



# AON Benefit Experience\*

**Geisinger**  
HEALTH PLAN

**2026**

**List of covered drugs**

## **General formulary information**

**This formulary is applicable to the prescription coverage provided with AON Benefit Experience plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.**

Contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit you have. Also refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary is a useful tool for prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category. You can find individual medications by using the index at the back.

You can also view the formulary online at [geisinger.org/health-plan](http://geisinger.org/health-plan).

## **Pharmacy Customer Service Team contact information**

Phone: 800-988-4861 or 570-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan Pharmacy Department

Mail Code 24-10

100 N. Academy Ave.

Danville, PA 17822

## **Tiers**

The AON Benefit Experience benefit 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 rider. Additional medications, other than those included in this formulary, may be covered under the Triple Choice benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 - Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 - Includes certain formulary brand name medications, brand name medications with a generic equivalent (unless higher cost-sharing applies), and specialty medications. Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.

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

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

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

- All prescriptions must be filled at a participating pharmacy. You may only use a non-participating pharmacy if a participating pharmacy is not available. You must pay cash at non-participating pharmacies and submit the necessary documentation to the Pharmacy Customer Service Team for reimbursement to be considered.
- Except for those medications designated as specialty in the formulary, you may use any participating pharmacy. Geisinger Health Plan will not transfer your prescription without your permission.
- You'll pay the applicable copay, coinsurance or deductible when you receive the prescription. This cost will not exceed the cost of the prescription without insurance.
- Most brand-name medications with a generic equivalent require prior authorization. Some medications on the formulary require prior authorization or step therapy, which your provider can request through our Pharmacy Customer Service Team.
- If you need medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exception process. Non-formulary medications requiring prior authorization will be available at the Tier 5 copay/coinsurance level.
- 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 4.
- Most non-prescription (over-the-counter) medications are not covered unless required by healthcare reform legislation.
- If certain conditions are met, some medications may be covered with no copay/coinsurance due to healthcare reform legislation. Contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider can request through our Pharmacy Customer Service Team. If an exception is approved, you'll be charged at the Tier 3 copay level (if the primary ingredient is generic) or the Tier 5 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.
- 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 if more than a

10-day supply (if required for an adult) or more than a 5-day supply (if required for a member under 18 years old).

## Specialty Vendor Medication Program

- Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Contact the Pharmacy Customer Service Team for more 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.

## Using this formulary

- Medications are listed by therapeutic class in the table of contents. You can find an alphabetical index of all medications 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. Other day supply limits may apply.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column require a specialty pharmacy vendor.
- This formulary is accurate as of March 1, 2026, and is subject to change. You can find any additions or deletions to the formulary throughout the year in the quarterly publications “Member Update” (for members) and “Healthcare Provider Update” (for providers). The most up-to-date source for formulary information is the online formulary search available at [geisinger.org/health-plan.com](https://geisinger.org/health-plan.com).
- **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 depend on the coverage selected by you or your employer. If you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, contact the Pharmacy Customer Service Team.

## Quantity limits

- Quantity limits are listed in the Requirements/Limits column.
- Non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied if approved for coverage.
- A maximum of a 34-day supply may be dispensed for medications in Tier 6 and medications provided by a specialty vendor unless a shorter duration is specified in the formulary or in your specific benefit documents.

## Step therapy

For details about step therapy requirements, contact the Pharmacy Customer Service Team at 800-988-4861 or 570-271-5673.

## What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based on the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if 2 or more medications produce the same clinical results, elements like cost and ease of use are considered.

A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular copay or coinsurance for that medication.

In some situations, you may not respond well to a given formulary medication, or you may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. We’ll review your request and any pertinent medical records, treatment and laboratory data. We respond to such requests within 48 hours of receiving all necessary information. If an exception is approved, you’ll be charged at the Tier 5 copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

## Formulary exclusions

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

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational or unproven therapies
- Used for cosmetic purposes

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

## Healthcare 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
  - For the primary prevention of cardiovascular disease and colorectal cancer in adults ages 50–59 who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years and are willing to take low-dose aspirin daily for at least 10 years.
  - 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 for a screening colonoscopy for members ages 45–75.
- Breast cancer prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
  - For females 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 females 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 mg/25 mg tablet, emtricitabine/tenofovir 200 mg/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 ages 40–75 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.

Formulary oral chemotherapy agents will have no cost-sharing based on the Pennsylvania Oral Anticancer Treatment Access Law.

For details about how these medications may be covered under your specific plan, 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.

## **Formulary development**

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

## **What are generics?**

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means 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. The U.S. Food and Drug Administration also 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.**

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## Notes for providers

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

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

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

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

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

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

- Online at [ghp.promptpa.com](http://ghp.promptpa.com)
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
  - Attention Pharmacy Department 24-10  
100 N. Academy Ave.  
Danville, PA 17822
- For certain medications, by calling 800-988-4861

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

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

**Formulary addition requests:** We welcome requests for changes or additions, comments and suggestions for the formulary. You can make a written request to the Geisinger 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 200

# 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>.

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-447-4000 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-447-4000 (TTY: 711) o hable con su proveedor.

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-447-4000 (TTY: 711) 或與您的提供者討論。

אכסונג: אויב איר רעדט אידיש, זענען דא אומזיסטע שפראך הילף סערוויסעס וואס קענען צוגעשטעלט ווערן פאר אײך. נויטיגע צוגאבליכע הילף און סערוויסעס כדי צו צושטעלן אינפארמאציע אין א צוגענגליכע פארמאטן ווערן אויך צוגעשטעלט פריי פון אפצאל. רופט 1-800-447-4000 (TTY: 711) אדער רעדט צו אײער פראוויידער.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-447-4000 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (TTY: 711) (1-800-447-4000) أو تحدث إلى مقدم الخدمة

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-447-4000 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-447-4000 (Người khuyết tật: 1-711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-447-4000 (TTY: 711) ou parlez à votre fournisseur.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-447-4000 (tty: 711) o parla con il tuo fornitore.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-447-4000 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-447-4000 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।  
ध्यान आपो: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-447-4000 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-447-4000 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

AKIYESI: Ti o ba so Yorùbá, awon ise iranlowo ede ofe wa fun o. Awon iranlowo iranlowo ti o ye ati awon ise lati pese alaye ni awon ona kika wiwole tun wa laisi idiyele. Pe 1-800-447-4000 (TTY: 711) tabi soro si olupese re.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Չանգահարեք 1-800-447-4000 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

## LEGEND

0 Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

QL Quantity Limit

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

PA Prior Authorization

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

PA-NSO Prior Authorization - New Starts Only

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

ST Step Therapy

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

AL Age Limit

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

PN Note

This drug has unique restrictions.

PN Note

This drug has unique PA 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 . . . . .	16
AMINOGLYCOSIDES . . . . .	17
ANALGESICS - ANTI-INFLAMMATORY . . . . .	18
ANALGESICS - NONNARCOTIC . . . . .	20
ANALGESICS - OPIOID . . . . .	22
ANDROGENS-ANABOLIC . . . . .	24
ANORECTAL AND RELATED PRODUCTS . . . . .	25
ANTHELMINTICS . . . . .	25
ANTI-INFECTIVE AGENTS - MISC. . . . .	25
ANTIANGINAL AGENTS . . . . .	27
ANTIANKXIETY AGENTS . . . . .	27
ANTIARRHYTHMICS . . . . .	28
ANTIASTHMATIC AND BRONCHODILATOR AGENTS . . . . .	28
ANTICOAGULANTS . . . . .	31
ANTICONVULSANTS . . . . .	32
ANTIDEPRESSANTS . . . . .	35
ANTIDIABETICS . . . . .	37
ANTIDIARRHEAL/PROBIOTIC AGENTS . . . . .	41
ANTIDOTES AND SPECIFIC ANTAGONISTS . . . . .	41
ANTIEMETICS . . . . .	42
ANTIFUNGALS . . . . .	42
ANTIHISTAMINES . . . . .	43
ANTIHYPERTENSIVES . . . . .	43
ANTIHYPERTENSIVES . . . . .	45
ANTIMALARIALS . . . . .	47
ANTIMYASTHENIC/CHOLINERGIC AGENTS . . . . .	48
ANTIMYCOBACTERIAL AGENTS . . . . .	48
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES . . . . .	48
ANTIPARKINSON AND RELATED THERAPY AGENTS . . . . .	62
ANTIPSYCHOTICS/ANTIMANIC AGENTS . . . . .	63
ANTIVIRALS . . . . .	67
BETA BLOCKERS . . . . .	71
CALCIUM CHANNEL BLOCKERS . . . . .	72
CARDIOTONICS . . . . .	73
CARDIOVASCULAR AGENTS - MISC. . . . .	73
CEPHALOSPORINS . . . . .	75
CONTRACEPTIVES . . . . .	76
CORTICOSTEROIDS . . . . .	84
COUGH/COLD/ALLERGY . . . . .	85
DERMATOLOGICALS . . . . .	86
DIAGNOSTIC PRODUCTS . . . . .	94
DIGESTIVE AIDS . . . . .	94
DIURETICS . . . . .	94
ENDOCRINE AND METABOLIC AGENTS - MISC. . . . .	95
ESTROGENS . . . . .	99
FLUOROQUINOLONES . . . . .	100

GASTROINTESTINAL AGENTS - MISC.	100
GENITOURINARY AGENTS - MISCELLANEOUS	102
GOUT AGENTS	103
HEMATOLOGICAL AGENTS - MISC.	104
HEMATOPOIETIC AGENTS	105
HEMOSTATICS	107
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	107
LAXATIVES	108
MACROLIDES	109
MEDICAL DEVICES AND SUPPLIES	109
MIGRAINE PRODUCTS	137
MINERALS ELECTROLYTES	138
MISCELLANEOUS THERAPEUTIC CLASSES	139
MOUTH/THROAT/DENTAL AGENTS	141
MULTIVITAMINS	142
MUSCULOSKELETAL THERAPY AGENTS	146
NASAL AGENTS - SYSTEMIC AND TOPICAL	148
NEUROMUSCULAR AGENTS	148
NUTRIENTS	149
OPHTHALMIC AGENTS	149
OTIC AGENTS	152
OXYTOCICS	153
PASSIVE IMMUNIZING AND TREATMENT AGENTS	153
PENICILLINS	154
PROGESTINS	155
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	155
RESPIRATORY AGENTS - MISC.	160
SULFONAMIDES	160
TETRACYCLINES	160
THYROID AGENTS	161
TOXOIDS	161
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	162
UNCATEGORIZED	163
URINARY ANTISPASMODICS	165
VACCINES	166
VAGINAL AND RELATED PRODUCTS	168
VASOPRESSORS	169
VITAMINS	169

Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine-dextroamphetamine er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	PA, QL (1 ea per 1 day(s))
<b>ANALECTICS</b>		
<i>caffeine citrate</i>	1	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i>benzphetamine hcl</i>	1	
<i>diethylpropion hcl</i>	1	
DIETHYLPROPION HCL ER	1	
<i>lomaira</i>	1	
<i>phendimetrazine tartrate</i>	1	
PHENDIMETRAZINE TARTRATE ER	1	
<i>phentermine hcl</i>	1	
<i>phentermine-topiramate er</i>	1	QL (1 ea per 1 day(s)), PA-NSO
<i>phentermine-topiramate erxdnu</i>	1	QL (1 ea per 1 day(s)), PA-NSO
PLENITY	3	
PLENITY WELCOME KIT	3	
QSYMIA	3	QL (1 ea per 1 day(s)), PA-NSO
<b>ANTI-OBESITY AGENTS</b>		
CONTRAVE	3	QL (4 ea per 1 day(s)), PA-NSO
IMCIVREE	3	LA, QL (0.3 ml per 1 day(s)), SP
<i>liraglutide -weight management</i>	3	PA, QL (0.5 ml per 1 day(s))
ORLISTAT	3	QL (3 ea per 1 day(s)), PA-NSO
SAXENDA	3	PA, QL (0.5 ml per 1 day(s))
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	3	PA, QL (2 ml per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	3	PA, QL (3 ml per 28 day(s))
XENICAL	3	QL (3 ea per 1 day(s)), PA-NSO
ZEPBOUND (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)	3	PA, QL (2 ml per 28 day(s))
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	3	PA, QL (2 ml per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl</i>	1	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	1	
QELBREE 100 MG CAP ER 24H	3	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	3	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	3	PA, QL (3 ea per 1 days)
<b>STIMULANTS - MISC.</b>		
<i>armodafinil</i>	1	PA
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
<i>methylphenidate</i>	1	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>methylphenidate hcl er</i>	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil</i>	1	PA
<b>AMINOGLYCOSIDES (CONTINUED)</b>		
<b>AMINOGLYCOSIDES</b>		
<i>neomycin sulfate</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, QL (280 ml per 56 days), SP
<b>ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	3	QL (0.8 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 20 MG/0.2ML SOLN PRSYR	3	QL (0.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
AMJEVITA 80 MG/0.8ML SOLN A-INJ	3	QL (2.4 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SIMPONI 100 MG/ML SOLN A-INJ	3	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN PRSYR	3	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN A-INJ	3	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	3	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	3	PA, 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)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RINVOQ 45 MG TAB ER 24H	3	QL (28 ea per 28 days), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
RINVOQ LQ	3	QL (360 ml per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ (5 MG TAB, 10 MG TAB)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
TOFIDENCE	3	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	3	QL (3.6 ml per 28 day(s)), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	3	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</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>flurbiprofen (100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 ea per fill)
LURBIPR	1	
LURBIRO	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>relafen 500 mg tab</i>	1	
<i>sulindac</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA 10 & 20 & 30 MG TAB THPK	3	QL (55 ea per 180 day(s)), PA-NSO, SP, PN (28 DAY SUPPLY IN 180 DAYS)
OTEZLA 20 MG TAB	3	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	3	PA, QL (55 ea per 180 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
OTEZLA/OTEZLA XR INITIATION PK	3	PA, QL (41 ea per 180 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide</i>	1	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	3	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	3	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	3	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	3	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>ANALGESICS - NONNARCOTIC (CONTINUED)</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>bac (butalbital-acetamin-caff)</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<b>ANALGESICS-PEPTIDE CHANNEL BLOCKERS</b>		
PRIALT	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<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	
<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>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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gnp adult aspirin low strength</i>	0	
<i>gnp aspirin 81 mg tab dr</i>	0	
<i>gnp aspirin low dose</i>	0	
<i>goodsense aspirin 81 mg chew tab</i>	0	
<i>goodsense aspirin adult low st</i>	0	
<i>goodsense aspirin low dose</i>	0	
<i>h-e-b aspirin</i>	0	
<i>hm aspirin 81 mg chew tab</i>	0	
<i>hm aspirin ec low dose</i>	0	
<i>kls aspirin low dose</i>	0	
<i>kp aspirin</i>	0	
<i>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 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, 60 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DISKETS	1	PA
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA, QL (120 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
<i>levorphanol tartrate 2 mg tab</i>	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	PA
<i>methadone hcl intensol</i>	1	PA
<i>methadose</i>	1	PA
<i>morphine sulfate (10 mg/5ml solution, 15 mg tab, 20 mg/5ml solution, 30 mg tab)</i>	1	
<i>morphine sulfate (concentrate)</i>	1	
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)</i>	1	PA
NUCYNTA	3	PA
NUCYNTA ER	3	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	PA
OXYCONTIN	3	PA
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	
SUBSYS (1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID)	3	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC)	1	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
<i>xyvona 2 mg tab</i>	1	
<b>OPIOID COMBINATIONS</b>		
ACETAMINOPHEN-CODEINE (300-15 MG TAB, 300-30 MG TAB, 300-60 MG TAB)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>endocet</i>	1	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)</i>	1	
HYDROCODONE-IBUPROFEN (7.5-200 MG TAB)	1	
NALOCET	1	
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>tramadol-acetaminophen</i>	1	
<b>OPIOID PARTIAL AGONISTS</b>		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	QL (1.28 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	QL (1.92 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	QL (2.56 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	QL (0.64 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	QL (0.36 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	QL (0.18 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	QL (0.27 ml per 28 days), SP, PN (MAX 28 DAY SUPPLY)
<i>buprenorphine</i>	1	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate</i>	1	
<i>pentazocine-naloxone hcl</i>	1	
SUBLOCADE	3	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>ANDROGENS-ANABOLIC (CONTINUED)</b>		
<b>ANDROGENS</b>		
AVEED	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
<i>testosterone (1.62 % gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
<i>testosterone cypionate</i>	1	
TESTOSTERONE ENANTHATE	1	
<b>ANORECTAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>RECTAL COMBINATIONS</b>		
<i>lidocaine-hydrocort (perianal)</i>	1	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
LIDOCORT	1	
PROCTOFOAM HC	2	
<b>RECTAL STEROIDS</b>		
ANUCORT-HC	1	
ANUSOL-HC 25 MG SUPPOS	1	
HEMMOREX-HC 25 MG SUPPOS	1	
<i>hydrocortisone (perianal)</i>	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<b>ANTHELMINTICS (CONTINUED)</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole</i>	1	QL (4 ea per day(s))
EMVERM	3	PA, QL (6 ea per fill(s))
<i>ivermectin 3 mg tab</i>	1	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS)
<b>ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole (250 mg tab, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN 550 MG TAB	3	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	
<i>sulfatrim pediatric</i>	1	
XACDURO	3	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA 100 MG/5ML RECON SUSP	2	
<i>atovaquone</i>	1	
<i>nitazoxanide</i>	1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin 350 mg recon soln</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>daptomycin 500 mg recon soln</i>	1	PN (34 DAYS SUPPLY PER FILL)
<b>GLYCOPEPTIDES</b>		
KIMYRSA	3	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	
<b>LEPROSTATICS</b>		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<b>OXAZOLIDINONES</b>		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO 200 MG TAB	3	PA, QL (6 ea per 6 day(s)), PN (6 DAYS SUPPLY IN 365 DAYS)
<b>PLEUROMUTILINS</b>		
XENLETA 600 MG TAB	3	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIANGINAL AGENTS (CONTINUED)</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine er</i>	1	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	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)</i>	1	
<b>ANTIANSXIETY AGENTS (CONTINUED)</b>		
<b>ANTIANSXIETY AGENTS - MISC.</b>		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE PAMOATE	2	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	
<i>meprobamate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>BENZODIAZEPINES</b>		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>alprazolam er</i>	1	
<i>alprazolam xr</i>	1	
<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
<b>ANTIARRHYTHMICS (CONTINUED)</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate</i>	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 ea per 1 days)
<i>quinidine gluconate er 324 mg tab er</i>	1	
QUINIDINE SULFATE	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
<i>pacerone</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA 10 MG/0.5ML SOLN PRSYR	3	PA, QL (0.5 ml per 56 day(s)), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	3	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	3	PA, QL (1 ml per 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)	3	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	3	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	3	PA, QL (1.91 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	3	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	3	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	3	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	3	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA	2	
INCRUSE ELLIPTA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	1	PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLUTICASONE PROPIONATE DISKUS	2	
FLUTICASONE PROPIONATE HFA	2	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
<b>SYMPATHOMIMETICS</b>		
ADVAIR HFA	2	
AIRDUO RESPICLICK 55/14	2	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)</i>	1	
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	PA
BREO ELLIPTA	2	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	2	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate</i>	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA	2	
<i>fluticasone-salmeterol</i>	1	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 ea per 30 day(s))
<i>formoterol fumarate</i>	1	PA
<i>ipratropium-albuterol</i>	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE	1	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRELEGY ELLIPTA	2	QL (2 ea per 1 days)
<i>wixela inhub</i>	1	QL (2 ea per 1 days)
<b>XANTHINES</b>		
<i>elixophyllin</i>	1	
THEO-24	3	
<i>theophylline</i>	1	
<i>theophylline er</i>	1	
<b>ANTICOAGULANTS (CONTINUED)</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS 2.5 MG TAB	2	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	2	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	2	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>rivaroxaban 1 mg/ml recon susp</i>	1	QL (20 ml per 1 days)
<i>rivaroxaban 2.5 mg tab</i>	1	QL (2 ea per 1 days)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 ea per 1 days)
XARELTO 15 MG TAB	2	QL (2 ea per 1 days)
XARELTO STARTER PACK	2	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
<i>heparin sodium (porcine) pf</i>	1	
<b>THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate mesylate</i>	1	QL (2 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
<b>ANTICONVULSANTS (CONTINUED)</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 12 MG TAB)	3	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	3	PA, QL (24 ml per 1 days)
FYCOMPA 10 MG TAB	1	PA, QL (1 ea per 1 days)
<i>perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	1	PA, QL (1 ea per 1 day(s))
<i>perampanel 0.5 mg/ml suspension</i>	1	PA, QL (24 ml per 1 day(s))
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
DIASTAT ACUDIAL	2	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	
LIBERVANT	2	QL (10 ea per 30 day(s)), AL (2 to 5 yrs old)
SYMPAZAN	3	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 15 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 20 MG DOSE	2	QL (10 ea per 30 days)
VALTOCO 5 MG DOSE	2	QL (10 ea per 30 days)
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM (200 MG TAB, 400 MG TAB)	3	PA, QL (1 ea per 1 day(s))
APTIOM (600 MG TAB, 800 MG TAB)	3	PA, QL (2 ea per 1 day(s))
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	1	
<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	
DIACOMIT	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	3	PA, SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epitol</i>	1	
EPRONTIA	3	PA, QL (16 ml per 1 day(s))
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	1	PA, QL (1 ea per 1 day(s))
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	1	PA, QL (2 ea per 1 day(s))
FINTEPLA	3	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	PA
<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	1	QL (2 ea per 1 day(s))
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	
<i>lamotrigine starter kit-blue</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 (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
<i>oxcarbazepine er</i>	1	PA
OXTELLAR XR	3	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone</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	PA
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	
TEGRETOL-XR	3	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate 25 mg/ml solution</i>	1	PA, QL (16 ml per 1 day(s))
<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	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	3	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H)	3	PA
<i>zonisamide</i>	1	
ZTALMY	3	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARBAMATES</b>		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	3	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE)	3	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	3	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	3	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	3	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	3	PA, QL (1 ea per 1 day(s))
<b>GABA MODULATORS</b>		
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	1	
<i>vigabatrin</i>	1	PA, SP
<i>vigadrone 500 mg packet</i>	1	PA, LA, SP
<i>vigadrone 500 mg tab</i>	1	PA, LA, SP
<i>vigpoder</i>	1	PA, SP
<b>HYDANTOINS</b>		
DILANTIN (100 MG CAP, 125 MG/5ML SUSPENSION)	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DILANTIN-125	3	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
<b>VALPROIC ACID</b>		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine</i>	1	
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY	3	PA, QL (2 ea per 1 days)
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det)</i>	0	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 ea per 1 days)
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE (20 MG CAP, 25 MG CAP)	3	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE 30 MG CAP	3	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO (56 MG DOSE)	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap)</i>	1	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
PAROXETINE HCL	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE HCL	1	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	
TRINTELLIX	3	PA
<i>vilazodone hcl</i>	1	PA, QL (1 ea per 1 days)
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate er</i>	1	QL (1 ea per 1 days)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
FETZIMA	3	PA
FETZIMA TITRATION	3	PA
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>desipramine hcl</i>	1	
DOXEPIN HCL (10 MG CAP, 10 MG/ML CONC, 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP)	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
<b>ANTIDIABETICS (CONTINUED)</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	2	
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	QL (1 ea per 1 days)
JENTADUETO	2	QL (2 ea per 1 day(s))
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 ea per 1 days)
SYNJARDY	2	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
XULTOPHY	2	ST, QL (0.5 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<b>BIGUANIDES</b>		
<i>metformin hcl</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK	2	QL (2 ea per fill)
BAQSIMI TWO PACK	2	QL (2 ea per fill)
CVS GLUCOSE (4 GM CHEW TAB, 4-6 GM-MG CHEW TAB)	2	
<i>cvs soft glucose</i>	2	
DEX4	2	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	2	
DEX4 NATURALS	2	
DEX4 POUCH PACK	2	
DEX4 QUICK DISSOLVE GLUCOSE	2	
<i>ft glucose</i>	2	
GLUCAGEN HYPOKIT	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY (1 MG/ML RECON SOLN)	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
<i>gluco to go</i>	2	
<i>glucose (4 gm chew tab, 4-6 gm-mg chew tab)</i>	2	
GLUCOSE INSTANT ENERGY	2	
<i>gnp glucose</i>	2	
GNP QUICK DISSOLVE GLUCOSE	2	
GOODSENSE GLUCOSE	2	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	QL (0.4 ml per fill)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>hy-vee glucose</i>	2	
KROGER GLUCOSE	2	
LEADER GLUCOSE	2	
LEADER QUICK DISSOLVE GLUCOSE	2	
LONGS GLUCOSE	2	
MEIJER GLUCOSE	2	
<i>mifepristone 300 mg tab</i>	1	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PREFERRED PLUS GLUCOSE	2	
PX GLUCOSE	2	
RA GLUCOSE	2	
<i>relion glucose (4-6 gm-mg chew tab)</i>	2	
SM GLUCOSE	2	
SMART SENSE GLUCOSE	2	
TGT GLUCOSE	2	
TRUEPLUS GLUCOSE (4 GM CHEW TAB)	2	
TRUEPLUS GLUCOSE ON THE GO	2	
UP & UP GLUCOSE	2	
VALUE PLUS GLUCOSE	2	
WALGREENS GLUCOSE	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
TRADJENTA	2	QL (1 ea per 1 days)
<b>INCRETIN MIMETIC AGENTS</b>		
<i>liraglutide</i>	1	PA, QL (0.3 ml per 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	PA, QL (2 ml per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), PN (28 DAY SUPPLY IN 180 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (2 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 ea per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	2	PA, QL (0.072 ml per 1 days)
<b>INSULIN</b>		
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART PROT & ASPART	1	
INSULIN GLARGINE MAX SOLOSTAR	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE-YFGN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
JARDIANCE	2	QL (1 ea per 1 days)
<b>SULFONYLUREAS</b>		
<i>glimepiride</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI	3	PA
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate-atropine</i>	1	
<i>loperamide hcl 2 mg cap</i>	1	
OPIUM	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox</i>	1	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	1	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPIOID ANTAGONISTS</b>		
<i>ft naloxone hcl</i>	0	
<i>gnp naloxone hcl</i>	0	
<i>naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>naltrexone hcl</i>	1	
REXTOVY	2	

