inj, 10 mg/2ml solution)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc, 2 mg/ml solution, 4 mg/ml solution)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
<b>ANTIARRHYTHMICS (CONTINUED)</b>		
<b>ANTIARRHYTHMICS - MISC.</b>		
<i>adenosine (6 mg/2ml solution, 12 mg/4ml solution)</i>	1	
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	
NORPACE CR 100 MG CAP ER 12H	3	(8 EA / 1 DAYS)
NORPACE CR 150 MG CAP ER 12H	3	(5 EA / 1 DAYS)
<i>procainamide hcl (100 mg/ml solution, 500 mg/ml solution)</i>	1	
<i>quinidine gluconate er</i>	1	
QUINIDINE SULFATE	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
LIDOCAINE HCL (CARDIAC) (50 MG/5ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR)	1	

Drug Name	Drug Tier	Requirements/Limits
LIDOCAINE HCL (CARDIAC) PF	1	
<i>lidocaine in d5w (4-5 mg/ml-% solution, 8-5 mg/ml-% solution)</i>	1	
<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	
RYTHMOL SR	2	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (100 mg tab, 150 mg/3ml solution, 200 mg tab, 400 mg tab, 450 mg/9ml solution, 900 mg/18ml solution)</i>	1	
<i>dofetilide</i>	1	
<i>ibutilide fumarate</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
TIKOSYN (125 MCG CAP, 500 MCG CAP)	2	
TIKOSYN 250 MCG CAP	3	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	(0.5 ML / 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	2	(1 ML / 56 DAYS), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	2	(1 ML / 56 DAYS), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	2	(1 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	2	(1.91 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	(4 ML / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	2	(28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	2	(4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	2	(5 ML / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	(5 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
<i>tiotropium bromide monohydrate</i>	1	
YUPELRI	2	
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP	2	
<i>roflumilast</i>	1	
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
PULMICORT	3	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKUS	2	

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA	2	
AIRSUPRA	2	(32.1 QUANTITY / 30 day(s))
<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	
ALBUTEROL SULFATE ER	1	
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	
BREO ELLIPTA	2	(2 EA / 1 DAYS)
BREZTRI AEROSPHERE	2	(10.7 GM / 28 DAYS)
FLUTICASONE FUROATE-VILANTEROL	1	
<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	(2 EA / 1 DAYS)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	1	
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	(1 EA / 30 DAYS)
<i>formoterol fumarate</i>	1	
<i>ipratropium-albuterol</i>	1	
<i>isoproterenol hcl</i>	1	
ISOPROTERENOL-SODIUM CHLORIDE	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	
PERFOROMIST	2	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	
<i>terbutaline sulfate (1 mg/ml solution, 2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA	2	(2 EA / 1 DAYS)
<i>wixela inhub</i>	1	(2 EA / 1 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<b>XANTHINES</b>		
<i>aminophylline</i>	1	
<i>elixophyllin</i>	1	
<i>theophylline</i>	1	
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)	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	(2 EA / 1 DAYS)
ELIQUIS 5 MG TAB	2	(4 EA / 1 DAYS)
ELIQUIS DVT/PE STARTER PACK	2	(74 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	2	(1 EA / 1 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	2	(2 EA / 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	2	(20 ML / 1 DAYS)
XARELTO STARTER PACK	2	(51 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA	2	
<i>bd heparin posiflush</i>	1	
<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	(30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
FRAGMIN	2	
HEPARIN (PORCINE) IN NA CL (20-0.9 UNT/20ML-% SOLN PRSYR, 50-0.9 UNT/50ML-% SOLN PRSYR, 500-0.9 UT/500ML-% SOLUTION, 1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION, 2500-0.9 UT/500ML-% SOLUTION, 4000-0.9 UNIT/L-% SOLUTION, 5000-0.9 UT/500ML-% SOLUTION, 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION, 30000-0.9 UNIT/L-% SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
HEPARIN NA (PORK) LOCK FLSH PF (1 UNIT/ML SOLUTION, 10 UNIT/ML SOLUTION, 100 UNIT/ML SOLUTION)	1	
<i>heparin sod (pork) lock flush</i>	1	
<i>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)</i>	1	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	1	
<b>THROMBIN INHIBITORS</b>		
<i>argatroban</i>	1	
<i>bivalirudin trifluoroacetate (250 mg recon soln, 250 mg/50ml solution)</i>	1	
<i>dabigatran etexilate mesylate</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)	2	(1 EA / 1 DAYS)
FYCOMPA 0.5 MG/ML SUSPENSION	2	(24 ML / 1 DAYS)
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	1	
NAYZILAM	2	(10 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
VALTOCO 10 MG DOSE	2	(10 EA / 30 DAYS)
VALTOCO 15 MG DOSE	2	(10 EA / 30 DAYS)
VALTOCO 20 MG DOSE	2	(10 EA / 30 DAYS)
VALTOCO 5 MG DOSE	2	(10 EA / 30 DAYS)
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (200 MG TAB, 400 MG TAB)	2	(1 EA / 1 DAYS)
APTIOM (600 MG TAB, 800 MG TAB)	2	(2 EA / 1 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL	3	
<i>epitol</i>	1	
<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, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab, 200 mg/20ml solution)</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam er</i>	1	
LEVETIRACETAM IN NACL (250 MG/50ML SOLUTION, 500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	1	
MYSOLINE	3	
NEURONTIN (100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB)	3	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
<i>oxcarbazepine er</i>	1	
OXTELLAR XR	2	
<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, 125 mg tab, 250 mg tab)</i>	1	
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	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 cap er 24h, 200 mg cp24 sprnk)</i>	1	
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	3	
TROKENDI XR	2	
VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 200 MG/20ML SOLUTION)	2	
<i>zonisamide</i>	1	
<b>CARBAMATES</b>		
<i>felbamate (400 mg tab, 600 mg tab, 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)	2	(28 EA / 28 day(s)), (28 DAY SUPPLY IN 180 DAYS), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	2	(2 EA / 1 DAYS)
XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK	2	
XCOPRI (350 MG DAILY DOSE)	2	(2 EA / 1 DAYS)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	2	(1 EA / 1 DAYS)
XCOPRI 200 MG TAB	2	(2 EA / 1 DAYS)
XCOPRI 25 MG TAB	2	(1 EA / 1 day(s))
<b>GABA MODULATORS</b>		
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	1	SP
<i>vigadrone 500 mg packet</i>	1	LA, SP
<i>vigadrone 500 mg tab</i>	1	SP
<i>vigpoder</i>	1	SP
<b>HYDANTOINS</b>		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	3	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</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, 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	1	
ZARONTIN (250 MG CAP, 250 MG/5ML SOLUTION)	3	
<b>VALPROIC ACID</b>		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	
REMERON	3	
REMERON SOLTAB	3	
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (sr) (100 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	0	
<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	(1 EA / 1 DAYS)
MAPROTILINE HCL	1	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
NARDIL	2	
PARNATE	2	
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA	3	
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	
CITALOPRAM HYDROBROMIDE 30 MG CAP	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, 40 mg cap, 60 mg tab)</i>	1	
FLUOXETINE HCL (20 MG/5ML SOLUTION, 60 MG TAB, 90 MG CAP DR)	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</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	
SERTRALINE HCL (150 MG CAP, 200 MG CAP)	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	

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl</i>	1	
TRINTELLIX	2	
<i>vilazodone hcl</i>	1	(1 EA / 1 DAYS)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
DESVENLAFAXINE ER	1	
<i>desvenlafaxine succinate er</i>	1	(1 EA / 1 DAYS)
<i>duloxetine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	2	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
NORPRAMIN	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
PAMELOR	2	
<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	
PRECOSE	2	
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 120	2	

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60	2	
<b>ANTIDIABETIC COMBINATIONS</b>		
ACTOPLUS MET	3	
DUETACT	3	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	(1 EA / 1 DAYS)
JANUMET	2	
JANUMET XR	2	
<i>pioglitazone hcl-glimepiride</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	(1 EA / 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	(2 EA / 1 day(s))
SOLIQUA	2	
SYNJARDY	2	(2 EA / 1 DAYS)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	(1 EA / 1 DAYS)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	(2 EA / 1 DAYS)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	(1 EA / 1 DAYS)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	(2 EA / 1 DAYS)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	(1 EA / 1 DAYS)
XIGDUO XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	2	(1 EA / 1 day(s))
XULTOPHY	2	(0.5 ML / 1 DAYS)
<b>BIGUANIDES</b>		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
METFORMIN HCL (500 MG/5ML SOLUTION, 625 MG TAB)	1	
<i>metformin hcl er</i>	1	
<i>metformin hcl er (mod)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er (osm)</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	2	(2 EA / FILL)
BAQSIMI TWO PACK	2	(2 EA / FILL)
<i>diazoxide</i>	1	
GLUCAGON EMERGENCY 1 MG KIT	1	(2 EA / fill(s)), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	(2 EA / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	(0.2 ML / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	(0.4 ML / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	(0.2 ML / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	(0.4 ML / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	(0.4 ML / FILL)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	(0.2 ML / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	(0.4 ML / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
<i>mifepristone 300 mg tab</i>	1	(112 EA / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
ZEGALOGUE	2	(1.2 ML / FILL)
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA	2	
<i>saxagliptin hcl</i>	1	(1 EA / 1 day(s))
<b>INCRETIN MIMETIC AGENTS</b>		
LIRAGLUTIDE	1	(0.3 ML / 1 day(s))
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	(2 ML / 28 day(s))
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	(2 ML / 28 day(s)), (28 DAY SUPPLY IN 180 DAYS), PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	(0.06 ML / 1 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	(0.11 ML / 1 DAYS)
OZEMPIC (1 MG/DOSE)	2	(0.11 ML / 1 DAYS)
OZEMPIC (2 MG/DOSE)	2	(0.11 ML / 1 DAYS)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	(1 EA / 1 DAYS)
RYBELSUS 3 MG TAB	2	(30 EA / 30 day(s)), (30 DAYS SUPPLY IN 180 DAYS), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	2	(0.072 ML / 1 day(s))
VICTOZA	2	(0.3 ML / 1 day(s))
<b>INSULIN</b>		
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	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 N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG PENFILL	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	(1 EA / 1 day(s))
JARDIANCE	2	(1 EA / 1 DAYS)
<b>SULFONYLUREAS</b>		
AMARYL	3	
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
GLIPIZIDE 2.5 MG TAB	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
GLUCOTROL 10 MG TAB	3	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
TOLBUTAMIDE	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
LOMOTIL	2	
<i>loperamide hcl 2 mg cap</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>opium</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox</i>	1	(30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	1	(30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 1000 mg tab</i>	1	SP
<i>deferiprone 500 mg tab</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<i>acetylcysteine 200 mg/ml solution</i>	1	
<i>deferoxamine mesylate</i>	1	
<i>fomepizole</i>	1	
<i>methylene blue (20 mg/2ml soln prsyr, 50 mg/10ml solution)</i>	1	
<i>methylene blue (antidote)</i>	1	
SODIUM THIOSULFATE	1	
VISTOGARD	2	LA, SP
<b>BENZODIAZEPINE ANTAGONISTS</b>		
<i>flumazenil</i>	1	
<b>OPIOID ANTAGONISTS</b>		
NALOXONE HCL (0.4 MG/ML SOLN CART, 0.4 MG/ML SOLUTION, 2 MG/2ML SOLN PRSYR, 4 MG/10ML SOLUTION)	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>naltrexone hcl</i>	1	
NARCAN	2	
<b>ANTIEMETICS (CONTINUED)</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	(2 EA / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl (4 mg tab, 4 mg/2ml soln prsy, 4 mg/2ml solution, 4 mg/5ml solution, 8 mg tab, 24 mg tab, 40 mg/20ml solution)</i>	1	
PALONOSETRON HCL (0.25 MG/2ML SOLUTION, 0.25 MG/5ML SOLN PRSYR)	1	
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	1	SP
<i>palonosetron hcl 0.25 mg/5ml solution</i>	1	LA, SP
SANCUSO	2	(4 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), PN (28 DAYS SUPPLY PER FILL)
ZOFRAN	3	
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
ANTIVERT	1	
MECLIZINE HCL (12.5 MG TAB, 25 MG TAB, 50 MG TAB)	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine</i>	1	(4 EA / 1 DAYS)
<i>dronabinol</i>	1	
MARINOL	3	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	1	
FOSAPREPITANT DIMEGLUMINE	1	
<b>ANTIFUNGALS (CONTINUED)</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin acetate</i>	1	
MICAFUNGIN SODIUM	1	
<b>ANTIFUNGALS</b>		
AMPHOTERICIN B	1	
<i>amphotericin b liposome</i>	1	
<i>flucytosine</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
DIFLUCAN (10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	
<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>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	(90 EA / 30 DAYS), (34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 300 mg/16.7ml solution</i>	1	
<i>posaconazole 40 mg/ml suspension</i>	1	(20 ML / 1 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
VFEND (40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB)	2	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
VORICONAZOLE 200 MG RECON SOLN	1	
<i>voriconazole 40 mg/ml recon susp</i>	1	PN (34 DAYS SUPPLY PER FILL)
<b>ANTIHISTAMINES (CONTINUED)</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION)	1	
CARBINOXAMINE MALEATE ER	1	
CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 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, 50 mg/ml solution)</i>	1	
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1	
<i>desloratadine (2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	1	
XYZAL ALLERGY 24HR	3	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	1	
<i>promethegan (12.5 mg suppos, 25 mg suppos, 50 mg suppos)</i>	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	(1 EA / 1 DAYS)
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	
NEXLIZET	2	(1 EA / 1 DAYS)
VYTORIN	3	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl 0.5 gm cap</i>	1	(8 EA / 1 DAYS)
<i>icosapent ethyl 1 gm cap</i>	1	(4 EA / 1 DAYS)
LOVAZA	3	
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA 0.5 GM CAP	2	(8 EA / 1 DAYS)
VASCEPA 1 GM CAP	2	
<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	
COLESTID (1 GM TAB, 5 GM GRANULES, 5 GM PACKET)	3	
COLESTID FLAVORED (5 GM GRANULES, 5 GM PACKET)	3	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER)	3	
QUESTRAN LIGHT	3	
<b>FIBRIC ACID DERIVATIVES</b>		
FENOFIBRATE (40 MG TAB, 48 MG TAB, 50 MG CAP, 54 MG TAB, 67 MG CAP, 120 MG TAB, 134 MG CAP, 145 MG TAB, 150 MG CAP, 160 MG TAB, 200 MG CAP)	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 43 MG CAP, 67 MG CAP, 90 MG CAP, 130 MG CAP, 134 MG CAP, 200 MG CAP)	1	
FENOFIBRIC ACID (35 MG TAB, 45 MG CAP DR, 105 MG TAB, 135 MG CAP DR)	1	
<i>gemfibrozil</i>	1	
LOPID	3	
TRILIPIX	3	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (40 mg tab, 80 mg tab)</i>	1	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	0	(2 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 20 mg tab</i>	0	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 20 mg cap</i>	0	(4 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 40 mg cap</i>	0	(2 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium er</i>	0	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	1	(4 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	0	(2 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	0	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pitavastatin calcium</i>	1	(\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	0	(8 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	0	(4 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	0	(2 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	0	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	1	(2 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	0	(4 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	0	(2 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>simvastatin 40 mg tab</i>	0	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	1	(8 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<i>simvastatin 80 mg tab</i>	1	(1 EA / 1 DAYS), (\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
ZOCOR	3	(\$0 copay for members age 40-75), PN (\$0 copay for members age 40-75)
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	1	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin er (antihyperlipidemic)</i>	1	
NIASPAN	3	

Drug Name	Drug Tier	Requirements/Limits
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT	2	(0.072 ML / 1 DAYS)
REPATHA	2	(0.072 ML / 1 DAYS)
REPATHA PUSHTRONEX SYSTEM	2	(0.125 ML / 1 DAYS)
REPATHA SURECLICK	2	(0.072 ML / 1 DAYS)
<b>ANTIHYPERTENSIVES (CONTINUED)</b>		
<b>ACE INHIBITORS</b>		
ACCUPRIL	3	
ALTACE	3	
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>enalaprilat</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	3	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
PRINIVIL	3	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ZESTRIL	3	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine</i>	1	SP
<i>phenoxybenzamine hcl</i>	1	SP
<i>phentolamine mesylate</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (4 mg/ml solution, 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CARDURA	3	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine</i>	1	
CLONIDINE ER	1	
<i>clonidine hcl</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
METHYLDOPA	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
ACCURETIC	3	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
LOTENSIN HCT	3	
LOTREL	2	
METHYLDOPA-HYDROCHLOROTHIAZIDE	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
PROPRANOLOL-HCTZ	1	
<i>quinapril-hydrochlorothiazide (20-25 mg tab)</i>	1	
TARKA	3	
TEKTURNA HCT	2	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
TRIBENZOR	3	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
ZIAC	2	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
INSPRA	2	
<b>VASODILATORS</b>		
<i>hydralazine hcl (10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroprusside sodium-nacl</i>	1	
<i>sodium nitroprusside</i>	1	
<b>ANTIMALARIALS (CONTINUED)</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
MALARONE	2	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>mefloquine hcl</i>	1	
PLAQUENIL	2	
<i>primaquine phosphate</i>	1	(14 EA / 14 day(s)), (14 DAY SUPPLY IN 180 DAYS), PN (14 DAYS SUPPLY PER FILL)
PRIMAQUINE PHOSPHATE	1	(14 EA / 14 day(s)), (14 DAYS SUPPLY IN 180 DAYS), PN (14 DAYS SUPPLY PER FILL)
<i>pyrimethamine</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
BLOXIVERZ 5 MG/5ML SOLN PRSYR	1	
NEOSTIGMINE METHYLSULFATE (2 MG/2ML SOLN PRSYR, 3 MG/3ML SOLN PRSYR, 3 MG/3ML SOLUTION, 4 MG/4ML SOLN PRSYR, 5 MG/10ML SOLUTION, 5 MG/5ML SOLN PRSYR, 5 MG/5ML SOLUTION, 10 MG/10ML SOLUTION)	1	
<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>cycloserine</i>	1	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 100 MG/ML SOLUTION, 300 MG TAB)	1	
MYAMBUTOL	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)</b>		
<b>ALKYLATING AGENTS</b>		
ALKERAN (2 MG TAB, 50 MG RECON SOLN)	2	
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>busulfan</i>	1	SP
<i>carboplatin</i>	1	SP
CARMUSTINE (50 MG RECON SOLN, 100 MG RECON SOLN, 300 MG RECON SOLN)	1	SP
<i>cisplatin (50 mg recon soln, 50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	1	SP
<i>cyclophosphamide (1 gm recon soln, 1 gm/5ml solution, 2 gm recon soln, 2 gm/10ml solution, 500 mg recon soln, 500 mg/2.5ml solution)</i>	1	SP
CYCLOPHOSPHAMIDE (1 GM/2ML SOLUTION, 25 MG TAB, 50 MG TAB)	1	
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	1	SP
IFOSFAMIDE 3 GM RECON SOLN	1	SP
KEMOPLAT	1	SP
LEUKERAN	2	SP
MELPHALAN	1	
<i>melfhalan hcl</i>	1	SP
MYLERAN	2	SP
OXALIPLATIN (50 MG RECON SOLN, 100 MG RECON SOLN, 200 MG/40ML SOLUTION)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>oxaliplatin (50 mg/10ml solution, 100 mg/20ml solution)</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>paraplatin (50 mg/5ml solution, 150 mg/15ml solution, 450 mg/45ml solution, 600 mg/60ml solution)</i>	1	SP
PARAPLATIN 1000 MG/100ML SOLUTION	1	SP
TEMODAR (100 MG CAP, 140 MG CAP, 250 MG CAP)	2	
TEMODAR 180 MG CAP	3	
<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 100 mg recon soln</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 15 mg recon soln</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	1	
<i>azacitidine</i>	1	SP
<i>capecitabine</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>cladribine</i>	1	SP
<i>clofarabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
CYTARABINE	1	SP
<i>cytarabine (pf)</i>	1	SP
<i>decitabine</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
FLOXURIDINE	1	SP
<i>fludarabine phosphate (25 mg/ml solution, 50 mg recon soln, 50 mg/2ml solution)</i>	1	SP
<i>fludarabine phosphate 50 mg recon soln</i>	1	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1	
GEMCITABINE HCL (1 GM RECON SOLN, 1 GM/10ML SOLUTION, 1 GM/26.3ML SOLUTION, 1.5 GM/15ML SOLUTION, 2 GM RECON SOLN, 2 GM/20ML SOLUTION, 2 GM/52.6ML SOLUTION, 200 MG RECON SOLN, 200 MG/2ML SOLUTION, 200 MG/5.26ML SOLUTION)	1	SP
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	1	
<i>methotrexate sodium (pf)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nelarabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED 500 MG/20ML SOLUTION	1	(34 DAYS SUPPLY PER FILL), 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)	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	1	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 20 MG/ML SOLUTION	1	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE 40 MG/2ML SOLUTION	1	SP, PN (34 DAYS SUPPLY PER FILL)
TABLOID	2	SP
TREXALL	2	
XELODA	2	SP
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA 1 MG TAB	2	(180 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZIRABEV	2	SP
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERZUMA	2	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	2	SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	2	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	2	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RUXIENCE	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	1	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	1	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
IRESSA	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
TAGRISO	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE	2	(28 EA / 28 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>abiraterone acetate 500 mg tab</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	0	(\$0 copay for women)
ARIMIDEX	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AROMASIN	2	
<i>bicalutamide</i>	1	
CASODEX	3	(30 EA / 30 DAYS)
ELIGARD 22.5 MG KIT	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	2	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	2	SP
ERLEADA 240 MG TAB	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>exemestane</i>	0	(\$0 copay for women)
FEMARA	2	
FIRMAGON	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FLUTAMIDE	1	
FULVESTRANT	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	1	SP
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	1	
LEUPROLIDE ACETATE (3 MONTH)	1	SP
LUPRON DEPOT (6-MONTH)	2	SP, PN (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, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
NUBEQA	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate</i>	0	(\$0 copay for women)
<i>toremifene citrate</i>	1	SP
XTANDI (40 MG CAP, 40 MG TAB)	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
YONSA	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST	2	(21 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
ADRIAMYCIN (2 MG/ML SOLUTION, 10 MG RECON SOLN)	1	SP
<i>adriamycin 50 mg recon soln</i>	1	SP
<i>bleomycin sulfate</i>	1	SP
<i>dactinomycin</i>	1	SP
DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION)	1	SP
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	1	SP
<i>doxorubicin hcl liposomal</i>	1	SP
<i>epirubicin hcl</i>	1	SP
<i>idarubicin hcl</i>	1	SP
<i>mitomycin (20 mg recon soln, 40 mg recon soln)</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
MITOMYCIN 20 MG/40ML SOLN PRSYR	1	
<i>mitomycin 5 mg recon soln</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mitoxantrone hcl</i>	1	SP
<i>mutamycin (20 mg recon soln, 40 mg recon soln)</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin 5 mg recon soln</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valrubicin</i>	1	SP
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI FEMARA (200 MG DOSE)	2	(49 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	2	(70 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	2	(91 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	2	(100 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	2	(80 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PHESGO	2	SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	2	(240 EA / 30 DAYS), SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO 40 MG CAP	2	(240 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN)	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	1	SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF (50 MG CAP, 100 MG CAP)	2	SP
BOSULIF 100 MG TAB	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	2	(180 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CALQUENCE 100 MG CAP	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
COPIKTRA	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	2	(90 EA / 30 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>everolimus (2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	(28 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<i>everolimus 2 mg tab sol</i>	1	(28 EA / 28 DAYS), (34 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
GAVRETO	2	(120 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	2	(21 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>imatinib mesylate 100 mg tab</i>	1	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	2	(28 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 560 MG TAB	2	(28 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	2	(216 ML / 36 DAYS), (36 DAYS SUPPLY PER FILL), SP, PN (36 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	2	(21 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	2	(42 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	2	(63 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	2	(240 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KRAZATI	2	(180 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	(180 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	2	(240 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	2	(180 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
NEXAVAR	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	2	(3 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>pazopanib hcl</i>	1	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG CAP	2	(90 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>romidepsin 10 mg recon soln</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	2	(336 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RYDAPT	2	(224 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	1	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	(30 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	2	(90 EA / 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	2	(84 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate</i>	1	(28 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
<i>temsirolimus</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>torpenz</i>	1	(28 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
VELCADE	2	SP
VITRAKVI 100 MG CAP	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	2	(300 ML / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	2	(180 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
VOTRIENT	2	(120 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ZEJULA 100 MG CAP	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	2	(240 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA	2	(84 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTICS MISC.</b>		
<i>arsenic trioxide</i>	1	SP
BESREMI	2	LA, (2 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
DACARBAZINE (100 MG RECON SOLN, 200 MG RECON SOLN)	1	SP
HYDREA	2	
<i>hydroxyurea</i>	1	
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	2	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
INTRON A (6000000 UNIT/ML SOLUTION, 10000000 UNIT/ML SOLUTION)	2	
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
TARGRETIN 75 MG CAP	3	SP
<i>tretinoin 10 mg cap</i>	1	SP
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i>	1	SP
<i>dexrazoxane hcl</i>	1	SP
LEUCOVORIN CALCIUM (5 MG TAB, 10 MG TAB, 15 MG TAB, 25 MG TAB, 50 MG RECON SOLN, 100 MG RECON SOLN, 100 MG/10ML SOLUTION, 200 MG RECON SOLN, 350 MG RECON SOLN, 500 MG RECON SOLN, 500 MG/50ML SOLUTION)	1	
<i>levoleucovorin calcium</i>	1	SP
<i>levoleucovorin calcium pf 175 mg/17.5ml solution</i>	1	SP
LEVOLEUCOVORIN CALCIUM PF 250 MG/25ML SOLUTION	1	
<i>mesna</i>	1	
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i>	1	SP
<i>eribulin mesylate</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE (1 GM/50ML SOLUTION, 50 MG CAP, 100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	1	SP

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel (30 mg/5ml conc, 100 mg/16.7ml conc, 150 mg/25ml conc, 300 mg/50ml conc)</i>	1	SP
<i>paclitaxel protein-bound part</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
TAXOTERE	1	SP
<i>toposar</i>	1	SP
VINBLASTINE SULFATE	1	SP
<i>vincasar pfs</i>	1	SP
VINCRIStINE SULFATE	1	SP
<i>vinorelbine tartrate</i>	1	SP
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCANTIN (0.25 MG CAP, 1 MG CAP)	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
HYCANTIN 4 MG RECON SOLN	2	SP
<i>irinotecan hcl (40 mg/2ml solution, 100 mg/5ml solution, 300 mg/15ml solution, 500 mg/25ml solution)</i>	1	SP
<i>topotecan hcl (4 mg recon soln, 4 mg/4ml solution)</i>	1	SP
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa</i>	1	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 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>		
COMTAN	3	
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	
<i>apomorphine hcl</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate</i>	1	
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)	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	
DHIVY	3	
INBRIJA	2	(300 ML / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	2	(150 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
MIRAPEX (0.125 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB)	3	
NEUPRO	2	
PARLODEL	3	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
RYTARY	2	
SINEMET (10-100 MG TAB, 25-100 MG TAB)	3	
STALEVO 150	1	
STALEVO 75	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	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID	2	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	2	(1 EA / 1 DAYS)
LATUDA	2	
<i>lurasidone hcl</i>	1	
VRAYLAR	2	(1 EA / 1 DAYS)
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
<b>BENZISOXAZOLES</b>		
<i>paliperidone er</i>	1	
PERSERIS	2	(1 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB)	3	
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	
<i>risperidone microspheres er</i>	1	(2 EA / 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>BUTYROPHENONES</b>		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	1	
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	
CLOZARIL	3	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er</i>	1	
SEROQUEL	3	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
<b>DIHYDROINDOLONES</b>		
MOLINDONE HCL	1	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate (10 mg/2ml solution, 50 mg/10ml solution)</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAINTENA	2	(1 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1	
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS (CONTINUED)</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
FORMALDEHYDE	1	
HYDROGEN PEROXIDE 30 % SOLUTION	1	
<b>CHLORINE ANTISEPTICS</b>		
CHLORHEXIDINE GLUCONATE 20 % SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	1	(30 ML / 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	1	(2 EA / 1 DAYS)
<i>abacavir sulfate-lamivudine</i>	1	(1 EA / 1 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	1	(2 EA / 1 DAYS)
APRETUDE	3	(3 ML / FILL), (\$0 copay for pre-exposure prophylaxis; 7 INJECTIONS IN 365 DAYS; 365 DAYS 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)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	(2 EA / 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	1	(1 EA / 1 DAYS)
BIKTARVY	2	(1 EA / 1 DAYS)
CABENUVA 400 & 600 MG/2ML SUSP	2	(1 ML / 180 DAYS), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	2	(6 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	2	(1 EA / 1 day(s))
<i>darunavir 600 mg tab</i>	1	(2 EA / 1 day(s))
<i>darunavir 800 mg tab</i>	1	(1 EA / 1 day(s))
DESCOVY 120-15 MG TAB	2	(1 EA / 1 DAYS)
DESCOVY 200-25 MG TAB	0	(1 EA / 1 DAYS), PN (\$0 copay for pre-exposure prophylaxis)
DOVATO	2	(1 EA / 1 DAYS)
EDURANT	2	(2 EA / 1 DAYS)
EFAVIRENZ 200 MG CAP	1	(2 EA / 1 DAYS)
EFAVIRENZ 50 MG CAP	1	(3 EA / 1 DAYS)
<i>efavirenz 600 mg tab</i>	1	(1 EA / 1 DAYS)
<i>efavirenz-emtricitab-tenofo df</i>	1	(1 EA / 1 DAYS)
<i>efavirenz-lamivudine-tenofovir</i>	1	(1 EA / 1 DAYS)
<i>emtricitabine</i>	1	(1 EA / 1 DAYS)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	(1 EA / 1 DAYS)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	0	(1 EA / 1 DAYS), (\$0 copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	2	(24 ML / 1 DAYS)
EMTRIVA 200 MG CAP	2	
EPZICOM	3	
<i>etravirine</i>	1	(2 EA / 1 DAYS)
EVOTAZ	2	(1 EA / 1 DAYS)
<i>fosamprenavir calcium</i>	1	(4 EA / 1 DAYS)
FUZEON	2	(2 EA / 1 DAYS), SP
GENVOYA	2	(1 EA / 1 DAYS)
INTELENCE (100 MG TAB, 200 MG TAB)	2	
INTELENCE 25 MG TAB	2	(4 EA / 1 DAYS)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	(6 EA / 1 DAYS)
ISENTRESS 100 MG PACKET	2	(2 EA / 1 DAYS)
ISENTRESS 400 MG TAB	2	(4 EA / 1 DAYS)
ISENTRESS HD	2	(2 EA / 1 DAYS)
<i>lamivudine 10 mg/ml solution</i>	1	(30 ML / 1 DAYS)
<i>lamivudine 150 mg tab</i>	1	(2 EA / 1 DAYS)
<i>lamivudine 300 mg tab</i>	1	(1 EA / 1 DAYS)
<i>lamivudine-zidovudine</i>	1	(2 EA / 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	(8 EA / 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	(4 EA / 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	(14 ML / 1 DAYS)
<i>maraviroc 150 mg tab</i>	1	(2 EA / 1 DAYS)
<i>maraviroc 300 mg tab</i>	1	(4 EA / 1 DAYS)
<i>nevirapine 200 mg tab</i>	1	(2 EA / 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	(40 ML / 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	1	(3 EA / 1 DAYS)
<i>nevirapine er 400 mg tab er 24h</i>	1	(1 EA / 1 DAYS)
NORVIR 100 MG PACKET	2	(12 EA / 1 DAYS)
NORVIR 100 MG TAB	2	(12 EA / 1 day(s))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORVIR 80 MG/ML SOLUTION	2	(16 ML / 1 DAYS)
ODEFSEY	2	(1 EA / 1 DAYS)
PREZCOBIX	2	(1 EA / 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	2	(13.34 ML / 1 DAYS)
PREZISTA 150 MG TAB	2	(6 EA / 1 DAYS)
PREZISTA 600 MG TAB	2	(2 EA / 1 day(s))
PREZISTA 75 MG TAB	2	(2 EA / 1 DAYS)
PREZISTA 800 MG TAB	2	(1 EA / 1 day(s))
RETROVIR (10 MG/ML SOLUTION, 50 MG/5ML SYRUP, 100 MG CAP)	2	
<i>ritonavir</i>	1	(12 EA / 1 day(s))
STAVUDINE	1	(2 EA / 1 DAYS)
STRIBILD	2	(1 EA / 1 DAYS)
SYMTUZA	2	(1 EA / 1 DAYS)
TEMIXYS	2	
<i>tenofovir disoproxil fumarate</i>	1	(1 EA / 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	2	(2 EA / 1 DAYS)
TIVICAY 10 MG TAB	2	(8 EA / 1 DAYS)
TIVICAY PD	2	(12 EA / 1 DAYS)
TRIUMEQ	2	(1 EA / 1 DAYS)
TRIUMEQ PD	2	(6 EA / 1 DAYS)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	(1 EA / 1 DAYS)
VIREAD 300 MG TAB	2	
VIREAD 40 MG/GM POWDER	2	(8 GM / 1 DAYS)
<i>zidovudine 100 mg cap</i>	1	(6 EA / 1 DAYS)
<i>zidovudine 300 mg tab</i>	1	(2 EA / 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	1	(6 ML / 1 DAYS)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	(20 EA / fill(s))
PAXLOVID (300/100)	2	(30 EA / fill(s))
<b>CMV AGENTS</b>		
<i>cidofovir</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>foscarnet sodium</i>	1	
GANCICLOVIR	1	
GANCICLOVIR SODIUM (500 MG RECON SOLN, 500 MG/10ML SOLUTION)	1	
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
BARACLUDE (0.5 MG TAB, 1 MG TAB)	3	
BARACLUDE 0.05 MG/ML SOLUTION	3	SP
<i>entecavir</i>	1	
EPCLUSA 150-37.5 MG PACKET	2	(28 EA / 28 DAYS), SP
EPCLUSA 200-50 MG PACKET	2	(56 EA / 28 DAYS), SP
EPCLUSA 200-50 MG TAB	2	(2 EA / 1 day(s)), SP
EPCLUSA 400-100 MG TAB	2	(1 EA / 1 day(s)), SP
HARVONI 33.75-150 MG PACKET	2	(1 EA / 1 day(s)), SP
HARVONI 45-200 MG PACKET	2	(2 EA / 1 day(s)), SP
HARVONI 45-200 MG TAB	2	SP
HARVONI 90-400 MG TAB	2	SP
<i>lamivudine 100 mg tab</i>	1	(1 EA / 1 DAYS)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	(2 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	2	(4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	SP
VEMLIDY	2	(1 EA / 1 DAYS)
VOSEVI	2	(1 EA / 1 day(s)), SP
<b>HERPES AGENTS</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	1	
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	1	(84 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	1	(48 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	(540 ML / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	1	(42 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
RELENZA DISKHALER	2	(60 EA / 180 DAYS), (2 fills of Tamiflu, Relenza, or Xofluza per season), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	1	
<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</i>	1	
COREG	3	
<i>labetalol hcl (5 mg/ml solution, 10 mg/2ml soln prsyr, 20 mg/4ml soln prsyr, 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>esmolol hcl (100 mg/10ml soln prsyr, 100 mg/10ml solution, 2000 mg/100ml solution, 2500 mg/250ml solution)</i>	1	
<i>esmolol hcl-sodium chloride</i>	1	
<i>metoprolol succinate er</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>metoprolol tartrate 5 mg/5ml solution</i>	1	
<i>nebivolol hcl</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
CORGARD	3	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (1 mg/ml solution, 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, 150 mg/10ml solution, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<b>CALCIUM CHANNEL BLOCKERS (CONTINUED)</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	
CALAN SR	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (25 mg/5ml solution, 30 mg tab, 50 mg/10ml solution, 60 mg tab, 90 mg tab, 100 mg recon soln, 120 mg tab, 125 mg/25ml solution)</i>	1	
<i>diltiazem hcl er (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	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LEVAMLODIPINE MALEATE	1	
NICARDIPINE HCL (2.5 MG/ML SOLUTION, 20 MG CAP, 30 MG CAP)	1	
NICARDIPINE HCL IN NACL	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine er (8.5 mg tab er 24h, 17 mg tab er 24h, 20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	1	
PROCARDIA XL	3	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
TIAZAC	3	
<i>verapamil hcl (2.5 mg/ml solution, 40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
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)	1	
<b>CARDIOTONICS (CONTINUED)</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin (0.05 mg/ml solution, 0.25 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	
<b>INOTROPES</b>		
<i>dobutamine hcl</i>	1	
DOPAMINE HCL	1	
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
<b>CARDIOVASCULAR AGENTS - MISC. (CONTINUED)</b>		
<b>CARDIOPLEGIC SOLUTIONS</b>		
<i>cardioplegic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CARDIOPLEGIC SOLN W/ LIDOCAINE	1	
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
BIDIL	2	
CADUET	3	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	(8 EA / 1 day(s))
ENTRESTO 24-26 MG TAB	2	(6 EA / 1 DAYS)
ENTRESTO 49-51 MG TAB	2	(3 EA / 1 DAYS)
ENTRESTO 97-103 MG TAB	2	(2 EA / 1 DAYS)
<i>isosorb dinitrate-hydralazine</i>	1	
<b>IMPOTENCE AGENTS</b>		
<i>avanafil</i>	1	
MUSE (250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT)	2	
PHENYLEPHRINE HCL 2 MG/2ML SOLUTION	1	
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>tadalafil (10 mg tab, 20 mg tab)</i>	1	
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	(1 EA / 1 day(s))
<i>vardeafil hcl</i>	1	
<b>PERIPHERAL VASODILATORS</b>		
<i>isoxsuprine hcl (10 mg tab, 20 mg tab)</i>	1	
<i>papaverine hcl</i>	1	
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
FLOLAN	2	SP
ORENITRAM	2	SP
ORENITRAM MONTH 1	2	SP
ORENITRAM MONTH 2	2	SP
ORENITRAM MONTH 3	2	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>treprostinil</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	1	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
REVATIO (10 MG/12.5ML SOLUTION, 10 MG/ML RECON SUSP)	3	SP
REVATIO 20 MG TAB	3	
<i>sildenafil citrate 10 mg/12.5ml solution</i>	1	SP
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
TADLIQ	2	(300 ML / 30 DAYS), SP
<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)	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	2	(60 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	2	(200 EA / 180 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	2	(140 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	2	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR (5 MG TAB, 7.5 MG TAB)	2	(2 EA / 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
CORLANOR 5 MG/5ML SOLUTION	2	(20 ML / 1 DAYS)
<i>ivabradine hcl</i>	1	(2 EA / 1 day(s))
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO	2	(1 EA / 1 DAYS)
<b>CEPHALOSPORINS (CONTINUED)</b>		
<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>cefazolin sodium (1 gm recon soln, 1 gm/10ml soln prsyr, 2 gm recon soln, 2 gm/20ml soln prsyr, 3 gm recon soln, 3 gm/30ml soln prsyr, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	1	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM/50ML-% SOLUTION, 2-4 GM/100ML-% SOLUTION)	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, 750 mg cap)</i>	1	
KEFLEX 750 MG CAP	3	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACTOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)	1	
<i>cefotetan disodium</i>	1	
<i>cefoxitin sodium</i>	1	
CEFOXITIN SODIUM-DEXTROSE	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	
<i>cefuroxime sodium</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	
CEFOTAXIME SODIUM	1	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	1	
SUPRAX (100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP)	2	
TAZICEF (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 6 GM RECON SOLN)	1	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution, 100 gm recon soln)</i>	1	
<b>CHEMICALS (CONTINUED)</b>		
<b>LIQUIDS</b>		
ISOPROPYL ALCOHOL 70 % SOLUTION	1	
<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	
<i>aurovela 24 fe</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>brillyn</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>	1	
<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	
<i>dolishale</i>	0	
<i>drospiren-eth estrad-levomefol</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>gemmily</i>	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>	1	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<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>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 mg tab)</i>	0	
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<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	
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loryna</i>	0	
LOSEASONIQUE	3	
<i>low-ogestrel</i>	0	
<i>lutra</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	
MIRCETTE	3	
<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 mg-mcg chew tab</i>	0	
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norgestim-eth estrad triphasic</i>	0	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	
<i>reclipsen</i>	0	
<i>rivelsa</i>	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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	1	
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	
<i>zarah</i>	0	
<i>zovia 1/35 (28)</i>	1	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	0	
<i>xulane</i>	0	
<i>zafemy</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	0	
<i>eluryng</i>	0	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>haloette</i>	0	
NUVARING	2	
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD INTRAUTERINE COPPER	0	SP
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA	0	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA	2	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
DEPO-SUBQ PROVERA 104	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)
MIRENA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila</i>	0	
<i>deblitane</i>	0	
<i>emzahh</i>	1	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>lyleq</i>	1	
<i>lyza</i>	0	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
OPILL	0	
<i>sharobel</i>	0	
SLYND	0	
<i>tulana</i>	0	

## CORTICOSTEROIDS (CONTINUED)

### GLUCOCORTICOSTEROIDS

BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML SUSPENSION	1	
<i>betamethasone sod phos &amp; acet 6 (3-3) mg/ml suspension</i>	1	
BETAMETHASONE SODIUM PHOSPHATE	1	
BUDESONIDE 3 MG CP DR PART	1	
CORTEF	3	
<i>decadron</i>	1	
<i>deflazacort (6 mg tab, 30 mg tab)</i>	1	(60 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>deflazacort 18 mg tab</i>	1	(30 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>deflazacort 22.75 mg/ml suspension</i>	1	LA, (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>deflazacort 36 mg tab</i>	1	(30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
DEXAMETH SOD PHOS-BUPIV-EPIN	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 (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>dexamethasone 1.5 mg (21) tab thpk</i>	1	
DEXAMETHASONE SOD PHOS +RFID	1	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SOD PHOS-BUPIV	1	
DEXAMETHASONE SOD PHOS-NACL	1	
DEXAMETHASONE SOD PHOSPHATE PF (10 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION)	1	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsy, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	1	
<i>hidex 6-day</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
MEDROL (2 MG TAB, 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate (40 mg/ml suspension, 50 mg/ml suspension, 80 mg/ml suspension)</i>	1	
<i>methylprednisolone sodium succ</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE	1	
PEDIAPRED	3	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone 5 mg tab</i>	1	
PREDNISOLONE SODIUM PHOSPHATE (6.7 (5 BASE) MG/5ML SOLUTION, 10 MG TAB DISP, 10 MG/5ML SOLUTION, 15 MG TAB DISP, 15 MG/5ML SOLUTION, 20 MG/5ML SOLUTION, 25 MG/5ML SOLUTION, 30 MG TAB DISP)	1	
PREDNISON (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	
TRIAMCINOLONE ACETONIDE (40 MG/ML SUSPENSION, 50 MG/ML SUSPENSION)	1	
UCERIS 9 MG TAB ER 24H	2	
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY (CONTINUED)</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydromet</i>	1	
TESSALON PERLES	3	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1	
<i>hydrocod poli-chlorphe poli er</i>	1	
<i>promethazine vc</i>	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	
<b>EXPECTORANTS</b>		
<i>potassium iodide (expectorant)</i>	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
NEBUSAL (3 % NEBU SOLN, 6 % NEBU SOLN)	1	
<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>acutane</i>	1	(30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<i>adapalene (0.1 % cream, 0.1 % gel, 0.1 % pad, 0.1 % solution, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.1-2.5 % pad, 0.3-2.5 % gel)</i>	1	
AKLIEF	2	
<i>amnesteem</i>	1	(30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
ARAZLO	2	

Drug Name	Drug Tier	Requirements/Limits
<i>avar cleanser</i>	1	
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	
BENZAC AC WASH	3	
BENZAMYCIN	3	
BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 5.8 % MISC, 6.8 % LIQUID, 9.7 % FOAM)	1	
BENZEPRO CREAMY WASH	1	
<i>benzebro foaming cloths</i>	1	
<i>benzoyl perox-hydrocortisone</i>	1	
BENZOYL PEROXIDE (6.5 % GEL, 8 % GEL, 9.8 % FOAM)	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>bp 10-1</i>	1	
BP CLEANSING WASH	1	
<i>claravis</i>	1	(30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<i>clindacin</i>	1	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-3.75 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % foam, 1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone (5 % gel, 7.5 % gel)</i>	1	
<i>enzoclear</i>	1	
EPIDUO	2	
EPIDUO FORTE	2	
EPSOLAY	1	
ERY	1	
ERYGEL	3	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isotretinoin</i>	1	(30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
KLARON	3	
<i>myorisan</i>	1	(30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<i>neuac 1.2-5 % gel</i>	1	
ONEXTON	2	
PR BENZOYL PEROXIDE	1	
PR BENZOYL PEROXIDE WASH	1	
<i>resorcinol-sulfur</i>	1	
RETIN-A	3	
<i>sss 10-5 (10-5 % cream, 10-5 % foam)</i>	1	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 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 % liquid, 10-5 % lotion, 10-5 % suspension)</i>	1	
SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION	1	
SULFACETAMIDE-SULFUR IN UREA	1	
<i>sulfacleanse 8/4</i>	1	
<i>sulfamez wash</i>	1	
TAZAROTENE 0.1 % FOAM	1	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
<i>tretinoin microsphere</i>	1	
<i>tretinoin microsphere pump</i>	1	
TWYNEO	2	
WINLEVI	2	
ZACLIR CLEANSING	1	
<i>zenatane</i>	1	(30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
REFISSA	1	

Drug Name	Drug Tier	Requirements/Limits
TRETINOIN (EMOLLIENT)	1	
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
DICLOFENAC EPOLAMINE	1	(30 EA / 15 DAYS), (15 DAYS SUPPLY PER FILL), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium (1.5 % solution, 2 % solution)</i>	1	
<i>diclofenac sodium 1 % gel</i>	1	(10 GM / 1 DAYS)
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan</i>	1	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
CICLOPIROX TREATMENT	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	1	
<i>econazole nitrate</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
<i>iodoquimez-hc</i>	1	
<i>iodoquinol-hc-aloe polysacch</i>	1	
<i>iodoquinol-hydrocortisone-aloe</i>	1	
<i>ketoconazole (2 % cream, 2 % shampoo)</i>	1	
<i>ketoconazole 2 % foam</i>	1	
<i>klayesta</i>	1	
LOPROX 1 % SHAMPOO	3	
LOTRIMIN AF 1 % CREAM	2	
LOTRIMIN AF JOCK ITCH	2	
MICONAZOLE-ZINC OXIDE-PETROLAT	1	
<i>naftifine hcl (1 % cream, 1 % gel, 2 % cream, 2 % gel)</i>	1	
NAFTIN (1 % GEL, 2 % GEL)	2	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>oxiconazole nitrate</i>	1	
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 3 % gel</i>	1	
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
TARGRETIN 1 % GEL	3	SP
TOLAK	2	
<b>ANTIPRURITICS - TOPICAL</b>		
<i>doxepin hcl 5 % cream</i>	1	
<b>ANTIPSORIATICS</b>		
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
CALCIPOTRIENE 0.005 % FOAM	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE)	2	(2 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	(1 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX 125 MG/5ML SOLUTION	2	SP
COSENTYX SENSOREADY (300 MG)	2	(2 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	2	(1 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	2	(2 ML / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ILUMYA	2	(84 DAYS SUPPLY PER FILL), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY), PN (84 DAYS SUPPLY PER FILL)
METHOXSALLEN RAPID	1	PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	2	(1 EA / 84 DAYS), (84 DAYS SUPPLY PER FILL), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	2	(1 ML / 84 DAYS), (84 DAYS SUPPLY PER FILL), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	2	(1 ML / 84 DAYS), (84 DAYS SUPPLY PER FILL), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SORIATANE	3	SP
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	(0.5 ML / 84 DAYS), (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	2	(1 ML / 56 DAYS), (The quantity limit and day supply is based on indication), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
TREMFYA 100 MG/ML SOLN A-INJ	2	(1 ML / 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 100 MG/ML SOLN PRSYR	2	(1 ML / 56 DAYS), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
VTAMA	2	
ZORYVE 0.3 % CREAM	2	(60 GM / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>plexion ns</i>	1	
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide</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	
ZORYVE 0.3 % FOAM	2	(60 GM / 30 day(s)), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % cream</i>	1	(5 GM / fill(s))
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	(5 GM / FILL), (1 DAY SUPPLY PER FILL), PN (1 DAY SUPPLY PER FILL)
<b>BURN PRODUCTS</b>		
<i>mafenide acetate</i>	1	
SILVADENE	2	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>CAUTERIZING AGENTS</b>		
GRAFCO SILVER NIT APPLICATOR	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<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 % kit, 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	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
BRYHALI	2	
CAPEX	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 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	
CLOBEX	2	
CLOBEX SPRAY	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clodan 0.05 % shampoo</i>	1	
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
DESONIDE 0.05 % GEL	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	1	
ENSTILAR	2	
<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	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
LIDOCAINE-HYDROCORTISONE ACE 1-1 % CREAM	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>nutriarx creampak</i>	1	
PRAMOXINE-HC	1	
PREDNICARBATE	1	
<i>preparation h 1 % cream</i>	1	
<i>preparation h soothing relief 1 % cream</i>	1	
<i>sanadermr skin repair</i>	1	
TEMOVATE	2	

Drug Name	Drug Tier	Requirements/Limits
TEXACORT	2	
<i>triadime</i>	1	
<i>triadime-80</i>	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % 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 acetonide 0.05 % ointment</i>	1	
<i>triamcinolone in absorbase</i>	1	
<i>triderm</i>	1	
<i>triheal-80</i>	1	
<i>trivix</i>	1	
<b>ECZEMA AGENTS</b>		
ADBRY 150 MG/ML SOLN PRSYR	2	(4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
ADBRY 300 MG/2ML SOLN A-INJ	2	(2 ML / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	(1.34 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	(2.28 ML / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	(2.28 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN A-INJ	2	(4 ML / 28 day(s)), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN PRSYR	2	(4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
OPZELURA	2	(240 GM / 28 DAYS)
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>cerovel</i>	1	
<i>dermacinrx urea</i>	1	
<i>umecta mousse</i>	1	
UREA (20 % CREAM, 35 % FOAM, 39 % CREAM, 39.5 % CREAM, 40 % CREAM, 40 % LOTION, 41 % CREAM, 45 % CREAM, 47 % CREAM)	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UREA HYDRATING	1	
<i>urea nail</i>	1	
<i>urea-c40</i>	1	
<i>uredeb</i>	1	
<i>uremez-40</i>	1	
<i>xurea</i>	1	
<b>EMOLLIENTS</b>		
<i>ammonium lactate</i>	1	
<b>HAIR GROWTH AGENTS</b>		
<i>bimatoprost</i>	1	
<i>finasteride 1 mg tab</i>	1	
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod (3.75 % cream, 5 % cream)</i>	1	
<i>imiquimod pump</i>	1	
ZYCLARA	2	
ZYCLARA PUMP (2.5 % CREAM, 3.75 % CREAM)	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus</i>	1	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CONDYLOX	2	
<i>keralyt (6 % gel, 6 % shampoo)</i>	1	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
<i>salicylic acid (6 % foam, 6 % gel, 6 % shampoo, 26 % solution, 27.5 % liquid)</i>	1	
SALICYLIC ACID 3 % OINTMENT	1	
<i>salicylic acid er</i>	1	
<i>salicylic acid wart remover</i>	1	
<i>salicylic acid-cleanser</i>	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>7t lido</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>agoneaze</i>	1	
<i>anodyne lpt</i>	1	
<i>dermacinrx empricaine</i>	1	
<i>dermacinrx prizopak</i>	1	
ETHYL CHLORIDE	1	
<i>glydo</i>	1	
<i>lido bdk</i>	1	
<i>lido-sorb</i>	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 3 % lotion, 4 % solution)</i>	1	
<i>lidocaine hcl 4.12 % cream</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>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
LIDODERM	2	
LIDOPIN (3 % CREAM, 3.25 % CREAM)	1	
<i>lidopril</i>	1	
<i>lidopril xr</i>	1	
<i>lidothol 4-1 % patch</i>	1	
<i>livixil pak</i>	1	
<i>nuvakaan</i>	1	
<i>premium lidocaine</i>	1	
<i>prilolid</i>	1	
<i>prilovix</i>	1	
<i>prilovix lite</i>	1	
<i>prilovix lite plus</i>	1	
<i>prilovix plus</i>	1	
<i>prilovix ultralite</i>	1	
<i>prilovix ultralite plus</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
<i>tridacaine ii</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<i>tridacaine iii</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<i>vexatrol</i>	1	
<i>zeruvia</i>	1	
<i>zionodil</i>	1	
<i>zionodil 100</i>	1	
<b>MISC. TOPICAL</b>		
<i>benzoin compound</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA	2	
ZORYVE 0.15 % CREAM	2	
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
<i>blanche</i>	1	
<i>hydroquinone 4 % cream</i>	1	
<i>remergent hq</i>	1	
<i>tl hydroquinone</i>	1	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	(30 GM / FILL)
<i>doxycycline</i>	1	
FINACEA (15 % FOAM, 15 % GEL)	2	
<i>ivermectin 1 % cream</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ORACEA	2	

Drug Name	Drug Tier	Requirements/Limits
RHOFADE	2	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	1	
SOOLANTRA	2	
<b>SCABICIDES PEDICULICIDES</b>		
CROTAN	1	
ELIMITE	3	
IVERMECTIN 0.5 % LOTION	1	
LINDANE	1	
<i>malathion</i>	1	
OVIDE	2	
<i>permethrin</i>	1	
SPINOSAD	1	
<b>SCAR TREATMENT PRODUCTS</b>		
<i>celacyn</i>	1	
<b>TAR PRODUCTS</b>		
COAL TAR	1	
<b>WOUND CARE PRODUCTS</b>		
<i>scarcare gel-pad kit/large</i>	1	
<b>DIAGNOSTIC PRODUCTS (CONTINUED)</b>		
<b>DIAGNOSTIC BIOLOGICALS</b>		
CANDIDA ALBICANS SKN TST ANTGN SOLUTION	1	
<b>DIAGNOSTIC DRUGS</b>		
<i>adenosine (diagnostic)</i>	1	
<i>adenosine 3 mg/ml solution</i>	1	
<i>cosyntropin</i>	1	
DIPYRIDAMOLE 5 MG/ML SOLUTION	1	
INDIGO CARMINE	1	
INDOCYANINE GREEN	1	
<i>isosulfan blue</i>	1	
<i>regadenoson</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
<i>ultrasound gel</i>	1	
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS STRIP	2	(200 STRIPS / 30 DAYS)
ACCU-CHEK GUIDE TEST	2	(200 STRIPS / 30 DAYS)
ACCU-CHEK SMARTVIEW	2	(200 STRIPS / 30 DAYS)
KROGER BLOOD GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
KROGER HEALTHPRO GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
KROGER PREMIUM GLUCOSE TEST	2	(200 STRIPS / 30 DAYS)
ONETOUCH ULTRA	2	(200 STRIPS / 30 DAYS)
ONETOUCH ULTRA BLUE TEST	2	(200 STRIPS / 30 DAYS)
ONETOUCH ULTRA TEST	2	(200 STRIPS / 30 DAYS)
ONETOUCH VERIO STRIP	2	(200 STRIPS / 30 DAYS)
<b>MISCELLANEOUS CONTRAST MEDIA</b>		
<i>clariscan</i>	1	
<i>gadobutrol</i>	1	
<i>gadoterate meglumine</i>	1	
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
<i>iodixanol</i>	1	
<i>iopamidol</i>	1	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
L-METHYLFOLATE	1	
L-METHYLFOLATE CALCIUM	1	
WESTAB MAX	1	
<b>NUTRITIONAL SUPPLEMENTS</b>		
ASILNASALRMS	1	
<b>DIGESTIVE AIDS (CONTINUED)</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	

Drug Name	Drug Tier	Requirements/Limits
VIOKACE	2	
ZENPEP	2	
<b>DIURETICS (CONTINUED)</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	1	
<i>dichlorphenamide</i>	1	(136 EA / 34 DAYS), SP
<i>methazolamide</i>	1	
<i>ormalvi</i>	1	LA, (136 EA / 34 DAYS), SP
<b>DIURETIC COMBINATIONS</b>		
ALDACTAZIDE (25-25 MG TAB, 50-50 MG TAB)	3	
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
MAXZIDE	3	
MAXZIDE-25	3	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
LASIX	3	
<i>toremide</i>	1	
<b>OSMOTIC DIURETICS</b>		
<i>mannitol</i>	1	
<i>osmitrol (10 % solution, 15 % solution, 20 % solution)</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
ALDACTONE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl</i>	1	
<i>spironolactone (25 mg tab, 25 mg/5ml suspension, 50 mg tab, 100 mg tab)</i>	1	
<i>triamterene</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
<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>		
ACTONEL	3	
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
AELVIA	3	
BONIVA 150 MG TAB	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>calcitonin (salmon) 200 unit/ml solution</i>	1	SP
FORTEO	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FOSAMAX	3	
<i>ibandronate sodium 150 mg tab</i>	1	(1 EA / 30 DAYS)
<i>ibandronate sodium 3 mg/3ml solution</i>	1	PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAMIDRONATE DISODIUM (6 MG/ML SOLUTION, 30 MG/10ML SOLUTION, 90 MG/10ML SOLUTION)	1	
PROLIA	2	SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	1	
<i>teriparatide</i>	1	SP
<i>teriparatide (recombinant) 600 mcg/2.4ml soln pen</i>	1	SP
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	1	(2.48 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS	2	(1.56 ML / 30 DAYS), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
<b>FERTILITY REGULATORS</b>		
<i>clomid</i>	1	
CLOMIPHENE CITRATE	1	
FOLLISTIM AQ	2	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
GONAL-F	2	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	2	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	2	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	2	PN (34 DAYS SUPPLY PER FILL)
OVIDREL	2	PN (34 DAYS SUPPLY PER FILL)
<b>GNRH/LHRH ANTAGONISTS</b>		
<i>cetrotexil acetate</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
CETROTIDE	2	PN (34 DAYS SUPPLY PER FILL)
<i>fyremadel</i>	1	
<i>ganirelix acetate</i>	1	
ORILISSA 150 MG TAB	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
ORILISSA 200 MG TAB	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<b>GROWTH HORMONES</b>		
GENOTROPIN	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA	3	
<i>raloxifene hcl</i>	0	(\$0 copay for women)
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI (6 MONTH)	2	(1 EA / 168 DAYS), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	2	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	2	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	2	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
<b>METABOLIC MODIFIERS</b>		
<i>betaine</i>	1	SP
CALCITRIOL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	1	
<i>carglumic acid</i>	1	LA, SP
<i>cinacalcet hcl</i>	1	
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i>	1	
ELFABRIO	2	LA, (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
FABRAZYME	2	SP, PN (34 DAYS SUPPLY PER FILL)
GALAFOLD	2	LA, (14 EA / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>javygtor (100 mg tab, 500 mg packet)</i>	1	(30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 200 mg/ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
<i>nitisinone</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
ORFADIN (2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP)	2	LA, SP
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	1	
PHEBURANE	2	LA, SP
ROCALTROL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	2	
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	1	(30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>sod benz-sod phenylacet</i>	1	
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1	SP
ZEMPLAR (1 MCG CAP, 2 MCG CAP, 2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION)	2	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA	2	
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i>	1	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
VASOPRESSIN (5 UNIT/5ML SOLN PRSYR, 20 UNIT/ML SOLUTION)	1	
<i>vasopressin +rfid</i>	1	
<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	1	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>lanreotide acetate</i>	1	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	1	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
TOLVAPTAN 15 MG TAB	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<b>ESTROGENS (CONTINUED)</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>amabelz</i>	0	
CLIMARA PRO	2	
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
DUAVEE	2	
<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>	0	
<i>estratest f.s.</i>	1	
<i>estratest h.s.</i>	1	
<i>fyavolv</i>	0	
<i>jinteli</i>	0	
<i>lopreeza</i>	0	
<i>mimvey</i>	0	

Drug Name	Drug Tier	Requirements/Limits
MYFEMBREE	2	(28 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), PN (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	0	
ORIAHNN	2	(56 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), PN (28 DAYS SUPPLY PER FILL)
PREMPHASE	2	
PREMPRO	2	
<b>ESTROGENS</b>		
CLIMARA	3	
DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL)	2	
<i>dotti</i>	1	
ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	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, 0.75 mg/1.25 gm (0.06%) gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 6 mg pellet)</i>	1	
<i>estradiol valerate</i>	1	
EVAMIST	2	
<i>lyllana</i>	1	
<b>FLUOROQUINOLONES (CONTINUED)</b>		
<b>FLUOROQUINOLONES</b>		
CIPRO (250 MG TAB, 250 MG/5ML (5%) RECON SUSP, 500 MG TAB, 500 MG/5ML (10%) RECON SUSP)	3	
<i>ciprofloxacin</i>	1	
CIPROFLOXACIN HCL (100 MG TAB, 250 MG TAB, 500 MG TAB, 750 MG TAB)	1	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin in d5w</i>	1	
MOXIFLOXACIN HCL (400 MG TAB, 400 MG/250ML SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
MOXIFLOXACIN HCL IN NAACL	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
<b>GASTROINTESTINAL AGENTS - MISC. (CONTINUED)</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
URSO 250	2	
URSO FORTE	2	
URSODIOL (200 MG CAP, 400 MG CAP)	1	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	(2 EA / 1 DAYS)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (5 mg tab, 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg tab disp, 10 mg/10ml solution)</i>	1	
REGLAN	3	
<b>INFLAMMATORY BOWEL AGENTS</b>		
ASACOL HD	2	
AVSOLA	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
REMICADE	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROWASA	3	
SKYRIZI 180 MG/1.2ML SOLN CART	2	(1.2 ML / 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI 360 MG/2.4ML SOLN CART	2	(2.4 ML / 56 DAYS), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	2	SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	2	(56 DAYS SUPPLY PER FILL), SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	1	
VELSIPITY	2	(30 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<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	(1 EA / 1 DAYS)
VIBERZI	2	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan</i>	1	
MOVANTIK	2	(1 EA / 1 DAYS)
SYMPROIC	2	
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	2	(408 EA / 34 DAYS), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
PHOSLYRA	2	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	2	PN (34 DAYS SUPPLY PER FILL)
<b>GENERAL ANESTHETICS (CONTINUED)</b>		
<b>ANESTHETICS - MISC.</b>		
<i>etomidate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fresenius propoven (200 mg/20ml emulsion, 500 mg/50ml emulsion, 1000 mg/100ml emulsion)</i>	1	
KETAMINE HCL (0.6 MG/ML SOLUTION, 1 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG/2ML SOLN PRSYR, 30 MG/3ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR, 50 MG/ML SOLUTION, 100 MG TROCHE, 100 MG/100ML SOLUTION, 100 MG/2ML SOLN PRSYR, 100 MG/ML SOLUTION, 300 MG/30ML SOLN PRSYR)	1	
<i>propofol</i>	1	
<i>propofol-lipuro</i>	1	
<b>VOLATILE ANESTHETICS</b>		
<i>desflurane</i>	1	
<i>isoflurane</i>	1	
<i>sevoflurane</i>	1	
<i>terrell</i>	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)</b>		
<b>ALKALINIZERS</b>		
CYTRA K CRYSTALS	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	
UROCIT-K 10	2	
UROCIT-K 15	2	
UROCIT-K 5	2	
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid 0.25 % solution</i>	1	
<i>aminoacetic acid</i>	1	
<i>argyle sterile saline</i>	1	
<i>curity sterile saline</i>	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN-POLYMYXIN B GU	1	
<i>sodium chloride 0.9 % solution</i>	1	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	
AVODART	3	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
FLOMAX	3	
PROSCAR	3	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
<b>URINARY ANALGESICS</b>		
<i>phenazo 200 mg tab</i>	1	
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	1	
<b>URINARY STONE AGENTS</b>		
<i>tiopronin (100 mg tab dr, 300 mg tab dr)</i>	1	SP
<i>tiopronin 100 mg tab</i>	1	SP
<b>GOUT AGENTS (CONTINUED)</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine 0.6 mg cap</i>	1	(3 EA / 1 DAYS)
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	(1 EA / 1 DAYS)
MITIGARE	2	(3 EA / 1 day(s))
<b>URICOSURICS</b>		
<i>probenecid</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE (1500 RECON SOLN, 4000 RECON SOLN)	2	SP, PN (34 DAYS SUPPLY PER FILL)
ADVATE (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
ADYNOVATE	2	SP
AFSTYLA	2	SP, PN (34 DAYS SUPPLY PER FILL)
ALPROLIX	2	SP
ELOCTATE	2	SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
KOVALTRY	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
NOVOSEVEN RT	2	SP
NUWIQ	2	SP
REBINYN	2	SP
SEVENFACT	2	SP
XYNTHA	2	SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	2	SP, PN (34 DAYS SUPPLY PER FILL)
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	1	(9 ML / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	1	LA, (9 ML / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>COMPLEMENT INHIBITORS</b>		
EMPAVELI	2	LA, (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
RUCONEST	2	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SOLIRIS	3	(28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	
<b>PLASMA EXPANDERS</b>		
HETASTARCH-NACL	1	
LMD IN D5W	1	
LMD IN NACL	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO	2	LA, SP
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	(4 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	2	(2 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGRYLIN	2	SP
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	1	SP
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>eptifibatide</i>	1	
<i>prasugrel hcl</i>	1	
<i>tirofiban hcl in nacl</i>	1	
<b>PROTAMINE</b>		
PROTAMINE SULFATE	1	
<b>HEMATOPOIETIC AGENTS (CONTINUED)</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA	2	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEREZYME	2	SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	1	(90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>yargesa</i>	1	LA, (90 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ENDARI	2	(180 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>l-glutamine 5 gm packet</i>	1	(180 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
SIKLOS	2	SP, PN (34 DAYS SUPPLY PER FILL)
<b>COBALAMINS</b>		
<i>cyanocobalamin (500 mcg/0.1ml solution, 1000 mcg/ml solution, 2000 mcg/ml solution)</i>	1	
<i>dodex</i>	1	
HYDROXOCOBALAMIN ACETATE	1	
<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, 5 mg/ml solution)</i>	1	
<i>ft folic acid</i>	0	
<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	

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE)	2	SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	2	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
FYLNETRA	2	(0.043 ML / 1 day(s)), (14 DAYS SUPPLY PER FILL), SP, PN (14 DAYS SUPPLY PER FILL)
NIVESTYM	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
NYVEPRIA	2	(0.043 ML / 1 DAYS), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	2	SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	2	(30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
ZIEXTENZO	2	(0.043 ML / 1 DAYS), SP
<b>HEMATOPOIETIC MIXTURES</b>		
<i>abaneu-sl</i>	1	
<i>airavite</i>	1	
<i>chromagen</i>	1	
<i>corvita 150</i>	1	
<i>fa-vitamin b-6-vitamin b-12</i>	1	
<i>fabb</i>	1	
<i>ferocon</i>	1	
<i>ferotrinsic</i>	1	
<i>ferrocite plus</i>	1	
<i>folbee</i>	1	
<i>folplex 2.2</i>	1	
<i>foltrin</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	1	
<i>hemocyte-f</i>	1	
<i>hemocyte-plus</i>	1	
<i>iferex 150 forte</i>	1	
<i>k-tan plus</i>	1	
<i>nufol</i>	1	
<i>poly-iron 150 forte</i>	1	
<i>polysaccharide iron forte</i>	1	
<i>purevit dualfe plus</i>	1	
<i>se-tan plus</i>	1	
<i>tandem plus</i>	1	
<i>tl-hem 150</i>	1	
<i>tricon</i>	1	
<i>trigels-f forte</i>	1	
<i>virt-gard</i>	1	
<i>westab mini</i>	1	
<i>westab one</i>	1	
<b>IRON</b>		
<i>ferrous sulfate 220 (44 fe) mg/5ml solution</i>	0	
<i>ferumoxytol</i>	1	LA, (34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>na ferric gluc cplx in sucrose</i>	1	SP
<b>STEM CELL MOBILIZERS</b>		
MOZOBIL	2	SP
<i>plerixafor</i>	1	SP
<b>HEMOSTATICS (CONTINUED)</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid (0.25 gm/ml solution, 250 mg/ml solution, 500 mg tab, 1000 mg tab)</i>	1	
<i>tranexamic acid (650 mg tab, 1000 mg/10ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid-nacl</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>pentobarbital sodium</i>	1	
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
<i>phenobarbital sodium</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
AMBIEN	3	
AMBIEN CR	3	
DEXMEDETOMIDINE HCL (200 MCG/2ML SOLUTION, 400 MCG/4ML SOLUTION, 1000 MCG/10ML SOLUTION)	1	
DEXMEDETOMIDINE HCL IN NACL (20-0.9 MCG/5ML-% SOLN PRSYR, 40-0.9 MCG/10ML-% SOLN PRSYR, 80 MCG/20ML SOLUTION, 200 MCG/50ML SOLUTION, 200-0.9 MCG/50ML-% SOLUTION, 400 MCG/100ML SOLUTION)	1	
DEXMEDETOMIDINE HCL-DEXTROSE	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
FLURAZEPAM HCL	1	
HALCION	3	
MIDAZOLAM	1	
MIDAZOLAM HCL (2 MG/2ML SOLUTION, 2 MG/ML SYRUP, 5 MG/5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/10ML SOLUTION, 10 MG/2ML SOLUTION, 25 MG/5ML SOLUTION, 50 MG/10ML SOLUTION, 150 MG/30ML SOLN PRSYR, 150 MG/30ML SOLUTION)	1	
<i>midazolam hcl (pf)</i>	1	
MIDAZOLAM HCL-SODIUM CHLORIDE (30-0.9 MG/30ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLUTION, 60-0.9 MG/30ML-% SOLN PRSYR)	1	
MIDAZOLAM HCL-SODIUM CHLORIDE 55-0.9 MG/55ML-% SOLN PRSYR	1	
MIDAZOLAM-SODIUM CHLORIDE	1	