Drug Name	Drug Tier	Requirements/Limits
VIVITROL	1	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>ANTIEMETICS (CONTINUED)</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)</i>	1	
SANCUSO	3	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine</i>	1	
TRANSDERM SCOP	2	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO 300-0.5 MG CAP	3	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>doxylamine-pyridoxine</i>	1	QL (4 ea per 1 days)
<i>dronabinol</i>	1	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant</i>	1	
CINVANTI	3	PA, SP
EMEND 125 MG/5ML RECON SUSP	3	
<b>ANTIFUNGALS (CONTINUED)</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin 500000 unit tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl 250 mg tab</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA 372 MG RECON SOLN	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 40 mg/ml suspension</i>	1	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIHISTAMINES (CONTINUED)</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
CORPHENA	1	
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate 6 mg tab</i>	1	
DIPHENHYDRAMINE HCL	1	
<i>ryvent</i>	1	
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
<i>promethegan</i>	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
<b>ANTHYPERLIPIDEMICS (CONTINUED)</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA, QL (1 ea per 1 days)
<b>ANGIOPHOTIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	3	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXLIZET	2	PA, QL (1 ea per 1 days)
<b>ANTHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	1	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	
FENOFIBRATE MICRONIZED	1	PA
<i>fenofibrate micronized</i>	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i>	1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pravastatin sodium 80 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG	3	PA, QL (1 ea per 1 days), 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	
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
LEQVIO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	2	PA, QL (0.072 ml per 1 days)
REPATHA	2	PA, QL (0.072 ml per 1 days)
REPATHA SURECLICK	2	PA, QL (0.072 ml per 1 days)
<b>ANTIHYPERTENSIVES (CONTINUED)</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perindopril erbumine 4 mg tab</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>phenoxybenzamine hcl</i>	1	SP
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<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 (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	PA
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	PA
<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 (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil-hctz</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	1	PA
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	1	
<i>telmisartan-hctz</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	1	PA
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<b>ANTIMALARIALS (CONTINUED)</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	3	QL (14 ea per 14 day(s)), PN (14 DAYS SUPPLY PER FILL)
<i>pyrimethamine</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	1	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE	3	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PYRIDOSTIGMINE BROMIDE	1	
<i>pyridostigmine bromide er</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS (CONTINUED)</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
PRETOMANID	3	PA, QL (1 ea per 1 days)
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	3	PA, LA, SP
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	1	SP
GLEOSTINE	2	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	2	SP
<i>lomustine</i>	2	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
MYLERAN	2	SP
<i>temozolomide</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 100 mg recon soln</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa 15 mg recon soln</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
YONDELIS	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 20 MG/ML SOLUTION	3	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN 40 MG/2ML SOLUTION	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mercaptopurine 50 mg tab</i>	1	
METHOTREXATE SODIUM (2.5 MG TAB)	1	
<i>methotrexate sodium (pf)</i>	1	
ONUREG	3	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	3	PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN 100 MG/4ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AVASTIN 400 MG/16ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYRAMZA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	3	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	3	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA (20 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	3	SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERZUMA	3	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	3	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	3	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	3	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	3	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	3	SP, PN (34 DAYS SUPPLY PER FILL)
TUKYSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPOLSA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DANYELZA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPLICITI	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
GAZYVA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMDELLTRA	3	PA, SP, PN (28 DAY SUPPLY PER FILL)
IMFINZI	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMJUDO 25 MG/1.25ML SOLUTION	3	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	3	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	3	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MONJUVI	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVANT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECENTRIQ	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEVIMBRA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYLOY 100 MG RECON SOLN	3	PA, SP, PN (UP TO 21 DAYS SUPPLY PER FILL)
YERVOY	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	3	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA 10 MG TAB	3	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA 50 MG TAB	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	3	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
ERBITUX	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LAZCLUZE	3	PA, QL (30 ea per 30 day(s)), PN (30 DAYS SUPPLY PER FILL)
TAGRISSO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>abirtega</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bicalutamide</i>	1	
CAMCEVI	3	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	3	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	3	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	3	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ERLEADA 240 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EULEXIN	1	SP
<i>exemestane</i>	0	
FIRMAGON	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>fulvestrant</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	0	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT (1-MONTH)	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	3	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	3	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	3	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)</i>	1	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide</i>	1	SP
NUBEQA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORGOVYX	3	PA, QL (64 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 345 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	0	
<i>tamoxifen citrate 20 mg tab</i>	0	
<i>toremifene citrate</i>	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	3	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	3	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLADEX 10.8 MG IMPLANT	3	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	3	SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
<i>pomalidomide</i>	3	QL (21 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
POMALYST	3	QL (21 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO (100 MG ONCE WEEKLY)	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY)	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPOVIO (60 MG ONCE WEEKLY)	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	3	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	3	QL (32 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
JELMYTO	3	PA, LA, QL (17 ea per lifetime), SP
<b>ANTINEOPLASTIC COMBINATIONS</b>		
DARZALEX FASPRO	3	PA, QL (15 ml per 1 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	3	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	3	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	3	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	3	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	3	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PHESGO	3	SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA	3	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO 40 MG CAP	3	PA, QL (240 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	3	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BALVERSA 4 MG TAB	3	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	3	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 300 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	3	QL (90 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>dasatinib 20 mg tab</i>	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<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	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>everolimus 2 mg tab sol</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	3	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAVRETO	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	3	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 420 MG TAB)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	3	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ITOVEBI 3 MG TAB	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ITOVEBI 9 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	3	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	3	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	3	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOSELUGO 10 MG CAP	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (16 MG DAILY DOSE)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	3	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	3	PA, QL (1200 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	3	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	3	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>nilotinib hcl 150 mg cap</i>	1	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>nilotinib hcl 200 mg cap</i>	1	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>nilotinib hcl 50 mg cap</i>	1	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NINLARO	3	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	3	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJEMDA 100 MG TAB	3	PA, LA, QL (24 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJEMDA 25 MG/ML RECON SUSP	3	PA, LA, QL (96 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OJJAARA	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pazopanib hcl</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	3	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 140 MG TAB)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PHYRAGO 100 MG TAB	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PHYRAGO 20 MG TAB	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG TAB	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>romidepsin</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROZLYTREK 100 MG CAP	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROZLYTREK 50 MG PACKET	3	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	3	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
RYTELO	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SCEMBLIX (20 MG TAB, 40 MG TAB)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SCEMBLIX 100 MG TAB	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	3	PA, QL (900 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	3	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TEPMETKO	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TIBSOVO	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>torpenz</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	3	QL (64 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUQAP 200 MG TAB	3	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TURALIO 125 MG CAP	3	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	3	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VITRAKVI 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 10 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VORANIGO 40 MG TAB	3	QL (30 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI 150 MG CAP SPRINK	3	QL (180 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	3	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLINZA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC ENZYMES</b>		
ASPARLAS	3	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	3	LA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
RYLAZE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTIC RADIOPHARMACEUTICALS</b>		
XOFIGO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	3	QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	1	
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	1	SP
<b>CHEMOTHERAPY ADJUNCTS</b>		
ELITEK	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
IWILFIN	3	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY 175 MG RECON SOLN	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
<i>mesna 400 mg tab</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MITOTIC INHIBITORS</b>		
<i>eribulin mesylate</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE	1	SP
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	3	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl (2 mg tab, 5 mg tab)</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone</i>	1	
ONGENTYS	3	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	1	ST
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	1	
<i>apomorphine hcl</i>	1	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	2	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
INBRIJA	3	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	PA
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	1	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	1	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID	3	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA	3	PA, QL (1 ea per 1 days)
<i>lurasidone hcl</i>	1	PA
NUPLAZID	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	3	PA, QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	1	
<b>BENZISOXAZOLES</b>		
FANAPT	3	PA
FANAPT TITRATION PACK A	3	PA
FANAPT TITRATION PACK B	3	PA
FANAPT TITRATION PACK C	3	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	PA, QL (3.5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	PA, QL (0.75 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	PA, QL (1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	PA, QL (1.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	PA, QL (0.25 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	PA, QL (0.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	PA, QL (0.88 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	PA, QL (1.32 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	PA, QL (1.75 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERSERIS	3	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 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>	3	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RYKINDO	3	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	3	PA, QL (0.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 125 MG/0.35ML SUSP PRSYR	3	PA, QL (0.35 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 150 MG/0.42ML SUSP PRSYR	3	PA, QL (0.42 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	3	PA, QL (0.56 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	3	PA, QL (0.7 ml per 56 days), SP, PN (56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	3	PA, QL (0.14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	3	PA, QL (0.21 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<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	PA
<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	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	3	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV	3	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>MUSCARINIC AGENTS</b>		
COBENFY	3	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
COBENFY STARTER PACK	3	PA, QL (56 ea per 28 days), PN (28 DAY SUPPLY IN 180 DAYS)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	3	PA, QL (2.4 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	3	PA, QL (3.2 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA	3	PA, QL (1 ea per 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, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	3	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	3	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	3	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	3	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	3	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	1	
<b>ANTIVIRALS (CONTINUED)</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 ml per 1 days)
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 ea per 1 days)
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	QL (1 ea per 1 days)
APRETUDE	0	QL (3 ml per fill), PN (HIV PREP: Drug covered at \$0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
APTIVUS	2	QL (4 ea per 1 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (1 ea per 1 days)
BIKTARVY	2	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	2	QL (1 ea per 1 day(s))
<i>darunavir 600 mg tab</i>	1	QL (2 ea per 1 day(s))
<i>darunavir 800 mg tab</i>	1	QL (1 ea per 1 day(s))
DELSTRIGO	2	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	2	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	2	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
DOVATO	2	QL (1 ea per 1 days)
EDURANT	2	QL (2 ea per 1 day(s))
<i>efavirenz</i>	1	QL (1 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	1	QL (1 ea per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	1	QL (1 ea per 1 days)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	1	QL (1 ea per 1 day(s))
<i>emtricitab-ripivir-tenofov df</i>	1	QL (1 ea per 1 day(s))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine</i>	1	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (1 ea per 1 days)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
<i>etravirine</i>	1	QL (2 ea per 1 days)
EVOTAZ	2	QL (1 ea per 1 days)
<i>fosamprenavir calcium</i>	1	QL (4 ea per 1 days)
FUZEON	2	QL (2 ea per 1 days), SP
GENVOYA	2	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	2	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS HD	2	QL (2 ea per 1 days)
JULUCA	2	QL (1 ea per 1 days)
KALETRA 400-100 MG/5ML SOLUTION	2	QL (14 ml per 1 day(s))
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	1	QL (30 ml per 1 days)
<i>lamivudine 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	1	QL (1 ea per 1 days)
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	QL (2 ea per 1 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 ea per 1 days)
<i>maraviroc 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	1	QL (4 ea per 1 days)
<i>nevirapine</i>	1	QL (2 ea per 1 days)
NEVIRAPINE	1	QL (40 ml per 1 days)
<i>nevirapine er</i>	1	QL (1 ea per 1 days)
NEVIRAPINE ER	1	QL (3 ea per 1 days)
NORVIR 100 MG PACKET	2	QL (12 ea per 1 days)
ODEFSEY	2	QL (1 ea per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIFELTRO	2	QL (2 ea per 1 days)
PREZCOBIX 675-150 MG TAB	2	QL (1 ea per 1 day(s))
PREZCOBIX 800-150 MG TAB	2	QL (1 ea per 1 days)
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	2	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	2	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	2	QL (6 ea per 1 days)
<i>rilpivirine hcl</i>	1	QL (2 ea per 1 day(s))
<i>ritonavir</i>	1	QL (12 ea per 1 day(s))
RUKOBIA	2	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 ml per 1 days)
STRIBILD	2	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 day(s)), PN (2 DAY SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	3	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 day(s)), PN (8 DAYS SUPPLY IN 180 DAYS)
SYMTUZA	2	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (1 ea per 1 days)
TIVICAY 50 MG TAB	2	QL (2 ea per 1 days)
TIVICAY PD	2	QL (12 ea per 1 days)
TRIUMEQ	2	QL (1 ea per 1 days)
TRIUMEQ PD	2	QL (6 ea per 1 days)
TYBOST	2	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	2	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	2	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	2	QL (8 gm per 1 days)
VOCABRIA	2	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
<i>zidovudine 100 mg cap</i>	1	QL (6 ea per 1 days)
<i>zidovudine 300 mg tab</i>	1	QL (2 ea per 1 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zidovudine 50 mg/5ml syrup</i>	1	QL (6 ml per 1 days)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID (150/100)	2	QL (20 ea per fill(s))
PAXLOVID (300/100 & 150/100)	3	QL (11 ea per fill(s))
PAXLOVID (300/100)	2	QL (30 ea per fill(s))
<b>CMV AGENTS</b>		
LIVTENCITY	3	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	3	PA, QL (1 ea per 1 days)
<i>valganciclovir hcl</i>	1	PN (34 DAYS SUPPLY PER FILL)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>entecavir</i>	1	
<i>lamivudine 100 mg tab</i>	1	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	2	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	2	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	2	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN	2	SP
VEMLIDY	2	QL (1 ea per 1 days)
<b>HERPES AGENTS</b>		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 ml per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 ea per 180 days), PN (TWO 14 DAYS SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	3	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	3	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO	3	QL (40 ea per fill(s))
TPOXX 200 MG CAP	0	QL (126 ea per 14 day(s)), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	0	QL (1120 ea per 14 day(s)), PN (14 DAYS SUPPLY PER 365 DAYS)
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
<i>ribavirin</i>	2	SP
<b>BETA BLOCKERS (CONTINUED)</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	