Drug Name	Drug Tier	Requirements/Limits
MIDAZOLAM-SODIUM CHLORIDE (PF)	1	(30 ML / 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
RESTORIL	3	
<i>temazepam</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab, 5 mg tab, 7.5 mg cap, 10 mg tab)</i>	1	
<i>zolpidem tartrate er</i>	1	
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA	2	
DAYVIGO	2	
QUVIVIQ	2	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	1	
<i>tasimelteon</i>	1	(30 EA / 30 DAYS), SP
<b>LAXATIVES (CONTINUED)</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	1	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
NULYTELY LEMON-LIME	3	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
NULYTELY WITH FLAVOR PACKS	3	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
PLENVU	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
SUPREP BOWEL PREP KIT	0	PN (\$0 copay for members age 45-75 years)
<i>trilyte</i>	0	(\$0 copay for members age 45-75 years), PN (\$0 copay for members age 45-75 years)
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	
GIALAX	1	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
LACTULOSE 10 GM PACKET	1	
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil heavy</i>	1	
<b>LOCAL ANESTHETICS-PARENTERAL (CONTINUED)</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
<i>articadent dental 4 %-1:100000 soln cart</i>	1	
<i>bupivacaine-epinephrine (0.25% solution, 0.5% solution)</i>	1	
<i>bupivacaine-epinephrine (pf) (0.25% solution, 0.5% solution)</i>	1	
<i>lidocaine-epinephrine (0.5 %-1:200000 solution, 1 %-1:100000 solution, 2 %-1:100000 solution, 2 %-1:50000 solution)</i>	1	
LIDOCAINE-EPINEPHRINE (PF) (1 %-1:100000 SOLUTION, 1.5 %-1:200000 SOLUTION, 2 %-1:200000 SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>marcaine/epinephrine 0.5% -1:200000 solution</i>	1	
MARCAINE/EPINEPHRINE PF 0.5% -1:200000 SOLUTION	1	
ROPIV-CLONIDINE-KETOROLAC	1	
SENSORCAINE-MPF/EPINEPHRINE (SENSORCAINE-MPF/EPINEPHRINE 0.25% -1:200000 SOLUTION, SENSORCAINE-MPF/EPINEPHRINE 0.5% -1:200000 SOLUTION, SENSORCAINE-MPF/EPINEPHRINE 0.75-1:200000 % SOLUTION)	1	
<i>sensorcaine/epinephrine (0.25% solution, 0.5% solution)</i>	1	
<i>xylocaine dental 2 %-1:100000 solution</i>	1	
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>bupivacaine hcl (0.125 % (50 ml) soln prsy, 0.125 % solution, 0.25 % (10 ml) soln prsy, 0.25 % solution, 0.5 % solution)</i>	1	
<i>bupivacaine hcl (pf)</i>	1	
BUPIVACAINE HCL-NACL	1	
<i>bupivacaine in dextrose</i>	1	
<i>bupivacaine spinal</i>	1	
LIDOCAINE HCL (0.5 % SOLUTION, 0.5 MG J-INJ, 1 % SOLUTION, 2 % SOLUTION, 9 MG/ML SOLN PRSYR, 10 MG/ML SOLN PRSYR, 60 MG/3ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	1	
LIDOCAINE HCL (BUFFERED)	1	
<i>lidocaine hcl (pf)</i>	1	
POLOCAINE	1	
POLOCAINE-MPF	1	
ROPIVACAINE HCL (0.2 % SOLN PRSYR, 0.2 % SOLUTION, 0.5 % SOLN PRSYR, 2 MG/ML SOLUTION, 5 MG/ML SOLUTION, 7.5 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
ROPIVACAINE HCL-NACL	1	
<i>sensorcaine</i>	1	
<i>sensorcaine-mpf</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chloroprocaine hcl (pf)</i>	1	
<i>tetracaine hcl 1 % 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 recon soln, 500 mg tab, 600 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>CLARITHROMYCIN</b>		
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>clarithromycin er</i>	1	
<b>ERYTHROMYCINS</b>		
E.E.S. 400	1	
<i>ery-tab</i>	1	
ERYTHROCIN LACTOBIONATE	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	
<i>erythromycin lactobionate</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID 200 MG TAB	2	(20 EA / FILL)
DIFICID 40 MG/ML RECON SUSP	2	(150 ML / FILL)
<b>MEDICAL DEVICES AND SUPPLIES (CONTINUED)</b>		
<b>DIABETIC SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK AVIVA	2	
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	(1 METER / 2 YEARS)
ACCU-CHEK COMPACT PLUS CONTROL	2	
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	2	(1 METER / 2 YEARS)
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	(1 METER / 2 YEARS)
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCU-TREND GLUCOSE CONTROL	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	
ADVANCE MICRO-DRAW CONTROL	2	
ADVANCE MICRO-DRAW NORMAL	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 CONTROL SOLUTION	2	
AGAMATRIX CONTROL LEVEL 2	2	
AGAMATRIX CONTROL LEVEL 4	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 3 CONTROL	2	
ASSURE 4 CONTROL LEVEL 1 & 2	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE DOSE NORM/HIGH CONTROL	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE II CONTROL	2	
ASSURE II CONTROL LEVEL 1 & 2	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 PRISM CONTROL LEVEL 1&2	2	
ASSURE PRO CONTROL LEVEL 1 & 2	2	
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 MICROTAINER LANCETS	2	
BLULINK CONTROL HIGH & LOW	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS CONTROL A	2	
CARESENS CONTROL SOLUTION A/B	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARETOUCH CONTROL SOL LEVEL 2	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	
CHOSEN LANCING DEVICE	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	
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	
COMFORT TOUCH TWIST LANCET 30G	2	
COOL CONTROL A	2	
COOL CONTROL B	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DEXCOM G4 PLAT PED RCV/SHARE	2	
DEXCOM G4 PLAT PED RECEIVER	2	
DEXCOM G4 PLATINUM RCV/SHARE	2	
DEXCOM G4 PLATINUM RECEIVER	2	
DEXCOM G4 PLATINUM TRANSMITTER	2	(90 DAYS SUPPLY PER FILL)
DEXCOM G5 MOB/G4 PLAT SENSOR	2	
DEXCOM G5 MOBILE RECEIVER	2	
DEXCOM G5 MOBILE TRANSMITTER	2	(90 DAYS SUPPLY PER FILL)
DEXCOM G5 RECEIVER KIT	2	
DEXCOM G6 RECEIVER	2	(1 EA / 730 DAYS)
DEXCOM G6 SENSOR	2	(0.1 EA / 1 day(s))
DEXCOM G6 TRANSMITTER	2	(1 EA / 90 DAYS), (90 DAYS SUPPLY PER FILL), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	2	(1 EA / 730 DAYS)
DEXCOM G7 SENSOR	2	(0.1 EA / 1 day(s))
DIATHRIVE GLUCOSE CONTROL SOLN	2	
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	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
DUO-CARE CONTROL SOLUTION	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 CONTROL HIGH & LOW	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	
EASYMAX 15 LEVEL 2 CONTROL	2	
EASYMAX 15 LEVEL 2-3 CONTROL	2	
EASYMAX CONTROL NORMAL/HIGH	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELEMENT COMPACT CONTROL 2	2	
ELEMENT COMPACT CONTROL 3	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE PRO GLUCOSE CONTROL	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EVENCARE CONTROL LOW/HIGH	2	
EVENCARE G2 LOW/HIGH CONTROL	2	
EVENCARE G3 LOW/HIGH CONTROL	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 CONTROL SOLUTION	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 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	
GLUCOCARD 01 CONTROL LIQUID	2	
GLUCOCARD EXPRESSION CONTROL	2	
GLUCOCARD SHINE CONTROL	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOSE CONTROL SOLUTION	2	
GNP EASY TOUCH CONT HIGH/LOW	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
IHEALTH CONTROL SOLUTION	2	
IHEALTH LANCING DEVICE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IN TOUCH GLUCOSE CONTROL	2	
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 CONTROL HI/LO	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 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO	2	
LEADER ADVANCED LANCING DEVICE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIBERTY GLUCOSE CONTROL MID	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	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 GLUCOSE KETONE CONTR	2	
MEDISENSE HI/MID/LOW CONTROL	2	
MEDISENSE HIGH/LOW CONTROL	2	
MEDISENSE MID CONTROL	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	
MICRODOT CONTROL HIGH/LOW	2	
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 CONTROL	2	
MYGLUCOHEALTH LANCETS 30G	2	
NEUTEK 2TEK CONTROL	2	
NOVA MAX PLUS GLU/KET CONTROL	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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 SOLUTIONS STARTER KIT	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA 2	2	(1 METER / 2 YEARS)
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO LIQUID	2	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	2	(1 METER / 2 YEARS)
ONETOUCH VERIO REFLECT	2	(1 METER / 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	
PERFECT POINT SAFETY LANCETS	3	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	
PIP GLUCOSE CONTROL SOLUTION	3	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
POCKETCHEM EZ CONTROL	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRECISION GLUCOSE CONTROL	2	
PRECISION GLUCOSE CONTROL SOLN	2	
PRECISION GLUCOSE KETONE CONTR	2	
PRECISION GLUCOSE/KETONE CONTR	2	
PRECISION THINS GP LANCETS	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	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	
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	
QUICKTEK CONTROL SOLUTION	2	
QUINTET CONTROL HIGH/NORMAL	2	
RA E-ZJECT LANCETS 28G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
REALITY TRIGGER LANCETS	2	
REFUAH PLUS GLUCOSE CONTROL	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 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SB LANCETS ULTRA THIN	2	
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	
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 CONTROL MEDIUM	2	
SMARTEST LANCETS 28G	2	
SOLARTEK GLUCOSE CONTROL	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	
SUPREME II HIGH/LOW CONTROL	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SURE COMFORT LANCING PEN	2	
SURE-PEN	2	
SURELITE LANCETS	2	
SURESTEP GLUCOSE CONTROL	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	3	
TECHLITE LANCETS 30G	2	
TELCARE GLUCOSE CONTROL	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	
TRUECONTROL GLUCOSE CONT LEV 0	2	
TRUECONTROL GLUCOSE CONT LEV 1	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	
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	
ULTRATRAK PRO CONTROL SOLUTION	2	
ULTRATRAK ULTIMATE CONTROL	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
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	
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	
VERASENS GLUCOSE CONTROL	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD INO CONTROL SOLUTION	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	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>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 (31G X 5 MISC, 31G X 8 MISC, 33G X 4 MISC)	2	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQ INSULIN SYRINGE	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID SAFETY PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC	2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC	2	
AUM PEN NEEDLE (32G X 4 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
BD AUTOSHIELD	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE (25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT	2	
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U/F (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC)	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC)	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD PEN NEEDLE SHORT U/F	2	
BD SAFETY-LOK INSULIN SYRINGE	2	
BD SAFETYGLIDE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYRINGE U/F	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC)	2	
CARETOUCH INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM 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)	2	
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 (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
COMFORT EZ INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMFORT EZ PEN NEEDLES (32G X 8 MISC, 33G X 8 MISC)	2	
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM MISC	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED (31G X 4 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC	2	
DIATHRIVE PEN NEEDLE	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 15/64" 0.3 ML MISC, 30G X 15/64" 0.5 ML MISC, 30G X 15/64" 1 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES (29G X 10MM MISC, 32G X 8 MM MISC)	2	
DROPLET PEN NEEDLES (29G X 12MM 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	
DROPSAFE SAFETY PEN NEEDLES	2	
DRUG MART UNIFINE PENTIPS	2	
DRUG MART UNIFINE PENTIPS PLUS	2	
EASY COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML MISC	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 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	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 (X 5MM MISC, X 8MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC	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	
EMBRACE PEN NEEDLES	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EXEL COMFORT POINT INSULIN SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT PEN NEEDLE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
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 (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLOBAL INJECT EASE INSULIN SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GNP INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	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 (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	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 (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC	2	
HEALTHWISE MICRON PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE/NEEDLE	2	
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE 32G X 6 MM MISC	2	
INSUPEN SENSITIVE 32G X 8 MM MISC	2	
INSUPEN ULTRAFIN	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G	2	
KMART VALU INSULIN SYRINGE 30G	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
LEADER INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
LITETOUCH INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LITETOUCH PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH PEN NEEDLES 29G X 12.7MM MISC	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	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 30G X 5/16" 0.3 ML MISC	2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC	2	
MM PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, U-100 1 ML MISC)	2	
MONOJECT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST PEN NEEDLE	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLES	2	
PEN NEEDLES 5/16" 31G X 8 MM MISC	2	
PENTIPS	2	
PENTIPS GENERIC PEN NEEDLES	2	
PRECISION SURE-DOSE SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 3/8" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML MISC	2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML MISC	2	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML MISC	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PREFERRED PLUS INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 5 MISC, 32G X 6 MISC)	2	
PRODIGY INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC)	2	
PURE COMFORT PEN NEEDLE 32G X 8 MM MISC	2	
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
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	
REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFETY INSULIN SYRINGES (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SHOPKO UNIFINE PENTIPS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SHOPKO UNIFINE PENTIPS PLUS	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	
SURE COMFORT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC	2	
SURE-FINE PEN NEEDLES (X 5 MISC, X 8 MISC)	2	
SURE-FINE PEN NEEDLES 29G X 12.7MM MISC	2	
SURE-JECT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
SURE-JECT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 10MM MISC, 32G X 8 MM MISC)	2	
TECHLITE PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	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	
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOPCARE ULTRA COMFORT INS SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO INSULIN SYR (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	2	
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUEPLUS 5-BEVEL PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM MISC	2	
TRUEPLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
TRUEPLUS INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TRUEPLUS PEN NEEDLES	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTICARE INSULIN SYR 1/2 UNIT	2	
ULTICARE INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	
ULTICARE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	
ULTICARE PEN NEEDLES 29G X 12.7MM MISC	2	
ULTICARE PEN NEEDLES 31G X 5 MM MISC	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTICARE SHORT PEN NEEDLES	2	
ULTIGUARD SAFEPACK PEN NEEDLE (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM MISC	2	
ULTIGUARD SAFEPACK SYR/NEEDLE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC	2	
ULTILET INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE (30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE SHORT (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
ULTILET PEN NEEDLE (31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
ULTILET PEN NEEDLE 29G X 12.7MM MISC	2	
ULTRA COMFORT INSULIN SYRINGE	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYR 1/2 UNIT (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
ULTRA FLO INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML MISC	2	
ULTRA-THIN II INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
ULTRACARE PEN NEEDLES	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUMARK PEN NEEDLES	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 5/16" 1 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC)	2	
VIDA MIA UNIFINE PENTIPS	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS	2	
ZEV RX INSULIN SYRINGE	2	
ZEV RX PEN NEEDLES	2	

## MIGRAINE PRODUCTS (CONTINUED)

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG	2	(1 ML / 28 DAYS)
AJOVY	2	(1.5 ML / 28 DAYS), PN (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
EMGALITY	2	(1 ML / 28 DAYS)
EMGALITY (300 MG DOSE)	2	(3 ML / 28 DAYS)
NURTEC	2	(18 EA / 30 DAYS)

Drug Name	Drug Tier	Requirements/Limits
QULIPTA (30 MG TAB, 60 MG TAB)	2	(60 EA / 30 DAYS)
QULIPTA 10 MG TAB	2	(30 EA / 30 DAYS)
UBRELVY	2	(16 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY PER FILL)
<b>MIGRAINE PRODUCTS</b>		
D.H.E. 45	2	
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
<i>diclofenac potassium(migraine)</i>	1	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	1	(16 EA / 28 DAYS)
<i>eletriptan hydrobromide</i>	1	(16 EA / 28 DAYS)
<i>frovatriptan succinate</i>	1	(16 EA / 28 DAYS)
IMITREX (5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION, 25 MG TAB, 50 MG TAB, 100 MG TAB)	3	(16 EA / 28 DAYS)
IMITREX 6 MG/0.5ML SOLUTION	3	(8 ML / 28 DAYS)
IMITREX STATDOSE REFILL	3	(8 ML / 28 DAYS)
IMITREX STATDOSE SYSTEM	3	(8 ML / 28 DAYS)
<i>naratriptan hcl</i>	1	(16 EA / 28 DAYS)
ONZETRA XSAIL	2	(16 EA / 28 day(s))
RELPAK	3	(16 EA / 28 DAYS)
<i>rizatriptan benzoate</i>	1	(16 EA / 28 DAYS)
<i>sumatriptan</i>	1	(16 EA / 28 DAYS)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	(16 EA / 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	(8 ML / 28 DAYS)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	1	
<i>sumatriptan succinate refill</i>	1	(8 ML / 28 DAYS)
ZEMBRACE SYMTOUCH	2	(8 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), PN (28 DAYS SUPPLY PER FILL)
ZOLMITRIPTAN (2.5 MG SOLUTION, 2.5 MG TAB, 2.5 MG TAB DISP, 5 MG SOLUTION, 5 MG TAB, 5 MG TAB DISP)	1	(16 EA / 28 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG (2.5 MG SOLUTION, 2.5 MG TAB, 5 MG TAB)	2	(16 EA / 28 DAYS)
ZOMIG ZMT	3	(16 EA / 28 DAYS)
<b>MINERALS ELECTROLYTES (CONTINUED)</b>		
<b>BICARBONATES</b>		
<i>sodium acetate (2 meq/ml solution, 4 meq/ml solution)</i>	1	
SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION, 8.4 % SOLUTION)	1	
<b>CALCIUM</b>		
<i>calcium chloride</i>	1	
<i>calcium gluconate (10 % solution, 1000 mg/10ml soln prsyr)</i>	1	
CALCIUM GLUCONATE-NACL (1-0.675 GM/50ML-% SOLUTION, 1-0.8 GM/100ML-% SOLUTION, 1-0.9 GM/100ML-% SOLUTION, 2-0.675 GM/100ML-% SOLUTION, 2-0.9 GM/100ML-% SOLUTION)	1	
<b>ELECTROLYTE MIXTURES</b>		
<i>dextrose in lactated ringers</i>	1	
DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION, 5-0.33 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION, 10-0.45 % SOLUTION)	1	
HYPERLYTE-CR	1	
KCL (0.149%) IN NACL	1	
KCL (0.298%) IN NACL	1	
KCL (IN NACL 0.9%)	1	
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-%- solution, 20-5-0.2 meq/l-%- solution, 20-5-0.225 meq/l-%- solution, 20-5-0.45 meq/l-%- solution, 20-5-0.9 meq/l-%- solution, 30-5-0.45 meq/l-%- solution, 40-5-0.45 meq/l-%- solution, 40-5-0.9 meq/l-%- solution)</i>	1	
KCL-LACTATED RINGERS-D5W	1	
<i>lactated ringers</i>	1	
MULTIPLE ELECTRO TYPE 1 PH 5.5	1	
<i>multiple electro type 1 ph 7.4</i>	1	
<i>potassium chloride in dextrose (10-5 meq/l-% solution, 20-5 meq/l-% solution)</i>	1	
POTASSIUM CHLORIDE IN NACL (20 MEQ/250ML SOLUTION, 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ringers</i>	1	
<b>FLUORIDE</b>		
<i>floritab</i>	1	
<i>nafrinse</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
NAFRINSE DROPS	1	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab)</i>	0	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (1.1 (0.5 F) MG TAB, 2.2 (1 F) MG TAB)	1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	0	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<b>IODINE PRODUCTS</b>		
IODINE STRONG 5 % SOLUTION	1	
<b>MAGNESIUM</b>		
MAGNESIUM CHLORIDE 200 MG/ML SOLUTION	1	
MAGNESIUM SULFATE	1	
<i>magnesium sulfate in d5w</i>	1	
<b>MANGANESE</b>		
MANGANESE CHLORIDE	1	
<b>PHOSPHATE</b>		
<i>phospha 250 neutral</i>	1	
<i>phospho-trin 250 neutral</i>	1	
<i>phospho-trin k500</i>	1	
<i>phosphorous</i>	1	
POTASSIUM PHOSPHATES (15 MMOLE/5ML SOLUTION, 150 MMOLE/50ML SOLUTION)	1	
<i>potassium phosphates(66 meq k)</i>	1	
POTASSIUM PHOSPHATES(71 MEQ K)	1	
<i>sodium phosphates</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>virt-phos 250 neutral</i>	1	
<i>wes-phos 250 neutral</i>	1	
<b>POTASSIUM</b>		
<i>effer-k (10 effer tab, 20 effer tab, 25 effer tab)</i>	1	
<i>k-prime</i>	1	
K-TAB	3	
<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	
POTASSIUM ACETATE	1	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION, 100 MEQ/50ML SOLN PRSYR)	1	
<i>potassium chloride crys er</i>	1	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 20 TAB ER)	1	
<b>SODIUM</b>		
<i>aquastat</i>	1	
<i>aquastat sfr</i>	1	
<i>bd posiflush</i>	1	
<i>bd posiflush safescrub</i>	1	
<i>monoject flush syringe</i>	1	
<i>monoject sodium chloride flush</i>	1	
<i>normal saline flush</i>	1	
<i>saline flush</i>	1	
<i>saline flush zr</i>	1	
SODIUM CHLORIDE (0.45 % SOLUTION, 0.9 % SOLUTION, 2.5 MEQ/ML SOLUTION, 3 % SOLUTION, 4 MEQ/ML SOLUTION, 5 % SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride flush</i>	1	
<i>swabflush saline flush</i>	1	
<b>TRACE MINERALS</b>		
CHROMIC CHLORIDE	1	
<i>cupric chloride</i>	1	
<i>selenious acid 40 mcg/ml solution</i>	1	
<b>ZINC</b>		
<i>zinc chloride</i>	1	
<i>zinc sulfate (1 mg/ml solution, 3 mg/ml solution, 5 mg/ml solution)</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)</b>		
<b>CHELATING AGENTS</b>		
<i>clovique</i>	1	SP
<i>penicillamine</i>	1	SP
<i>trientine hcl (250 mg cap, 500 mg cap)</i>	1	SP
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	(21 EA / 28 DAYS), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	(28 EA / 28 DAYS), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	2	(21 EA / 28 DAYS), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	(28 EA / 28 DAYS), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID	2	SP, PN (34 DAYS SUPPLY PER FILL)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azasan</i>	1	
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
AZATHIOPRINE SODIUM	1	
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	1	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENSPRYNG	2	(1 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
IMURAN	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg recon soln, 500 mg tab)</i>	1	
<i>mycophenolate mofetil hcl</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
<b>IRRIGATION SOLUTIONS</b>		
<i>argyle sterile water</i>	1	
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>ringers irrigation</i>	1	
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	1	
LOKELMA 10 GM PACKET	2	(1.14 EA / 1 DAYS)
LOKELMA 5 GM PACKET	2	(1 EA / 1 DAYS)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	
<i>sps (sodium polystyrene sulf) (15 gm/60ml suspension, 30 gm/120ml suspension)</i>	1	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	2	(1 EA / 1 DAYS)
<b>PROSTAGLANDINS</b>		
<i>alprostadil</i>	1	
<b>SCLEROSING AGENTS</b>		
<i>sodium tetradecyl sulfate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOTRADECOL (1 % SOLUTION, 3 % SOLUTION)	1	
<b>MOUTH/THROAT/DENTAL AGENTS (CONTINUED)</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole 10 mg troche</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	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	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>clinpro 5000</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>easygel</i>	1	
<i>fluoridex</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>fluoridex daily renewal</i>	1	
<i>fluoridex enhanced whitening</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>fluorimax 5000</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>fraise 5000 dental</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>just right 5000 1.1 % gel</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000 1.1 % paste</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	0	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	0	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (1.1 % cream, 1.1 % gel)</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 0.2 % solution</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 plus</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	1	(\$0 Copay for 6 months through 16 years of age), PN (\$0 Copay for 6 months through 16 years of age)
<b>STERIODS - 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>cevimeline hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EPISIL	2	
EVOXAC	2	
MUGARD	2	SP
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
SALAGEN	2	
<b>MULTIVITAMINS (CONTINUED)</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>vitamin b complex 100</i>	1	
<i>vitamin b-complex 100</i>	1	
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-plex</i>	1	
<i>dialyvite</i>	1	
<i>folbee plus</i>	1	
FOLBEE PLUS CZ	1	
<i>mynephron</i>	1	
<i>nephronex tab</i>	1	
<i>renal</i>	1	
<i>reno caps</i>	1	
<i>tm-vite rx</i>	1	
<i>triphrocaps</i>	1	
<i>virt-caps</i>	1	
<i>vp-vite rx</i>	1	
<i>wescaps</i>	1	
<b>IRON W/ VITAMINS</b>		
<i>vitafol</i>	1	
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>b-plex plus</i>	1	
<i>biocel</i>	1	
CORVITA	1	
<i>lysiplex plus tab</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nutrifac zx</i>	1	
<i>v-c forte</i>	1	
<i>vic-forte</i>	1	
<i>vita s forte</i>	1	
<i>vitacel</i>	1	
<b>MULTIVITAMINS</b>		
<i>novite</i>	1	
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vitamin/fluoride/iron</i>	1	
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
LIVITA CHILDREN	1	
<b>PED MV W/ FLUORIDE</b>		
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
TRI-VITE/FLUORIDE	1	
VITAMINS ACD-FLUORIDE	1	
<b>PRENATAL VITAMINS</b>		
ELITE-OB	1	
INATAL GT	1	
NEO-VITAL RX	3	
NEONATAL + DHA	1	
PNV-DHA	1	
PNV-SELECT	1	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	1	
TRINATE	1	
VITAFOL-OB+DHA	1	
<b>SPECIALTY VITAMINS PRODUCTS</b>		
<i>urosex</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (10 mg/20ml solution, 40 mg/20ml solution, 20000 mcg/20ml solution, 40000 mcg/20ml solution)</i>	1	SP
<i>baclofen (5 mg tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab, 25 mg/5ml suspension)</i>	1	
BACLOFEN 5 MG/5ML SOLUTION	1	(16 ML / 1 day(s)), SP
BACLOFEN 50 MCG/ML SOLN PRSYR	1	SP
<i>carisoprodol 250 mg tab</i>	1	
<i>carisoprodol 350 mg tab</i>	1	
<i>chlorzoxazone (250 mg tab, 500 mg tab)</i>	1	
<i>chlorzoxazone (375 mg tab, 750 mg tab)</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	1	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	
<i>cyclobenzaprine hcl er</i>	1	
LYVISPAH	2	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab, 1000 mg tab, 1000 mg/10ml solution)</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
SKELAXIN	2	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	
ZANAFLEX	3	
<b>DIRECT MUSCLE RELAXANTS</b>		
DANTRIUM (25 MG CAP, 50 MG CAP)	2	
<i>dantrolene sodium (20 mg recon soln, 25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>revonto</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
CARISOPRODOL-ASPIRIN-CODEINE	1	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	2	(6 ML / 180 day(s)), (180 DAYS SUPPLY PER FILL), SP, PN (180 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
EUFLEXXA	2	(12 ML / 180 day(s)), (180 DAYS SUPPLY PER FILL), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	2	(12 ML / 180 day(s)), (180 DAYS SUPPLY PER FILL), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	2	(25 ML / 180 day(s)), (180 DAYS SUPPLY PER FILL), SP, PN (180 DAYS SUPPLY PER FILL)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine-fluticasone</i>	1	
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	
PATANASE	3	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
XHANCE	1	
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>epinephrine hcl (nasal)</i>	1	
<b>NEUROMUSCULAR AGENTS (CONTINUED)</b>		
<b>ALS AGENTS</b>		
<i>edaravone 30 mg/100ml solution</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	2	(50 ML / 28 day(s)), (28 DAY SUPPLY IN 180 DAYS), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	2	(70 ML / 28 day(s)), (28 DAY SUPPLY IN 180 DAYS), SP, PN (28 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
<b>DEPOLARIZING MUSCLE RELAXANTS</b>		
SUCCINYLCHOLINE CHLORIDE (20 MG/ML SOLUTION, 100 MG/5ML SOLN PRSYR, 140 MG/7ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	1	
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
DYSPOREX	2	(90 DAYS SUPPLY PER FILL), SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	2	(90 DAYS SUPPLY PER FILL), SP, PN (90 DAYS SUPPLY PER FILL)
<b>NONDEPOLARIZING MUSCLE RELAXANTS</b>		
<i>atracurium besylate</i>	1	
<i>cisatracurium besylate</i>	1	
<i>cisatracurium besylate (pf)</i>	1	
<i>rocuronium bromide (10 mg/ml solution, 50 mg/5ml soln prsy, 50 mg/5ml solution, 75 mg/7.5ml soln prsy, 100 mg/10ml soln prsy, 100 mg/10ml solution)</i>	1	
<i>vecuronium bromide (10 mg recon soln, 10 mg/10ml soln prsy, 20 mg recon soln)</i>	1	
<b>NUTRIENTS (CONTINUED)</b>		
<b>CARBOHYDRATES</b>		
<i>dextrose (5 % solution, 10 % solution, 50 % solution, 70 % solution, 250 mg/ml solution)</i>	1	
<b>PROTEINS</b>		
<i>aminoamrms</i>	1	
<i>aminoreliefrms</i>	1	
AMINOSYN II 10 % SOLUTION	1	
AMINOSYN II 15 % SOLUTION	1	
<i>clinisol sf</i>	1	
GLYCINE 50 MG/ML SOLUTION	1	
<i>plenamine</i>	1	
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL 0.5 % SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
BETOPTIC-S	2	
<i>brimonidine tartrate-timolol</i>	1	
CARTEOLOL HCL	1	
COMBIGAN	2	
DORZOLAMIDE HCL-TIMOLOL MAL	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	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>altafrin</i>	1	
ATROPINE SULFATE (0.01 % SOLUTION, 0.025 % SOLUTION, 0.05 % SOLUTION, 1 % OINTMENT, 1 % SOLUTION)	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>cyclopentolate hcl</i>	1	
HOMATROPAIRE	1	
<i>phenylephrine hcl (1.5 % soln prsy, 2.5 % solution, 10 % solution)</i>	1	
<i>tropicamide</i>	1	
<b>MIOTICS</b>		
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BYOOVIZ	2	SP
CIMERLI	2	(0.1 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	2	(0.1 ML / 25 DAYS), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	2	(0.14 ML / 21 DAYS), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	2	(0.1 ML / 28 DAYS), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	2	(0.1 ML / 28 DAYS), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P	2	
APRACLONIDINE HCL	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA	2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	2	
BLEPH-10	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>gatifloxacin</i>	1	
GENTAK	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin (0.5 % solution, 1.5 % solution)</i>	1	
MOXIFLOXACIN HCL (0.16 % SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR, 0.5 % SOLN PRSYR, 0.5 % SOLUTION, 1 MG/ML SOLUTION, 5 MG/ML SOLUTION)	1	
MOXIFLOXACIN HCL (2X DAY)	1	
MOXIFLOXACIN HCL-BSS	1	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
OCUFLOX	3	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TOBREX (0.3 % OINTMENT, 0.3 % SOLUTION)	3	
TRIFLURIDINE	1	
VANCOMYCIN HCL 10 MG/ML SOLN PRSYR	1	
VIGAMOX	3	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	2	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA	2	
ROCKLATAN	2	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>altacaine</i>	1	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl 0.5 % solution</i>	1	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	1	
MAXITROL (0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION)	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLON-GATIFLOX-BROMFENAC 1-0.5-0.075 % SOLUTION	1	
PREDNISOLON-MOXIFLOX-BROMFENAC	1	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
PREDNISOLONE-BROMFENAC 1-0.075 % SOLUTION	1	
PREDNISOLONE-MOXIFLOXACIN	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX (0.3-0.1 % OINTMENT, 0.3-0.1 % SUSPENSION)	2	
<i>tobramycin-dexamethasone</i>	1	
<b>OPHTHALMICS - MISC.</b>		
ACULAR	3	
ACULAR LS	3	
AK-FLUOR (10 % SOLUTION, 25 % SOLUTION)	1	
<i>altafluor benox</i>	1	
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	
BIO GLO	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium (0.07 % solution, 0.075 % solution)</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	
<i>flucaine</i>	1	
FLUOR-I-STRIPS A.T.	1	
<i>fluorescein</i>	1	
<i>fluorescein-benoxinate</i>	1	
FLURBIPROFEN SODIUM	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ful-glo (0.6 mg strip, 1 mg strip)</i>	1	
GLOSTRIPS 1 MG STRIP	1	
ILEVRO	2	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
PROLENSA	2	
<i>proparacaine-fluorescein</i>	1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
LATANOPROST	1	
LUMIGAN	2	
<i>tafluprost (pf)</i>	1	
<i>travoprost (bak free)</i>	1	
ZIOPTAN	2	
<b>OTIC AGENTS (CONTINUED)</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone</i>	1	
CORTIC-ND	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>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
<i>carboprost tromethamine (250 mcg/ml soln prsyr, 250 mcg/ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>OXYTOCICS</b>		
<i>methergine</i>	1	
<i>methylergonovine maleate (0.2 mg tab, 0.2 mg/ml solution)</i>	1	
<i>oxytocin</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)</b>		
<b>IMMUNE SERUMS</b>		
CUTAQUIG (1 GM/6ML SOLUTION, 2 GM/12ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1.65 GM/10ML SOLUTION, 3.3 GM/20ML SOLUTION)	2	SP, PN (34 DAYS SUPPLY PER FILL)
VARIZIG	0	SP
<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	
<i>ampicillin</i>	1	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln)</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin g potassium</i>	1	
PENICILLIN G SODIUM	1	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	1	
PFIZERPEN	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>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)</i>	1	
AMOXICILLIN-POT CLAVULANATE ER	1	
AMPICILLIN-SULBACTAM SODIUM (1.5 (1-0.5) GM RECON SOLN, 3 (2-1) GM RECON SOLN)	1	
AUGMENTIN (125-31.25 MG/5ML RECON SUSP, 250-62.5 MG/5ML RECON SUSP, 500-125 MG TAB)	3	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600	3	
<i>piperacillin sod-tazobactam so</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<i>nafticillin sodium (1 gm recon soln, 2 gm recon soln)</i>	1	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	1	
<b>PHARMACEUTICAL ADJUVANTS (CONTINUED)</b>		
<b>LIQUID VEHICLES</b>		
<i>diluent for treprostinil</i>	1	SP
<i>saline bacteriostatic</i>	1	
<i>sodium chloride bacteriostatic</i>	1	
<i>sterile diluent/epoprostenol</i>	1	SP
<i>sterile water for injection</i>	1	
<b>SEMI SOLID VEHICLES</b>		
PETROLATUM WHITE	1	
WHITE PETROLATUM OINTMENT	1	
<b>PROGESTINS (CONTINUED)</b>		
<b>PROGESTINS</b>		
AYGESTIN	3	
<i>gallifrey</i>	1	
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	1	(34 DAYS SUPPLY PER FILL), PN (34 DAYS SUPPLY PER FILL)
LILETTA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
NEXPLANON	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
<i>norethindrone acetate</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROVERA	3	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	1	(112 EA / 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ	2	(270 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	2	LA, (540 ML / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTIDEMENTIA AGENTS</b>		
ARICEPT	3	
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)</i>	1	
EXELON	3	
<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, 28 x 5 mg &amp; 21 x 10 mg tab)</i>	1	
<i>memantine hcl er</i>	1	
NAMZARIC	2	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
<i>olanzapine-fluoxetine hcl</i>	1	
PERPHENAZINE-AMITRIPTYLINE	1	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO (9 MG TAB, 12 MG TAB)	2	(120 EA / 30 DAYS), SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUSTEDO 6 MG TAB	2	(60 EA / 30 DAYS), SP
AUSTEDO XR	2	SP
AUSTEDO XR PATIENT TITRATION	2	SP
INGREZZA (40 MG CAP SPRINK, 60 MG CAP SPRINK, 80 MG CAP SPRINK)	2	(30 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	2	(30 EA / 30 DAYS), SP
INGREZZA 40 & 80 MG CAP THPK	2	(28 EA / 28 DAYS), SP
<i>tetrabenazine 12.5 mg tab</i>	1	(102 EA / 34 DAYS), (34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	1	(136 EA / 34 DAYS), (34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
AVONEX PEN	2	(1 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	2	(1 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
BETASERON	2	(14 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
COPAXONE 20 MG/ML SOLN PRSYR	2	(30 ML / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP
COPAXONE 40 MG/ML SOLN PRSYR	2	(12 ML / 28 DAYS), SP
<i>dalfampridine er</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	1	(14 EA / 7 DAYS), (7 DAYS SUPPLY PER FILL), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	1	(60 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	1	(60 EA / 30 day(s)), SP
<i>fingolimod hcl</i>	1	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.25 MG CAP	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.5 MG CAP	2	(30 EA / 30 day(s)), SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	(30 ML / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	(12 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<i>glatopa 20 mg/ml soln prsy</i>	1	(30 ML / 30 day(s)), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatopa 40 mg/ml soln prsy</i>	1	(12 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	2	(0.4 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	2	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	2	(140 EA / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	2	(7 EA / 4 day(s)), (4 DAYS SUPPLY IN 180 DAYS), SP, PN (4 DAYS SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	(12 EA / 5 day(s)), (5 DAYS SUPPLY IN 180 DAYS), SP, PN (5 DAYS SUPPLY IN 180 DAYS)
OCREVUS	2	(20 EA / 180 day(s)), (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
REBIF	2	(6 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE	2	(6 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	2	(4.2 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	2	(4.2 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide</i>	1	(30 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY	2	(120 EA / 30 DAYS), (30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEPOSIA	2	(30 EA / 30 DAYS), (PA REQUIRED FOR ULCERATIVE COLITIS; 30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	2	(7 EA / 7 day(s)), (PA REQUIRED FOR ULCERATIVE COLITIS; 7 DAYS SUPPLY IN 180 DAYS), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	(37 EA / 37 day(s)), (PA REQUIRED FOR ULCERATIVE COLITIS; 37 DAYS SUPPLY PER FILL), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	(28 EA / 28 DAYS), (PA REQUIRED FOR ULCERATIVE COLITIS; 28 DAYS SUPPLY PER FILL), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
<i>gabapentin (once-daily)</i>	1	
GRALISE (300 MG TAB, 450 MG TAB, 600 MG TAB, 750 MG TAB, 900 MG TAB)	2	
<i>pregabalin er</i>	1	
<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>		
CHANTIX	0	(2 EA / 1 DAYS)
CHANTIX CONTINUING MONTH PAK	0	(2 EA / 1 DAYS)
CHANTIX STARTING MONTH PAK	0	(53 EA / 30 day(s)), (30 DAYS SUPPLY PER FILL), PN (30 DAYS SUPPLY IN 180 DAYS)
NICODERM CQ	2	
NICOTROL	0	
NICOTROL NS	0	
<i>varenicline tartrate</i>	1	(2 EA / 1 DAYS)
<i>varenicline tartrate (starter)</i>	1	(53 EA / 30 day(s)), (30 DAYS SUPPLY IN 180 DAYS), PN (30 DAYS SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate(continue)</i>	1	(2 EA / 1 DAYS)
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI	2	LA, (6 ML / 28 DAYS), (28 DAYS SUPPLY PER FILL), SP, PN (28 DAYS SUPPLY PER FILL)
<b>RESPIRATORY AGENTS - MISC. (CONTINUED)</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
PROLASTIN-C 1000 MG RECON SOLN	2	LA, (34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C 1000 MG/20ML SOLUTION	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA (4000 MG RECON SOLN, 5000 MG RECON SOLN)	2	
ZEMAIRA 1000 MG RECON SOLN	2	(34 DAYS SUPPLY PER FILL), SP, PN (34 DAYS SUPPLY PER FILL)
<b>CYSTIC FIBROSIS AGENTS</b>		
PULMOZYME	2	(30 DAYS SUPPLY PER FILL), SP, PN (30 DAYS SUPPLY PER FILL)
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET	2	(270 EA / 30 DAYS), SP
OFEV	2	LA, (60 EA / 30 DAYS), SP
<i>pirfenidone (267 mg cap, 267 mg tab, 801 mg tab)</i>	1	(270 EA / 30 DAYS), SP
PIRFENIDONE 534 MG TAB	1	SP
<b>SULFONAMIDES (CONTINUED)</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	1	
<b>TETRACYCLINES (CONTINUED)</b>		
<b>GLYCYLCYCLINES</b>		
TIGECYCLINE	1	
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg recon soln, 150 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate (50 mg tab, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er (45 mg cap er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg cap er 24h, 105 mg tab er 24h, 115 mg tab er 24h, 135 mg cap er 24h)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	
<i>mondoxyne nl</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl (250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab)</i>	1	
VIBRAMYCIN (25 MG/5ML RECON SUSP, 100 MG CAP)	2	
<b>THYROID AGENTS (CONTINUED)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 25 MCG TAB, 50 MCG CAP, 50 MCG TAB, 75 MCG CAP, 75 MCG TAB, 88 MCG CAP, 88 MCG TAB, 100 MCG CAP, 100 MCG RECON SOLN, 100 MCG TAB, 100 MCG/5ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG CAP, 112 MCG TAB, 125 MCG CAP, 125 MCG TAB, 137 MCG CAP, 137 MCG TAB, 150 MCG CAP, 150 MCG TAB, 175 MCG CAP, 175 MCG TAB, 200 MCG CAP, 200 MCG RECON SOLN, 200 MCG TAB, 200 MCG/5ML SOLUTION, 300 MCG TAB, 500 MCG RECON SOLN, 500 MCG/5ML SOLUTION)	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium (5 mcg tab, 10 mcg/ml solution, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID	1	
SYNTHROID	2	
<i>unithroid</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>TOXOIDS (CONTINUED)</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	0	
DAPTACEL	0	
DIPHTHERIA-TETANUS TOXOIDS DT	0	
INFANRIX	0	
KINRIX	0	
PEDIARIX	0	
QUADRACEL	0	
TDVAX	0	
TETANUS-DIPHTHERIA TOXOIDS TD	0	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)</b>		
<b>ANTISPASMODICS</b>		
ANASPAZ	3	
ATROPINE SULFATE (0.25 MG/5ML SOLN PRSYR, 0.4 MG/ML SOLUTION, 0.5 MG/5ML SOLN PRSYR, 0.8 MG/2ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/2.5ML SOLN PRSYR, 1 MG/ML SOLUTION, 1.2 MG/3ML SOLN PRSYR, 8 MG/20ML SOLUTION)	1	
ATROPINE SULFATE (PF)	1	
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 10 mg/ml solution, 20 mg tab)</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 0.6 mg/3ml soln prsy, 1 mg tab, 1 mg/5ml soln prsy, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution)</i>	1	
GLYCOPYRROLATE (PF)	1	
GLYCOPYRROLATE 1.5 MG TAB	1	
<i>glycopyrrolate pf (0.2 mg/ml soln prsy, 0.4 mg/2ml soln prsy)</i>	1	
GLYCOPYRROLATE PF 0.6 MG/3ML SOLN PRSYR	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, 0.5 mg/ml solution)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hyosyne</i>	1	
LEVSIN (0.125 MG TAB, 0.5 MG/ML SOLUTION)	2	
LEVSIN/SL	2	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin</i>	1	
<i>pb-hyoscy-atropine-scopolamine (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
<i>phenohydro (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
<i>symax-sl</i>	1	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	1	
CIMETIDINE HCL (300 MG/5ML SOLUTION)	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution)</i>	1	
<i>famotidine (pf)</i>	1	
FAMOTIDINE PREMIXED	1	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	1	
PEPCID	3	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium (10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>	1	
<i>esomeprazole sodium</i>	1	
<i>lansoprazole</i>	1	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium</i>	1	
<i>rabeprazole sodium 20 mg tab dr</i>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
CYTOTEC	2	

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>omeprazole-sodium bicarbonate</i>	1	
PYLERA	2	
TALICIA	2	(168 EA / 14 DAYS)
<b>URINARY ANTISPASMODICS (CONTINUED)</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	
DETROL	3	
DITROPAN XL	3	
<i>fesoterodine fumarate er</i>	1	
<i>oxybutynin chloride (2.5 mg tab, 5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	2	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA	2	
<i>mirabegron er</i>	1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>VACCINES (CONTINUED)</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	0	
BEXSERO	0	
CAPVAXIVE	0	(0.5 ML / lifetime), (Not Covered for members outside of age limit)
HIBERIX	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDVAX HIB	0	
PENBRAYA	0	(2 EA / lifetime)
PREVNAR 13	0	
PREVNAR 20	0	(0.5 ML / LIFETIME), AL (19 to 999 yrs old)
TRUMENBA	0	
VAXNEUVANCE	0	(0.5 ML / LIFETIME), AL (19 to 999 yrs old)
<b>VIRAL VACCINES</b>		
ABRYSCO	0	AL (60 to 999 yrs old)
ACAM2000	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR	0	
AREXVY	0	(1 EA / lifetime), AL (60 to 999 yrs old), (Publishing Note (C0)), PN (Note)
COMIRNATY	0	
ENGERIX-B	0	
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE	0	
FLUZONE HIGH-DOSE	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION	0	
GARDASIL 9	0	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	0	AL (19 to 999 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	
IPOL	0	
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 VACC 6-11Y	0	
MODERNA COVID-19 VACC 6M-5Y	0	
MODERNA COVID-19 VACCINE	0	
MRESVIA	0	(0.5 ML / lifetime), AL (60 to 999 yrs old), (Not Covered for members outside of age limit)

Drug Name	Drug Tier	Requirements/Limits
NOVAVAX COVID-19 VACCINE	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0	
PFIZER COVID-19 VAC BIVAL 5-11	0	
PFIZER COVID-19 VAC BIVALENT	0	
PFIZER COVID-19 VAC-TRIS 5-11Y	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PFIZER-BIONTECH COVID-19 VACC	0	
PREHEVBRIO	0	
PRIORIX	0	
PROQUAD	0	
RECOMBIVAX HB	0	
SANOFI COVID-19 VAC (BOOSTER)	0	
SHINGRIX	0	(2 EA / LIFETIME), AL (18 to 999 yrs old)
SPIKEVAX	0	
SPIKEVAX COVID-19 VACCINE	0	
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	0	
TWINRIX	0	AL (18 to 999 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 999 yrs old)
VARIVAX	0	
<b>VAGINAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN (2 % CREAM, 100 MG SUPPOS)	2	
<i>clindamycin phosphate 2 % cream</i>	1	
MICONAZOLE 3	1	
<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>		
ESTRACE 0.1 MG/GM CREAM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol 0.1 mg/gm cream</i>	1	
<i>estradiol 10 mcg tab</i>	1	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
VAGIFEM	2	
<b>VAGINAL PROGESTINS</b>		
CRINONE	2	
ENDOMETRIN	2	
<b>VASOPRESSORS (CONTINUED)</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	(2 EA / FILL)
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ	1	(2 EA / FILL)
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	2	(2 EA / fill(s))
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	(2 EA / FILL)
<i>epinephrine (anaphylaxis)</i>	1	
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	(2 EA / fill(s))
EPIPEN 2-PAK	2	(2 EA / fill(s))
EPIPEN JR 2-PAK	2	(2 EA / fill(s))
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa</i>	1	SP
EPHEDRINE SULFATE (PRESSORS) (5 MG/ML SOLUTION, 25 MG/5ML SOLN PRSYR)	1	
EPHEDRINE SULFATE (PRESSORS) (50 MG/10ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLUTION)	1	
EPHEDRINE SULFATE 5 MG/ML SOLUTION	1	
EPHEDRINE SULFATE 50 MG/ML SOLUTION	1	
EPINEPHRINE (0.1 MG/10ML SOLN PRSYR, 0.2 MG/0.2ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/10ML SOLUTION, 1 MG/ML SOLN PRSYR, 1 MG/ML SOLUTION, 10 MG/10ML SOLUTION)	1	
EPINEPHRINE PF	1	
<i>midodrine hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norepinephrine bitartrate 1 mg/ml solution</i>	1	
NOREPINEPHRINE-DEXTROSE	1	
NOREPINEPHRINE-SODIUM CHLORIDE (4-0.9 MG/250ML-% SOLUTION, 8-0.9 MG/250ML-% SOLUTION, 8-0.9 MG/500ML-% SOLUTION, 16-0.9 MG/250ML-% SOLUTION)	1	
PHENYLEPHRINE HCL (0.4 MG/10ML SOLN PRSYR, 0.8 MG/10ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 10 MG/ML SOLUTION)	1	
PHENYLEPHRINE HCL (1 MG/10ML SOLUTION, 10 MG/ML SOLUTION)	1	
PHENYLEPHRINE HCL (PRESSORS) (0.4 MG/10ML SOLN PRSYR, 0.4 MG/10ML SOLUTION, 0.5 MG/5ML SOLN PRSYR, 0.8 MG/10ML SOLUTION, 1 MG/10ML SOLN PRSYR, 10 MG/ML SOLUTION)	1	
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML SOLUTION	1	
PHENYLEPHRINE HCL-NACL (0.4-0.9 MG/10ML-% SOLN PRSYR, 0.5-0.9 MG/5ML-% SOLN PRSYR, 0.8-0.9 MG/10ML-% SOLN PRSYR, 1-0.9 MG/10ML-% SOLN PRSYR, 5-0.9 MG/50ML-% SOLN PRSYR, 10-0.9 MG/250ML-% SOLUTION, 20-0.9 MG/250ML-% SOLUTION, 20-0.9 MG/50ML-% SOLN PRSYR, 25-0.9 MG/250ML-% SOLUTION, 40-0.9 MG/250ML-% SOLUTION, 50-0.9 MG/250ML-% SOLUTION, 80-0.9 MG/250ML-% SOLUTION, 100-0.9 MCG/10ML-% SOLN PRSYR, 100-0.9 MG/250ML-% SOLUTION)	1	
<b>VITAMINS (CONTINUED)</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>phytonadione (1 mg/0.5ml solution, 5 mg tab, 10 mg/ml solution)</i>	1	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	
<i>vitamin k1</i>	1	
<b>WATER SOLUBLE VITAMINS</b>		
<i>ascorbic acid (500 mg/ml solution, 15000 mg/30ml solution)</i>	1	
PYRIDOXINE HCL 100 MG/ML SOLUTION	1	
<i>thiamine hcl (100 mg/ml solution, 200 mg/2ml solution)</i>	1	

# Appendix

## 1

1ST TIER UNIFINE PENTIPS . . . . .	139
1ST TIER UNIFINE PENTIPS PLUS . . . . .	139
1ST TIER UNILET COMFORTOUCH . . . . .	120

## 7

7t lido . . . . .	95
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## A

abacavir sulfate . . . . .	66
abacavir sulfate-lamivudine . . . . .	66
abacavir-lamivudine-zidovudine . . . . .	66
abaneu-sl . . . . .	114
ABILIFY MAINTENA . . . . .	65
abiraterone acetate . . . . .	54
ABOUTTIME PEN NEEDLE . . . . .	139
ABRYSVO . . . . .	182
ACAM2000 . . . . .	182
acamprostate calcium . . . . .	173
acarbose . . . . .	36
ACCU-CHEK AVIVA . . . . .	120
ACCU-CHEK AVIVA PLUS . . . . .	99,120
ACCU-CHEK COMPACT PLUS CONTROL . . . . .	120
ACCU-CHEK FASTCLIX LANCET . . . . .	120
ACCU-CHEK FASTCLIX LANCETS . . . . .	120
ACCU-CHEK GUIDE . . . . .	120
ACCU-CHEK GUIDE CONTROL . . . . .	120
ACCU-CHEK GUIDE ME . . . . .	120
ACCU-CHEK GUIDE TEST . . . . .	99
ACCU-CHEK SAFE-T PRO LANCETS . . . . .	120
ACCU-CHEK SMARTVIEW . . . . .	99
ACCU-CHEK SMARTVIEW CONTROL . . . . .	120
ACCU-CHEK SOFTCLIX LANCET DEV . . . . .	120
ACCU-CHEK SOFTCLIX LANCETS . . . . .	121
ACCUPRIL . . . . .	47
ACCURETIC . . . . .	48
accutane . . . . .	86
ACCUTREND GLUCOSE CONTROL . . . . .	121
acebutolol hcl . . . . .	70
acetaminophen . . . . .	15

acetaminophen-codeine . . . . .	19
acetazolamide . . . . .	100
acetazolamide er . . . . .	100
acetazolamide sodium . . . . .	100
acetic acid . . . . .	109,170
acetylcysteine . . . . .	41,86
acitretin . . . . .	90
ACTHIB . . . . .	182
ACTI-LANCE 28G . . . . .	121
ACTI-LANCE LITE LANCETS 28G . . . . .	121
ACTI-LANCE SPECIAL LANCETS 17G . . . . .	121
ACTI-LANCE UNIVERSAL 23G . . . . .	121
ACTONEL . . . . .	101
ACTOPLUS MET . . . . .	37
ACULAR . . . . .	169
ACULAR LS . . . . .	169
acyclovir . . . . .	69,92
acyclovir sodium . . . . .	69
ADACEL . . . . .	179
ADALIMUMAB-ADAZ . . . . .	11
adapalene . . . . .	86
adapalene-benzoyl peroxide . . . . .	86
ADBRY . . . . .	94
ADDERALL XR . . . . .	8
adefovir dipivoxil . . . . .	69
ADEMPAS . . . . .	74
adenosine . . . . .	26,98
adenosine (diagnostic) . . . . .	98
ADJUSTABLE LANCING DEVICE . . . . .	121
ADRIAMYCIN . . . . .	56
adriamycin . . . . .	56
adrucil . . . . .	52
adult aspirin regimen . . . . .	15
ADVAIR DISKUS . . . . .	28
ADVAIR HFA . . . . .	29
ADVANCE MICRO-DRAW CONTROL . . . . .	121
ADVANCE MICRO-DRAW NORMAL . . . . .	121
ADVANCED MOBILE LANCET . . . . .	121
ADVATE . . . . .	111
ADVOCATE INSULIN PEN NEEDLE . . . . .	139
ADVOCATE INSULIN PEN NEEDLES . . . . .	139

ADVOCATE INSULIN SYRINGE . . . . .	139	allopurinol . . . . .	110
ADVOCATE LANCETS . . . . .	121	allopurinol sodium . . . . .	110
ADVOCATE LANCETS 30G . . . . .	121	almotriptan malate . . . . .	153
ADVOCATE LANCING DEVICE . . . . .	121	alosetron hcl . . . . .	108
ADVOCATE RAPID-SAFE LANCING . . . . .	121	ALPHAGAN P . . . . .	167
ADVOCATE SAFETY LANCETS . . . . .	121	alprazolam . . . . .	26
ADVOCATE SAFETY LANCETS 26G . . . . .	121	alprazolam er . . . . .	26
ADYNOVATE . . . . .	111	alprazolam xr . . . . .	26
afirmelle . . . . .	76	ALPROLIX . . . . .	111
AFLURIA . . . . .	182	alprostadil . . . . .	158
AFLURIA PRESERVATIVE FREE . . . . .	182	altacaine . . . . .	168
AFLURIA QUADRIVALENT . . . . .	182	ALTACE . . . . .	47
AFSTYLA . . . . .	111	altafluor benox . . . . .	169
AGAMATRIX CONTROL . . . . .	121	altafrin . . . . .	166
AGAMATRIX CONTROL LEVEL 2 . . . . .	121	altavera . . . . .	76
AGAMATRIX CONTROL LEVEL 4 . . . . .	121	ALTERNATE SITE LANCING DEVICE . . . . .	121
AGAMATRIX ULTRA-THIN LANCETS . . . . .	121	ALUNBRIG . . . . .	57
agoneaze . . . . .	96	alvimopan . . . . .	108
AGRYLIN . . . . .	112	alyacen 1/35 . . . . .	76
AIMOVIG . . . . .	152	alyacen 7/7/7 . . . . .	76
AIMSCO TWIST LANCETS 32G . . . . .	121	alyq . . . . .	74
AIMSCO TWIST LANCETS 33G . . . . .	121	amabelz . . . . .	105
airavite . . . . .	114	amantadine hcl . . . . .	62
AIRSUPRA . . . . .	29	AMARYL . . . . .	40
AJOVY . . . . .	152	AMBIEN . . . . .	116
AK-FLUOR . . . . .	169	AMBIEN CR . . . . .	116
ak-poly-bac . . . . .	167	ambrisentan . . . . .	74
AKLIEF . . . . .	86	AMCINONIDE . . . . .	92
ala-cort . . . . .	92	amethia . . . . .	76
albendazole . . . . .	22	amethia lo . . . . .	76
albuterol sulfate . . . . .	29	amethyst . . . . .	76
ALBUTEROL SULFATE ER . . . . .	29	amikacin sulfate . . . . .	10
albuterol sulfate hfa . . . . .	29	amiloride hcl . . . . .	101
alclometasone dipropionate . . . . .	92	AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	100
ALDACTAZIDE . . . . .	100	aminoacetic acid . . . . .	109
ALDACTONE . . . . .	100	aminoamrms . . . . .	165
ALECENSA . . . . .	57	aminocaproic acid . . . . .	115
alendronate sodium . . . . .	101	aminophylline . . . . .	30
alfuzosin hcl er . . . . .	110	aminoreliefrms . . . . .	165
aliskiren fumarate . . . . .	49	AMINOSYN II . . . . .	165
ALKERAN . . . . .	51	amiodarone hcl . . . . .	27

amitriptyline hcl . . . . .	36	apri . . . . .	76
amlodipine besy-benazepril hcl . . . . .	48	APTIOM . . . . .	31
amlodipine besylate . . . . .	71	AQ INSULIN SYRINGE . . . . .	139
amlodipine besylate-valsartan . . . . .	48	AQUA LANCE ADJUSTABLE LANCING . . . . .	121
amlodipine-atorvastatin . . . . .	73	AQUALANCE LANCETS 30G . . . . .	121
amlodipine-olmesartan . . . . .	48	aquastat . . . . .	156
amlodipine-valsartan-hctz . . . . .	48	aquastat sfr . . . . .	156
ammonium lactate . . . . .	95	aranelle . . . . .	76
amnestem . . . . .	86	ARANESP (ALBUMIN FREE) . . . . .	114
amoxapine . . . . .	36	ARAVA . . . . .	14
amoxicill-clarithro-lansopraz . . . . .	181	ARAZLO . . . . .	86
amoxicillin . . . . .	171	AREXVY . . . . .	182
amoxicillin-pot clavulanate . . . . .	171	arformoterol tartrate . . . . .	29
AMOXICILLIN-POT CLAVULANATE ER . . . . .	171	argatroban . . . . .	31
amphet-dextroamphet 3-bead er . . . . .	8	argyle sterile saline . . . . .	109
amphetamine sulfate . . . . .	8	argyle sterile water . . . . .	158
amphetamine-dextroamphet er . . . . .	8	ARICEPT . . . . .	173
amphetamine-dextroamphetamine . . . . .	8	ARIMIDEX . . . . .	54
AMPHOTERICIN B . . . . .	42	aripiprazole . . . . .	65
amphotericin b liposome . . . . .	42	ARIXTRA . . . . .	30
ampicillin . . . . .	171	armodafinil . . . . .	9
ampicillin sodium . . . . .	171	ARNUITY ELLIPTA . . . . .	28
AMPICILLIN-SULBACTAM SODIUM . . . . .	171	AROMASIN . . . . .	55
ana-lex . . . . .	21	arsenic trioxide . . . . .	61
ANAFRANIL . . . . .	36	articadent dental . . . . .	118
anagrelide hcl . . . . .	112	ASACOL HD . . . . .	107
ANAPROX DS . . . . .	13	ascomp-codeine . . . . .	19
ANASPAZ . . . . .	179	ascorbic acid . . . . .	186
anastrozole . . . . .	54	asenapine maleate . . . . .	64
ANDRODERM . . . . .	20	ashlyna . . . . .	76
ANNOVERA . . . . .	83	ASILNASALRMS . . . . .	99
anodyne lpt . . . . .	96	aspirin . . . . .	15
ANORO ELLIPTA . . . . .	29	aspirin 81 . . . . .	15
ANTIVERT . . . . .	42	aspirin adult low dose . . . . .	15
anucort-hc . . . . .	21	aspirin adult low strength . . . . .	15
anusol-hc . . . . .	21	aspirin childrens . . . . .	15
APAP-CAFF-DIHYDROCODEINE . . . . .	19	aspirin ec adult low dose . . . . .	16
apomorphine hcl . . . . .	62	aspirin ec low dose . . . . .	16
APRACLONIDINE HCL . . . . .	167	aspirin ec low strength . . . . .	16
aprepitant . . . . .	42	aspirin low dose . . . . .	16
APRETUDE . . . . .	66	aspirin regimen . . . . .	16

aspirin-dipyridamole er . . . . .	112	AUM READYGARD DUO PEN NEEDLE . . . . .	140
ASSURE 3 CONTROL . . . . .	121	AUM SAFETY PEN NEEDLE . . . . .	140
ASSURE 4 CONTROL LEVEL 1 & 2 . . . . .	121	AURORA LANCET SUPER THIN 30G . . . . .	122
ASSURE COMFORT LANCETS 28G . . . . .	121	AURORA LANCET THIN 23G . . . . .	122
ASSURE DOSE NORM/HIGH CONTROL . . . . .	121	AURORA PEN NEEDLES . . . . .	140
ASSURE HAEMOLANCE PLUS HIGH . . . . .	121	AURORA UNIFINE PENTIPS . . . . .	140
ASSURE HAEMOLANCE PLUS LOW . . . . .	121	aurovela 1.5/30 . . . . .	76
ASSURE HAEMOLANCE PLUS MICRO . . . . .	122	aurovela 1/20 . . . . .	76
ASSURE HAEMOLANCE PLUS NORMAL . . . . .	122	aurovela 24 fe . . . . .	76
ASSURE HAEMOLANCE PLUS PED . . . . .	122	aurovela fe 1.5/30 . . . . .	77
ASSURE ID INSULIN SAFETY SYR . . . . .	139	aurovela fe 1/20 . . . . .	77
ASSURE ID SAFETY PEN NEEDLES . . . . .	139	AURYXIA . . . . .	108
ASSURE II CONTROL . . . . .	122	AUSTEDO . . . . .	173,174
ASSURE II CONTROL LEVEL 1 & 2 . . . . .	122	AUSTEDO XR . . . . .	174
ASSURE LANCE LANCETS . . . . .	122	AUSTEDO XR PATIENT TITRATION . . . . .	174
ASSURE LANCE LANCETS 21G . . . . .	122	AUTO-LANCET . . . . .	122
ASSURE LANCE PLUS SAFETY 25G . . . . .	122	AUTO-LANCET MINI . . . . .	122
ASSURE LANCE PLUS SAFETY 30G . . . . .	122	AUTOLET II CLINISAFE . . . . .	122
ASSURE LANCE SAFETY LANCET 28G . . . . .	122	AUTOLET LANCING DEVICE . . . . .	122
ASSURE PRISM CONTROL LEVEL 1&2 . . . . .	122	AUTOLET LITE CLINISAFE . . . . .	122
ASSURE PRO CONTROL LEVEL 1 & 2 . . . . .	122	AUTOLET LITE STARTER PACK . . . . .	122
atazanavir sulfate . . . . .	66	AUTOLET MINI . . . . .	122
ATELVIA . . . . .	101	AUTOLET PLATFORMS . . . . .	122
atenolol . . . . .	70	AUTOLET PLUS . . . . .	122
atenolol-chlorthalidone . . . . .	48	AUVI-Q . . . . .	185
atomoxetine hcl . . . . .	9	avanafil . . . . .	73
atorvastatin calcium . . . . .	45	avar cleanser . . . . .	87
atovaquone . . . . .	23	avar-e emollient . . . . .	87
atovaquone-proguanil hcl . . . . .	50	avar-e green . . . . .	87
atracurium besylate . . . . .	165	aviane . . . . .	77
ATROPINE SULFATE . . . . .	166,179	avidoxy . . . . .	177
ATROPINE SULFATE (PF) . . . . .	179	avita . . . . .	87
AUBAGIO . . . . .	174	AVODART . . . . .	110
aubra . . . . .	76	AVONEX PEN . . . . .	174
aubra eq . . . . .	76	AVONEX PREFILLED . . . . .	174
AUGMENTIN . . . . .	171	AVSOLA . . . . .	107
AUGMENTIN ES-600 . . . . .	172	AYGESTIN . . . . .	172
AUGTYRO . . . . .	57	ayuna . . . . .	77
AUM INSULIN SAFETY PEN NEEDLE . . . . .	140	azacitidine . . . . .	52
AUM MINI INSULIN PEN NEEDLE . . . . .	140	azasan . . . . .	157
AUM PEN NEEDLE . . . . .	140	azathioprine . . . . .	157

AZATHIOPRINE SODIUM . . . . .	157	BD INSULIN SYRINGE ULTRAFINE . . . . .	140
azelaic acid . . . . .	97	BD MICROTAINER LANCETS . . . . .	122
azelastine hcl . . . . .	164,169	BD PEN NEEDLE MICRO U/F . . . . .	140
azelastine-fluticasone . . . . .	164	BD PEN NEEDLE MINI U/F . . . . .	140
azithromycin . . . . .	119	BD PEN NEEDLE NANO 2ND GEN . . . . .	140
AZSTARYS . . . . .	9	BD PEN NEEDLE NANO U/F . . . . .	140
aztreonam . . . . .	24	BD PEN NEEDLE ORIGINAL U/F . . . . .	140
AZULFIDINE . . . . .	107	BD PEN NEEDLE SHORT U/F . . . . .	141
AZULFIDINE EN-TABS . . . . .	107	bd posiflush . . . . .	156
azurette . . . . .	77	bd posiflush safescrub . . . . .	156
<b>B</b>		BD SAFETY-LOK INSULIN SYRINGE . . . . .	141
b-plex . . . . .	161	BD SAFETYGLIDE INSULIN SYRINGE . . . . .	141
b-plex plus . . . . .	161	BD VEO INSULIN SYR U/F 1/2UNIT . . . . .	141
bac . . . . .	15	BD VEO INSULIN SYRINGE U/F . . . . .	141
bacim . . . . .	22	bekyree . . . . .	77
bacitra-neomycin-polymyxin-hc . . . . .	168	BELBUCA . . . . .	20
BACITRACIN . . . . .	22,167	BELSOMRA . . . . .	117
bacitracin-polymyxin b . . . . .	167	benazepril hcl . . . . .	47
baclofen . . . . .	163	benazepril-hydrochlorothiazide . . . . .	48
BACLOFEN . . . . .	163	bendamustine hcl . . . . .	51
balanced salt . . . . .	169	BENDAMUSTINE HCL . . . . .	51
BALCOLTRA . . . . .	77	BENZAC AC WASH . . . . .	87
balsalazide disodium . . . . .	107	BENZAMYCIN . . . . .	87
balziva . . . . .	77	BENZEPRO . . . . .	87
BAQSIMI ONE PACK . . . . .	38	BENZEPRO CREAMY WASH . . . . .	87
BAQSIMI TWO PACK . . . . .	38	benzepro foaming cloths . . . . .	87
BARACLUDGE . . . . .	69	benzoin compound . . . . .	97
BASAGLAR KWIKPEN . . . . .	39	benzonatate . . . . .	85
bayer aspirin ec low dose . . . . .	16	benzoyl perox-hydrocortisone . . . . .	87
bayer low dose . . . . .	16	BENZOYL PEROXIDE . . . . .	87
BD AUTOSHIELD . . . . .	140	benzoyl peroxide-erythromycin . . . . .	87
BD AUTOSHIELD DUO . . . . .	140	benzphetamine hcl . . . . .	8
bd heparin posiflush . . . . .	30	benztropine mesylate . . . . .	62
BD INSULIN SYR ULTRAFINE II . . . . .	140	bepotastine besilate . . . . .	169
BD INSULIN SYRINGE . . . . .	140	beser . . . . .	92
BD INSULIN SYRINGE HALF-UNIT . . . . .	140	BESIVANCE . . . . .	167
BD INSULIN SYRINGE MICROFINE . . . . .	140	BESREMI . . . . .	61
BD INSULIN SYRINGE U-500 . . . . .	140	betaine . . . . .	103
BD INSULIN SYRINGE U/F . . . . .	140	betamethasone dipropionate . . . . .	92
BD INSULIN SYRINGE U/F 1/2UNIT . . . . .	140	betamethasone dipropionate aug . . . . .	92
		BETAMETHASONE SOD PHOS & ACET . . . . .	84

betamethasone sod phos & acet . . . . .	84	brimonidine tartrate . . . . .	97,167
BETAMETHASONE SODIUM PHOSPHATE . . . . .	84	brimonidine tartrate-timolol . . . . .	166
betamethasone valerate . . . . .	92	brinzolamide . . . . .	169
BETASERON . . . . .	174	bromfed dm . . . . .	86
betaxolol hcl . . . . .	70	bromfenac sodium . . . . .	169
BETAXOLOL HCL . . . . .	165	bromfenac sodium (once-daily) . . . . .	169
bethanechol chloride . . . . .	181	bromocriptine mesylate . . . . .	63
BETHKIS . . . . .	10	BRUKINSA . . . . .	57
BETOPTIC-S . . . . .	166	BRYHALI . . . . .	92
bexarotene . . . . .	61,90	budesonide . . . . .	21,28
BEXSERO . . . . .	182	BUDESONIDE . . . . .	84
bicalutamide . . . . .	55	bumetanide . . . . .	100
BIDIL . . . . .	73	bupivacaine hcl . . . . .	119
BIKTARVY . . . . .	66	bupivacaine hcl (pf) . . . . .	119
bimatoprost . . . . .	95	BUPIVACAINE HCL-NACL . . . . .	119
BIO GLO . . . . .	169	bupivacaine in dextrose . . . . .	119
biocel . . . . .	161	bupivacaine spinal . . . . .	119
bis subcit-metronid-tetracyc . . . . .	181	bupivacaine-epinephrine . . . . .	118
bismuth/metronidaz/tetracyclin . . . . .	181	bupivacaine-epinephrine (pf) . . . . .	118
bisoprolol fumarate . . . . .	70	buprenorphine . . . . .	20
bisoprolol-hydrochlorothiazide . . . . .	48	buprenorphine hcl . . . . .	20
bivalirudin trifluoroacetate . . . . .	31	buprenorphine hcl-naloxone hcl . . . . .	20
blanche . . . . .	97	bupropion hcl . . . . .	34
bleomycin sulfate . . . . .	56	bupropion hcl er (smoking det) . . . . .	34
BLEPH-10 . . . . .	167	bupropion hcl er (sr) . . . . .	35
blisovi 24 fe . . . . .	77	bupropion hcl er (xl) . . . . .	35
blisovi fe 1.5/30 . . . . .	77	BUPROPION HCL ER (XL) . . . . .	35
blisovi fe 1/20 . . . . .	77	buspironone hcl . . . . .	25
BLOXIVERZ . . . . .	50	busulfan . . . . .	51
BLULINK CONTROL HIGH & LOW . . . . .	122	butalbital-acetaminophen . . . . .	15
BONIVA . . . . .	101	butalbital-apap-caff-cod . . . . .	19
BORTEZOMIB . . . . .	57	butalbital-apap-caffeine . . . . .	15
bosentan . . . . .	74	butalbital-asa-caff-codeine . . . . .	19
BOSULIF . . . . .	57	butalbital-aspirin-caffeine . . . . .	15
bp 10-1 . . . . .	87	BUTORPHANOL TARTRATE . . . . .	20
BP CLEANSING WASH . . . . .	87	BYOOVIZ . . . . .	166
BRAFTOVI . . . . .	57		
BREO ELLIPTA . . . . .	29	<b>C</b>	
BREZTRI AEROSPHERE . . . . .	29	CABENUVA . . . . .	66
briellyn . . . . .	77	cabergoline . . . . .	104
BRILINTA . . . . .	112	CABOMETYX . . . . .	57