<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>nebivolol hcl</i>	1	ST
<b>BETA BLOCKERS NON-SELECTIVE</b>		
INNOPRAN XL	2	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</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 (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	
<i>diltiazem hcl er (120 mg cap er 24h, 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 (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er</i>	1	
<b>CARDIOTONICS (CONTINUED)</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)</i>	1	
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	
<b>CARDIOVASCULAR AGENTS - MISC. (CONTINUED)</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>sacubitril-valsartan 24-26 mg tab</i>	1	QL (6 ea per 1 day(s))
<i>sacubitril-valsartan 49-51 mg tab</i>	1	QL (3 ea per 1 day(s))
<i>sacubitril-valsartan 97-103 mg tab</i>	1	QL (2 ea per 1 day(s))
<b>IMPOTENCE AGENTS</b>		
<i>avanafil (100 mg tab, 200 mg tab)</i>	1	QL (8 ea per 30 day(s))
<i>avanafil 50 mg tab</i>	1	
CAVERJECT	3	QL (8 ea per 30 day(s))
CAVERJECT IMPULSE	3	QL (8 ea per 30 day(s))
CIALIS (10 MG TAB, 20 MG TAB)	3	QL (8 ea per 30 day(s))
CIALIS 5 MG TAB	3	QL (1 ea per 1 day(s))
EDEX (2 CARTRIDGE) (10 MCG KIT, 20 MCG KIT)	3	QL (8 ea per 30 day(s))
EDEX (6 CARTRIDGE) (10 MCG KIT, 20 MCG KIT)	3	QL (8 ea per 30 day(s))
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (8 ea per 30 day(s))
STENDRA 100 MG TAB	3	QL (8 ea per 30 day(s))
<i>tadalafil (10 mg tab, 20 mg tab)</i>	1	QL (8 ea per 30 day(s))
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	PA, QL (1 ea per 1 day(s))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tadalafil (pah)</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRI-MIX	3	QL (8 ea per 30 day(s))
<i>vardenafil hcl</i>	1	QL (8 ea per 30 day(s))
VIAGRA	3	QL (8 ea per 30 day(s))
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>treprostinil</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	3	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	3	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	3	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	3	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X64MCG POWDER	3	PA, QL (224 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X64MCG POWDER	3	QL (224 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	3	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	3	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	3	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan 32 mg tab sol</i>	3	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OPSUMIT	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TRACLEER 32 MG TAB SOL	3	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>alyq</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	3	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	3	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	3	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS	3	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR 5 MG/5ML SOLUTION	3	PA, QL (20 ml per 1 days)
<i>ivabradine hcl</i>	1	PA, QL (2 ea per 1 day(s))
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>CEPHALOSPORINS (CONTINUED)</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR 500 MG CAP	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEFACLOR ER	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<b>CEPHALOSPORINS - SIDEROPHORES</b>		
FETROJA	3	PA, PN (34 DAYS SUPPLY PER FILL)
<b>CONTRACEPTIVES (CONTINUED)</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethyst</i>	0	
<i>apri</i>	0	
ARANELLE	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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>balziva</i>	0	
BEYAZ	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>brielllyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
<i>cryselle</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>daysee</i>	0	
<i>delyla</i>	0	
<i>desogestrel-ethinyl estradiol</i>	0	
<i>dolishale</i>	0	
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
<i>ethynodiol diac-eth estradiol</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>feirza 1.5/30</i>	0	
<i>feirza 1/20</i>	0	
FEMLYV	0	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>galbriela</i>	0	
<i>gemmily</i>	0	
<i>hailey 1.5/30</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30</i>	0	
<i>hailey fe 1/20</i>	0	
<i>iclevia</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel</i>	0	
<i>jolessa</i>	0	
<i>joyeaux</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kelnor 1/50</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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</i>	0	
<i>levonorgest-eth estradiol-iron</i>	0	
<i>levonorgestrel-ethinyl estrad</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lillow</i>	0	
LO LOESTRIN FE	0	
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>luizza 1.5/30</i>	0	
<i>luizza 1/20</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>minzoya</i>	0	
<i>mono-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe</i>	0	
<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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>rosyrah</i>	0	
SAFYRAL	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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	0	
TYBLUME	0	
<i>valtya 1/35</i>	0	
<i>valtya 1/50</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>xarah fe</i>	0	
<i>xelria fe</i>	0	
YASMIN 28	0	
YAZ	0	
<i>zarah</i>	0	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-eth estradiol</i>	0	
TWIRLA	0	
<i>xulane</i>	0	
<i>zafemy</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	0	
<i>eluryng</i>	0	
<i>enilloring</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>haloette</i>	0	
NUVARING	0	
<b>COPPER CONTRACEPTIVES - IUD</b>		
MIUDELLA INTRAUTERINE COPPER	0	PN (MAX 1095 DAYS SUPPLY)
PARAGARD INTRAUTERINE COPPER	0	PN (MAX 3650 DAYS SUPPLY)
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>aftera</i>	0	
<i>afterpill</i>	0	
<i>curae</i>	0	
<i>econtra ez</i>	0	
<i>econtra one-step</i>	0	
ELLA	0	
<i>her style</i>	0	
<i>levonorgestrel</i>	0	
<i>my choice</i>	0	
<i>my way</i>	0	
<i>new day</i>	0	
<i>opcicon one-step</i>	0	
<i>option 2</i>	0	
<i>plan b one-step</i>	0	
<i>react</i>	0	
<i>shewise</i>	0	
<i>take action</i>	0	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
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>	0	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>lyleq</i>	0	
<i>lyza</i>	0	
<i>meleya</i>	0	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
OPILL	0	
<i>orquidea</i>	0	
<i>sharobel</i>	0	
SLYND	0	
<i>tulana</i>	0	
<b>CORTICOSTEROIDS (CONTINUED)</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide 3 mg cp dr part</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>decadron</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>hydrocortisone sod succ (pf)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	
SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	2	PN (34 DAYS SUPPLY PER FILL)
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate</i>	1	
<b>COUGH/COLD/ALLERGY (CONTINUED)</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate (100 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	
<i>hydromet</i>	1	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>bromfed dm</i>	1	
<i>g tussin ac</i>	1	
<i>guaifatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine (100-10 mg/5ml solution, 200-20 mg/10ml solution)</i>	1	
HYDROCOD POLI-CHLORPHE POLI ER	1	
<i>maxi-tuss ac</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
PROMETHAZINE-PHENYLEPHRINE	1	
<i>pseudoeph-bromphen-dm</i>	1	
<i>virtussin a/c</i>	1	
<i>virtussin ac w/alc</i>	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
HYPERSAL 3.5 % NEBU SOLN	3	
NEBUSAL 3 % NEBU SOLN	1	
NEBUSAL 6 % NEBU SOLN	3	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
<b>DERMATOLOGICALS (CONTINUED)</b>		
<b>ACNE PRODUCTS</b>		
<i>accutane</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>adapalene (0.1 % gel, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	
<i>amnesteam</i>	1	PN (30 DAYS SUPPLY PER FILL)
AVAR-E EMOLLIENT	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos (once-daily)</i>	1	
<i>clindamycin phos (twice-daily)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>enzoclear</i>	1	
ERYTHROMYCIN 2 % GEL	2	
<i>erythromycin 2 % solution</i>	1	
FABIOR	3	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>neuac</i>	1	
SSS 10-5 10-5 % CREAM	1	
SULFACETAMIDE SOD-SULFUR WASH (9-4 % LIQUID, 9-4.5 % LIQUID)	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFACETAMIDE SODIUM-SULFUR (8-4 % SUSPENSION, 9-4 % LIQUID, 9-4.5 % LIQUID, 9.8-4.8 % CREAM, 9.8-4.8 % LIQUID, 9.8-4.8 % LOTION, 10-2 % CREAM, 10-2 % LIQUID, 10-4 % PAD, 10-5 % CREAM, 10-5 % LOTION, 10-5 % SUSPENSION)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
TAZAROTENE	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	AL (Up to 30 yrs old)
<i>zenatane</i>	1	PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN	3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac sodium 1 % gel</i>	1	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX	3	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin calcium</i>	1	
XEPI	3	PA
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream)</i>	1	
<i>econazole nitrate</i>	1	
<i>ketoconazole (2 % cream, 2 % shampoo)</i>	1	
KETODAN	1	
<i>klayesta</i>	1	
NAFTIFINE HCL (2 % CREAM)	1	
<i>nyamyc</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene 1 % gel</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>fluorouracil (5 % cream, 5 % solution)</i>	1	
FLUOROURACIL 2 % SOLUTION	2	
KLISYRI (250 MG)	3	PA, QL (5 ea per fill)
KLISYRI (350 MG)	3	PA, QL (5 ea per fill)
TOLAK	2	
VALCHLOR	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>ANTIPSORIATICS</b>		
<i>acitretin</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
<i>calcitrene</i>	1	
COSENTYX (300 MG DOSE)	3	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	3	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	3	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	3	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	3	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
METHOXSALLEN RAPID	1	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	3	QL (1 ea per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	3	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI PEN	3	QL (1 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO 150 MG/ML SOLN PRSYR	3	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
SPEVIGO 300 MG/2ML SOLN PRSYR	3	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
TREMFYA 100 MG/ML SOLN PRSYR	3	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	3	QL (20 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA 200 MG/2ML SOLN PRSYR	3	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA ONE-PRESS	3	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 100 MG/ML SOLN A-INJ	3	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 200 MG/2ML SOLN A-INJ	3	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TREMFYA-CD/UC INDUCTION	3	QL (4 ml per 28 day(s)), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide 2.5 % lotion</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium sulfacetamide wash</i>	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	3	PA
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>CAUTERIZING AGENTS</b>		
SILVER NITRATE	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate (0.05 % cream)</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 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clodan</i>	1	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
PRAMOSONE 1-2.5 % CREAM	1	
PREDNICARBATE	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbbase</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	
<b>ECZEMA AGENTS</b>		
ADBRY 150 MG/ML SOLN PRSYR	3	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ADBRY 300 MG/2ML SOLN A-INJ	3	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	3	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	3	PA, QL (2.28 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN PRSYR	3	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUPIXENT 300 MG/2ML SOLN A-INJ	3	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 300 MG/2ML SOLN PRSYR	3	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EBGLYSS 250 MG/2ML SOLN A-INJ	3	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<b>ENZYMES - TOPICAL</b>		
SANTYL	2	PA
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
DAXXIFY	3	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod 5 % cream</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
HYFTOR	3	PA, LA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	1	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CANTHARIDIN	3	PA, QL (2 ea per 21 days), PN (21 DAYS SUPPLY PER FILL)
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
SALIMEZ	1	
SALYCIM	1	
YCANTH	3	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>anodyne lpt</i>	1	
APRIZIO PAK II	1	
EMPRICAINE-II	1	
<i>glydo</i>	1	
<i>lidocaine 5 % patch</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	1	
<i>lidocaine hcl urethral/mucosal</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
LIDOPIN 3 % CREAM	1	
<i>lidopril xr</i>	1	
NUVAKAAN-II	1	
<i>prilolid</i>	1	
PRIZOPAK II	1	
QUTENZA	3	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	3	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	3	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
<i>tridacaine ii</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tridacaine iii</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
<b>MISC. TOPICAL</b>		
<i>alcohol wipes</i>	2	
<i>cvs isopropyl alcohol wipes</i>	2	
DRYSOL	1	
<i>isopropyl alcohol 70 % misc</i>	2	
<i>isopropyl alcohol wipes</i>	2	
<i>medpura alcohol pads</i>	2	
QBREXZA	2	PA, QL (1 ea per 1 days)
<i>qc alcohol</i>	2	
<i>ra isopropyl alcohol wipes</i>	2	
XERAC AC	1	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ivermectin 1 % cream</i>	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ROSADAN (0.75 % CREAM KIT)	1	
<b>SCABICIDES PEDICULICIDES</b>		
<i>malathion</i>	1	
NATROBA	2	PA
<i>permethrin</i>	1	
SPINOSAD	2	PA
<b>DIAGNOSTIC PRODUCTS (CONTINUED)</b>		
<b>DIAGNOSTIC DRUGS</b>		
THYROGEN	3	SP, PN (34 DAYS SUPPLY PER FILL)
<b>DIAGNOSTIC TESTS</b>		
CHEMSTRIP K	3	QL (100 ea per fill)
CHEMSTRIP UGK	3	QL (100 ea per fill)
CVS KETONE CARE	3	QL (100 ea per fill)
KETO-DIASTIX	3	QL (100 ea per fill)
KETONE TEST	3	QL (100 ea per fill)
KETOSTIX	3	QL (100 ea per fill)
ONETOUCH ULTRA	2	QL (200 ea per 30 day(s))
ONETOUCH ULTRA BLUE TEST	2	QL (200 ea per 30 day(s))
ONETOUCH ULTRA TEST	2	QL (200 ea per 30 day(s))
ONETOUCH VERIO STRIP	2	QL (200 ea per 30 day(s))
RELION KETONE TEST	3	QL (100 ea per fill)
<b>DIGESTIVE AIDS (CONTINUED)</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON	2	
SUCRAID	3	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	3	PA
ZENPEP	3	PA
<b>DIURETICS (CONTINUED)</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>torseamide</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone</i>	1	
DIURIL	2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
BINOSTO	3	PA
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 ea per 30 days)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE	1	PA, QL (2.24 ml per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS	3	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/5ML CONC)	1	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>		
CHORIONIC GONADOTROPIN	2	PA
<i>clomid</i>	2	
<i>clomiphene citrate</i>	2	
FOLLISTIM AQ	2	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	3	PN (34 DAYS SUPPLY PER FILL)
<i>milophene</i>	2	
NOVAREL 5000 UNIT RECON SOLN	3	
OVIDREL	3	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	3	
<b>GNRH/LHRH ANTAGONISTS</b>		
<i>cetorelix acetate</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>ganirelix acetate</i>	2	
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>GROWTH HORMONES</b>		
GENOTROPIN	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZEN 8.8 MG RECON SOLN	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAIZENPREP	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>HORMONE RECEPTOR MODULATORS</b>		
<i>raloxifene hcl</i>	0	
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI (6 MONTH)	3	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	3	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	3	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	3	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR	3	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl</i>	1	
DOXERCALCIFEROL	1	
ELAPRASE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>javygtor (100 mg tab, 500 mg packet)</i>	1	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine sf</i>	1	
LUMIZYME	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	1	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
STRENSIQ	3	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
XPHOZAH	3	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>zelvysia 100 mg packet</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>zelvysia 500 mg packet</i>	1	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	1	
<i>desmopressin acetate spray</i>	1	
TERLIVAZ	3	PA, SP, PN (14 DAYS SUPPLY PER FILL)
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone 200 mg tab</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
<i>lanreotide acetate</i>	3	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
OCTREOTIDE ACETATE	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>octreotide acetate (20 mg kit, 30 mg kit)</i>	3	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<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	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT 10 MG KIT	3	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR	3	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	3	PA, 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	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>ESTROGENS (CONTINUED)</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>amabelz</i>	1	
COMBIPATCH	2	
COVARYX	1	
COVARYX HS	1	
EEMT	1	
EEMT HS	1	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>estratest f.s.</i>	1	
ESTRATEST H.S.	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	2	
PREMPRO	2	
<b>ESTROGENS</b>		
<i>dotti</i>	1	QL (8 ea per 28 day(s))
ELESTRIN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	1	QL (8 ea per 28 day(s))
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate</i>	1	
<i>lyllana</i>	1	QL (8 ea per 28 day(s))
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
<b>FLUROQUINOLONES (CONTINUED)</b>		
<b>FLUROQUINOLONES</b>		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. (CONTINUED)</b>		
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM	3	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	1	QL (2 ea per 1 days)
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
<b>HEPATOTROPICS</b>		
REZDIFFRA	3	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA	3	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>balsalazide disodium</i>	1	
CIMZIA	3	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (1 SYRINGE)	3	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA (2 SYRINGE)	3	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA-STARTER	3	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	3	PA, QL (4 ea per 1 day(s))
ENTYVIO	3	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ENTYVIO PEN	3	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 1000 mg suppos)</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
OMVOH 100 MG/ML SOLN A-INJ	3	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	3	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
SKYRIZI 180 MG/1.2ML SOLN CART	3	QL (1.2 ml per 56 day(s)), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	3	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	3	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	3	PA, SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	
ZYMFENTRA (1 PEN)	3	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZYMFENTRA (2 PEN)	3	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ZYMFENTRA (2 SYRINGE)	3	QL (2 ea per 28 day(s)), PA-NSO, SP