CADUET . . . . .	73	CAREFINE PEN NEEDLES . . . . .	141
caffeine citrate . . . . .	8	CAREONE ADVANCED LANCING DEV . . . . .	122
CAFFEINE-SODIUM BENZOATE . . . . .	8	CAREONE INSULIN SYRINGE . . . . .	141
CALAN SR . . . . .	71	CAREONE LANCET SUPER THIN 30G . . . . .	122
CALCIPOTRIENE . . . . .	90	CAREONE LANCET THIN 23G . . . . .	122
calcitonin (salmon) . . . . .	101	CAREONE UNIFINE PENTIPS . . . . .	141
calcitrene . . . . .	90	CAREONE UNIFINE PENTIPS PLUS . . . . .	141
CALCITRIOL . . . . .	90,103	CARESENS CONTROL A . . . . .	122
calcium acetate . . . . .	108	CARESENS CONTROL SOLUTION A/B . . . . .	122
calcium acetate (phos binder) . . . . .	108	CARESENS LANCETS . . . . .	123
calcium chloride . . . . .	154	CARESENS LANCETS 30G . . . . .	123
calcium gluconate . . . . .	154	CARETOUCH CONTROL SOL LEVEL 2 . . . . .	123
CALCIUM GLUCONATE-NACL . . . . .	154	CARETOUCH INSULIN SYRINGE . . . . .	141
CALQUENCE . . . . .	58	CARETOUCH LANCING/EJECTOR . . . . .	123
camila . . . . .	83	CARETOUCH PEN NEEDLES . . . . .	141
camrese . . . . .	77	CARETOUCH SAFETY LANCETS . . . . .	123
camrese lo . . . . .	77	CARETOUCH SAFETY LANCETS 26G . . . . .	123
candesartan cilexetil . . . . .	47	CARETOUCH TWIST LANCETS 28G . . . . .	123
candesartan cilexetil-hctz . . . . .	48	CARETOUCH TWIST LANCETS 30G . . . . .	123
CANDIDA ALBICANS SKN TST ANTGN . . . . .	98	CARETOUCH TWIST LANCETS 33G . . . . .	123
capecitabine . . . . .	52	CARETOUCH TWIST MC LANCETS 30G . . . . .	123
CAPEX . . . . .	92	carglumic acid . . . . .	103
CAPLYTA . . . . .	64	carisoprodol . . . . .	163
captopril . . . . .	47	CARISOPRODOL-ASPIRIN-CODEINE . . . . .	163
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .	48	CARMUSTINE . . . . .	51
CAPVAXIVE . . . . .	182	CARTEOLOL HCL . . . . .	166
carbamazepine . . . . .	31	cartia xt . . . . .	71
carbamazepine er . . . . .	32	carvedilol . . . . .	70
CARBATROL . . . . .	32	carvedilol phosphate er . . . . .	70
carbidopa . . . . .	62	CASODEX . . . . .	55
CARBIDOPA-LEVODOPA . . . . .	63	casprofungin acetate . . . . .	42
carbidopa-levodopa er . . . . .	63	cataflam . . . . .	13
carbidopa-levodopa-entacapone . . . . .	63	CATAPRES-TTS-1 . . . . .	48
CARBINOXAMINE MALEATE . . . . .	43	CATAPRES-TTS-2 . . . . .	48
CARBINOXAMINE MALEATE ER . . . . .	43	CATAPRES-TTS-3 . . . . .	48
carboplatin . . . . .	51	cavarest . . . . .	159
carboprost tromethamine . . . . .	170	caziant . . . . .	77
CARDIOCOM LANCING DEVICE . . . . .	122	CEFACTOR . . . . .	75
cardioplegic . . . . .	72	cefadroxil . . . . .	75
CARDIOPLEGIC SOLN W/ LIDOCAINE . . . . .	73	cefazolin sodium . . . . .	75
CARDURA . . . . .	48	CEFAZOLIN SODIUM-DEXTROSE . . . . .	75

cefdinir . . . . .	75	chlorothiazide sodium . . . . .	101
cefepime hcl . . . . .	76	chlorpromazine hcl . . . . .	65
cefixime . . . . .	75	chlorthalidone . . . . .	101
CEFOTAXIME SODIUM . . . . .	75	chlorzoxazone . . . . .	163
cefotetan disodium . . . . .	75	cholestyramine . . . . .	44
cefoxitin sodium . . . . .	75	cholestyramine light . . . . .	44
CEFOXITIN SODIUM-DEXTROSE . . . . .	75	CHOSEN LANCING DEVICE . . . . .	123
cefpodoxime proxetil . . . . .	75	chromagen . . . . .	114
cefprozil . . . . .	75	CHROMIC CHLORIDE . . . . .	157
ceftazidime . . . . .	76	CIBINQO . . . . .	94
ceftriaxone sodium . . . . .	76	ciclodan . . . . .	89
CEFTRIAZONE SODIUM IN DEXTROSE . . . . .	76	ciclopirox . . . . .	89
cefuroxime axetil . . . . .	75	ciclopirox olamine . . . . .	89
cefuroxime sodium . . . . .	75	CICLOPIROX TREATMENT . . . . .	89
celacyn . . . . .	98	cidofovir . . . . .	68
celecoxib . . . . .	13	cilostazol . . . . .	112
CELEXA . . . . .	35	CIMDUO . . . . .	66
cephalexin . . . . .	75	CIMERLI . . . . .	166
CERDELGA . . . . .	112	cimetidine . . . . .	180
CEREZYME . . . . .	113	CIMETIDINE HCL . . . . .	180
cerovel . . . . .	94	cinacalcet hcl . . . . .	103
cetirizine hcl . . . . .	43	CIPRO . . . . .	106
cetrotelix acetate . . . . .	102	ciprofloxacin . . . . .	106
CETROTIDE . . . . .	102	CIPROFLOXACIN HCL . . . . .	106
cevimeline hcl . . . . .	160	ciprofloxacin hcl . . . . .	167,170
CHANTIX . . . . .	176	ciprofloxacin in d5w . . . . .	106
CHANTIX CONTINUING MONTH PAK . . . . .	176	ciprofloxacin-dexamethasone . . . . .	170
CHANTIX STARTING MONTH PAK . . . . .	176	cisatracurium besylate . . . . .	165
charlotte 24 fe . . . . .	77	cisatracurium besylate (pf) . . . . .	165
chateal . . . . .	77	cisplatin . . . . .	51
chateal eq . . . . .	77	citalopram hydrobromide . . . . .	35
childrens aspirin . . . . .	16	CITALOPRAM HYDROBROMIDE . . . . .	35
childrens aspirin low strength . . . . .	16	cladribine . . . . .	52
CHLORAMPHENICOL SOD SUCCINATE . . . . .	23	claravis . . . . .	87
chlordiazepoxide hcl . . . . .	26	clariscan . . . . .	99
CHLORDIAZEPOXIDE-AMITRIPTYLINE . . . . .	173	clarithromycin . . . . .	120
chlordiazepoxide-clidinium . . . . .	179	clarithromycin er . . . . .	120
CHLORHEXIDINE GLUCONATE . . . . .	65	CLEANLET LANCETS 28G . . . . .	123
chlorhexidine gluconate . . . . .	159	CLEMASTINE FUMARATE . . . . .	43
chloroprocaine hcl (pf) . . . . .	119	CLENPIQ . . . . .	117
chloroquine phosphate . . . . .	50	CLEOCIN . . . . .	24,184

CLEVER CHEK LANCETS . . . . .	123	clovique . . . . .	157
CLEVER CHOICE COMFORT EZ . . . . .	123,141	clozapine . . . . .	64
CLEVER CHOICE LANCETS 21G . . . . .	123	CLOZARIL . . . . .	64
CLEVER CHOICE LANCETS 23G . . . . .	123	COAGUCHEK LANCETS . . . . .	123
CLEVER CHOICE LANCETS 28G . . . . .	123	COAL TAR . . . . .	98
CLICKFINE PEN NEEDLES . . . . .	141	codeine sulfate . . . . .	17
CLIMARA . . . . .	106	colchicine . . . . .	110
CLIMARA PRO . . . . .	105	colchicine-probenecid . . . . .	110
clindacin . . . . .	87	colesevelam hcl . . . . .	44
clindacin etz . . . . .	87	COLESTID . . . . .	44
clindacin-p . . . . .	87	COLESTID FLAVORED . . . . .	44
clindamycin hcl . . . . .	24	colestipol hcl . . . . .	44
clindamycin palmitate hcl . . . . .	24	colistimethate sodium (cba) . . . . .	25
clindamycin phos-benzoyl perox . . . . .	87	COMBIGAN . . . . .	166
clindamycin phosphate . . . . .	24,87,184	COMBIPATCH . . . . .	105
clindamycin phosphate in d5w . . . . .	24	COMFORT ASSIST INSULIN SYRINGE . . . . .	141
clindamycin-tretinoin . . . . .	87	COMFORT ASSURED LANCETS 28G . . . . .	123
clinisol sf . . . . .	165	COMFORT ASSURED LANCETS 33G . . . . .	123
clinpro 5000 . . . . .	159	COMFORT EZ INSULIN SYRINGE . . . . .	141
clobazam . . . . .	31	COMFORT EZ MICRO PEN NEEDLES . . . . .	141
clobetasol prop emollient base . . . . .	92	COMFORT EZ PEN NEEDLES . . . . .	141,142
clobetasol propionate . . . . .	92	COMFORT EZ PRO PEN NEEDLES . . . . .	142
clobetasol propionate e . . . . .	92	COMFORT EZ SHORT PEN NEEDLES . . . . .	142
clobetasol propionate emulsion . . . . .	92	COMFORT LANCETS . . . . .	123
CLOBEX . . . . .	92	COMFORT TOUCH INSULIN PEN NEED . . . . .	142
CLOBEX SPRAY . . . . .	92	COMFORT TOUCH LANCETS 31G . . . . .	123
clodan . . . . .	93	COMFORT TOUCH PLUS LANCETS 28G . . . . .	123
clofarabine . . . . .	52	COMFORT TOUCH PLUS LANCETS 30G . . . . .	123
clomid . . . . .	102	COMFORT TOUCH TWIST LANCET 30G . . . . .	123
CLOMIPHENE CITRATE . . . . .	102	COMIRNATY . . . . .	182
clomipramine hcl . . . . .	36	compro . . . . .	65
clonazepam . . . . .	31	COMTAN . . . . .	62
clonidine . . . . .	48	CONCERTA . . . . .	9
CLONIDINE ER . . . . .	48	CONDYLOX . . . . .	95
clonidine hcl . . . . .	48	constulose . . . . .	118
CLONIDINE HCL (ANALGESIA) . . . . .	15	COOL CONTROL A . . . . .	123
clonidine hcl er . . . . .	9	COOL CONTROL B . . . . .	123
clopidogrel bisulfate . . . . .	112	COPAXONE . . . . .	174
clorazepate dipotassium . . . . .	26	COPIKTRA . . . . .	58
clotrimazole . . . . .	89,159	COREG . . . . .	70
CLOTRIMAZOLE-BETAMETHASONE . . . . .	89	CORGARD . . . . .	71

CORLANOR . . . . .	74,75	cyclafem 7/7/7 . . . . .	77
CORTEF . . . . .	84	cyclobenzaprine hcl . . . . .	163
CORTENEMA . . . . .	21	cyclobenzaprine hcl er . . . . .	163
CORTIC-ND . . . . .	170	cyclopentolate hcl . . . . .	166
CORTIFOAM . . . . .	21	cyclophosphamide . . . . .	51
CORVITA . . . . .	161	CYCLOPHOSPHAMIDE . . . . .	51
corvita 150 . . . . .	114	cycloserine . . . . .	50
COSENTYX . . . . .	90	cyclosporine . . . . .	157,168
COSENTYX (300 MG DOSE) . . . . .	90	cyclosporine modified . . . . .	157
COSENTYX SENSOREADY (300 MG) . . . . .	90	cyproheptadine hcl . . . . .	44
COSENTYX SENSOREADY PEN . . . . .	90	cyred . . . . .	77
COSENTYX UNOREADY . . . . .	90	cyred eq . . . . .	77
cosyntropin . . . . .	98	CYTARABINE . . . . .	52
COTELLIC . . . . .	58	cytarabine (pf) . . . . .	52
covaryx . . . . .	105	CYTOTEC . . . . .	180
covaryx hs . . . . .	105	CYTRA K CRYSTALS . . . . .	109
CREON . . . . .	99		
CRINONE . . . . .	185	<b>D</b>	
cromolyn sodium . . . . .	27,107	D.H.E. 45 . . . . .	153
CROMOLYN SODIUM . . . . .	169	dabigatran etexilate mesylate . . . . .	31
CROTAN . . . . .	98	DACARBAZINE . . . . .	61
cryselle-28 . . . . .	77	dactinomycin . . . . .	56
cupric chloride . . . . .	157	dalfampridine er . . . . .	174
curity sterile saline . . . . .	109	DALIRESP . . . . .	28
CUTAQUIG . . . . .	171	danazol . . . . .	20
cvs aspirin adult low dose . . . . .	16	DANTRIUM . . . . .	163
cvs aspirin adult low strength . . . . .	16	dantrolene sodium . . . . .	163
cvs aspirin ec . . . . .	16	dapsone . . . . .	24,87
cvs aspirin low dose . . . . .	16	DAPTACEL . . . . .	179
cvs aspirin low strength . . . . .	16	DAPTOMYCIN . . . . .	23
cvs folic acid . . . . .	113	daptomycin . . . . .	23
CVS LANCETS 21G . . . . .	123	darifenacin hydrobromide er . . . . .	181
CVS LANCETS MICRO THIN 33G . . . . .	123	darunavir . . . . .	66
CVS LANCETS ORIGINAL . . . . .	123	dasetta 1/35 . . . . .	77
CVS LANCETS THIN 26G . . . . .	123	dasetta 7/7/7 . . . . .	77
CVS LANCETS ULTRA THIN 30G . . . . .	124	DAUNORUBICIN HCL . . . . .	56
CVS LANCETS ULTRA-THIN 30G . . . . .	124	daysee . . . . .	77
CVS LANCING DEVICE . . . . .	124	DAYVIGO . . . . .	117
CVS ULTRA THIN LANCETS . . . . .	124	deblitane . . . . .	83
cyanocobalamin . . . . .	113	decadron . . . . .	84
cyclafem 1/35 . . . . .	77	decitabine . . . . .	52

deferasirox . . . . .	41	DEXAMETHASONE SOD PHOSPHATE PF . . . . .	85
deferasirox granules . . . . .	41	dexamethasone sodium phosphate . . . . .	85
deferiprone . . . . .	41	DEXAMETHASONE SODIUM PHOSPHATE . . . . .	168
deferoxamine mesylate . . . . .	41	DEXCOM G4 PLAT PED RCV/SHARE . . . . .	124
deflazacort . . . . .	84	DEXCOM G4 PLAT PED RECEIVER . . . . .	124
delyla . . . . .	77	DEXCOM G4 PLATINUM RCV/SHARE . . . . .	124
demeclocycline hcl . . . . .	177	DEXCOM G4 PLATINUM RECEIVER . . . . .	124
denta 5000 plus . . . . .	159	DEXCOM G4 PLATINUM TRANSMITTER . . . . .	124
dentagel . . . . .	159	DEXCOM G5 MOB/G4 PLAT SENSOR . . . . .	124
DEPAKOTE . . . . .	34	DEXCOM G5 MOBILE RECEIVER . . . . .	124
DEPAKOTE ER . . . . .	34	DEXCOM G5 MOBILE TRANSMITTER . . . . .	124
DEPAKOTE SPRINKLES . . . . .	34	DEXCOM G5 RECEIVER KIT . . . . .	124
DEPO-PROVERA . . . . .	83	DEXCOM G6 RECEIVER . . . . .	124
DEPO-SUBQ PROVERA 104 . . . . .	83	DEXCOM G6 SENSOR . . . . .	124
depo-testosterone . . . . .	20	DEXCOM G6 TRANSMITTER . . . . .	124
DERMA-SMOOTH/FS BODY . . . . .	93	DEXCOM G7 RECEIVER . . . . .	124
DERMA-SMOOTH/FS SCALP . . . . .	93	DEXCOM G7 SENSOR . . . . .	124
dermacinrx empricaine . . . . .	96	DEXEDRINE . . . . .	8
dermacinrx prizopak . . . . .	96	DEXMEDETOMIDINE HCL . . . . .	116
dermacinrx urea . . . . .	94	DEXMEDETOMIDINE HCL IN NACL . . . . .	116
DESCOVY . . . . .	66	DEXMEDETOMIDINE HCL-DEXTROSE . . . . .	116
desflurane . . . . .	109	dexmethylphenidate hcl . . . . .	9
desipramine hcl . . . . .	36	dexmethylphenidate hcl er . . . . .	9
desloratadine . . . . .	43	dexrazoxane . . . . .	61
desmopressin ace spray refig . . . . .	104	dexrazoxane hcl . . . . .	61
desmopressin acetate . . . . .	104	dextroamphetamine sulfate . . . . .	8
DESMOPRESSIN ACETATE . . . . .	104	dextroamphetamine sulfate er . . . . .	8
desmopressin acetate pf . . . . .	104	dextrose . . . . .	165
desmopressin acetate spray . . . . .	104	dextrose in lactated ringers . . . . .	154
desogestrel-ethinyl estradiol . . . . .	77	DEXTROSE-SODIUM CHLORIDE . . . . .	154
desonide . . . . .	93	DHIVY . . . . .	63
DESONIDE . . . . .	93	di-phen . . . . .	43
desoximetasone . . . . .	93	dialyvite . . . . .	161
DESVENLAFAXINE ER . . . . .	36	DIASTAT ACUDIAL . . . . .	31
desvenlafaxine succinate er . . . . .	36	DIASTAT PEDIATRIC . . . . .	31
DETROL . . . . .	181	DIATHRIVE GLUCOSE CONTROL SOLN . . . . .	124
DEXAMETH SOD PHOS-BUPIV-EPIN . . . . .	84	DIATHRIVE LANCET ULTRA THIN 30 . . . . .	124
dexamethasone . . . . .	84	DIATHRIVE LANCETS . . . . .	124
DEXAMETHASONE SOD PHOS +RFID . . . . .	84	DIATHRIVE LANCING DEVICE . . . . .	124
DEXAMETHASONE SOD PHOS-BUPIV . . . . .	85	DIATHRIVE PEN NEEDLE . . . . .	142
DEXAMETHASONE SOD PHOS-NACL . . . . .	85	diazepam . . . . .	26

DIAZEPAM . . . . .	31	DITROPAN XL . . . . .	181
diazepam intensol . . . . .	26	divalproex sodium . . . . .	34
diazoxide . . . . .	38	divalproex sodium er . . . . .	34
dichlorphenamide . . . . .	100	DIVIGEL . . . . .	106
DICLOFENAC EPOLAMINE . . . . .	89	dobutamine hcl . . . . .	72
diclofenac potassium . . . . .	13	docetaxel . . . . .	61
diclofenac potassium(migraine) . . . . .	153	dodex . . . . .	113
diclofenac sodium . . . . .	13,89,90,169	dofetilide . . . . .	27
diclofenac sodium er . . . . .	13	dolishale . . . . .	77
diclofenac-misoprostol . . . . .	13	donepezil hcl . . . . .	173
dicloxacillin sodium . . . . .	172	DOPAMINE HCL . . . . .	72
dicyclomine hcl . . . . .	179	DOPTELET . . . . .	114
diethylpropion hcl . . . . .	8	DORZOLAMIDE HCL . . . . .	169
DIETHYLPROPION HCL ER . . . . .	8	DORZOLAMIDE HCL-TIMOLOL MAL . . . . .	166
DIFICID . . . . .	120	dorzolamide hcl-timolol mal pf . . . . .	166
DIFLUCAN . . . . .	43	dotti . . . . .	106
diflunisal . . . . .	16	DOVATO . . . . .	66
difluprednate . . . . .	168	doxazosin mesylate . . . . .	48
digitek . . . . .	72	doxepin hcl . . . . .	36,90,116
digox . . . . .	72	doxercalciferol . . . . .	103
digoxin . . . . .	72	doxorubicin hcl . . . . .	56
dihydroergotamine mesylate . . . . .	153	doxorubicin hcl liposomal . . . . .	56
DILANTIN . . . . .	33	doxy 100 . . . . .	177
DILANTIN INFATABS . . . . .	34	doxycycline . . . . .	97
DILANTIN-125 . . . . .	34	doxycycline hyclate . . . . .	177,178
dilt-xr . . . . .	71	doxycycline monohydrate . . . . .	178
diltiazem hcl . . . . .	71	doxylamine-pyridoxine . . . . .	42
diltiazem hcl er . . . . .	71	dronabinol . . . . .	42
diltiazem hcl er beads . . . . .	71	DROPERIDOL . . . . .	26
diltiazem hcl er coated beads . . . . .	71	DROPLET GENTEEL LANCING DEVICE . . . . .	124
diluent for treprostinil . . . . .	172	DROPLET INSULIN SYRINGE . . . . .	142
dimethyl fumarate . . . . .	174	DROPLET LANCETS ULTRA THIN 30G . . . . .	124
dimethyl fumarate starter pack . . . . .	174	DROPLET LANCING DEVICE . . . . .	124
diphen . . . . .	43	DROPLET MICRON . . . . .	142
diphenhydramine hcl . . . . .	43	DROPLET PEN NEEDLES . . . . .	142
diphenoxylate-atropine . . . . .	40	DROPLET PERSONAL LANCETS 30G . . . . .	124
DIPHThERIA-TETANUS TOXOIDS DT . . . . .	179	DROPSAFE SAFETY PEN NEEDLES . . . . .	142
DIPYRIDAMOLE . . . . .	98	drosipren-eth estrad-levomefol . . . . .	77
dipyridamole . . . . .	112	drosiprenone-ethinyl estradiol . . . . .	78
disopyramide phosphate . . . . .	26	droxidopa . . . . .	185
disulfiram . . . . .	173	DRUG MART LANCETS THIN 26G . . . . .	124

DRUG MART LANCING DEVICE . . . . .	124	EASY TOUCH LANCETS 30G . . . . .	125
DRUG MART ON-THE-GO LANCET 30G . . . . .	124	EASY TOUCH LANCETS 30G/TWIST . . . . .	125
DRUG MART UNIFINE PENTIPS . . . . .	142	EASY TOUCH LANCETS 32G . . . . .	125
DRUG MART UNIFINE PENTIPS PLUS . . . . .	142	EASY TOUCH LANCETS 32G/TWIST . . . . .	125
DRUG MART UNILET LANCETS 28G . . . . .	124	EASY TOUCH LANCETS 33G/TWIST . . . . .	125
DRUG MART UNILET LANCETS 30G . . . . .	125	EASY TOUCH LANCING DEVICE . . . . .	125
DRUG MART UNILET LANCETS 33G . . . . .	125	EASY TOUCH PEN NEEDLES . . . . .	143
DUAVEE . . . . .	105	EASY TOUCH SAFETY LANCETS 21G . . . . .	125
DUETACT . . . . .	37	EASY TOUCH SAFETY LANCETS 23G . . . . .	125
duloxetine hcl . . . . .	36	EASY TOUCH SAFETY LANCETS 26G . . . . .	125
DUO-CARE CONTROL SOLUTION . . . . .	125	EASY TOUCH SAFETY LANCETS 28G . . . . .	125
DUPIXENT . . . . .	94	EASY TOUCH SAFETY PEN NEEDLES . . . . .	143
duramorph . . . . .	17	EASY TOUCH SHEATHLOCK SYRINGE . . . . .	143
DUROLANE . . . . .	163	easygel . . . . .	159
dutasteride . . . . .	110	EASYMAX 15 LEVEL 2 CONTROL . . . . .	125
dutasteride-tamsulosin hcl . . . . .	110	EASYMAX 15 LEVEL 2-3 CONTROL . . . . .	125
DYSPORT . . . . .	165	EASYMAX CONTROL NORMAL/HIGH . . . . .	125
<b>E</b>		ec-naproxen . . . . .	13
E-Z JECT LANCET MICRO-THIN 33G . . . . .	125	econazole nitrate . . . . .	89
E-Z JECT LANCET SUPER THIN 30G . . . . .	125	ecotrin low strength . . . . .	16
E-Z JECT LANCETS . . . . .	125	ed-spaz . . . . .	179
E-Z JECT LANCETS 21G . . . . .	125	edaravone . . . . .	164
E-Z JECT LANCETS THIN 26G . . . . .	125	EDURANT . . . . .	66
E.E.S. 400 . . . . .	120	eemt . . . . .	105
EASY COMFORT INSULIN SYRINGE . . . . .	142	eemt hs . . . . .	105
EASY COMFORT LANCETS . . . . .	125	EFAVIRENZ . . . . .	66
EASY COMFORT LANCETS TWIST TOP . . . . .	125	efavirenz . . . . .	66
EASY COMFORT PEN NEEDLES . . . . .	142	efavirenz-emtricitab-tenofo df . . . . .	66
EASY GLIDE PEN NEEDLES . . . . .	142	efavirenz-lamivudine-tenofovir . . . . .	66
EASY MINI EJECT LANCING DEVICE . . . . .	125	effer-k . . . . .	156
EASY MINI LANCING DEVICE . . . . .	125	ELEMENT COMPACT CONTROL 2 . . . . .	126
EASY TOUCH CONTROL HIGH & LOW . . . . .	125	ELEMENT COMPACT CONTROL 3 . . . . .	126
EASY TOUCH FLIPLOCK INSULIN SY . . . . .	142	eletriptan hydrobromide . . . . .	153
EASY TOUCH INSULIN SAFETY SYR . . . . .	142	ELFABRIO . . . . .	103
EASY TOUCH INSULIN SYRINGE . . . . .	142,143	ELIGARD . . . . .	55
EASY TOUCH LANCETS 21G . . . . .	125	ELIMITE . . . . .	98
EASY TOUCH LANCETS 23G . . . . .	125	elinest . . . . .	78
EASY TOUCH LANCETS 26G . . . . .	125	ELIQUIS . . . . .	30
EASY TOUCH LANCETS 28G . . . . .	125	ELIQUIS DVT/PE STARTER PACK . . . . .	30
EASY TOUCH LANCETS 28G/TWIST . . . . .	125	ELITE-OB . . . . .	162
		elixophyllin . . . . .	30

ELLA . . . . .	83	EPHEDRINE SULFATE . . . . .	185
ELOCTATE . . . . .	111	EPHEDRINE SULFATE (PRESSORS) . . . . .	185
eluryng . . . . .	83	EPIDUO . . . . .	87
EMBRACE LANCETS ULTRA THIN 30G . . . . .	126	EPIDUO FORTE . . . . .	87
EMBRACE LANCING DEVICE/EJECTOR . . . . .	126	epinastine hcl . . . . .	169
EMBRACE PEN NEEDLES . . . . .	143	epinephrine . . . . .	185
EMBRACE PRESSURE ACTIVATED 21G . . . . .	126	EPINEPHRINE . . . . .	185
EMBRACE PRESSURE ACTIVATED 28G . . . . .	126	epinephrine (anaphylaxis) . . . . .	185
EMBRACE PRO GLUCOSE CONTROL . . . . .	126	epinephrine hcl (nasal) . . . . .	164
EMCYT . . . . .	55	EPINEPHRINE PF . . . . .	185
EMGALITY . . . . .	152	EPIPEN 2-PAK . . . . .	185
EMGALITY (300 MG DOSE) . . . . .	152	EPIPEN JR 2-PAK . . . . .	185
emoquette . . . . .	78	epirubicin hcl . . . . .	56
EMPAVELI . . . . .	111	EPISIL . . . . .	161
emtricitabine . . . . .	66	epitol . . . . .	32
emtricitabine-tenofovir df . . . . .	66,67	eplerenone . . . . .	49
EMTRIVA . . . . .	67	epoprostenol sodium . . . . .	73
EMVERM . . . . .	22	EPSOLAY . . . . .	87
emzahh . . . . .	83	eptifibatide . . . . .	112
enalapril maleate . . . . .	47	EPZICOM . . . . .	67
enalapril-hydrochlorothiazide . . . . .	48	eq aspirin adult low dose . . . . .	16
enalaprilat . . . . .	47	eq aspirin low dose . . . . .	16
ENBREL . . . . .	15	eql aspirin low dose . . . . .	16
ENBREL MINI . . . . .	15	EQL COLOR LANCETS 21G . . . . .	126
ENBREL SURECLICK . . . . .	15	EQL COLOR LANCETS MICRO 33G . . . . .	126
ENDARI . . . . .	113	EQL INSULIN SYRINGE . . . . .	143
endocet . . . . .	20	EQL SUPER THIN LANCETS 30G . . . . .	126
ENDOMETRIN . . . . .	185	EQL THIN LANCETS 26G . . . . .	126
ENGERIX-B . . . . .	182	ergocalciferol . . . . .	186
enilloring . . . . .	83	ERGOLOID MESYLATES . . . . .	176
enoxaparin sodium . . . . .	30	eribulin mesylate . . . . .	61
enpresse-28 . . . . .	78	ERIVEDGE . . . . .	54
enskyce . . . . .	78	ERLEADA . . . . .	55
ENSPRYNG . . . . .	158	erlotinib hcl . . . . .	54
ENSTILAR . . . . .	93	errin . . . . .	83
entacapone . . . . .	62	ertapenem sodium . . . . .	23
entecavir . . . . .	69	ERY . . . . .	87
ENTRESTO . . . . .	73	ery-tab . . . . .	120
enulose . . . . .	108	ERYGEL . . . . .	87
enzoclear . . . . .	87	ERYTHROCIN LACTOBIONATE . . . . .	120
EPCLUSA . . . . .	69	ERYTHROCIN STEARATE . . . . .	120

erythromycin . . . . .	.87,120	EVENCARE G2 LOW/HIGH CONTROL . . . . .	126
ERYTHROMYCIN . . . . .	167	EVENCARE G3 LOW/HIGH CONTROL . . . . .	126
erythromycin base . . . . .	120	everolimus . . . . .	.58,158
erythromycin ethylsuccinate . . . . .	120	EVISTA . . . . .	103
erythromycin lactobionate . . . . .	120	EVOTAZ . . . . .	.67
ESBRIET . . . . .	.177	EVOXAC . . . . .	161
escitalopram oxalate . . . . .	35	EXEL COMFORT POINT INSULIN SYR . . . . .	143
esmolol hcl . . . . .	70	EXEL COMFORT POINT PEN NEEDLE . . . . .	143
esmolol hcl-sodium chloride . . . . .	70	EXELON . . . . .	173
esomeprazole magnesium . . . . .	180	exemestane . . . . .	55
esomeprazole sodium . . . . .	180	EYLEA . . . . .	166
ESPEROCT . . . . .	.111	EYLEA HD . . . . .	166
est estrogens-methyltest . . . . .	105	EZ-LETS LANCETS 21G . . . . .	126
est estrogens-methyltest ds . . . . .	105	EZ-LETS LANCETS 26G . . . . .	126
est estrogens-methyltest hs . . . . .	105	EZ-LETS LANCETS 28G . . . . .	126
estarylla . . . . .	78	EZ-LETS LANCETS 30G . . . . .	126
estazolam . . . . .	116	ezetimibe . . . . .	46
ESTRACE . . . . .	.106,184	ezetimibe-simvastatin . . . . .	44
estradiol . . . . .	.106,185		
estradiol valerate . . . . .	106	<b>F</b>	
estradiol-norethindrone acet . . . . .	105	fa-vitamin b-6-vitamin b-12 . . . . .	114
estratest f.s. . . . .	105	fabb . . . . .	114
estratest h.s. . . . .	105	FABRAZYME . . . . .	103
eszopiclone . . . . .	116	falmina . . . . .	78
ethacrynate sodium . . . . .	100	famciclovir . . . . .	69
ethacrynic acid . . . . .	100	famotidine . . . . .	180
ethambutol hcl . . . . .	50	famotidine (pf) . . . . .	180
ethosuximide . . . . .	34	FAMOTIDINE PREMIXED . . . . .	180
ETHYL CHLORIDE . . . . .	.96	FARXIGA . . . . .	40
ethynodiol diac-eth estradiol . . . . .	78	FASENRA . . . . .	.27
etodolac . . . . .	13	FASENRA PEN . . . . .	.27
etodolac er . . . . .	13	fayosim . . . . .	.78
etomidate . . . . .	108	febuxostat . . . . .	110
etonogestrel-ethinyl estradiol . . . . .	83	felbamate . . . . .	33
ETOPOSIDE . . . . .	.61	felodipine er . . . . .	.71
etravirine . . . . .	67	FEMARA . . . . .	55
EUCRISA . . . . .	97	femynor . . . . .	78
EUFLEXXA . . . . .	164	FENOFIBRATE . . . . .	45
euthyrox . . . . .	178	FENOFIBRATE MICRONIZED . . . . .	45
EVAMIST . . . . .	106	FENOFIBRIC ACID . . . . .	45
EVENCARE CONTROL LOW/HIGH . . . . .	126	fenoprofen calcium . . . . .	.13

FENSOLVI (6 MONTH) . . . . .	103	FLUBLOK . . . . .	183
fentanyl . . . . .	17	FLUBLOK QUADRIVALENT . . . . .	183
FENTANYL CITRATE . . . . .	17,18	flucaïne . . . . .	169
fentanyl citrate . . . . .	18	FLUCELVAX . . . . .	183
fentanyl citrate (pf) . . . . .	18	FLUCELVAX QUADRIVALENT . . . . .	183
fentanyl citrate pf . . . . .	18	fluconazole . . . . .	43
FENTANYL CITRATE-NACL . . . . .	18	fluconazole in sodium chloride . . . . .	43
ferocon . . . . .	114	flucytosine . . . . .	42
ferottrinsic . . . . .	114	fludarabine phosphate . . . . .	52
ferrocite plus . . . . .	114	fludrocortisone acetate . . . . .	85
ferrous sulfate . . . . .	115	FLULAVAL . . . . .	183
ferumoxytol . . . . .	115	FLULAVAL QUADRIVALENT . . . . .	183
fesoterodine fumarate er . . . . .	181	flumazenil . . . . .	41
FIASP . . . . .	39	FLUMIST . . . . .	183
FIASP FLEXTOUCH . . . . .	39	FLUMIST QUADRIVALENT . . . . .	183
FIASP PENFILL . . . . .	39	flunisolide . . . . .	164
FIFTY50 PEN NEEDLES . . . . .	143	fluocinolone acetonide . . . . .	93,170
FIFTY50 SAFETY SEAL LANCETS . . . . .	126	fluocinolone acetonide body . . . . .	93
FIFTY50 SUPERIOR COMFORT SYR . . . . .	143	fluocinolone acetonide scalp . . . . .	93
FIFTY50 UNILET LANCETS 33G . . . . .	126	fluocinonide . . . . .	93
FINACEA . . . . .	97	fluocinonide emulsified base . . . . .	93
finasteride . . . . .	95,110	FLUOR-I-STRIPS A.T. . . . .	169
FINE 30 . . . . .	126	fluorescein . . . . .	169
FINGERSTIX LANCETS . . . . .	126	fluorescein-benoxinate . . . . .	169
fingolimod hcl . . . . .	174	fluoridex . . . . .	159
finzala . . . . .	78	fluoridex daily renewal . . . . .	159
FIRMAGON . . . . .	55	fluoridex enhanced whitening . . . . .	159
FIRMAGON (240 MG DOSE) . . . . .	55	fluorimax 5000 . . . . .	159
flac . . . . .	170	fluoritab . . . . .	155
flavoxate hcl . . . . .	181	fluorometholone . . . . .	168
flecainide acetate . . . . .	27	fluorouracil . . . . .	52
flexipak . . . . .	13	FLUOROURACIL . . . . .	90
FLOLAN . . . . .	73	fluoxetine hcl . . . . .	35
FLOMAX . . . . .	110	FLUOXETINE HCL . . . . .	35
FLOVENT DISKUS . . . . .	28	FLUOXETINE HCL (PMDD) . . . . .	176
FLOVENT HFA . . . . .	28	fluphenazine decanoate . . . . .	65
FLOXURIDINE . . . . .	52	fluphenazine hcl . . . . .	65
FLUAD . . . . .	182	FLURAZEPAM HCL . . . . .	116
FLUAD QUADRIVALENT . . . . .	182	FLURBIPROFEN . . . . .	13
FLUARIX . . . . .	182	FLURBIPROFEN SODIUM . . . . .	169
FLUARIX QUADRIVALENT . . . . .	183	FLUTAMIDE . . . . .	55

FLUTICASONE FUROATE-VILANTEROL . . . . .	29	FREDS PHARMACY UNILET LANC 28G . . . . .	126
FLUTICASONE PROPIONATE . . . . .	93	FREDS PHARMACY UNILET LANC 30G . . . . .	126
fluticasone propionate . . . . .	164	FREESTYLE CONTROL SOLUTION . . . . .	126
fluticasone-salmeterol . . . . .	29	FREESTYLE LANCETS . . . . .	126
FLUTICASONE-SALMETEROL . . . . .	29	FREESTYLE PRECISION INS SYR . . . . .	143
fluvastatin sodium . . . . .	45	FREESTYLE UNISTICK II LANCETS . . . . .	126
fluvastatin sodium er . . . . .	45	fresenius propoven . . . . .	109
fluvoxamine maleate . . . . .	35	frovatriptan succinate . . . . .	153
fluvoxamine maleate er . . . . .	35	ft aspirin . . . . .	16
FLUZONE . . . . .	183	ft aspirin low dose . . . . .	16
FLUZONE HIGH-DOSE . . . . .	183	ft folic acid . . . . .	113
FLUZONE QUADRIVALENT . . . . .	183	ful-glo . . . . .	170
FOCALIN . . . . .	9	FULVESTRANT . . . . .	55
folate . . . . .	113	furosemide . . . . .	100
folbee . . . . .	114	FUZEON . . . . .	67
folbee plus . . . . .	161	fyavolv . . . . .	105
FOLBEE PLUS CZ . . . . .	161	FYCOMPA . . . . .	31
folic acid . . . . .	113	FYLNETRA . . . . .	114
FOLLISTIM AQ . . . . .	102	fyremadel . . . . .	102
folplex 2.2 . . . . .	114		
foltrin . . . . .	114	<b>G</b>	
fomepizole . . . . .	41	gabapentin . . . . .	32
fondaparinux sodium . . . . .	30	gabapentin (once-daily) . . . . .	176
FORA LANCETS . . . . .	126	gadobutrol . . . . .	99
FORA LANCING DEVICE . . . . .	126	gadoterate meglumine . . . . .	99
FORMALDEHYDE . . . . .	65	GALAFOLD . . . . .	103
formoterol fumarate . . . . .	29	galantamine hydrobromide . . . . .	173
FORTEO . . . . .	101	galantamine hydrobromide er . . . . .	173
FOSAMAX . . . . .	101	gallifrey . . . . .	172
fosamprenavir calcium . . . . .	67	GANCICLOVIR . . . . .	69
FOSAPREPITANT DIMEGLUMINE . . . . .	42	GANCICLOVIR SODIUM . . . . .	69
foscarnet sodium . . . . .	69	ganirelix acetate . . . . .	102
fosfomycin tromethamine . . . . .	25	GARDASIL 9 . . . . .	183
fosinopril sodium . . . . .	47	gatifloxacin . . . . .	167
fosinopril sodium-hctz . . . . .	49	GAVILYTE-C . . . . .	117
fosphenytoin sodium . . . . .	34	gavilyte-g . . . . .	117
FRAGMIN . . . . .	30	gavilyte-n with flavor pack . . . . .	117
fraiche 5000 dental . . . . .	159	GAVRETO . . . . .	58
FREDS PHARMACY AUTOLET LANCING . . . . .	126	gefitinib . . . . .	54
FREDS PHARMACY UNIFINE PENTIP+ . . . . .	143	GELSYN-3 . . . . .	164
FREDS PHARMACY UNIFINE PENTIPS . . . . .	143	GEMCITABINE HCL . . . . .	52

gemfibrozil . . . . .	45	GLOBAL EASY GLIDE INSULIN SYR . . . . .	143
gemmily . . . . .	78	GLOBAL EASY GLIDE PEN NEEDLES . . . . .	143
GEMTESA . . . . .	181	GLOBAL INJECT EASE INSULIN SYR . . . . .	143,144
generlac . . . . .	108	GLOBAL INJECT EASE LANCETS 28G . . . . .	127
gengraf . . . . .	158	GLOBAL INJECT EASE LANCETS 30G . . . . .	127
GENOTROPIN . . . . .	102	GLOBAL INSULIN SYRINGES . . . . .	144
GENOTROPIN MINIQUICK . . . . .	102	GLOBAL LANCING DEVICE . . . . .	127
GENTAK . . . . .	167	GLOSTRIPS . . . . .	170
GENTAMICIN IN SALINE . . . . .	10	GLUCAGON EMERGENCY . . . . .	38
gentamicin sulfate . . . . .	10,89,167	GLUCOCARD 01 CONTROL . . . . .	127
GENTEEL BUTTERFLY TOUCH LANCET . . . . .	126	GLUCOCARD EXPRESSION CONTROL . . . . .	127
GENTEEL CONTACT TIPS (BLUE) . . . . .	127	GLUCOCARD SHINE CONTROL . . . . .	127
GENTEEL CONTACT TIPS (CLEAR) . . . . .	127	GLUCOCOM LANCETS 28G . . . . .	127
GENTEEL CONTACT TIPS (GREEN) . . . . .	127	GLUCOCOM LANCETS 30G . . . . .	127
GENTEEL CONTACT TIPS (ORANGE) . . . . .	127	GLUCOCOM LANCETS 33G . . . . .	127
GENTEEL CONTACT TIPS (RAINBOW) . . . . .	127	GLUCOPRO INSULIN SYRINGE . . . . .	144
GENTEEL CONTACT TIPS (VIOLET) . . . . .	127	GLUCOSE CONTROL . . . . .	127
GENTEEL CONTACT TIPS (YELLOW) . . . . .	127	GLUCOTROL . . . . .	40
GENTEEL LANCING KIT (BLUE) . . . . .	127	glyburide . . . . .	40
GENTEEL NOZZLES . . . . .	127	GLYBURIDE MICRONIZED . . . . .	40
GENTEEL PLUS LANCING (BLACK) . . . . .	127	glyburide-metformin . . . . .	37
GENTEEL PLUS LANCING (PURPLE) . . . . .	127	glycine . . . . .	109
GENTEEL PLUS LANCING (WHITE) . . . . .	127	GLYCINE . . . . .	165
GENTEEL PLUS LANCING DEV(BLUE) . . . . .	127	glycine urologic . . . . .	109
GENTEEL PLUS LANCING DEV(PINK) . . . . .	127	glycopyrrolate . . . . .	179
GENTLE-LET GP LANCETS . . . . .	127	GLYCOPYRROLATE . . . . .	179
GENTLE-LET LANCETS . . . . .	127	GLYCOPYRROLATE (PF) . . . . .	179
GENTLE-LET PLATFORMS . . . . .	127	glycopyrrolate pf . . . . .	179
GENVOYA . . . . .	67	GLYCOPYRROLATE PF . . . . .	179
GIALAX . . . . .	118	glydo . . . . .	96
gianvi . . . . .	78	GLYXAMBI . . . . .	37
GILENYA . . . . .	174	gnp adult aspirin low strength . . . . .	16
glatiramer acetate . . . . .	175	gnp aspirin . . . . .	16
glatopa . . . . .	175	gnp aspirin low dose . . . . .	16
glimepiride . . . . .	40	GNP CLICKFINE PEN NEEDLES . . . . .	144
glipizide . . . . .	40	GNP EASY TOUCH CONT HIGH/LOW . . . . .	127
GLIPIZIDE . . . . .	40	gnp folic acid . . . . .	113
glipizide er . . . . .	40	GNP INSULIN SYRINGE . . . . .	144
glipizide xl . . . . .	40	GNP INSULIN SYRINGES . . . . .	144
glipizide-metformin hcl . . . . .	37	GNP INSULIN SYRINGES 28GX1/2" . . . . .	144
GLOBAL EASE INJECT PEN NEEDLES . . . . .	143	GNP INSULIN SYRINGES 29GX1/2" . . . . .	144

GNP INSULIN SYRINGES 30GX5/16"	144
GNP INSULIN SYRINGES 31GX5/16"	144
GNP LANCETS 21G	127
GNP LANCETS THIN 26G	127
GNP LANCING SYSTEM DEVICE	127
GNP STERILE LANCETS 28G	128
GNP STERILE LANCETS 30G	128
GNP STERILE LANCETS 33G	128
GNP ULTICARE PEN NEEDLES	144
GNP ULTIGUARD SAFEPACK NEEDLE	144
GNP ULTRA COM INSULIN SYRINGE	144
GOJJI LANCING DEVICE/CLEAR CAP	128
GOJJI STERILE LANCETS	128
GONAL-F	102
GONAL-F RFF	102
GONAL-F RFF REDIRECT	102
goodsense aspirin	16
goodsense aspirin adult low st	16
goodsense aspirin low dose	16
GOODSENSE CLICKFINE PEN NEEDLE	144
GOODSENSE COLOR LANCETS 33G	128
GOODSENSE LANCETS 26G UNIV	128
GOODSENSE LANCETS 30G	128
GOODSENSE LANCETS 30G UNIV	128
GOODSENSE LANCETS 33G	128
GOODSENSE LANCETS 33G UNIV	128
GOODSENSE LANCING DEVICE	128
GOODSENSE PEN NEEDLE PENFINE	144
GRAFCO SILVER NIT APPLICATOR	92
GRALISE	176
granisetron hcl	41
GRASTEK	10
griseofulvin microsize	42
griseofulvin ultramicrosize	42
guanfacine hcl	48
guanfacine hcl er	9
GVOKE HYOPEN 1-PACK	38
GVOKE HYOPEN 2-PACK	38
GVOKE KIT	38
GVOKE PFS	38

## H

h-e-b aspirin	16
H-E-B INCONTROL ADV LANCING	128
H-E-B INCONTROL LANCETS 28G	128
H-E-B INCONTROL LANCETS 30G	128
H-E-B INCONTROL LANCETS 33G	128
H-E-B INCONTROL PEN NEEDLES	144
H-E-B INCONTROL UNIFINE PENTIP	144
HAEMOLANCE	128
HAEMOLANCE LOW FLOW LANCETS	128
HAEMOLANCE PLUS	128
HAEMOLANCE PLUS HIGH FLOW	128
HAEMOLANCE PLUS LOW FLOW	128
HAEMOLANCE PLUS MAX FLOW	128
HAEMOLANCE PLUS PEDIATRIC FLOW	128
hailey 1.5/30	78
hailey 24 fe	78
hailey fe 1.5/30	78
hailey fe 1/20	78
HALCION	116
halobetasol propionate	93
haloette	83
haloperidol	64
haloperidol decanoate	64
haloperidol lactate	64
HARVONI	69
HAVRIX	183
HEALTH CARE LANCING DEVICE	128
HEALTHWISE INSULIN SYR/NEEDLE	144
HEALTHWISE MICRON PEN NEEDLES	144
HEALTHWISE MINI PEN NEEDLES	145
HEALTHWISE PEN NEEDLES	145
HEALTHWISE SHORT PEN NEEDLES	145
HEALTHWISE UNIFINE PENTIPS	145
HEALTHY ACCENTS LANCING DEVICE	128
HEALTHY ACCENTS UNIFINE PENTIP	145
HEALTHY ACCENTS UNILET LANCETS	128
heather	83
HEMATINIC PLUS VIT/MINERALS	115
HEMATINIC/FOLIC ACID	115



ibu . . . . .	13	indomethacin er . . . . .	14
ibuprofen . . . . .	13	indomethacin sodium . . . . .	14
ibuprofen lysine . . . . .	13	INFANRIX . . . . .	179
ibuprofen-famotidine . . . . .	13	INGREZZA . . . . .	174
ibutilide fumarate . . . . .	27	INLYTA . . . . .	53
icatibant acetate . . . . .	111	INSPRA . . . . .	49
iclevia . . . . .	78	INSULIN SYRINGE . . . . .	145
icosapent ethyl . . . . .	44	INSULIN SYRINGE-NEEDLE U-100 . . . . .	145
idarubicin hcl . . . . .	56	INSULIN SYRINGE/NEEDLE . . . . .	145
iferex 150 forte . . . . .	115	INSUPEN PEN NEEDLES . . . . .	145
ifosfamide . . . . .	51	INSUPEN SENSITIVE . . . . .	145
IFOSFAMIDE . . . . .	51	INSUPEN ULTRAFIN . . . . .	145
IHEALTH CONTROL SOLUTION . . . . .	128	INTELENCE . . . . .	67
IHEALTH LANCING DEVICE . . . . .	128	INTRON A . . . . .	61
ILARIS . . . . .	13	introvale . . . . .	78
ILEVRO . . . . .	170	IODINE STRONG . . . . .	155
ILUMYA . . . . .	91	iodixanol . . . . .	99
imatinib mesylate . . . . .	58	iodoquimez-hc . . . . .	89
IMBRUVICA . . . . .	58	iodoquinol-hc-aloe polysacch . . . . .	89
imipenem-cilastatin . . . . .	23	iodoquinol-hydrocortisone-aloe . . . . .	89
imipramine hcl . . . . .	36	iopamidol . . . . .	99
imipramine pamoate . . . . .	36	IPOL . . . . .	183
imiquimod . . . . .	95	ipratropium bromide . . . . .	28,164
imiquimod pump . . . . .	95	ipratropium-albuterol . . . . .	29
IMITREX . . . . .	153	irbesartan . . . . .	47
IMITREX STATDOSE REFILL . . . . .	153	irbesartan-hydrochlorothiazide . . . . .	49
IMITREX STATDOSE SYSTEM . . . . .	153	IRESSA . . . . .	54
IMURAN . . . . .	158	irinotecan hcl . . . . .	62
IMVEXXY MAINTENANCE PACK . . . . .	185	ISENTRESS . . . . .	67
IMVEXXY STARTER PACK . . . . .	185	ISENTRESS HD . . . . .	67
IN TOUCH GLUCOSE CONTROL . . . . .	129	isibloom . . . . .	78
IN TOUCH LANCING DEVICE . . . . .	129	isoflurane . . . . .	109
IN TOUCH STERILE LANCETS 30G . . . . .	129	ISONIAZID . . . . .	51
INATAL GT . . . . .	162	ISOPROPYL ALCOHOL . . . . .	76
INBRIJA . . . . .	63	isoproterenol hcl . . . . .	29
incassia . . . . .	83	ISOPROTERENOL-SODIUM CHLORIDE . . . . .	29
INCONTROL ULTICARE PEN NEEDLES . . . . .	145	isosorb dinitrate-hydralazine . . . . .	73
indapamide . . . . .	101	isosorbide dinitrate . . . . .	25
INDIGO CARMINE . . . . .	98	isosorbide mononitrate . . . . .	25
INDOCYANINE GREEN . . . . .	98	isosorbide mononitrate er . . . . .	25
indomethacin . . . . .	14	isosulfan blue . . . . .	98

isotretinoin . . . . .	88	KCL (0.149%) IN NAACL . . . . .	154
isoxsuprine hcl . . . . .	73	KCL (0.298%) IN NAACL . . . . .	154
isradipine . . . . .	71	KCL (IN NAACL 0.9%) . . . . .	154
itraconazole . . . . .	43	kcl in dextrose-nacl . . . . .	154
ivabradine hcl . . . . .	75	KCL-LACTATED RINGERS-D5W . . . . .	154
ivermectin . . . . .	22,97	KEFLEX . . . . .	75
IVERMECTIN . . . . .	98	kelnor 1/35 . . . . .	79
<b>J</b>		kelnor 1/50 . . . . .	79
jaimiess . . . . .	78	KEMOPLAT . . . . .	51
JANSSEN COVID-19 VACCINE . . . . .	183	keralyt . . . . .	95
jantoven . . . . .	30	KERENDIA . . . . .	104
JANUMET . . . . .	37	KESIMPTA . . . . .	175
JANUMET XR . . . . .	37	KETAMINE HCL . . . . .	109
JANUVIA . . . . .	38	ketoconazole . . . . .	43,89
JARDIANCE . . . . .	40	KETOPROFEN . . . . .	14
jasmiel . . . . .	78	ketorolac tromethamine . . . . .	14,170
javygtor . . . . .	103	KEVZARA . . . . .	13
jencycla . . . . .	83	KINNEY LANCETS . . . . .	129
jinteli . . . . .	105	KINNEY THIN LANCETS . . . . .	129
JIVI . . . . .	111	KINRAY INSULIN SYRINGE . . . . .	145
jolessa . . . . .	78	KINRIX . . . . .	179
JORNAY PM . . . . .	9	kionex . . . . .	158
joyeaux . . . . .	78	KISQALI (200 MG DOSE) . . . . .	58
juleber . . . . .	78	KISQALI (400 MG DOSE) . . . . .	58
junel 1.5/30 . . . . .	78	KISQALI (600 MG DOSE) . . . . .	58
junel 1/20 . . . . .	78	KISQALI FEMARA (200 MG DOSE) . . . . .	57
junel fe 1.5/30 . . . . .	78	KISQALI FEMARA (400 MG DOSE) . . . . .	57
junel fe 1/20 . . . . .	78	KISQALI FEMARA (600 MG DOSE) . . . . .	57
junel fe 24 . . . . .	78	KLARON . . . . .	88
just right 5000 . . . . .	160	klayesta . . . . .	89
JYNNEOS . . . . .	183	klor-con . . . . .	156
<b>K</b>		klor-con 10 . . . . .	156
k-prime . . . . .	156	klor-con m10 . . . . .	156
K-TAB . . . . .	156	klor-con m15 . . . . .	156
k-tan plus . . . . .	115	klor-con m20 . . . . .	156
kaitlib fe . . . . .	78	klor-con sprinkle . . . . .	156
kalliga . . . . .	79	klor-con/ef . . . . .	156
KANJINTI . . . . .	54	klaspirin low dose . . . . .	16
kariva . . . . .	79	KMART VALU INSULIN SYRINGE 29G . . . . .	145
		KMART VALU INSULIN SYRINGE 30G . . . . .	145
		KOGENATE FS . . . . .	111

KOSELUGO . . . . .	58	lamotrigine starter kit-green . . . . .	32
kourzeq . . . . .	160	lamotrigine starter kit-orange . . . . .	32
KOVALTRY . . . . .	111	LANCET DEVICE . . . . .	129
kp aspirin . . . . .	17	LANCET DEVICE WITH EJECTOR . . . . .	129
kp folic acid . . . . .	113	LANCET TRANSPORTER CASE . . . . .	129
KRAZATI . . . . .	59	LANCETS . . . . .	129
KROGER AUTOLET LANCING DEVICE . . . . .	129	LANCETS 30G . . . . .	129
KROGER BLOOD GLUCOSE TEST . . . . .	99	LANCETS 33G . . . . .	129
KROGER HEALTHPRO CONTROL HI/LO . . . . .	129	LANCETS MICRO THIN 33G . . . . .	129
KROGER HEALTHPRO GLUCOSE TEST . . . . .	99	LANCETS SUPER THIN . . . . .	129
KROGER HEALTHPRO LANCET 26G . . . . .	129	LANCETS SUPER THIN 28G . . . . .	129
KROGER INSULIN SYRINGE . . . . .	145	LANCETS THIN . . . . .	129
KROGER LANCETS . . . . .	129	LANCETS ULTRA THIN . . . . .	129
KROGER LANCETS 21G . . . . .	129	LANCETS ULTRA THIN 30G . . . . .	129
KROGER LANCETS MICRO THIN 33G . . . . .	129	LANCING DEVICE . . . . .	129
KROGER LANCETS SUPER THIN . . . . .	129	LANREOTIDE ACETATE . . . . .	104
KROGER LANCETS THIN . . . . .	129	lanreotide acetate . . . . .	104
KROGER LANCETS THIN 26G . . . . .	129	lansoprazole . . . . .	180
KROGER LANCETS ULTRATHIN 30G . . . . .	129	LANZO . . . . .	129
KROGER LANCING DEVICE . . . . .	129	lapatinib ditosylate . . . . .	59
KROGER PEN NEEDLES . . . . .	145	larin 1.5/30 . . . . .	79
KROGER PREMIUM GLUCOSE TEST . . . . .	99	larin 1/20 . . . . .	79
kurvelo . . . . .	79	larin 24 fe . . . . .	79
KYLEENA . . . . .	83	larin fe 1.5/30 . . . . .	79
KYNMOBI . . . . .	63	larin fe 1/20 . . . . .	79
<b>L</b>		larissia . . . . .	79
l-glutamine . . . . .	113	LASIX . . . . .	100
L-METHYLFOLATE . . . . .	99	LATANOPROST . . . . .	170
L-METHYLFOLATE CALCIUM . . . . .	99	LATUDA . . . . .	64
labetalol hcl . . . . .	70	layolis fe . . . . .	79
lacosamide . . . . .	32	LEADER ADVANCED LANCING DEVICE . . . . .	129
lactated ringers . . . . .	154	LEADER INSULIN SYRINGE . . . . .	146
lactulose . . . . .	118	LEADER UNIFINE PENTIPS . . . . .	146
LACTULOSE . . . . .	118	LEADER UNIFINE PENTIPS PLUS . . . . .	146
lactulose encephalopathy . . . . .	108	leena . . . . .	79
lamivudine . . . . .	67,69	leflunomide . . . . .	15
lamivudine-zidovudine . . . . .	67	lenalidomide . . . . .	157
lamotrigine . . . . .	32	LENVIMA (10 MG DAILY DOSE) . . . . .	53
lamotrigine er . . . . .	32	LENVIMA (12 MG DAILY DOSE) . . . . .	53
lamotrigine starter kit-blue . . . . .	32	LENVIMA (14 MG DAILY DOSE) . . . . .	53
		LENVIMA (18 MG DAILY DOSE) . . . . .	53

LENVIMA (20 MG DAILY DOSE) . . . . .	53	LIBERTY MEDICAL LANCETS . . . . .	130
LENVIMA (24 MG DAILY DOSE) . . . . .	53	LIBERTY MINI LANCING DEVICE . . . . .	130
LENVIMA (4 MG DAILY DOSE) . . . . .	53	lido bdk . . . . .	96
LENVIMA (8 MG DAILY DOSE) . . . . .	53	lido-sorb . . . . .	96
lessina . . . . .	79	lidocaine . . . . .	96
letrozole . . . . .	55	lidocaine hcl . . . . .	96
LEUCOVORIN CALCIUM . . . . .	61	LIDOCAINE HCL . . . . .	119,159
LEUKERAN . . . . .	51	LIDOCAINE HCL (BUFFERED) . . . . .	119
leuprolide acetate . . . . .	55	LIDOCAINE HCL (CARDIAC) . . . . .	26
LEUPROLIDE ACETATE (3 MONTH) . . . . .	55	LIDOCAINE HCL (CARDIAC) PF . . . . .	27
levabuterol hcl . . . . .	29	lidocaine hcl (pf) . . . . .	119
LEVALBUTEROL TARTRATE . . . . .	29	LIDOCAINE HCL URETHRAL/MUCOSAL . . . . .	96
LEVAMLODIPINE MALEATE . . . . .	72	lidocaine in d5w . . . . .	27
LEVEMIR . . . . .	39	lidocaine viscous hcl . . . . .	159
LEVEMIR FLEXPEN . . . . .	39	lidocaine-epinephrine . . . . .	118
LEVEMIR FLEXTOUCH . . . . .	39	LIDOCAINE-EPINEPHRINE (PF) . . . . .	118
levetiracetam . . . . .	32	lidocaine-hydrocort (perianal) . . . . .	21
levetiracetam er . . . . .	32	LIDOCAINE-HYDROCORTISONE ACE . . . . .	21,93
LEVETIRACETAM IN NACL . . . . .	32	lidocaine-prilocaine . . . . .	96
levo-t . . . . .	178	lidocan . . . . .	96
LEVOBUNOLOL HCL . . . . .	166	LIDODERM . . . . .	96
levocarnitine . . . . .	103	LIDOPIN . . . . .	96
levocarnitine sf . . . . .	103	lidopril . . . . .	96
levocetirizine dihydrochloride . . . . .	44	lidopril xr . . . . .	96
levofloxacin . . . . .	106,167	lidothol . . . . .	96
levofloxacin in d5w . . . . .	106	LILETTA (52 MG) . . . . .	172
levoleucovorin calcium . . . . .	61	lillow . . . . .	79
levoleucovorin calcium pf . . . . .	61	lincomycin hcl . . . . .	24
LEVOLEUCOVORIN CALCIUM PF . . . . .	61	LINDANE . . . . .	98
levonest . . . . .	79	linezolid . . . . .	24
levonorg-eth estrad triphasic . . . . .	79	LINEZOLID IN SODIUM CHLORIDE . . . . .	25
levonorgest-eth est & eth est . . . . .	79	LINZESS . . . . .	108
levonorgest-eth estrad 91-day . . . . .	79	liothyronine sodium . . . . .	178
levonorgest-eth estradiol-iron . . . . .	79	LIRAGLUTIDE . . . . .	38
levonorgestrel-ethinyl estrad . . . . .	79	lisdexamphetamine dimesylate . . . . .	8
levora 0.15/30 (28) . . . . .	79	lisinopril . . . . .	47
LEVOTHYROXINE SODIUM . . . . .	178	lisinopril-hydrochlorothiazide . . . . .	49
levoxyI . . . . .	178	LITE TOUCH LANCETS . . . . .	130
LEVSIN . . . . .	180	LITE TOUCH LANCING PEN . . . . .	130
LEVSIN/SL . . . . .	180	LITETOUCH INSULIN SYRINGE . . . . .	146
LIBERTY GLUCOSE CONTROL MID . . . . .	130	LITETOUCH LANCETS . . . . .	130

LITETOUCH PEN NEEDLES . . . . .	146	LOTREL . . . . .	49
lithium . . . . .	63	LOTRIMIN AF . . . . .	89
lithium carbonate . . . . .	63	LOTRIMIN AF JOCK ITCH . . . . .	89
lithium carbonate er . . . . .	64	lovastatin . . . . .	45
LITHOBID . . . . .	64	LOVAZA . . . . .	44
LIVE BETTER ADV LANCING DEVICE . . . . .	130	low-ogestrel . . . . .	80
LIVE BETTER LANCET SUPER THIN . . . . .	130	loxapine succinate . . . . .	64
LIVE BETTER LANCET ULTRA THIN . . . . .	130	lubiprostone . . . . .	107
LIVITA CHILDREN . . . . .	162	LUCENTIS . . . . .	166,167
livixil pak . . . . .	96	LUMAKRAS . . . . .	59
LMD IN D5W . . . . .	112	LUMIGAN . . . . .	170
LMD IN NACL . . . . .	112	LUMRYZ . . . . .	173
LO LOESTRIN FE . . . . .	79	LUPRON DEPOT (6-MONTH) . . . . .	55
lo-zumandimine . . . . .	79	LUPRON DEPOT-PED (1-MONTH) . . . . .	103
loestrin 1.5/30 (21) . . . . .	79	LUPRON DEPOT-PED (3-MONTH) . . . . .	103
loestrin 1/20 (21) . . . . .	79	LUPRON DEPOT-PED (6-MONTH) . . . . .	103
loestrin fe 1.5/30 . . . . .	79	lurasidone hcl . . . . .	64
loestrin fe 1/20 . . . . .	79	lutera . . . . .	80
lofexidine hcl . . . . .	173	lyleq . . . . .	84
lojaimiess . . . . .	79	lyllana . . . . .	106
LOKELMA . . . . .	158	LYNPARZA . . . . .	59
LOMOTIL . . . . .	40	lysipler plus . . . . .	161
LONGS INSULIN SYRINGE . . . . .	146	LYSODREN . . . . .	55
LONGS LANCETS STANDARD . . . . .	130	LYVISPAH . . . . .	163
LONGS LANCETS THIN . . . . .	130	lyza . . . . .	84
LONGS LANCETS ULTRA THIN . . . . .	130		
LONSURF . . . . .	57	<b>M</b>	
loperamide hcl . . . . .	40	M-M-R II . . . . .	183
LOPID . . . . .	45	MACROBID . . . . .	25
lopinavir-ritonavir . . . . .	67	mafenide acetate . . . . .	92
lopreeza . . . . .	105	MAGELLAN INSULIN SAFETY SYR . . . . .	146
LOPROX . . . . .	89	MAGNESIUM CHLORIDE . . . . .	155
lorazepam . . . . .	26	MAGNESIUM SULFATE . . . . .	155
lorazepam intensol . . . . .	26	magnesium sulfate in d5w . . . . .	155
loryna . . . . .	80	MALARONE . . . . .	50
losartan potassium . . . . .	48	malathion . . . . .	98
losartan potassium-hctz . . . . .	49	MANGANESE CHLORIDE . . . . .	155
LOSEASONIQUE . . . . .	80	mannitol . . . . .	100
LOTENSIN . . . . .	47	MAPROTILINE HCL . . . . .	35
LOTENSIN HCT . . . . .	49	maraviroc . . . . .	67
loteprednol etabonate . . . . .	168	marcaine/epinephrine . . . . .	119

MARCAINE/EPINEPHRINE PF . . . . .	119	MEIJER LANCETS THIN . . . . .	130
MARINOL . . . . .	42	MEIJER LANCETS UNIVERSAL 21G . . . . .	130
marlissa . . . . .	80	MEIJER LANCETS UNIVERSAL 30G . . . . .	131
MATULANE . . . . .	61	MEIJER LANCETS UNIVERSAL 33G . . . . .	131
MAXI-COMFORT INSULIN SYRINGE . . . . .	146	MEIJER PEN NEEDLES . . . . .	146
MAXI-COMFORT SAFETY PEN NEEDLE . . . . .	146	MEIJER SUPER THIN LANCETS . . . . .	131
MAXICOMFORT II PEN NEEDLE . . . . .	146	MEKTOVI . . . . .	59
MAXICOMFORT SYR 27G X 1/2" . . . . .	146	melatol pediatric sleep/calm . . . . .	10
MAXITROL . . . . .	168	melodetta 24 fe . . . . .	80
MAXZIDE . . . . .	100	meloxicam . . . . .	14
MAXZIDE-25 . . . . .	100	MELPHALAN . . . . .	51
MAYZENT . . . . .	175	melphalan hcl . . . . .	51
MAYZENT STARTER PACK . . . . .	175	memantine hcl . . . . .	173
me/naphos/mb/hyo1 . . . . .	22	memantine hcl er . . . . .	173
MECLIZINE HCL . . . . .	42	MENACTRA . . . . .	182
MECLOFENAMATE SODIUM . . . . .	14	MENOPUR . . . . .	102
MEDIC INSULIN SYRINGE . . . . .	146	MENQUADFI . . . . .	182
MEDICHOICE SAFETY LANCET . . . . .	130	MENVEO . . . . .	182
MEDICHOICE SAFETY LANCET EXTRA . . . . .	130	meperidine hcl . . . . .	18
MEDICHOICE SAFETY LANCET NORM . . . . .	130	meprobamate . . . . .	26
MEDICINE SHOPPE PEN NEEDLES . . . . .	146	mercaptopurine . . . . .	52
MEDISENSE GLUCOSE KETONE CONTR . . . . .	130	meropenem . . . . .	23
MEDISENSE HI/MID/LOW CONTROL . . . . .	130	merzee . . . . .	80
MEDISENSE HIGH/LOW CONTROL . . . . .	130	mesalamine . . . . .	107
MEDISENSE MID CONTROL . . . . .	130	mesalamine er . . . . .	107
MEDLANCE EXTRA 21G . . . . .	130	mesalamine-cleanser . . . . .	107
MEDLANCE LITE 25G . . . . .	130	mesna . . . . .	61
MEDLANCE PLUS EXTRA 21G . . . . .	130	metaxalone . . . . .	163
MEDLANCE PLUS LANCETS . . . . .	130	metformin hcl . . . . .	37
MEDLANCE PLUS LITE 25G . . . . .	130	METFORMIN HCL . . . . .	37
MEDLANCE PLUS SPECIAL 0.8MM . . . . .	130	metformin hcl er . . . . .	37
MEDLANCE PLUS SUPERLITE 30G . . . . .	130	metformin hcl er (mod) . . . . .	37
MEDLANCE PLUS UNIVERSAL 21G . . . . .	130	metformin hcl er (osm) . . . . .	38
MEDLANCE UNIVERSAL 21G . . . . .	130	METHADONE HCL . . . . .	18
MEDROL . . . . .	85	methadone hcl intensol . . . . .	18
medroxyprogesterone acetate . . . . .	83,172	METHADOSE . . . . .	18
mefenamic acid . . . . .	14	methadose . . . . .	18
mefloquine hcl . . . . .	50	methamphetamine hcl . . . . .	8
megestrol acetate . . . . .	55	methazolamide . . . . .	100
MEGESTROL ACETATE . . . . .	172	methenamine hippurate . . . . .	25
MEIJER LANCETS . . . . .	130	methenamine mandelate . . . . .	25

methergine . . . . .	171	MICONAZOLE-ZINC OXIDE-PETROLAT . . . . .	89
methimazole . . . . .	178	MICRODOT CONTROL HIGH/LOW . . . . .	131
methocarbamol . . . . .	163	MICRODOT PEN NEEDLE . . . . .	146
methotrexate sodium . . . . .	52	microgestin 1.5/30 . . . . .	80
methotrexate sodium (pf) . . . . .	52	microgestin 1/20 . . . . .	80
METHOXSALEN RAPID . . . . .	91	microgestin 24 fe . . . . .	80
methscopolamine bromide . . . . .	180	microgestin fe 1.5/30 . . . . .	80
methsuximide . . . . .	34	microgestin fe 1/20 . . . . .	80
METHYLDOPA . . . . .	48	MICROLET LANCETS . . . . .	131
METHYLDOPA-HYDROCHLOROTHIAZIDE . . . . .	49	MICROLET NEXT LANCING DEVICE . . . . .	131
methylene blue . . . . .	41	MIDAZOLAM . . . . .	116
methylene blue (antidote) . . . . .	41	MIDAZOLAM HCL . . . . .	116
methylergonovine maleate . . . . .	171	midazolam hcl (pf) . . . . .	116
METHYLIN . . . . .	9	MIDAZOLAM HCL-SODIUM CHLORIDE . . . . .	116
methylphenidate . . . . .	9	MIDAZOLAM-SODIUM CHLORIDE . . . . .	116
methylphenidate hcl . . . . .	9	MIDAZOLAM-SODIUM CHLORIDE (PF) . . . . .	117
methylphenidate hcl er . . . . .	10	midodrine hcl . . . . .	185
methylphenidate hcl er (cd) . . . . .	10	mifepristone . . . . .	38,104
methylphenidate hcl er (la) . . . . .	10	MIGLITOL . . . . .	36
methylphenidate hcl er (osm) . . . . .	10	miglustat . . . . .	113
METHYLPHENIDATE HCL ER (OSM) . . . . .	10	mili . . . . .	80
methylphenidate hcl er (xr) . . . . .	10	milrinone lactate . . . . .	72
methylprednisolone . . . . .	85	milrinone lactate in dextrose . . . . .	72
methylprednisolone acetate . . . . .	85	mimvey . . . . .	105
METHYLPREDNISOLONE-SODIUM SUCC . . . . .	85	mineral oil heavy . . . . .	118
METHYLPREDNISOLONE-BUPIVACAINE . . . . .	85	MINI LANCING DEVICE . . . . .	131
methyltestosterone . . . . .	20	miniprin low dose . . . . .	17
metoclopramide hcl . . . . .	107	minitran . . . . .	25
metolazone . . . . .	101	minocycline hcl . . . . .	178
metoprolol succinate er . . . . .	70	minocycline hcl er . . . . .	178
metoprolol tartrate . . . . .	71	minoxidil . . . . .	49
metoprolol-hydrochlorothiazide . . . . .	49	mirabegron er . . . . .	181
METROCREAM . . . . .	97	MIRAPEX . . . . .	63
METROGEL . . . . .	97	MIRCETTE . . . . .	80
METROLOTION . . . . .	97	MIRENA (52 MG) . . . . .	83
metronidazole . . . . .	22,97	mirtazapine . . . . .	34
metryrosine . . . . .	47	misoprostol . . . . .	181
mexiletine hcl . . . . .	27	MITIGARE . . . . .	110
mibelas 24 fe . . . . .	80	mitigo . . . . .	18
MICAFUNGIN SODIUM . . . . .	42	mitomycin . . . . .	56
MICONAZOLE 3 . . . . .	184	MITOMYCIN . . . . .	56

mitoxantrone hcl . . . . .	56	MPD SAFETY LANCET 21G . . . . .	131
mm aspirin . . . . .	17	MPD SAFETY LANCET 23G . . . . .	131
MM INSULIN SYRINGE/NEEDLE . . . . .	146	MPD SAFETY LANCET 28G . . . . .	131
MM LANCING DEVICE . . . . .	131	MPD SAFETY LANCET 30G . . . . .	131
MM PEN NEEDLES . . . . .	146	MRESVIA . . . . .	183
MM TWIST LANCETS . . . . .	131	MS INSULIN SYRINGE . . . . .	147
modafinil . . . . .	10	MUGARD . . . . .	161
MODERNA COVID-19 BIVAL 6M-5Y . . . . .	183	MULTAQ . . . . .	27
MODERNA COVID-19 BIVAL BOOSTER . . . . .	183	MULTI-LANCET DEVICE . . . . .	131
MODERNA COVID-19 BIVALENT . . . . .	183	MULTI-LANCET DEVICE 2 . . . . .	131
MODERNA COVID-19 VAC (BOOSTER) . . . . .	183	MULTI-VITAMIN/FLUORIDE . . . . .	162
MODERNA COVID-19 VAC 6M-11Y . . . . .	183	multi-vitamin/fluoride/iron . . . . .	162
MODERNA COVID-19 VACC 6-11Y . . . . .	183	MULTIPLE ELECTRO TYPE 1 PH 5.5 . . . . .	154
MODERNA COVID-19 VACC 6M-5Y . . . . .	183	multiple electro type 1 ph 7.4 . . . . .	154
MODERNA COVID-19 VACCINE . . . . .	183	MULTIVITAMIN W/FLUORIDE . . . . .	162
moexipril hcl . . . . .	47	MULTIVITAMIN/FLUORIDE . . . . .	162
MOLINDONE HCL . . . . .	65	mupirocin . . . . .	89
mometasone furoate . . . . .	93,164	mupirocin calcium . . . . .	89
mondoxyne nl . . . . .	178	MUSE . . . . .	73
mono-linyah . . . . .	80	mutamycin . . . . .	56
monoject flush syringe . . . . .	156	MYAMBUTOL . . . . .	51
MONOJECT INSULIN SYRINGE . . . . .	147	mycophenolate mofetil . . . . .	158
monoject sodium chloride flush . . . . .	156	mycophenolate mofetil hcl . . . . .	158
MONOJECT ULTRA COMFORT SYRINGE . . . . .	147	mycophenolate sodium . . . . .	158
MONOLET LANCETS . . . . .	131	mycophenolic acid . . . . .	158
MONOLET OPD LANCETS . . . . .	131	MYDAYIS . . . . .	8
MONOLETTOR SAFETY LANCETS . . . . .	131	MYFEMBREE . . . . .	106
montelukast sodium . . . . .	28	MYGLUCOHEALTH CONTROL . . . . .	131
morgidox . . . . .	178	MYGLUCOHEALTH LANCETS 30G . . . . .	131
morphine sulfate . . . . .	18	MYLERAN . . . . .	51
MORPHINE SULFATE (CONCENTRATE) . . . . .	18	mynephron . . . . .	161
MORPHINE SULFATE (PF) . . . . .	19	myorisan . . . . .	88
morphine sulfate er . . . . .	19	MYSOLINE . . . . .	32
MORPHINE SULFATE ER BEADS . . . . .	19		
MOUNJARO . . . . .	38	<b>N</b>	
MOVANTIK . . . . .	108	na ferric gluc cplx in sucrose . . . . .	115
MOXIFLOXACIN HCL . . . . .	106,167	na sulfate-k sulfate-mg sulf . . . . .	117
MOXIFLOXACIN HCL (2X DAY) . . . . .	167	nabumetone . . . . .	14
MOXIFLOXACIN HCL IN NACL . . . . .	107	nadolol . . . . .	71
MOXIFLOXACIN HCL-BSS . . . . .	167	nafcillin sodium . . . . .	172
MOZOBI . . . . .	115	nafrinse . . . . .	155