Drug Name	Drug Tier	Requirements/Limits
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alose tron hcl</i>	1	
LINZESS	2	QL (1 ea per 1 days)
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK	2	QL (1 ea per 1 days)
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	3	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate</i>	1	
<i>calcium acetate (phos binder)</i>	1	
<i>calphron</i>	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	PA
VELPHORO	3	PA, PN (34 DAYS SUPPLY PER FILL)
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX	3	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO	3	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)</b>		
<b>ALKALINIZERS</b>		
CYTRA-3	1	

Drug Name	Drug Tier	Requirements/Limits
CYTRA-K	1	
<i>pot &amp; sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
POTASSIUM CITRATE-CITRIC ACID	1	
TRICITRATES	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON	2	SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON	3	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	PA
<i>tamsulosin hcl</i>	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT	2	
<b>GOUT AGENTS (CONTINUED)</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine-probenecid</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	PA, QL (1 ea per 1 days)
KRYSTEXXA 8 MG/ML SOLUTION	3	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>URICOSURICS</b>		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
FEIBA	3	PA, SP
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	1	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	1	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>COMPLEMENT INHIBITORS</b>		
BERINERT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FABHALTA	3	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
HAEGARDA	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
PIASKY	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
RUCONEST	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>HEMATOALOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>HEMATOLOGICAL ENZYMES - MISC</b>		
ADZYNMA	3	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	3	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	3	PA, QL (2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<b>PLASMA PROTEINS</b>		
RYPLAZIM	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl</i>	1	PN (MAX 34 DAY SUPPLY)
<i>aspirin-dipyridamole er</i>	1	
CABLIVI	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	
<i>ticagrelor</i>	1	
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>HEMATOPOIETIC AGENTS (CONTINUED)</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat 100 mg cap</i>	1	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>yargesa</i>	1	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
<i>l-glutamine 5 gm packet</i>	3	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>FOLIC ACID/FOLATES</b>		
<i>cvs folic acid</i>	0	
<i>folate</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	
<i>folic acid 1 mg tab</i>	1	
<i>ft folic acid</i>	0	
<i>gnp folic acid</i>	0	
<i>hm folic acid</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid</i>	0	
<i>qc folic acid</i>	0	
<i>ra folic acid</i>	0	
<i>sm folic acid</i>	0	
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid</i>	0	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
DOPTELET	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>eltrombopag olamine 25 mg packet</i>	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	2	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	3	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
LEUKINE	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	3	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEULASTA	2	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	2	PA, QL (0.043 ml per 1 day(s)), SP
NEUPOGEN	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	3	PA, QL (0.043 ml per 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	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA 25 MG PACKET	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	3	PA, SP, PN (34 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	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	2	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ROLVEDON	3	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
STIMUFEND	3	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	PA, QL (0.043 ml per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	2	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	2	PA, QL (0.043 ml per 1 days), SP
<b>IRON</b>		
<i>ferumoxytol</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION)	3	SP, PN (34 DAYS SUPPLY PER FILL)
<b>STEM CELL MOBILIZERS</b>		
<i>plerixafor</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XOLREMDI	3	PA, LA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>HEMOSTATICS (CONTINUED)</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
SEZABY	3	PN (5 DAYS SUPPLY PER FILL)
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eszopiclone</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	3	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
QUAZEPAM	1	
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	1	PA
<i>zolpidem tartrate er</i>	1	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	1	ST
<b>LAXATIVES (CONTINUED)</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	1	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	1	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	1	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	PN (\$0 copay for members age 45-75 years)
SUTAB	2	QL (24 ea per fill(s)), AL (18 to 999 yrs old), PN (\$0 COPAY FOR MEMBERS AGE 45-75 YEARS)

Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose</i>	1	
<i>kristalose</i>	2	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	1	
<i>lactulose 20 gm packet</i>	2	PA
<b>MACROLIDES (CONTINUED)</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
<b>CLARITHROMYCIN</b>		
<i>clarithromycin</i>	1	
<b>ERYTHROMYCINS</b>		
<i>ery-tab</i>	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID 40 MG/ML RECON SUSP	3	PA, QL (150 ml per fill)
<i>fidaxomicin</i>	1	PA, QL (20 ea per fill(s))
<b>MEDICAL DEVICES AND SUPPLIES (CONTINUED)</b>		
<b>CONTRACEPTIVES</b>		
CAYA	0	
FC2 FEMALE CONDOM	0	
FEMCAP	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	
WIDE-SEAL DIAPHRAGM 95	0	
<b>DIABETIC SUPPLIES</b>		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED MOBILE LANCET	2	
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE COMFORT LANCETS 28G	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
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 LANCING DEVICE	2	
AUTOLET LITE STARTER PACK	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD MICROTAINER LANCETS	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARETOUCH LANCING/EJECTOR	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 LANCETS 30G	2	
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	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 EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC	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	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CVS ULTRA THIN LANCETS	2	
DEXCOM G6 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	2	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	2	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 15 DAY SENSOR	2	QL (0.067 ea per 1 day(s))
DEXCOM G7 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	2	QL (0.1 ea per 1 day(s))
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE MEDLANCE LANCET 30G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML MISC	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FINE 30	2	
FINGERSTIX LANCETS	2	
FONDCIRCLE LANCING DEVICE	2	
FONDCIRCLE SINGLE USE LANCETS	2	
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL (0.067 ea per 1 day(s))
FREESTYLE LIBRE 3 READER	2	QL (1 ea per 730 day(s))
FREESTYLE LIBRE 3 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	2	QL (1 ea per 730 days)
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING KIT (BLUE)	2	
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOODSENSE LANCING DEVICE	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 LANCING DEVICE	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 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G THIN	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	
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	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MOBILE LANCETS 30G	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH LANCETS 30G	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
OMNIPOD 5 LIBRE2 G6 INTRO G5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRA 2	0	QL (1 ea per 2 year(s))
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO (HIGH LIQUID, LIQUID)	2	
ONETOUCH VERIO FLEX SYSTEM	0	QL (1 ea per 2 year(s))
ONETOUCH VERIO REFLECT	0	QL (1 ea per 2 year(s))
PC LANCETS SUPER THIN 30G	2	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	
PERFECT POINT SAFETY LANCETS	2	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIP LANCETS 28G	2	
PIP LANCETS 30G	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	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
SAFETY LANCET 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	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS	2	
SELECT-LITE LANCING DEVICE	2	
SENSILANCE SAFETY LANCETS 21G	2	
SENSILANCE SAFETY LANCETS 26G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SENSILANCE SAFETY LANCETS 28G	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 LANCETS 28G	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPER-THIN 30G	2	
UNILET SUPERLITE LANCET	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
V-GO 20	2	QL (1 ea per 1 days)
V-GO 30	2	QL (1 ea per 1 days)
V-GO 40	2	QL (1 ea per 1 days)
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
WALGREENS ADV TRAVEL LANCETS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEV RX TWIST TOP LANCETS 30G	2	
<b>MISC. DEVICES</b>		
ADVOCATE ALCOHOL PREP PADS	2	
ALCOH-GLOVE CONTOURED WIPE	2	
ALCOH-WIPE	2	
ALCOHOL PADS	2	
ALCOHOL PREP	2	
ALCOHOL PREP PADS	2	
ALCOHOL PREPS	2	
ALCOHOL SWABS	2	
ALCOHOL SWABSTICK	2	
AUM ALCOHOL PREP PADS	2	
BD SWAB SINGLE USE REGULAR	2	
BD SWABS SINGLE USE BUTTERFLY	2	
CARETOUCH ALCOHOL PREP	2	
COMFORT TOUCH ALCOHOL PREP	2	
CURITY ALCOHOL PREPS	2	
CVS ALCOHOL PREP PADS	2	
CVS PREP	2	
DROPSAFE ALCOHOL PREP	2	
EASY COMFORT ALCOHOL PADS	2	
EASY TOUCH ALCOHOL PREP MEDIUM	2	
EQL ALCOHOL SWABS	2	
ESSENTRA WIPES 9X9"	2	
FIFTY50 ALCOHOL PREP	2	
GLOBAL ALCOHOL PREP EASE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GNP ALCOHOL SWABS	2	
GOODSENSE ALCOHOL SWABS	2	
H-E-B INCONTROL ALCOHOL	2	
HM STERILE ALCOHOL PREP	2	
MEIJER ALCOHOL SWABS	2	
PHARMACIST CHOICE ALCOHOL	2	
PRO COMFORT ALCOHOL	2	
PURE COMFORT ALCOHOL PREP	2	
QC ALCOHOL SWABS	2	
RA ALCOHOL SWABS	2	
REALITY SWABS	2	
RELION ALCOHOL SWABS	2	
SAPS CARE ALCOHOL PREP	2	
SAPS HEALTH ALCOHOL PREP	2	
SAPS HEALTH CARE ALCOHOL PREP	2	
SB ALCOHOL PREP	2	
SM ALCOHOL PREP	2	
SURE COMFORT ALCOHOL PREP	2	
TRUE COMFORT ALCOHOL PREP PADS	2	
TRUE COMFORT PRO ALCOHOL PREP	2	
ULTICARE ALCOHOL SWABS	2	
ULTILET ALCOHOL SWABS	2	
ULTRA-CARE ALCOHOL PREP PADS	2	
WEBCOL ALCOHOL PREP LARGE	2	
WEBCOL ALCOHOL PREP MEDIUM	2	
ZEVrx STERILE ALCOHOL PREP PAD	2	
<b>OPTICAL AND OPHTHALMIC SUPPLIES</b>		
SUSVIMO OCULAR IMPLANT	3	PA, QL (2 ea per lifetime), SP
<b>PARENTERAL THERAPY SUPPLIES</b>		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABOUTTIME PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLES	2	
ADVOCATE INSULIN SYRINGE	2	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G 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	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE ULTRAFINE	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CARETOUCH INSULIN SYRINGE	2	
CARETOUCH PEN NEEDLES	2	
CEQR SIMPLICITY 2U	2	QL (10 ea per 30 days), AL (21 to 999 yrs old)
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	
CLICKFINE PEN NEEDLES	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 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	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH INSULIN PEN NEED	2	
DIATHRIVE PEN NEEDLE	2	
DROPLET INSULIN SYRINGE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPSAFE AUTOPROTECT DUO	2	
DROPSAFE SAFETY PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DRUG MART UNIFINE PENTIPS	2	
DRUG MART UNIFINE PENTIPS PLUS	2	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 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 1/2" 0.3 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, 32G X 5/16" 0.5 ML MISC, 32G X 5/16" 1 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	2	
EASY TOUCH PEN NEEDLES	2	
EASY TOUCH SAFETY PEN NEEDLES	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBECTA AUTOSHIELD DUO	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA INSULIN SYRINGE U/F	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE U/F	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EQL INSULIN SYRINGE	2	
EXEL COMFORT POINT INSULIN SYR	2	
EXEL COMFORT POINT PEN NEEDLE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
FREDS PHARMACY UNIFINE PENTIP+	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE	2	
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP PEN NEEDLES	2	
GNP ULTICARE PEN NEEDLES	2	
GNP ULTIGUARD SAFEPACK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	2	
INSULIN SYRINGE-NEEDLE U-100	2	
INSULIN SYRINGE/NEEDLE	2	
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE	2	
INSUPEN ULTRAFIN	2	
INSUPEN32G EXTR3ME	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML MISC	2	
KMART VALU INSULIN SYRINGE 30G U-100 0.5 ML MISC	2	
KROGER INSULIN SYRINGE	2	
KROGER PEN NEEDLES	2	
LEADER INSULIN SYRINGE	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH PEN NEEDLES	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR	2	
MARATHON MEDICAL PENTIPS	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE	2	
MM PEN NEEDLES	2	
MONOJECT INSULIN SYRINGE	2	
MONOJECT ULTRA COMFORT SYRINGE	2	
MS INSULIN SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	2	
NOVOTWIST PEN NEEDLE	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLE/5-BEVEL TIP	2	
PEN NEEDLES	2	
PEN NEEDLES 5/16"	2	
PENTIPS (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 6 MM MISC)	2	
PENTIPS GENERIC PEN NEEDLES	2	
PIP PEN NEEDLES 31G X 5MM	2	
PIP PEN NEEDLES 32G X 4MM	2	
PRECISION SURE-DOSE SYRINGE	2	
PREFERRED PLUS INSULIN SYRINGE	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRODIGY INSULIN SYRINGE	2	
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES	2	
QC UNIFINE PENTIPS	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	
RAYA SURE PEN NEEDLE	2	
REALITY INSULIN SYRINGE	2	
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFETY INSULIN SYRINGES	2	
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SHOPKO UNIFINE PENTIPS	2	
SHOPKO UNIFINE PENTIPS PLUS	2	
SURE COMFORT INSULIN SYRINGE	2	
SURE COMFORT PEN NEEDLES	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE PEN NEEDLES	2	
TECHLITE PLUS PEN NEEDLES	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
ULTRACARE INSULIN SYRINGE	2	
ULTRACARE PEN NEEDLES	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE PROTECT PEN NEEDLE	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUMARK PEN NEEDLES	2	
VANISHPOINT INSULIN SYRINGE	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE (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, 31G X 5/16" 1 ML MISC)	2	
VERIFINE PLUS PEN NEEDLE	2	
VIDA MIA UNIFINE PENTIPS	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS	2	
ZEVX INSULIN SYRINGE	2	
ZEVX PEN NEEDLES	2	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
<b>MIGRAINE PRODUCTS (CONTINUED)</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG	2	PA, QL (1 ml per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY	2	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	2	PA, QL (3 ml per 28 days)
NURTEC	2	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	2	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	2	PA, QL (30 ea per 30 days)
UBRELVY	2	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate</i>	1	
<b>SEROTONIN AGONISTS</b>		
<i>eletriptan hydrobromide</i>	1	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	1	PA, QL (16 ea per 28 days)
<i>naratriptan hcl</i>	1	QL (16 ea per 28 days)
<i>rizatriptan benzoate</i>	1	QL (16 ea per 28 days)
<i>sumatriptan</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 ml per 28 days)
SUMATRIPTAN SUCCINATE REFILL	1	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	3	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 ea per 28 days)
<i>zolmitriptan 5 mg solution</i>	1	PA, QL (16 ea per 28 days)
<i>zomig</i>	1	QL (16 ea per 28 days)
<b>MINERALS ELECTROLYTES (CONTINUED)</b>		
<b>FLUORIDE</b>		
<i>nafrinse</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 2.2 (1 F) MG CHEW TAB)	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	PN (\$0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
<b>PHOSPHATE</b>		
PHOSPHO-TRIN K500	2	
<b>POTASSIUM</b>		
EFFER-K 25 MEQ EFFER TAB	1	
<i>k-prime</i>	1	
K-TAB 10 MEQ TAB ER	1	
<i>klor-con</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/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine</i>	1	PN (MAX 34 DAY SUPPLY)
<i>trientine hcl</i>	1	SP
<b>ENZYMES</b>		
XIAFLEX	3	SP, PN (34 DAYS SUPPLY PER FILL)
<b>IMMUNOMODULATORS</b>		
JOENJA	3	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID (50 MG CAP, 100 MG CAP)	2	SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	3	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine 50 mg tab</i>	1	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<i>cyclosporine modified</i>	1	
ENSPRYNG	3	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ENVARUSUS XR	3	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	PA
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	3	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	3	
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>sirolimus 1 mg/ml solution</i>	1	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	3	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG PACKET	3	PA, QL (28 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	3	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>POTASSIUM REMOVING AGENTS</b>		
<i>kionex</i>	1	
LOKELMA 10 GM PACKET	3	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	3	PA, QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sps (sodium polystyrene sulf)</i>	1	
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	3	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	3	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>UREMIC PRURITUS AGENTS</b>		
KORSUVA	3	PA, PN (34 DAYS SUPPLY PER FILL)
<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	
<i>nystatin 100000 unit/ml suspension</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
<b>DENTAL PRODUCTS</b>		
DENTA 5000 PLUS	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS SENSITIVE	1	PN (\$0 Copay for 6 months through 16 years of age)
DENTAGEL	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF	1	PN (\$0 Copay for 6 months through 16 years of age)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUORIMAX 5000 SENSITIVE	1	PN (\$0 Copay for 6 months through 16 years of age)
FRAICHE 5000 DENTAL	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SF	1	PN (\$0 Copay for 6 months through 16 years of age)
SF 5000 PLUS	1	PN (\$0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL)	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 ENAMEL	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PLUS	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM 1.1 % PASTE	1	PN (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	1	PN (\$0 Copay for 6 months through 16 years of age)
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
<b>MULTIVITAMINS (CONTINUED)</b>		
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vit/iron/fluoride</i>	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
<i>multivitamin/fluoride/iron</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>PED MV W/ FLUORIDE</b>		
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN + FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN W/FLUORIDE (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	
<b>PRENATAL VITAMINS</b>		
ATABEX EC	1	
ATABEX OB	1	
AZESCO	1	
C-NATE DHA	1	
CITRANATAL B-CALM	1	
CITRANATAL BLOOM	1	
COMPLETE NATAL DHA	1	
COMPLETENATE	1	
CONCEPT DHA	1	
CONCEPT OB	1	
DUET DHA 400	1	
ELITE-OB	1	
EMBRIVA	1	
ENBRACE HR	1	
FOLIVANE-OB	1	
GESTYRA	1	
KOSHER PRENATAL PLUS IRON	1	
M-NATAL PLUS	1	
MULTI-MAC	1	
NATACHEW	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEEVO DHA	1	
NEONATAL COMPLETE 27-1 MG TAB	1	
NEONATAL PLUS	1	
NESTABS	1	
NESTABS DHA	1	
NESTABS ONE	1	
NIVA-PLUS	1	
OB COMPLETE	1	
OB COMPLETE ONE	1	
OB COMPLETE PETITE	1	
OB COMPLETE PREMIER	1	
OB COMPLETE/DHA	1	
OBSTETRIX EC (WITH DOCUSATE)	1	
ONE VITE WOMENS PLUS	1	
PNV 27-CA/FE/FA	1	
PNV-DHA	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PREGEN DHA	1	
PREMESISRX	1	
PRENA1	1	
PRENA1 PEARL	1	
PRENATAL 19	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	1	
PRENATE	1	
PRENATE AM	1	
PRENATE DHA	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATE ELITE	1	
PRENATE ENHANCE	1	
PRENATE ESSENTIAL	1	
PRENATE MINI	1	
PRENATE PIXIE	1	
PRENATE RESTORE	1	
PRENATRIX	1	
PRENATRYL	1	
PREPLUS	1	
PRIMACARE	1	
PROVIDA OB	1	
RELNATE DHA	1	
SE-NATAL 19	1	
SELECT-OB	1	
SELECT-OB+DHA	1	
TARON-C DHA	1	
TRICARE	1	
TRINATAL RX 1	1	
TRINATE	1	
TRISTART DHA	1	
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VITAFOL GUMMIES	1	
VITAFOL ULTRA	1	
VITAFOL-NANO	1	
VITAFOL-OB	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITAFOL-OB+DHA	1	
VITAFOL-ONE	1	
VITAMEDMD ONE RX/QUATREFOLIC	1	
VITAMEDMD REDICHEW RX	1	
VITAPEARL	1	
VITATHELY WITH GINGER	1	
VIVA DHA	1	
WESCAP-C DHA	1	
WESCAP-PN DHA	1	
WESNATAL DHA COMPLETE	1	
WESNATE DHA	1	
WESTAB PLUS	1	
WESTGEL DHA	1	
ZALVIT	1	
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZIPHEX	1	
<b>MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>carisoprodol</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>fexmid</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1	
<i>vanadom</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>		
SOHONOS (1.5 MG CAP, 10 MG CAP)	3	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOHONOS 1 MG CAP	3	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	3	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	3	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>MUSCLE RELAXANT COMBINATIONS</b>		
CARISOPRODOL-ASPIRIN-CODEINE	1	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE	3	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	3	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	3	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	3	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	3	PA, QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	3	PA, QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	3	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
MONOVISC	3	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
ORTHOVISC	3	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	3	QL (25 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	3	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	3	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	3	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	3	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	3	PA, QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
VISCO-3	3	PA, QL (15 ml per 180 day(s)), 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	
<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	
<b>NEUROMUSCULAR AGENTS (CONTINUED)</b>		
<b>ALS AGENTS</b>		
<i>edaravone</i>	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	3	PA, QL (50 ml per 28 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	3	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
<i>riluzole</i>	1	PN (34 DAYS SUPPLY PER FILL)
<b>FRIEDRICH'S ATAXIA AGENTS</b>		
SKYCLARYS	3	PA, LA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX	3	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORE	3	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	3	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	3	PA, SP, PN (90 DAYS SUPPLY PER FILL)
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI 0.75 MG/ML RECON SOLN	3	PA, LA, QL (6.67 ml per 1 days), SP