NAFRINSE DROPS . . . . .	155	nevirapine . . . . .	67
naftifine hcl . . . . .	89	NEVIRAPINE . . . . .	67
NAFTIN . . . . .	89	NEVIRAPINE ER . . . . .	67
nalbuphine hcl . . . . .	20	nevirapine er . . . . .	67
NALOXONE HCL . . . . .	41	NEXAVAR . . . . .	59
naloxone hcl . . . . .	41	NEXLETOL . . . . .	44
naltrexone hcl . . . . .	41	NEXLIZET . . . . .	44
NAMZARIC . . . . .	173	NEXPLANON . . . . .	172
naproxen . . . . .	14	NEXTSTELLIS . . . . .	80
naproxen dr . . . . .	14	niacin er (antihyperlipidemic) . . . . .	46
naproxen sodium . . . . .	14	NIASPAN . . . . .	46
naproxen sodium er . . . . .	14	NICARDIPINE HCL . . . . .	72
naratriptan hcl . . . . .	153	NICARDIPINE HCL IN NACL . . . . .	72
NARCAN . . . . .	41	NICODERM CQ . . . . .	176
NARDIL . . . . .	35	NICOTROL . . . . .	176
NATAZIA . . . . .	80	NICOTROL NS . . . . .	176
nateglinide . . . . .	40	nifedipine . . . . .	72
NATESTO . . . . .	21	nifedipine er . . . . .	72
NAYZILAM . . . . .	31	nifedipine er osmotic release . . . . .	72
nebivolol hcl . . . . .	71	nikki . . . . .	80
NEBUSAL . . . . .	86	nilutamide . . . . .	55
necon 0.5/35 (28) . . . . .	80	nimodipine . . . . .	72
NEFAZODONE HCL . . . . .	35	NINLARO . . . . .	59
nelarabine . . . . .	53	nisoldipine er . . . . .	72
neo-polycin . . . . .	167	NITAZOXANIDE . . . . .	23
neo-polycin hc . . . . .	168	nitisinone . . . . .	103
NEO-VITAL RX . . . . .	162	NITRO-DUR . . . . .	25
neomycin sulfate . . . . .	10	NITRO-TIME . . . . .	25
neomycin-bacitracin zn-polymyx . . . . .	167	nitrofurantoin . . . . .	25
NEOMYCIN-POLYMYXIN B GU . . . . .	110	nitrofurantoin macrocrystal . . . . .	25
neomycin-polymyxin-dexameth . . . . .	168	nitrofurantoin monohyd macro . . . . .	25
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . .	167	nitroglycerin . . . . .	22,25
NEOMYCIN-POLYMYXIN-HC . . . . .	168	NITROGLYCERIN IN D5W . . . . .	25
neomycin-polymyxin-hc . . . . .	170	NITROLINGUAL . . . . .	25
NEONATAL + DHA . . . . .	162	nitroprusside sodium . . . . .	49
NEOSTIGMINE METHYLSULFATE . . . . .	50	nitroprusside sodium-nacl . . . . .	50
nephronex . . . . .	161	NITROSTAT . . . . .	25
neuac . . . . .	88	NIVESTYM . . . . .	114
NEUPRO . . . . .	63	NIZATIDINE . . . . .	180
NEURONTIN . . . . .	32	nora-be . . . . .	84
NEUTEK 2TEK CONTROL . . . . .	131	NORDITROPIN FLEXPRO . . . . .	102

norelgestromin-eth estradiol . . . . .	82	NOVOLIN R FLEXPEN . . . . .	39
norepinephrine bitartrate . . . . .	186	NOVOLOG . . . . .	39
NOREPINEPHRINE-DEXTROSE . . . . .	186	NOVOLOG 70/30 FLEXPEN RELION . . . . .	39
NOREPINEPHRINE-SODIUM CHLORIDE . . . . .	186	NOVOLOG FLEXPEN . . . . .	39
norethin ace-eth estrad-fe . . . . .	80	NOVOLOG MIX 70/30 . . . . .	39
norethin-eth estradiol-fe . . . . .	80	NOVOLOG MIX 70/30 FLEXPEN . . . . .	40
norethindron-ethinyl estrad-fe . . . . .	80	NOVOLOG PENFILL . . . . .	40
norethindrone . . . . .	84	NOVOSEVEN RT . . . . .	111
norethindrone acet-ethinyl est . . . . .	80	NOVOTWIST PEN NEEDLE . . . . .	147
norethindrone acetate . . . . .	172	NP THYROID . . . . .	178
norethindrone-eth estradiol . . . . .	106	NUBEQA . . . . .	56
norgestim-eth estrad triphasic . . . . .	80	NUCALA . . . . .	27
norgestimate-eth estradiol . . . . .	80	NUCYNTA . . . . .	19
norlyda . . . . .	84	NUCYNTA ER . . . . .	19
norlyroc . . . . .	84	nufol . . . . .	115
normal saline flush . . . . .	156	nulev . . . . .	180
NORPACE CR . . . . .	26	NULYTELY LEMON-LIME . . . . .	117
NORPRAMIN . . . . .	36	NULYTELY WITH FLAVOR PACKS . . . . .	118
nortrel 0.5/35 (28) . . . . .	80	NURTEC . . . . .	152
nortrel 1/35 (21) . . . . .	80	nutriarx creampak . . . . .	93
nortrel 1/35 (28) . . . . .	80	nutrifac zx . . . . .	162
nortrel 7/7/7 . . . . .	81	nuvakaan . . . . .	96
nortriptyline hcl . . . . .	36	NUVARING . . . . .	83
NORVIR . . . . .	67,68	NUWIQ . . . . .	111
NOVA MAX PLUS GLU/KET CONTROL . . . . .	131	nyamyc . . . . .	90
NOVA SAFETY LANCETS 23G . . . . .	131	nylia 1/35 . . . . .	81
NOVA SAFETY LANCETS 28G . . . . .	131	nylia 7/7/7 . . . . .	81
NOVA SUREFLEX LANCETS . . . . .	131	nymyo . . . . .	81
NOVA SUREFLEX LANCING DEVICE . . . . .	131	nystatin . . . . .	43,90
NOVAVAX COVID-19 VACCINE . . . . .	184	NYSTATIN . . . . .	159
novite . . . . .	162	nystatin-triamcinolone . . . . .	90
NOVOEIGHT . . . . .	111	nystop . . . . .	90
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	147	NYVEPRIA . . . . .	114
NOVOFINE PEN NEEDLE . . . . .	147		
NOVOFINE PLUS PEN NEEDLE . . . . .	147	<b>O</b>	
NOVOLIN 70/30 . . . . .	39	ocella . . . . .	81
NOVOLIN 70/30 FLEXPEN . . . . .	39	OCREVUS . . . . .	175
NOVOLIN 70/30 FLEXPEN RELION . . . . .	39	OCTREOTIDE ACETATE . . . . .	105
NOVOLIN N . . . . .	39	octreotide acetate . . . . .	105
NOVOLIN N FLEXPEN . . . . .	39	OCUFLOX . . . . .	167
NOVOLIN R . . . . .	39	ODEFSEY . . . . .	68

ODOMZO . . . . .	54	ONETOUCH VERIO FLEX SYSTEM . . . . .	132
OFEV . . . . .	177	ONETOUCH VERIO REFLECT . . . . .	132
OFLOXACIN . . . . .	107	ONEXTON . . . . .	88
ofloxacin . . . . .	167	ONZETRA XSAIL . . . . .	153
OGIVRI . . . . .	54	OPILL . . . . .	84
olanzapine . . . . .	64	opium . . . . .	41
olanzapine-fluoxetine hcl . . . . .	173	OPSUMIT . . . . .	74
olmesartan medoxomil . . . . .	48	OPZELURA . . . . .	94
olmesartan medoxomil-hctz . . . . .	49	ORACEA . . . . .	97
olmesartan-amlodipine-hctz . . . . .	49	ORALAIR . . . . .	10
olopatadine hcl . . . . .	164,170	ORALAIR ADULT SAMPLE KIT . . . . .	10
omega-3-acid ethyl esters . . . . .	44	ORALAIR ADULT STARTER PACK . . . . .	10
omeprazole . . . . .	180	oralone . . . . .	160
omeprazole-sodium bicarbonate . . . . .	181	ORENITRAM . . . . .	73
OMNIPOD 5 DEXG7G6 PODS GEN 5 . . . . .	131	ORENITRAM MONTH 1 . . . . .	73
OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	131	ORENITRAM MONTH 2 . . . . .	73
OMNIPOD 5 G6 PODS (GEN 5) . . . . .	131	ORENITRAM MONTH 3 . . . . .	73
OMNIPOD 5 G7 INTRO (GEN 5) . . . . .	131	ORFADIN . . . . .	104
OMNIPOD 5 G7 PODS (GEN 5) . . . . .	131	ORIAHNN . . . . .	106
OMNIPOD 5 PACK . . . . .	132	ORLISSA . . . . .	102
OMNIPOD CLASSIC PDM (GEN 3) . . . . .	132	ORLADEYO . . . . .	112
OMNIPOD DASH INTRO (GEN 4) . . . . .	132	ORLISTAT . . . . .	9
OMNIPOD DASH PDM (GEN 4) . . . . .	132	ormalvi . . . . .	100
OMNIPOD DASH PODS (GEN 4) . . . . .	132	orphenadrine citrate . . . . .	163
ondansetron . . . . .	41	orphenadrine citrate er . . . . .	163
ondansetron hcl . . . . .	42	orsythia . . . . .	81
ONETOUCH DELICA LANCING DEV . . . . .	132	oscimin . . . . .	180
ONETOUCH DELICA PLUS LANCET30G . . . . .	132	oseltamivir phosphate . . . . .	70
ONETOUCH DELICA PLUS LANCET33G . . . . .	132	osmitrol . . . . .	100
ONETOUCH DELICA PLUS LANCING . . . . .	132	OTEZLA . . . . .	14
ONETOUCH DELICA SAFETY LANCING . . . . .	132	OVIDE . . . . .	98
ONETOUCH SOLUTIONS STARTER KIT . . . . .	132	OVIDREL . . . . .	102
ONETOUCH SURESOFT LANCING DEV . . . . .	132	oxacillin sodium . . . . .	172
ONETOUCH ULTRA . . . . .	99	OXACILLIN SODIUM IN DEXTROSE . . . . .	172
ONETOUCH ULTRA 2 . . . . .	132	OXALIPLATIN . . . . .	51
ONETOUCH ULTRA BLUE TEST . . . . .	99	oxaliplatin . . . . .	51
ONETOUCH ULTRA CONTROL . . . . .	132	oxandrolone . . . . .	20
ONETOUCH ULTRA TEST . . . . .	99	OXAPROZIN . . . . .	14
ONETOUCH ULTRASOFT 2 LANCETS . . . . .	132	oxaprozin . . . . .	14
ONETOUCH ULTRASOFT LANCETS . . . . .	132	oxazepam . . . . .	26
ONETOUCH VERIO . . . . .	99,132	oxcarbazepine . . . . .	32

oxcarbazepine er . . . . .	32	PAXLOVID (300/100) . . . . .	68
oxiconazole nitrate . . . . .	90	pazopanib hcl . . . . .	59
OXTELLAR XR . . . . .	32	pb-hyoscy-atropine-scopolamine . . . . .	180
oxybutynin chloride . . . . .	181	PC LANCETS SUPER THIN 30G . . . . .	132
oxybutynin chloride er . . . . .	181	PC UNIFINE PENTIPS . . . . .	147
oxycodone hcl . . . . .	19	PEDIAPRED . . . . .	85
OXYCODONE HCL ER . . . . .	19	PEDIARIX . . . . .	179
OXYCODONE-ACETAMINOPHEN . . . . .	20	PEDVAX HIB . . . . .	182
oxycodone-acetaminophen . . . . .	20	peg 3350-kcl-na bicarb-nacl . . . . .	118
OXYCODONE-ASPIRIN . . . . .	20	peg-3350/electrolytes . . . . .	118
oxymorphone hcl . . . . .	19	peg-3350/electrolytes/ascorbic . . . . .	118
OXYMORPHONE HCL ER . . . . .	19	peg-kcl-nacl-nasulf-na asc-c . . . . .	118
oxytocin . . . . .	171	PEGASYS . . . . .	69
OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . . .	39	PEMETREXED . . . . .	53
OZEMPIC (1 MG/DOSE) . . . . .	39	PEMETREXED DISODIUM . . . . .	53
OZEMPIC (2 MG/DOSE) . . . . .	39	PEMETREXED DITROMETHAMINE . . . . .	53
<b>P</b>		PEN NEEDLES . . . . .	147
pacerone . . . . .	27	PEN NEEDLES 5/16" . . . . .	147
paclitaxel . . . . .	62	PENBRAYA . . . . .	182
paclitaxel protein-bound part . . . . .	62	penciclovir . . . . .	92
PACLITAXEL PROTEIN-BOUND PART . . . . .	62	penicillamine . . . . .	157
paliperidone er . . . . .	64	penicillin g potassium . . . . .	171
PALONOSETRON HCL . . . . .	42	PENICILLIN G SODIUM . . . . .	171
palonosetron hcl . . . . .	42	penicillin v potassium . . . . .	171
PAMELOR . . . . .	36	PENLET II BLOOD SAMPLER . . . . .	132
PAMIDRONATE DISODIUM . . . . .	101	PENLET II REPLACEMENT CAP . . . . .	132
pantoprazole sodium . . . . .	180	pentamidine isethionate . . . . .	22
papaverine hcl . . . . .	73	pentazocine-naloxone hcl . . . . .	20
PARAGARD INTRAUTERINE COPPER . . . . .	83	PENTIPS . . . . .	147
paraplatin . . . . .	52	PENTIPS GENERIC PEN NEEDLES . . . . .	147
PARAPLATIN . . . . .	52	pentobarbital sodium . . . . .	116
paricalcitol . . . . .	104	pentoxifylline er . . . . .	112
PARLODEL . . . . .	63	PEPCID . . . . .	180
PARNATE . . . . .	35	PERFECT LANCETS 28G . . . . .	132
paroex . . . . .	159	PERFECT LANCETS 30G . . . . .	132
paramomycin sulfate . . . . .	10	PERFECT POINT SAFETY LANCETS . . . . .	132
paroxetine hcl . . . . .	35	PERFOROMIST . . . . .	29
paroxetine hcl er . . . . .	35	PERINDOPRIL ERBUMINE . . . . .	47
PATANASE . . . . .	164	periogard . . . . .	159
PAXLOVID (150/100) . . . . .	68	PERJETA . . . . .	54
		permethrin . . . . .	98

perphenazine . . . . .	65	phosphasal . . . . .	22
PERPHENAZINE-AMITRIPTYLINE . . . . .	173	phospho-trin 250 neutral . . . . .	155
PERSERIS . . . . .	64	phospho-trin k500 . . . . .	155
PETROLATUM WHITE . . . . .	172	phosphorous . . . . .	155
PFIZER COVID-19 BIVAL 6MO-4YR . . . . .	184	physiolyte . . . . .	158
PFIZER COVID-19 VAC BIVAL 5-11 . . . . .	184	physiosol irrigation . . . . .	158
PFIZER COVID-19 VAC BIVALENT . . . . .	184	phytonadione . . . . .	186
PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	184	pilocarpine hcl . . . . .	161,166
PFIZER COVID-19 VAC-TRIS 6M-4Y . . . . .	184	pimecrolimus . . . . .	95
PFIZER-BIONT COVID-19 VAC-TRIS . . . . .	184	PIMOZIDE . . . . .	176
PFIZER-BIONTECH COVID-19 VACC . . . . .	184	pimtrea . . . . .	81
PFIZERPEN . . . . .	171	pindolol . . . . .	71
PHARMACIST CHOICE LANCETS . . . . .	132	pioglitazone hcl . . . . .	40
PHARMACY COUNTER LANCETS . . . . .	132	pioglitazone hcl-glimepiride . . . . .	37
PHEBURANE . . . . .	104	pioglitazone hcl-metformin hcl . . . . .	37
phenazo . . . . .	110	PIP GLUCOSE CONTROL SOLUTION . . . . .	132
phenazopyridine hcl . . . . .	110	PIP LANCETS 28G . . . . .	132
phendimetrazine tartrate . . . . .	8	PIP LANCETS 30G . . . . .	132
PHENDIMETRAZINE TARTRATE ER . . . . .	8	piperacillin sod-tazobactam so . . . . .	172
PHENELZINE SULFATE . . . . .	35	pirfenidone . . . . .	177
phenobarbital . . . . .	116	PIRFENIDONE . . . . .	177
phenobarbital sodium . . . . .	116	pirmella 1/35 . . . . .	81
phenobarbital-belladonna alk . . . . .	180	pirmella 7/7/7 . . . . .	81
phenohydro . . . . .	180	piroxicam . . . . .	14
phenoxybenzamine hcl . . . . .	47	pitavastatin calcium . . . . .	46
phentermine hcl . . . . .	8	PLAQUENIL . . . . .	50
phentolamine mesylate . . . . .	47	plenamine . . . . .	165
PHENYLEPHRINE HCL . . . . .	73,186	PLENVU . . . . .	118
phenylephrine hcl . . . . .	166	plerixafor . . . . .	115
PHENYLEPHRINE HCL (PRESSORS) . . . . .	186	plexion ns . . . . .	91
PHENYLEPHRINE HCL-NACL . . . . .	186	PNV-DHA . . . . .	162
phenytek . . . . .	34	PNV-SELECT . . . . .	162
phenytoin . . . . .	34	POCKETCHEM EZ CONTROL . . . . .	132
phenytoin infatabs . . . . .	34	podofilox . . . . .	95
phenytoin sodium . . . . .	34	POLOCAINE . . . . .	119
phenytoin sodium extended . . . . .	34	POLOCAINE-MPF . . . . .	119
PHESGO . . . . .	57	poly-iron 150 forte . . . . .	115
PHEXXI . . . . .	184	polycin . . . . .	167
philith . . . . .	81	polymyxin b sulfate . . . . .	25
PHOSLYRA . . . . .	108	polymyxin b-trimethoprim . . . . .	167
phospha 250 neutral . . . . .	155	polysaccharide iron forte . . . . .	115

POLYTRIM . . . . .	167	PREDNISOLONE SODIUM PHOSPHATE . . . . .	85,169
POMALYST . . . . .	56	PREDNISOLONE-BROMFENAC . . . . .	169
portia-28 . . . . .	81	PREDNISOLONE-MOXIFLOXACIN . . . . .	169
posaconazole . . . . .	43	PREDNISON . . . . .	85
pot & sod cit-cit ac . . . . .	109	PREFERRED PLUS INSULIN SYRINGE . . . . .	147
POTASSIUM ACETATE . . . . .	156	PREFERRED PLUS LANCETS COLORED . . . . .	133
POTASSIUM CHLORIDE . . . . .	156	PREFERRED PLUS LANCETS THIN . . . . .	133
potassium chloride crys er . . . . .	156	PREFERRED PLUS UNIFINE PENTIPS . . . . .	147
POTASSIUM CHLORIDE ER . . . . .	156	pregabalin . . . . .	32
potassium chloride in dextrose . . . . .	154	pregabalin er . . . . .	176
POTASSIUM CHLORIDE IN NA CL . . . . .	154	PREHEVBRIO . . . . .	184
potassium citrate er . . . . .	109	premium lidocaine . . . . .	96
potassium citrate-citric acid . . . . .	109	PREMPHASE . . . . .	106
potassium iodide (expectorant) . . . . .	86	PREMPRO . . . . .	106
POTASSIUM PHOSPHATES . . . . .	155	PRENATAL 19 . . . . .	162
potassium phosphates(66 meq k) . . . . .	155	preparation h . . . . .	93
POTASSIUM PHOSPHATES(71 MEQ K) . . . . .	155	preparation h soothing relief . . . . .	93
PR BENZOYL PEROXIDE . . . . .	88	prevalite . . . . .	45
PR BENZOYL PEROXIDE WASH . . . . .	88	PREVENT DROPSAFE PEN NEEDLES . . . . .	147
PRALATREXATE . . . . .	53	PREVENT SAFETY PEN NEEDLES . . . . .	147
PRALUENT . . . . .	47	previdolrx plus analgesic . . . . .	14
pramipexole dihydrochloride . . . . .	63	previfem . . . . .	81
pramipexole dihydrochloride er . . . . .	63	PREVNAR 13 . . . . .	182
PRAMOXINE-HC . . . . .	93	PREVNAR 20 . . . . .	182
prasugrel hcl . . . . .	112	PREZCOBIX . . . . .	68
pravastatin sodium . . . . .	46	PREZISTA . . . . .	68
praziquantel . . . . .	22	prilolid . . . . .	96
prazosin hcl . . . . .	48	prilovix . . . . .	96
PRECISION GLUCOSE CONTROL . . . . .	133	prilovix lite . . . . .	96
PRECISION GLUCOSE CONTROL SOLN . . . . .	133	prilovix lite plus . . . . .	96
PRECISION GLUCOSE KETONE CONTR . . . . .	133	prilovix plus . . . . .	96
PRECISION GLUCOSE/KETONE CONTR . . . . .	133	prilovix ultralite . . . . .	96
PRECISION SURE-DOSE SYRINGE . . . . .	147	prilovix ultralite plus . . . . .	96
PRECISION SUREDOSE PLUS SYR . . . . .	147	primaquine phosphate . . . . .	50
PRECISION THINS GP LANCETS . . . . .	133	PRIMAQUINE PHOSPHATE . . . . .	50
PRECOSE . . . . .	36	primidone . . . . .	32
PREDNICARBATE . . . . .	93	PRINIVIL . . . . .	47
PREDNISOLON-GATIFLOX-BROMFENAC . . . . .	169	PRIORIX . . . . .	184
PREDNISOLON-MOXIFLOX-BROMFENAC . . . . .	169	PRO COMFORT INSULIN SYRINGE . . . . .	148
prednisolone . . . . .	85	PRO COMFORT LANCETS 30G . . . . .	133
prednisolone acetate . . . . .	169	PRO COMFORT LANCETS 31G . . . . .	133

PRO COMFORT PEN NEEDLES . . . . .	148	propranolol hcl er . . . . .	71
PRO COMFORT SAFETY LANCETS 30G . . . . .	133	PROPRANOLOL-HCTZ . . . . .	49
probenecid . . . . .	110	propylthiouracil . . . . .	178
procainamide hcl . . . . .	26	PROQUAD . . . . .	184
PROCARDIA XL . . . . .	72	PROSCAR . . . . .	110
procentra . . . . .	8	PROTAMINE SULFATE . . . . .	112
prochlorperazine . . . . .	65	protiptyline hcl . . . . .	36
prochlorperazine edisylate . . . . .	65	PROVERA . . . . .	173
prochlorperazine maleate . . . . .	65	pseudoeph-bromphen-dm . . . . .	86
PROCURIT . . . . .	114	PSS SELECT GP LANCETS . . . . .	133
procto-med hc . . . . .	21	PSS SELECT PLATFORMS . . . . .	133
procto-pak . . . . .	22	PSS SELECT SAFETY LANCETS . . . . .	133
proctocort . . . . .	22	PULMICORT . . . . .	28
PROCTOFOAM HC . . . . .	21	PULMICORT FLEXHALER . . . . .	28
proctosol hc . . . . .	22	pulmosal . . . . .	86
proctozone-hc . . . . .	22	PULMOZYME . . . . .	177
PRODIGY INSULIN SYRINGE . . . . .	148	PURE COMFORT LANCETS 30G . . . . .	133
PRODIGY LANCETS 28G . . . . .	133	PURE COMFORT PEN NEEDLE . . . . .	148
PRODIGY LANCING DEVICE . . . . .	133	PURE COMFORT SAFETY PEN NEEDLE . . . . .	148
PRODIGY SAFETY LANCETS 26G . . . . .	133	purevit dualfe plus . . . . .	115
PRODIGY TWIST TOP LANCETS 28G . . . . .	133	PX ADVANCED LANCING DEVICE . . . . .	133
progesterone . . . . .	172	px aspirin . . . . .	17
PROLASTIN-C . . . . .	177	px enteric aspirin . . . . .	17
PROLENSA . . . . .	170	PX EXTRA SHORT PEN NEEDLES . . . . .	148
PROLIA . . . . .	101	px folic acid . . . . .	113
PROMACTA . . . . .	114	PX INSULIN SYRINGE . . . . .	148
promethazine hcl . . . . .	44	PX LANCET AUTO INJECTOR . . . . .	133
promethazine vc . . . . .	86	PX LANCETS MICROTHIN 33G . . . . .	133
PROMETHAZINE VC/CODEINE . . . . .	86	PX LANCETS ULTRA THIN . . . . .	133
promethazine-codeine . . . . .	86	PX LANCETS ULTRA THIN 28G . . . . .	133
promethazine-dm . . . . .	86	PX MINI PEN NEEDLES . . . . .	148
promethazine-phenyleph-codeine . . . . .	86	PX PEN NEEDLE . . . . .	148
promethazine-phenylephrine . . . . .	86	PX SHORTLENGTH PEN NEEDLES . . . . .	148
promethegan . . . . .	44	PYLERA . . . . .	181
propafenone hcl . . . . .	27	pyrazinamide . . . . .	51
propafenone hcl er . . . . .	27	pyridostigmine bromide . . . . .	50
proparacaine hcl . . . . .	168	pyridostigmine bromide er . . . . .	50
proparacaine-fluorescein . . . . .	170	PYRIDOXINE HCL . . . . .	186
propofol . . . . .	109	pyrimethamine . . . . .	50
propofol-lipuro . . . . .	109		
propranolol hcl . . . . .	71		

## Q

QC ADVANCED LANCING DEVICE . . . . .	133
qc aspirin low dose . . . . .	17
qc childrens aspirin . . . . .	17
qc folic acid . . . . .	113
QC LANCETS SUPER THIN 30G . . . . .	133
QC LANCETS ULTRA THIN . . . . .	133
QC PEN NEEDLES . . . . .	148
QC UNIFINE PENTIPS . . . . .	148
QC UNILET LANCETS 28G . . . . .	133
QC UNILET LANCETS MICRO THIN . . . . .	133
QELBREE . . . . .	9
QSYMIA . . . . .	9
QUADRACEL . . . . .	179
QUESTRAN . . . . .	45
QUESTRAN LIGHT . . . . .	45
quetiapine fumarate . . . . .	64
quetiapine fumarate er . . . . .	65
QUICKTEK CONTROL SOLUTION . . . . .	133
quinapril hcl . . . . .	47
quinapril-hydrochlorothiazide . . . . .	49
quinidine gluconate er . . . . .	26
QUINIDINE SULFATE . . . . .	26
quinine sulfate . . . . .	50
QUINTET CONTROL HIGH/NORMAL . . . . .	133
QULIPTA . . . . .	153
QVIVIQ . . . . .	117
QVAR REDIHALER . . . . .	28

## R

ra aspirin adult low dose . . . . .	17
ra aspirin adult low strength . . . . .	17
ra aspirin childrens . . . . .	17
ra aspirin ec . . . . .	17
ra aspirin ec adult low st . . . . .	17
RA E-ZJECT LANCETS 28G . . . . .	133
RA E-ZJECT LANCETS THIN 26G . . . . .	134
RA E-ZJECT LANCETS THIN 28G . . . . .	134
RA E-ZJECT LANCETS ULTRA THIN . . . . .	134
ra folic acid . . . . .	113

RA INSULIN SYRINGE . . . . .	148
RA PEN NEEDLES . . . . .	148
rabeprazole sodium . . . . .	180
RADICAVA ORS . . . . .	164
RADICAVA ORS STARTER KIT . . . . .	164
RAGWITEK . . . . .	10
raloxifene hcl . . . . .	103
ramelteon . . . . .	117
ramipril . . . . .	47
ranolazine er . . . . .	25
rasagiline mesylate . . . . .	63
RASUVO . . . . .	13
READYLANCE SAFETY LANCETS . . . . .	134
REALITY INSULIN SYRINGE . . . . .	148
REALITY LANCETS . . . . .	134
REALITY TRIGGER LANCETS . . . . .	134
REBIF . . . . .	175
REBIF REBIDOSE . . . . .	175
REBIF REBIDOSE TITRATION PACK . . . . .	175
REBIF TITRATION PACK . . . . .	175
REBINYN . . . . .	111
reclipsen . . . . .	81
RECOMBIVAX HB . . . . .	184
REFISSA . . . . .	88
REFUAH PLUS GLUCOSE CONTROL . . . . .	134
regadenoson . . . . .	98
REGLAN . . . . .	107
relador pak . . . . .	97
relador pak plus . . . . .	97
RELENZA DISKHALER . . . . .	70
RELION INSULIN SYRINGE . . . . .	148
RELION LANCET DEVICES 30G . . . . .	134
RELION LANCETS . . . . .	134
RELION LANCETS MICRO-THIN 33G . . . . .	134
RELION LANCETS THIN 26G . . . . .	134
RELION LANCETS ULTRA-THIN 30G . . . . .	134
RELION LANCING DEVICE . . . . .	134
RELION MINI PEN NEEDLES . . . . .	148
RELION PEN NEEDLES . . . . .	148
RELION SHORT PEN NEEDLES . . . . .	148
RELION ULTRA THIN LANCETS 30G . . . . .	134

RELION ULTRA THIN PLUS LANCETS . . . . .	134	RISPERDAL . . . . .	64
RELPAX . . . . .	153	risperidone . . . . .	64
remergent hq . . . . .	97	risperidone microspheres er . . . . .	64
REMERON . . . . .	34	RITALIN . . . . .	10
REMERON SOLTAB . . . . .	34	ritonavir . . . . .	68
REMICADE . . . . .	107	rivastigmine . . . . .	173
remifentanil hcl . . . . .	19	rivastigmine tartrate . . . . .	173
renal . . . . .	161	rivelsa . . . . .	81
reno caps . . . . .	161	rizatriptan benzoate . . . . .	153
repaglinide . . . . .	40	ROCALTROL . . . . .	104
REPATHA . . . . .	47	ROCKLATAN . . . . .	168
REPATHA PUSHTRONEX SYSTEM . . . . .	47	rocuronium bromide . . . . .	165
REPATHA SURECLICK . . . . .	47	roflumilast . . . . .	28
resorcinol-sulfur . . . . .	88	romidepsin . . . . .	59
RESTASIS . . . . .	168	ROMIDEPSIN . . . . .	59
RESTASIS MULTIDOSE . . . . .	168	ropinirole hcl . . . . .	63
RESTORIL . . . . .	117	ropinirole hcl er . . . . .	63
RETACRIT . . . . .	114	ROPIV-CLONIDINE-KETOROLAC . . . . .	119
RETEVMO . . . . .	59	ROPIVACAINE HCL . . . . .	119
RETIN-A . . . . .	88	ROPIVACAINE HCL-NACL . . . . .	119
RETROVIR . . . . .	68	rosadan . . . . .	98
REVATIO . . . . .	74	rosuvastatin calcium . . . . .	46
REVLIMID . . . . .	157	ROWASA . . . . .	107
revonto . . . . .	163	roweepra . . . . .	32
REXALL LANCETS ULTRA THIN 30G . . . . .	134	roweepra xr . . . . .	32
RHOFADE . . . . .	98	ROXYBOND . . . . .	19
RHOPRESSA . . . . .	168	ROZLYTREK . . . . .	59
RIBAVIRIN . . . . .	69	RUBRACA . . . . .	59
ribavirin . . . . .	70	RUCONEST . . . . .	111
rifabutin . . . . .	51	rufinamide . . . . .	32
rifampin . . . . .	51	RUXIENCE . . . . .	54
RIGHTEST ALTERNATE SITE ADAPT . . . . .	134	RYBELSUS . . . . .	39
RIGHTEST GD500 LANCING DEVICE . . . . .	134	RYDAPT . . . . .	60
RIGHTEST GL300 LANCETS . . . . .	134	RYTARY . . . . .	63
riluzole . . . . .	165	RYTHMOL SR . . . . .	27
RIMANTADINE HCL . . . . .	70		
ringers . . . . .	155	<b>S</b>	
ringers irrigation . . . . .	158	SAFE-T-LANCE . . . . .	134
RINVOQ . . . . .	12	SAFE-T-LANCE PLUS . . . . .	134
RINVOQ LQ . . . . .	12	SAFETY INSULIN SYRINGES . . . . .	148
risedronate sodium . . . . .	101	SAFETY LANCET 30G/PRESSURE ACT . . . . .	134

SAFETY LANCETS . . . . .	134	selegiline hcl . . . . .	63
SAFETY LANCETS 21G . . . . .	134	selenious acid . . . . .	157
SAFETY LANCETS 23G . . . . .	134	selenium sulfide . . . . .	91
SAFETY LANCETS 28G . . . . .	134	sensorcaine . . . . .	119
SAFETY PEN NEEDLES . . . . .	148	sensorcaine-mpf . . . . .	119
sajazir . . . . .	111	SENSORCAINE-MPF/EPINEPHRINE . . . . .	119
SALAGEN . . . . .	161	sensorcaine/epinephrine . . . . .	119
salicylic acid . . . . .	95	SEREVENT DISKUS . . . . .	29
SALICYLIC ACID . . . . .	95	SEROQUEL . . . . .	65
salicylic acid er . . . . .	95	SERTRALINE HCL . . . . .	35
salicylic acid wart remover . . . . .	95	sertraline hcl . . . . .	35
salicylic acid-cleanser . . . . .	95	setlakin . . . . .	81
saline bacteriostatic . . . . .	172	sevelamer carbonate . . . . .	108
saline flush . . . . .	156	sevelamer hcl . . . . .	108
saline flush zr . . . . .	156	SEVENFACT . . . . .	111
salsalate . . . . .	17	sevoflurane . . . . .	109
sanadermrx skin repair . . . . .	93	sf . . . . .	160
SANCUSO . . . . .	42	sf 5000 plus . . . . .	160
SANOFI COVID-19 VAC (BOOSTER) . . . . .	184	sharobel . . . . .	84
sapropterin dihydrochloride . . . . .	104	SHINGRIX . . . . .	184
SAPS HEALTH PLUS LANCETS . . . . .	134	SHOPKO AUTOLET LANCING DEVICE . . . . .	135
SAPS HEALTH TWIST TOP LANCETS . . . . .	134	SHOPKO ON-THE-GO LANCETS 30G . . . . .	135
SAPS TWIST TOP LANCETS . . . . .	134	SHOPKO UNIFINE PENTIPS . . . . .	148
SAPSCARE TWIST TOP LANCETS . . . . .	134	SHOPKO UNIFINE PENTIPS PLUS . . . . .	149
saxagliptin hcl . . . . .	38	SHOPKO UNILET LANCETS 28G . . . . .	135
saxagliptin-metformin er . . . . .	37	SHOPKO UNILET LANCETS 30G . . . . .	135
SAXENDA . . . . .	9	SIKLOS . . . . .	113
sb aspirin . . . . .	17	sildenafil citrate . . . . .	73,74
sb aspirin adult low strength . . . . .	17	silodosin . . . . .	110
sb childrens aspirin . . . . .	17	SILVADENE . . . . .	92
SB INSULIN SYRINGE . . . . .	148	silver sulfadiazine . . . . .	92
SB LANCETS THIN . . . . .	134	SIMBRINZA . . . . .	167
SB LANCETS ULTRA THIN . . . . .	135	simliya . . . . .	81
sb low dose asa ec . . . . .	17	simpesse . . . . .	81
scarcare gel-pad kit/large . . . . .	98	SIMPLE DIAGNOSTICS LANCING DEV . . . . .	135
scopolamine . . . . .	42	SIMPONI ARIA . . . . .	12
se-tan plus . . . . .	115	simvastatin . . . . .	46
SECURESAFE INSULIN SYRINGE . . . . .	148	SINEMET . . . . .	63
SECURESAFE SAFETY PEN NEEDLES . . . . .	148	SINGLE-LET . . . . .	135
SELECT-LITE DEVICE/LANCETS . . . . .	135	sirolimus . . . . .	158
SELECT-LITE LANCING DEVICE . . . . .	135	SKELAXIN . . . . .	163

SKYLA . . . . .	83	SODIUM SULFACETAMIDE-BAKUCHIOL . . . . .	91
SKYRIZI . . . . .	91,107,108	sodium tetradecyl sulfate . . . . .	158
SKYRIZI (150 MG DOSE) . . . . .	91	SODIUM THIOSULFATE . . . . .	41
SKYRIZI PEN . . . . .	91	SOGROYA . . . . .	102
SLYND . . . . .	84	SOLARTEK GLUCOSE CONTROL . . . . .	135
sm aspirin adult low strength . . . . .	17	solifenacin succinate . . . . .	181
sm aspirin ec low strength . . . . .	17	SOLQUA . . . . .	37
sm aspirin low dose . . . . .	17	SOLIRIS . . . . .	112
sm childrens aspirin . . . . .	17	SOLUS V2 LANCETS 28G . . . . .	135
sm folic acid . . . . .	113	SOLUS V2 LANCING DEVICE . . . . .	135
SM LANCETS 33G . . . . .	135	SOLUS V2 TWIST LANCETS 30G . . . . .	135
SM TRUEDRAW LANCING DEVICE . . . . .	135	SOMATULINE DEPOT . . . . .	105
SMART DIABETES VANTAGE LANCING . . . . .	135	SOOLANTRA . . . . .	98
SMART SENSE COLOR LANCETS 33G . . . . .	135	sorafenib tosylate . . . . .	60
SMART SENSE STANDARD LANCETS . . . . .	135	SORIATANE . . . . .	91
SMART SENSE SUPER THIN LANCETS . . . . .	135	sorine . . . . .	71
SMART SENSE THIN LANCETS 26G . . . . .	135	sotalol hcl . . . . .	71
SMARTEST CONTROL MEDIUM . . . . .	135	sotalol hcl (af) . . . . .	71
SMARTEST LANCETS 28G . . . . .	135	SOTRADECOL . . . . .	159
sod benz-sod phenylacet . . . . .	104	SPIKEVAX . . . . .	184
sod citrate-citric acid . . . . .	109	SPIKEVAX COVID-19 VACCINE . . . . .	184
SOD FLUORIDE-POTASSIUM NITRATE . . . . .	160	SPINOSAD . . . . .	98
sodium acetate . . . . .	154	SPIRIVA HANDIHALER . . . . .	28
SODIUM BICARBONATE . . . . .	22,154	SPIRIVA RESPIMAT . . . . .	28
sodium chloride . . . . .	86,110	spironolactone . . . . .	101
SODIUM CHLORIDE . . . . .	156	spironolactone-hctz . . . . .	100
sodium chloride (pf) . . . . .	157	sprintec 28 . . . . .	81
sodium chloride bacteriostatic . . . . .	172	SPRYCEL . . . . .	60
sodium chloride flush . . . . .	157	sps (sodium polystyrene sulf) . . . . .	158
sodium fluoride . . . . .	155,160	sronyx . . . . .	81
SODIUM FLUORIDE . . . . .	155	ssd . . . . .	92
SODIUM FLUORIDE 5000 ENAMEL . . . . .	160	sss 10-5 . . . . .	88
sodium fluoride 5000 plus . . . . .	160	st joseph aspirin . . . . .	17
sodium fluoride 5000 ppm . . . . .	160	st joseph low dose . . . . .	17
SODIUM FLUORIDE 5000 SENSITIVE . . . . .	160	STALEVO 150 . . . . .	63
sodium nitroprusside . . . . .	50	STALEVO 75 . . . . .	63
sodium phenylbutyrate . . . . .	104	STAVUDINE . . . . .	68
sodium phosphates . . . . .	155	STELARA . . . . .	91,108
sodium polystyrene sulfonate . . . . .	158	STERILANCE PA . . . . .	135
sodium sulfacetamide . . . . .	91	STERILANCE TL . . . . .	135
sodium sulfacetamide wash . . . . .	91	sterile diluent/epoprostenol . . . . .	172

sterile water for injection . . . . .	172	SUPPRELIN LA . . . . .	103
sterile water for irrigation . . . . .	158	SUPRAX . . . . .	76
STIOLTO RESPIMAT . . . . .	29	SUPREME II HIGH/LOW CONTROL . . . . .	135
STIVARGA . . . . .	60	SUPREP BOWEL PREP KIT . . . . .	118
STRATTERA . . . . .	9	SURE COMFORT INSULIN SYRINGE . . . . .	149
STREPTOMYCIN SULFATE . . . . .	10	SURE COMFORT LANCETS 18G . . . . .	135
STRIBILD . . . . .	68	SURE COMFORT LANCETS 21G . . . . .	135
STRIVERDI RESPIMAT . . . . .	29	SURE COMFORT LANCETS 23G . . . . .	135
STROMECTOL . . . . .	22	SURE COMFORT LANCETS 28G . . . . .	135
SUBSYS . . . . .	19	SURE COMFORT LANCETS 30G . . . . .	135
subvenite . . . . .	32	SURE COMFORT LANCING PEN . . . . .	136
subvenite starter kit-blue . . . . .	32	SURE COMFORT PEN NEEDLES . . . . .	149
subvenite starter kit-green . . . . .	33	SURE-FINE PEN NEEDLES . . . . .	149
subvenite starter kit-orange . . . . .	33	SURE-JECT INSULIN SYRINGE . . . . .	149
SUCCINYLCHOLINE CHLORIDE . . . . .	165	SURE-PEN . . . . .	136
sucralfate . . . . .	180	SURELITE LANCETS . . . . .	136
SUFENTANIL CITRATE . . . . .	19	SURESTEP GLUCOSE CONTROL . . . . .	136
SULCONAZOLE NITRATE . . . . .	90	swabflush saline flush . . . . .	157
sulfacetamide sod-sulfur wash . . . . .	88	syeda . . . . .	81
sulfacetamide sodium . . . . .	91,168	symax-sl . . . . .	180
sulfacetamide sodium (acne) . . . . .	88	SYMBICORT . . . . .	29
sulfacetamide sodium (cleans) . . . . .	91	SYMLINPEN 120 . . . . .	36
sulfacetamide sodium-sulfur . . . . .	88	SYMLINPEN 60 . . . . .	37
SULFACETAMIDE SODIUM-SULFUR . . . . .	88	SYMPROIC . . . . .	108
SULFACETAMIDE-PREDNISOLONE . . . . .	169	SYMTUZA . . . . .	68
SULFACETAMIDE-SULFUR IN UREA . . . . .	88	SYNJARDY . . . . .	37
sulfacleanse 8/4 . . . . .	88	SYNJARDY XR . . . . .	37
sulfadiazine . . . . .	177	SYNTHROID . . . . .	178
sulfamethoxazole-trimethoprim . . . . .	23		
sulfamez wash . . . . .	88	<b>T</b>	
sulfasalazine . . . . .	108	TABLOID . . . . .	53
sulfatrim pediatric . . . . .	23	tacrolimus . . . . .	95,158
sulindac . . . . .	14	tadalafil . . . . .	73
sumatriptan . . . . .	153	tadalafil (pah) . . . . .	74
sumatriptan succinate . . . . .	153	TADLIQ . . . . .	74
SUMATRIPTAN SUCCINATE . . . . .	153	tafluprost (pf) . . . . .	170
sumatriptan succinate refill . . . . .	153	TAGRISSO . . . . .	54
sunitinib malate . . . . .	60	TAKHZYRO . . . . .	112
SUNOSI . . . . .	9	TALICIA . . . . .	181
SUPARTZ FX . . . . .	164	tamoxifen citrate . . . . .	56
SUPER THIN LANCETS . . . . .	135	tamsulosin hcl . . . . .	110

tandem plus . . . . .	115	terconazole . . . . .	184
TARGRETIN . . . . .	61,90	teriflunomide . . . . .	175
tarina 24 fe . . . . .	81	teriparatide . . . . .	101
tarina fe 1/20 . . . . .	81	teriparatide (recombinant) . . . . .	101
tarina fe 1/20 eq . . . . .	81	TERIPARATIDE (RECOMBINANT) . . . . .	101
TARKA . . . . .	49	terrell . . . . .	109
tasimelteon . . . . .	117	TESSALON PERLES . . . . .	86
TAVALISSE . . . . .	112	TESTOSTERONE . . . . .	21
TAXOTERE . . . . .	62	TESTOSTERONE CYPIONATE . . . . .	21
taysofy . . . . .	81	TESTOSTERONE ENANTHATE . . . . .	21
TAYTULLA . . . . .	81	TETANUS-DIPHTHERIA TOXOIDS TD . . . . .	179
TAZAROTENE . . . . .	88	tetrabenazine . . . . .	174
tazarotene . . . . .	91	tetracaine hcl . . . . .	119,168
TAZICEF . . . . .	76	tetracycline hcl . . . . .	178
taztia xt . . . . .	72	TEXACORT . . . . .	94
TDVAX . . . . .	179	TEZSPIRE . . . . .	27
TECHLITE AST LANCETS . . . . .	136	TGT LANCET MICRO THIN 33G . . . . .	136
TECHLITE INSULIN SYRINGE . . . . .	149	TGT LANCET THIN 26G . . . . .	136
TECHLITE LANCETS . . . . .	136	TGT LANCET ULTRA THIN 30G . . . . .	136
TECHLITE LANCETS 26G . . . . .	136	TGT LANCING DEVICE . . . . .	136
TECHLITE LANCETS 30G . . . . .	136	THALOMID . . . . .	157
TECHLITE PEN NEEDLES . . . . .	149	theophylline . . . . .	30
TECHLITE PLUS PEN NEEDLES . . . . .	149	THEOPHYLLINE ER . . . . .	30
TEGRETOL . . . . .	33	thiamine hcl . . . . .	186
TEGSEDI . . . . .	177	THINLETS GP LANCETS . . . . .	136
TEKTRUNA HCT . . . . .	49	thioridazine hcl . . . . .	65
TELCARE GLUCOSE CONTROL . . . . .	136	thiotepa . . . . .	52
telmisartan . . . . .	48	thiothixene . . . . .	65
TELMISARTAN-AMLODIPINE . . . . .	49	tiadylt er . . . . .	72
telmisartan-hctz . . . . .	49	tiagabine hcl . . . . .	33
temazepam . . . . .	117	TIAZAC . . . . .	72
TEMIXYS . . . . .	68	TICOVAC . . . . .	184
TEMODAR . . . . .	52	TIGECYCLINE . . . . .	177
TEMOVATE . . . . .	93	TIKOSYN . . . . .	27
temozolomide . . . . .	52	tilia fe . . . . .	81
temsirolimus . . . . .	60	timolol maleate . . . . .	71,166
TENCON . . . . .	15	timolol maleate (once-daily) . . . . .	166
tenofovir disoproxil fumarate . . . . .	68	timolol maleate ocudose . . . . .	166
terazosin hcl . . . . .	48	timolol maleate pf . . . . .	166
terbinafine hcl . . . . .	43	tinidazole . . . . .	22
terbutaline sulfate . . . . .	29	tiopronin . . . . .	110

tiotropium bromide monohydrate . . . . .	28	torseamide . . . . .	100
tirofiban hcl . . . . .	112	TOUJEO MAX SOLOSTAR . . . . .	40
tis-u-sol . . . . .	158	TOUJEO SOLOSTAR . . . . .	40
TIVICAY . . . . .	68	TOVIAZ . . . . .	181
TIVICAY PD . . . . .	68	tramadol hcl . . . . .	19
tizanidine hcl . . . . .	163	tramadol hcl (er biphasic) . . . . .	19
tl hydroquinone . . . . .	97	TRAMADOL HCL ER . . . . .	19
tl-hem 150 . . . . .	115	tramadol-acetaminophen . . . . .	20
tm-vite rx . . . . .	161	trandolapril . . . . .	47
TOBRADEX . . . . .	169	TRANDOLAPRIL-VERAPAMIL HCL ER . . . . .	49
tobramycin . . . . .	11,168	tranexamic acid . . . . .	115
TOBRAMYCIN . . . . .	11	tranexamic acid-nacl . . . . .	116
tobramycin sulfate . . . . .	11	tranylcypromine sulfate . . . . .	35
tobramycin-dexamethasone . . . . .	169	TRAVEL LANCETS . . . . .	136
TOBREX . . . . .	168	TRAVEL LANCETS ADVANCED 28G . . . . .	136
TODAYS HEALTH LANCING DEVICE . . . . .	136	travoprost (bak free) . . . . .	170
TODAYS HEALTH MINI PEN NEEDLES . . . . .	149	TRAZIMERA . . . . .	54
TODAYS HEALTH PEN NEEDLES . . . . .	149	trazodone hcl . . . . .	36
TODAYS HEALTH SHORT PEN NEEDLE . . . . .	149	TRELEGY ELLIPTA . . . . .	29
TODAYS HEALTH THIN LANCETS 28G . . . . .	136	TREMFYA . . . . .	91
TODAYS HEALTH THIN LANCETS 30G . . . . .	136	treprostinil . . . . .	74
TOLAK . . . . .	90	TRESIBA . . . . .	40
TOLBUTAMIDE . . . . .	40	TRESIBA FLEXTOUCH . . . . .	40
tolcapone . . . . .	62	tretinoin . . . . .	61,88
TOLECTIN 600 . . . . .	14	TRETINOIN (EMOLLIENT) . . . . .	89
TOLMETIN SODIUM . . . . .	14	tretinoin microsphere . . . . .	88
tolterodine tartrate . . . . .	181	tretinoin microsphere pump . . . . .	88
tolterodine tartrate er . . . . .	181	TREXALL . . . . .	53
tolvaptan . . . . .	105	TREZIX . . . . .	20
TOLVAPTAN . . . . .	105	tri femynor . . . . .	81
TOPAMAX . . . . .	33	tri-estarylla . . . . .	81
TOPAMAX SPRINKLE . . . . .	33	tri-legest fe . . . . .	81
TOPCARE CLICKFINE PEN NEEDLES . . . . .	149	tri-linyah . . . . .	81
TOPCARE LANCETS MICRO-THIN 33G . . . . .	136	tri-lo-estarylla . . . . .	81
TOPCARE ULTRA COMFORT INS SYR . . . . .	149,150	tri-lo-marzia . . . . .	82
topiramate . . . . .	33	tri-lo-mili . . . . .	82
topiramate er . . . . .	33	tri-lo-sprintec . . . . .	82
toposar . . . . .	62	tri-mili . . . . .	82
topotecan hcl . . . . .	62	tri-nymyo . . . . .	82
toremifene citrate . . . . .	56	tri-previfem . . . . .	82
torpenz . . . . .	60	tri-sprintec . . . . .	82

TRI-VITE/FLUORIDE . . . . .	162	trosipium chloride er . . . . .	181
tri-vylibra . . . . .	82	TRUE COMFORT INSULIN SYRINGE . . . . .	150
tri-vylibra lo . . . . .	82	TRUE COMFORT PEN NEEDLES . . . . .	150
triadime . . . . .	94	TRUE COMFORT PRO INSULIN SYR . . . . .	150
triadime-80 . . . . .	94	TRUE COMFORT PRO PEN NEEDLES . . . . .	150
TRIAMCINOLONE ACETONIDE . . . . .	85	TRUE COMFORT SAFETY LANCETS . . . . .	136
triamcinolone acetamide . . . . .	94,160	TRUE COMFORT TWIST TOP LANCETS . . . . .	136
triamcinolone in absorbbase . . . . .	94	true folic acid . . . . .	113
triamterene . . . . .	101	TRUECONTROL GLUCOSE CONT LEV 0 . . . . .	136
triamterene-hctz . . . . .	100	TRUECONTROL GLUCOSE CONT LEV 1 . . . . .	136
triazolam . . . . .	117	TRUEDRAW LANCING DEVICE . . . . .	136
TRIBENZOR . . . . .	49	TRUEPLUS 5-BEVEL PEN NEEDLES . . . . .	150
tricitrates . . . . .	109	TRUEPLUS INSULIN SYRINGE . . . . .	150
tricon . . . . .	115	TRUEPLUS LANCETS 26G . . . . .	136
tridacaine ii . . . . .	97	TRUEPLUS LANCETS 28G . . . . .	136
tridacaine iii . . . . .	97	TRUEPLUS LANCETS 30G . . . . .	136
triderm . . . . .	94	TRUEPLUS LANCETS 33G . . . . .	136
trientine hcl . . . . .	157	TRUEPLUS PEN NEEDLES . . . . .	150
trifluoperazine hcl . . . . .	65	TRUEPLUS SAFETY LANCETS 28G . . . . .	136
TRIFLURIDINE . . . . .	168	TRULICITY . . . . .	39
trigels-f forte . . . . .	115	TRUMENBA . . . . .	182
triheal-80 . . . . .	94	tulana . . . . .	84
trihexyphenidyl hcl . . . . .	62	turqoz . . . . .	82
TRIJARDY XR . . . . .	37	TWINRIX . . . . .	184
TRILEPTAL . . . . .	33	TWIRLA . . . . .	82
TRILIPIX . . . . .	45	TWIST TOP LANCETS 30G . . . . .	136
trilyte . . . . .	118	TWYNEO . . . . .	88
trimethobenzamide hcl . . . . .	42	TYBLUME . . . . .	82
TRIMETHOPRIM . . . . .	22	tydemy . . . . .	82
trimipramine maleate . . . . .	36	TYMLOS . . . . .	102
TRINATE . . . . .	162	TYSABRI . . . . .	175
TRINTELLIX . . . . .	36		
triphrocaps . . . . .	161	<b>U</b>	
TRIPTODUR . . . . .	103	UBRELVY . . . . .	153
TRIUMEQ . . . . .	68	UCERIS . . . . .	21,85
TRIUMEQ PD . . . . .	68	ULTI-LANCE AUTOMATIC . . . . .	137
trivix . . . . .	94	ULTICARE INSULIN SAFETY SYR . . . . .	150
trivora (28) . . . . .	82	ULTICARE INSULIN SYR 1/2 UNIT . . . . .	150
TROKENDI XR . . . . .	33	ULTICARE INSULIN SYRINGE . . . . .	150
tropicamide . . . . .	166	ULTICARE MICRO PEN NEEDLES . . . . .	150
trosipium chloride . . . . .	181	ULTICARE MINI PEN NEEDLES . . . . .	150

ULTICARE PEN NEEDLES . . . . .	150	UNILET G.P. SUPERLITE LANCET . . . . .	137
ULTICARE SHORT PEN NEEDLES . . . . .	151	UNILET GP 28 ULTRA THIN . . . . .	137
ULTIGUARD SAFEPACK PEN NEEDLE . . . . .	151	UNILET LANCET . . . . .	137
ULTIGUARD SAFEPACK SYR/NEEDLE . . . . .	151	UNILET MICRO-THIN 33G . . . . .	137
ULTILET CLASSIC LANCETS . . . . .	137	UNILET SUPER-THIN 30G . . . . .	137
ULTILET INSULIN SYRINGE . . . . .	151	UNILET SUPERLITE LANCET . . . . .	137
ULTILET INSULIN SYRINGE SHORT . . . . .	151	UNILET ULTRA-THIN 28G . . . . .	137
ULTILET LANCETS . . . . .	137	UNISTIK 1 . . . . .	137
ULTILET PEN NEEDLE . . . . .	151	UNISTIK 2 . . . . .	137
ULTILET SAFETY LANCETS . . . . .	137	UNISTIK 2 COMFORT . . . . .	137
ULTILET SAFETY LANCETS 23G . . . . .	137	UNISTIK 2 EXTRA . . . . .	137
ULTRA COMFORT INSULIN SYRINGE . . . . .	151	UNISTIK 2 NEONATAL . . . . .	137
ULTRA FLO INSULIN PEN NEEDLES . . . . .	151	UNISTIK 2 NORMAL . . . . .	137
ULTRA FLO INSULIN SYR 1/2 UNIT . . . . .	151	UNISTIK 2 SUPER . . . . .	137
ULTRA FLO INSULIN SYRINGE . . . . .	151	UNISTIK 3 . . . . .	137
ULTRA THIN LANCETS 31G . . . . .	137	UNISTIK 3 COMFORT . . . . .	138
ULTRA THIN PEN NEEDLES . . . . .	151	UNISTIK 3 EXTRA . . . . .	138
ULTRA-CARE LANCETS 30G . . . . .	137	UNISTIK 3 GENTLE . . . . .	138
ULTRA-THIN II AUTO LANCET . . . . .	137	UNISTIK 3 NEONATAL . . . . .	138
ULTRA-THIN II INS SYR SHORT . . . . .	151	UNISTIK 3 NORMAL . . . . .	138
ULTRA-THIN II INSULIN SYRINGE . . . . .	151	UNISTIK CZT COMFORT . . . . .	138
ULTRA-THIN II LANCETS . . . . .	137	UNISTIK CZT NORMAL . . . . .	138
ULTRA-THIN II MINI PEN NEEDLE . . . . .	152	UNISTIK NORMAL . . . . .	138
ULTRA-THIN II PEN NEEDLE SHORT . . . . .	152	UNISTIK PRO SAFETY LANCET . . . . .	138
ULTRA-THIN II PEN NEEDLES . . . . .	152	UNISTIK SAFETY LANCETS 28G . . . . .	138
ULTRACARE INSULIN SYRINGE . . . . .	152	UNISTIK SAFETY LANCETS 30G . . . . .	138
ULTRACARE PEN NEEDLES . . . . .	152	UNISTIK TOUCH SAFETY LANC 21G . . . . .	138
ULTRALANCE . . . . .	137	UNISTIK TOUCH SAFETY LANC 23G . . . . .	138
ultrasound gel . . . . .	99	UNISTIK TOUCH SAFETY LANC 28G . . . . .	138
ULTRATRAK PRO CONTROL . . . . .	137	UNISTIK TOUCH SAFETY LANC 30G . . . . .	138
ULTRATRAK ULTIMATE CONTROL . . . . .	137	unithroid . . . . .	178
umecta mousse . . . . .	94	UNIVERSAL 1 LANCETS THIN 26G . . . . .	138
UNIFINE PEN NEEDLES . . . . .	152	UNIVERSAL 1 LANCETS THIN 33G . . . . .	138
UNIFINE PENTIPS . . . . .	152	UNIVERSAL 1 LANCETS ULTRA THIN . . . . .	138
UNIFINE PENTIPS PLUS . . . . .	152	UPTRAVI . . . . .	74
UNIFINE SAFECONTROL PEN NEEDLE . . . . .	152	UREA . . . . .	94
UNIFINE ULTRA PEN NEEDLE . . . . .	152	UREA HYDRATING . . . . .	95
UNILET COMFORTOUCH LANCET . . . . .	137	urea nail . . . . .	95
UNILET EXCELITE . . . . .	137	urea-c40 . . . . .	95
UNILET EXCELITE II . . . . .	137	uredeb . . . . .	95
UNILET G.P. LANCET . . . . .	137	urelle . . . . .	23

uremez-40 . . . . .	95	VALUMARK PEN NEEDLES . . . . .	152
uretron d/s . . . . .	23	VANOCIN . . . . .	24
uribel . . . . .	23	VANCOMYCIN HCL . . . . .	24,168
urimar-t . . . . .	23	VANCOMYCIN HCL IN DEXTROSE . . . . .	24
URIMAR-T . . . . .	23	VANCOMYCIN HCL IN NACL . . . . .	24
urin ds . . . . .	23	VANISHPOINT INSULIN SYRINGE . . . . .	152
uro-458 . . . . .	23	VAQTA . . . . .	184
uro-mp . . . . .	23	vardenafil hcl . . . . .	73
uro-sp . . . . .	23	varenicline tartrate . . . . .	176
UROCIT-K 10 . . . . .	109	varenicline tartrate (starter) . . . . .	176
UROCIT-K 15 . . . . .	109	varenicline tartrate(continue) . . . . .	177
UROCIT-K 5 . . . . .	109	VARIVAX . . . . .	184
urosex . . . . .	162	VARIZIG . . . . .	171
URSO 250 . . . . .	107	VASCEPA . . . . .	44
URSO FORTE . . . . .	107	VASERETIC . . . . .	49
URSODIOL . . . . .	107	VASOPRESSIN . . . . .	104
ursodiol . . . . .	107	vasopressin +fid . . . . .	104
ustell . . . . .	23	VAXNEUVANCE . . . . .	182
utira-c . . . . .	23	vecuronium bromide . . . . .	165
<b>V</b>			
v-c forte . . . . .	162	VELCADE . . . . .	60
VAGIFEM . . . . .	185	VELIVET . . . . .	82
valacyclovir hcl . . . . .	69	VELPHORO . . . . .	108
valganciclovir hcl . . . . .	69	VELSIPITY . . . . .	108
valproate sodium . . . . .	34	VELTASSA . . . . .	158
valproic acid . . . . .	34	VEMLIDY . . . . .	69
valrubicin . . . . .	57	venlafaxine hcl . . . . .	36
valsartan . . . . .	48	venlafaxine hcl er . . . . .	36
valsartan-hydrochlorothiazide . . . . .	49	verapamil hcl . . . . .	72
VALTOCO 10 MG DOSE . . . . .	31	VERAPAMIL HCL ER . . . . .	72
VALTOCO 15 MG DOSE . . . . .	31	VERASENS GLUCOSE CONTROL . . . . .	138
VALTOCO 20 MG DOSE . . . . .	31	VERIFINE SAFE LANCET MINI 21G . . . . .	138
VALTOCO 5 MG DOSE . . . . .	31	VERIFINE SAFE LANCET MINI 23G . . . . .	138
VALUE HEALTH INSULIN SYRINGE . . . . .	152	VERIFINE SAFE LANCET MINI 28G . . . . .	138
VALUE PLUS LANCET STANDARD 21G . . . . .	138	VERIFINE SAFE LANCET MINI 30G . . . . .	138
VALUE PLUS LANCETS SUPER THIN . . . . .	138	VERIFINE UNIVERSAL LANCETS 28G . . . . .	138
VALUE PLUS LANCETS THIN 26G . . . . .	138	VERIFINE UNIVERSAL LANCETS 30G . . . . .	138
VALUE PLUS LANCING DEVICE . . . . .	138	VERIFINE UNIVERSAL LANCETS 33G . . . . .	139
VALUMARK LANCET SUPER THIN 30G . . . . .	138	VERQUOVO . . . . .	75
VALUMARK LANCET ULTRA THIN 28G . . . . .	138	vestura . . . . .	82
		vexatrol . . . . .	97
		VFEND . . . . .	43

VIBERZI . . . . .	108	VIVAGUARD LANCING DEVICE . . . . .	139
VIBRAMYCIN . . . . .	178	VIVAGUARD SAFETY LANCETS 28G . . . . .	139
vic-forte . . . . .	162	volnea . . . . .	82
VICTOZA . . . . .	39	voriconazole . . . . .	43
VIDA MIA AUTOLET LANCING DEV . . . . .	139	VORICONAZOLE . . . . .	43
VIDA MIA UNIFINE PENTIPS . . . . .	152	VOSEVI . . . . .	69
VIDA MIA UNILET LANCETS 28G . . . . .	139	VOTRIENT . . . . .	60
VIDA MIA UNILET LANCETS 30G . . . . .	139	VP INSULIN SYRINGE . . . . .	152
vienva . . . . .	82	vp-vite rx . . . . .	161
vigabatrin . . . . .	33	VRAYLAR . . . . .	64
vigadrone . . . . .	33	VTAMA . . . . .	91
VIGAMOX . . . . .	168	VUMERITY . . . . .	175
vigpoder . . . . .	33	vyfemla . . . . .	82
vilamit mb . . . . .	23	vylibra . . . . .	82
vilazodone hcl . . . . .	36	VYTORIN . . . . .	44
vilelev mb . . . . .	23	VYVANSE . . . . .	8
VIMPAT . . . . .	33		
VINBLASTINE SULFATE . . . . .	62	<b>W</b>	
vincasar pfs . . . . .	62	WAKIX . . . . .	9
VINCRISTINE SULFATE . . . . .	62	WALGREENS ADV TRAVEL LANCETS . . . . .	139
vinorelbine tartrate . . . . .	62	WALGREENS LANCETS . . . . .	139
VIKACE . . . . .	100	WALGREENS LANCETS MICRO THIN . . . . .	139
viorele . . . . .	82	WALGREENS LANCETS SUPER THIN . . . . .	139
VIREAD . . . . .	68	WALGREENS THIN LANCETS . . . . .	139
virt-caps . . . . .	161	WALGREENS ULTRA THIN LANCETS . . . . .	139
virt-gard . . . . .	115	warfarin sodium . . . . .	30
virt-phos 250 neutral . . . . .	156	water for irrigation, sterile . . . . .	158
VISTOGARD . . . . .	41	WEGMANS UNIFINE PENTIPS PLUS . . . . .	152
vita s forte . . . . .	162	WEGOVY . . . . .	9
vitacel . . . . .	162	WELLBUTRIN SR . . . . .	35
vitafol . . . . .	161	WELLBUTRIN XL . . . . .	35
VITAFOL-OB+DHA . . . . .	162	wera . . . . .	82
vitamin b complex 100 . . . . .	161	wes-phos 250 neutral . . . . .	156
vitamin b-complex 100 . . . . .	161	wescaps . . . . .	161
vitamin d (ergocalciferol) . . . . .	186	WESTAB MAX . . . . .	99
vitamin k1 . . . . .	186	westab mini . . . . .	115
VITAMINS ACD-FLUORIDE . . . . .	162	westab one . . . . .	115
VITRAKVI . . . . .	60	WHITE PETROLATUM . . . . .	172
VIVAGUARD INO CONTROL SOLUTION . . . . .	139	WINLEVI . . . . .	88
VIVAGUARD LANCETS . . . . .	139	wixela inhub . . . . .	29
VIVAGUARD LANCETS 30G . . . . .	139	wymzya fe . . . . .	82

## X

XARELTO	30
XARELTO STARTER PACK	30
XCOPRI	33
XCOPRI (250 MG DAILY DOSE)	33
XCOPRI (350 MG DAILY DOSE)	33
XELJANZ	12
XELJANZ XR	13
XELODA	53
XEOMIN	165
XHANCE	164
XIFAXAN	22
XIGDUO XR	37
XIIDRA	168
XOLAIR	28
XOSPATA	60
XTAMPZA ER	19
XTANDI	56
xulane	82
XULTOPHY	37
xurea	95
xylocaine dental	119
XYNTHA	111
XYNTHA SOLOFUSE	111
XYOSTED	21
XYWAV	173
XYZAL ALLERGY 24HR	44

## Y

yargesa	113
yl folic acid	113
YONSA	56
YUPELRI	28

## Z

ZACLIR CLEANSING	88
zafemy	82
zafirlukast	28
zaleplon	117
ZANAFLEX	163

zarah	82
ZARONTIN	34
ZEGALOGUE	38
ZEJULA	60
ZELBORAF	60
ZEMAIRA	177
ZEMBRACE SYMTOUCH	153
ZEMPLAR	104
zenatane	88
ZENPEP	100
zenzedi	8
ZEPBOUND	9
ZEPOSIA	176
ZEPOSIA 7-DAY STARTER PACK	176
ZEPOSIA STARTER KIT	176
zeruvia	97
ZESTRIL	47
ZEVX INSULIN SYRINGE	152
ZEVX PEN NEEDLES	152
ZEVX TWIST TOP LANCETS 30G	139
ZIAC	49
zidovudine	68
ZIEXTENZO	114
zinc chloride	157
zinc sulfate	157
zionodil	97
zionodil 100	97
ZIOPTAN	170
ziprasidone hcl	64
ziprasidone mesylate	64
ZIRABEV	54
ZOCOR	46
ZOFRAN	42
ZOLEDRONIC ACID	102
zoledronic acid	102
ZOLINZA	60
ZOLMITRIPTAN	153
zolpidem tartrate	117
zolpidem tartrate er	117
ZOMIG	154
ZOMIG ZMT	154

zonisamide.....	33
ZORYVE.....	91,97
zovia 1/35 (28).....	82
zovia 1/35e (28).....	82
ZUBSOLV.....	.20
zumandimine.....	82
ZYCLARA.....	.95
ZYCLARA PUMP.....	.95
ZYDELIG.....	60
ZYKADIA.....	61
ZYPREXA.....	.65
ZYPREXA ZYDIS.....	65