Drug Name	Drug Tier	Requirements/Limits
<b>NUTRIENTS (CONTINUED)</b>		
<b>LIPIDS</b>		
DOJOLVI	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC AGENTS (CONTINUED)</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL HCL	1	
BETOPTIC-S	2	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol hemihydrate</i>	1	PA
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ALTAFRIN 10 % SOLUTION	1	
<i>atropine sulfat 1 % solution</i>	1	
<i>cyclopentolate hcl 1 % solution</i>	1	
<i>phenylephrine hcl 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>		
BEOVU 6 MG/0.05ML SOLN PRSYR	3	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
CIMERLI	3	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	3	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	3	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	3	PA, QL (0.1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS 0.3 MG/0.05ML SOLUTION	3	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAVBLU	3	PA, QL (0.1 ml per 25 day(s)), SP, PN (25 DAYS SUPPLY PER FILL)
SUSVIMO (IMPLANT 1ST FILL)	3	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	3	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO 6 MG/0.05ML SOLN PRSYR	3	PA, QL (0.1 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
VABYSMO 6 MG/0.05ML SOLUTION	3	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
APRACLONIDINE HCL	2	
<i>brimonidine tartrate 0.2 % solution</i>	1	
SIMBRINZA	3	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	1	
AZASITE	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
BACITRACIN-POLYMYXIN B	1	
BESIVANCE	3	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin 0.5 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN	2	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE	2	
XDEMVY	3	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC COMPLEMENT INHIBITORS</b>		
IZERVAY	3	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	3	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine 0.05 % emulsion</i>	1	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA	3	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE	3	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</b>		
VISUDYNE	3	SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMIC STEROIDS</b>		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
<i>fluorometholone</i>	1	
FML FORTE	2	
ILUVIEN	3	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX	2	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN-POLYMYXIN-HC	1	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	
XIPERE	3	SP, PN (34 DAYS SUPPLY PER FILL)
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl 0.05 % solution</i>	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
CROMOLYN SODIUM	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
<b>PROSTAGLANDINS - OPTHALMIC</b>		
BIMATOPROST	3	ST
<i>bimatoprost</i>	1	ST
DURYSTA	3	PA, QL (2 ea per lifetime), SP
<i>latanoprost</i>	1	
LUMIGAN	3	ST
<i>tafluprost (pf)</i>	1	PA
<i>travoprost (bak free)</i>	1	
VYZULTA	3	ST
<b>OTIC AGENTS (CONTINUED)</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid 2 % solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
<b>OTIC COMBINATIONS</b>		
CIPRO HC	2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>ciprofloxacin-hydrocortisone</i>	2	
<i>neomycin-polymyxin-hc</i>	1	
<b>OTIC STEROIDS</b>		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<b>OXYTOCICS (CONTINUED)</b>		
<b>OXYTOCICS</b>		
<i>methergine</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)</b>		
<b>IMMUNE SERUMS</b>		
ALYGLO	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ASCENIV	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1 GM/6ML SOLUTION, 2 GM/12ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG (1.65 GM/10ML SOLUTION, 3.3 GM/20ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	3	SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF 20 GM/400ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	3	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAGARD ERC	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX 20 GM/400ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA 10 GM/50ML SOLN PRSYR	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	3	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN 40 GM/400ML SOLUTION	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	2	SP, PN (34 DAYS SUPPLY PER FILL)
RHOPHYLAC	2	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	3	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>MONOCLONAL ANTIBODIES</b>		
ZINPLAVA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>PENICILLINS (CONTINUED)</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	1	
<b>PROGESTINS (CONTINUED)</b>		
<b>PROGESTINS</b>		
<i>gallifrey</i>	1	
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	
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	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	3	PA, QL (112 ea per 7 day(s)), PN (7 DAYS SUPPLY PER FILL)
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ	3	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
LUMRYZ STARTER PACK	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	3	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sodium oxybate</i>	3	PA, LA, QL (540 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	3	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er</i>	1	PA
<i>rivastigmine tartrate</i>	1	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA	3	PA, QL (2 ea per 1 day(s))
SAVELLA TITRATION PACK	3	PA, QL (55 ea per 28 day(s))
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI	3	QL (1 ea per 1 day(s))
VYLEESI	3	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	1	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AVONEX PEN	2	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
AVONEX PREFILLED	2	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BETASERON	2	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	1	QL (60 ea per 30 day(s)), SP
<i>fingolimod hcl</i>	1	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glatiramer acetate 20 mg/ml soln prsy</i>	1	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsy</i>	1	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>glatopa 20 mg/ml soln prsy</i>	1	QL (30 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatopa 40 mg/ml soln prsy</i>	1	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	2	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	2	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	2	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL (12 ea per 5 day(s)), SP, PN (5 DAYS SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	QL (7 ea per 4 day(s)), SP, PN (4 DAYS SUPPLY IN 180 DAYS)
OCREVUS ZUNOVO	3	PA, QL (23 ml per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	2	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	2	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	2	QL (1 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	2	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF 44 MCG/0.5ML SOLN PRSYR	2	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	2	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	2	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	2	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	1	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA	2	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (7 ea per 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE HCL (PMDD)	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
AQNEURSA	3	PA, LA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ERGOLOID MESYLATES	1	
MIPLYFFA	3	PA, LA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
PIMOZIDE	1	
<b>SMOKING DETERRENTS</b>		
APO-VARENICLINE	0	QL (2 ea per 1 days)
CHANTIX	0	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	0	QL (2 ea per 1 days)
<i>cvs nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>cvs nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>eq nicotine (4 mg gum, 4 mg lozenge, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>eq nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>eq nicotine step 3</i>	0	
<i>eql nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>ft nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>ft nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>gnp nicotine (2 mg gum, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>gnp nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gnp nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>goodsense nicotine (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>goodsense nicotine polacrilex</i>	0	
<i>habitrol</i>	0	
<i>hm nicotine</i>	0	
<i>hm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>kls quit2 (2 mg gum, 2 mg lozenge)</i>	0	
<i>kls quit4</i>	0	
<i>nicoderm cq</i>	3	
<i>nicorette (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	3	
<i>nicorette mini (2 mg lozenge, 4 mg lozenge)</i>	3	
<i>nicorette starter kit</i>	3	
NICOTINE	0	
<i>nicotine mini (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>nicotine polacrilex mini</i>	0	
<i>nicotine step 1</i>	0	
<i>nicotine step 2</i>	0	
<i>nicotine step 3</i>	0	
NICOTROL NS	0	
<i>px stop smoking aid (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>qc nicotine transdermal system</i>	0	
<i>ra mini nicotine (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>ra nicotine (2 mg gum, 4 mg gum, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	
<i>ra nicotine gum</i>	0	
<i>ra nicotine polacrilex (2 mg lozenge, 4 mg lozenge)</i>	0	
<i>sm nicotine (2 mg lozenge, 4 mg gum, 7 mg/24hr patch 24hr, 14 mg/24hr patch 24hr, 21 mg/24hr patch 24hr)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>sm nicotine polacrilex (2 mg gum, 2 mg lozenge, 4 mg gum, 4 mg lozenge)</i>	0	
<i>thrive</i>	0	
<i>varenicline tartrate</i>	0	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	0	QL (53 ea per 30 day(s)), PN (30 DAYS SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	0	QL (2 ea per 1 days)
<b>RESPIRATORY AGENTS - MISC. (CONTINUED)</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
PROLASTIN-C 1000 MG/20ML SOLUTION	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	3	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	3	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	3	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	3	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	3	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<b>SULFONAMIDES (CONTINUED)</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine 500 mg tab</i>	1	
<b>TETRACYCLINES (CONTINUED)</b>		
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>lymepak</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>mondoxylene nl</i>	1	
<i>tetracycline hcl</i>	1	
<b>THYROID AGENTS (CONTINUED)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil</i>	1	
<b>THYROID HORMONES</b>		
ARMOUR THYROID	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium</i>	1	
NP THYROID	3	
SYNTHROID	3	
<i>unithroid</i>	1	
<b>TOXOIDS (CONTINUED)</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL	0	
BOOSTRIX 5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR	0	
DAPTACEL	0	
INFANRIX	0	
KINRIX	0	

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX	0	
PENTACEL	0	AL (Up to 4 yrs old)
QUADRACEL	0	
TENIVAC	0	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)</b>		
<b>ANTISPASMODICS</b>		
CHLORDIAZEPOXIDE-CLIDINIUM (5-2.5 MG CAP)	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (1 mg tab, 1.5 mg tab, 2 mg tab)</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE	1	
<i>methscopolamine bromide</i>	1	
NULEV	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine</i>	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	1	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>lansoprazole</i>	1	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rabeprazole sodium</i>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>omeprazole-sodium bicarbonate</i>	1	ST
<b>UNCATEGORIZED (CONTINUED)</b>		
<b>UNCLASSIFIED</b>		
ALYFTREK 10-50-125 MG TAB	3	PA, LA, QL (56 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ALYFTREK 4-20-50 MG TAB	3	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ATTRUBY	3	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
AVERI	0	
AVMAPKI FAKZYNJA CO-PACK	3	PA, QL (66 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
BOMYNTRA	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRUKINSA 160 MG TAB	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CONEXXENCE	3	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
CRENESSITY (25 MG CAP, 50 MG CAP)	3	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
CRENESSITY 100 MG CAP	3	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
CRENESSITY 50 MG/ML SOLUTION	3	PA, LA, QL (120 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
DANZITEN	3	QL (112 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
DATROWAY	3	PA, QL (6 ea per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
EBGLYSS 250 MG/2ML SOLN PRSYR	3	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
EKTERLY	3	PA, QL (4 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ELIQUIS (1.5 MG PACK)	2	QL (3 ea per 1 day(s))

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIQUIS (2 MG PACK)	2	QL (4 ea per 1 day(s))
ELIQUIS 0.15 MG CAP SPRINK	2	QL (74 ea per 30 day(s))
ELIQUIS 0.5 MG TAB SOL	2	QL (592 ea per 30 day(s))
EMRELIS	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ENSACOVE	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXXUA	3	PA, QL (1 ea per 1 day(s))
EXXUA TITRATION PACK	3	PA, QL (1 ea per 1 day(s))
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	3	PA, QL (168 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
GOMEKLI 2 MG CAP	3	PA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
HERCESSI	3	SP, PN (34 DAYS SUPPLY PER FILL)
HERNEXEOS	3	QL (3 ea per 1 day(s)), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
HYRNUO	3	PA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
IBTROZI	3	QL (90 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IMKELDI	3	PA, QL (280 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
INLURIYO	3	QL (60 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JUBBONTI	3	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KEYTRUDA QLEX	3	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIRSTY	2	
KOMZIFTI	3	PA, QL (90 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
MERILOG	2	
MERILOG SOLOSTAR	2	
MODEYSO	3	LA, QL (20 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OPDIVO QVANTIG 300-5000 MG -UT/2.5ML SOLUTION	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	3	PA, SP, PN (28 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OSENVELT	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OTEZLA XR	3	PA, QL (30 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
PENMENVY	0	QL (1 ml per 999 day(s)), AL (10 to 25 yrs old)
PREVYMIS (20 MG PACKET, 120 MG PACKET)	3	PA, QL (4 ea per 1 day(s))
REVUFORJ (110 MG TAB, 160 MG TAB)	3	PA, QL (120 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
ROMVIMZA	3	LA, QL (8 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
STOBOCLO	3	QL (1 ml per 180 day(s)), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUNLENCA 300 MG TAB	2	QL (4 ea per 2 day(s)), PN (2 DAYS SUPPLY IN 180 DAYS)
TRYNGOLZA	3	PA, LA, QL (0.8 ml per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UNLOXCYT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYKAT XR (25 MG TAB ER 24H, 150 MG TAB ER 24H)	3	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
VYKAT XR 75 MG TAB ER 24H	3	PA, LA, QL (84 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
WYOST	3	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3	QL (0.5 ml per 84 day(s)), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
YESINTEK 130 MG/26ML SOLUTION	3	PA-NSO, SP, PN (56 DAYS SUPPLY PER FILL)
YESINTEK 90 MG/ML SOLN PRSYR	3	QL (1 ml per 56 day(s)), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ZIIHERA	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<b>URINARY ANTISPASMODICS (CONTINUED)</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide er</i>	1	ST
<i>fesoterodine fumarate er</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
OXYTROL	3	ST
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	ST
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	ST
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	2	QL (10 ml per 1 days), AL (3 to 18 yrs old)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl</i>	1	
<b>VACCINES (CONTINUED)</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB	0	
BEXSERO	0	
CAPVAXIVE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
HIBERIX	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDVAX HIB	0	
PENBRAYA	0	QL (2 ea per lifetime)
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	0	
PREVNAR 20	0	QL (0.5 ml per lifetime)
TRUMENBA	0	
VAXNEUVANCE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	3	QL (4 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
<b>VIRAL VACCINES</b>		
ABRYSVO	0	AL (18 to 999 yrs old), PN (Not covered for members outside of age limit)
ACAM2000	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT	0	
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old), PN (Note)
AUDENZ	0	QL (1 ml per lifetime), AL (0.5 to 999 yrs old)
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	0	
COMIRNATY 5-11 YEARS	0	
ENGERIX-B	0	
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT	0	
GARDASIL 9	0	
HAVRIX 1440 EL U/ML SUSP PRSYR	0	AL (19 to 99 yrs old), PN (Not Covered for members outside of age limit)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAVRIX 720 EL U/0.5ML SUSP PRSYR	0	AL (Up to 18 yrs old), PN (Not Covered for members outside of age limit)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	
IPOL	0	
JYNNEOS	0	AL (18 to 999 yrs old)
M-M-R II	0	
MNEXSPIKE	0	
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	0	
MRESVIA	0	QL (0.5 ml per lifetime), AL (60 to 999 yrs old)
NOVAVAX COVID-19 VACCINE	0	
NUVAXOVID COVID-19 VACCINE	0	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PRIORIX	0	
PROQUAD	0	
RECOMBIVAX HB	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX 50 MCG/0.5ML SUSP PRSYR	0	
SPIKEVAX 6M-11Y	0	
TWINRIX	0	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSP PRSYR	0	AL (Up to 18 yrs old), PN (Not Covered for members outside of age limit)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSP PRSYR	0	AL (19 to 99 yrs old), PN (Not Covered for members outside of age limit)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 99 yrs old)
VARIVAX	0	
<b>VAGINAL AND RELATED PRODUCTS (CONTINUED)</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
INTRAROSA	3	QL (1 ea per 1 day(s))

Drug Name	Drug Tier	Requirements/Limits
<b>SPERMICIDES</b>		
VCF VAGINAL CONTRACEPTIVE (4 % GEL, 28 % FILM)	0	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXX	0	
PHEXXI	0	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol (0.01 % cream, 10 mcg tab)</i>	1	
ESTRING	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem</i>	1	
<b>VAGINAL PROGESTINS</b>		
ENDOMETRIN	2	
<b>VASOPRESSORS (CONTINUED)</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	QL (2 ea per fill), AL (Up to 3 yrs old)
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL (2 ea per fill)
<i>midodrine hcl</i>	1	
<b>VITAMINS (CONTINUED)</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin d (ergocalciferol)</i>	1	

# Appendix

## 1

1ST TIER UNIFINE PENTIPS . . . . .	128
1ST TIER UNIFINE PENTIPS PLUS . . . . .	128
1ST TIER UNILET COMFORTOUCH . . . . .	110

## A

abacavir sulfate . . . . .	67
abacavir sulfate-lamivudine . . . . .	67
abigale . . . . .	99
abigale lo . . . . .	99
ABILIFY ASIMTUFII . . . . .	66
ABILIFY MAINTENA . . . . .	66
abiraterone acetate . . . . .	52
abirtega . . . . .	52
ABOUTTIME PEN NEEDLE . . . . .	129
ABRYSVO . . . . .	167
ACAM2000 . . . . .	167
acarbose . . . . .	37
ACCU-CHEK FASTCLIX LANCET . . . . .	110
ACCU-CHEK FASTCLIX LANCETS . . . . .	110
ACCU-CHEK SAFE-T PRO LANCETS . . . . .	110
ACCU-CHEK SOFTCLIX LANCET DEV . . . . .	110
ACCU-CHEK SOFTCLIX LANCETS . . . . .	110
accutane . . . . .	86
acebutolol hcl . . . . .	71
ACETAMINOPHEN-CODEINE . . . . .	23
acetazolamide . . . . .	94
acetazolamide er . . . . .	95
acetic acid . . . . .	152
acetylcysteine . . . . .	86
acitretin . . . . .	88
ACTHIB . . . . .	166
ACTI-LANCE 28G . . . . .	110
ACTI-LANCE LITE LANCETS 28G . . . . .	110
ACTI-LANCE SPECIAL LANCETS 17G . . . . .	110
ACTI-LANCE UNIVERSAL 23G . . . . .	110
ACTIMMUNE . . . . .	62
acyclovir . . . . .	70,90
ADACEL . . . . .	161
adapalene . . . . .	86

adapalene-benzoyl peroxide . . . . .	86
ADBRY . . . . .	91
ADCETRIS . . . . .	50
ADDYI . . . . .	156
adefovir dipivoxil . . . . .	70
ADEMPAS . . . . .	75
ADJUSTABLE LANCING DEVICE . . . . .	110
adult aspirin regimen . . . . .	21
ADVAIR HFA . . . . .	30
ADVANCED MOBILE LANCET . . . . .	110
ADVANTAGE SAFETY LANCETS 28G . . . . .	110
ADVOCATE ALCOHOL PREP PADS . . . . .	127
ADVOCATE INSULIN PEN NEEDLE . . . . .	129
ADVOCATE INSULIN PEN NEEDLES . . . . .	129
ADVOCATE INSULIN SYRINGE . . . . .	129
ADVOCATE LANCETS . . . . .	110
ADVOCATE LANCETS 30G . . . . .	110
ADVOCATE LANCING DEVICE . . . . .	110
ADVOCATE RAPID-SAFE LANCING . . . . .	110
ADVOCATE SAFETY LANCETS . . . . .	110
ADVOCATE SAFETY LANCETS 21G . . . . .	110
ADVOCATE SAFETY LANCETS 23G . . . . .	110
ADVOCATE SAFETY LANCETS 26G . . . . .	110
ADVOCATE SAFETY LANCETS 28G . . . . .	110
ADZYNMA . . . . .	104
afirmelle . . . . .	76
AFLURIA . . . . .	167
AFLURIA PRESERVATIVE FREE . . . . .	167
AFLURIA QUADRIVALENT . . . . .	167
aftera . . . . .	83
afterpill . . . . .	83
AGAMATRIX ULTRA-THIN LANCETS . . . . .	110
AIMOVIG . . . . .	137
AIMSCO TWIST LANCETS 32G . . . . .	110
AIMSCO TWIST LANCETS 33G . . . . .	110
AIRDUO RESPICLICK 55/14 . . . . .	30
ak-poly-bac . . . . .	150
AKEEGA . . . . .	52
AKYNZEO . . . . .	42
ala-cort . . . . .	90
albendazole . . . . .	25

albuterol sulfate . . . . .	30	AMJEVITA . . . . .	18
albuterol sulfate hfa . . . . .	30	amlodipine besy-benazepril hcl . . . . .	46
alclometasone dipropionate . . . . .	90	amlodipine besylate . . . . .	72
ALCOH-GLOVE CONTOURED WIPE . . . . .	127	amlodipine besylate-valsartan . . . . .	46
ALCOH-WIPE . . . . .	127	amlodipine-olmesartan . . . . .	46
ALCOHOL PADS . . . . .	127	amnesteam . . . . .	86
ALCOHOL PREP . . . . .	127	amoxapine . . . . .	37
ALCOHOL PREP PADS . . . . .	127	amoxicillin . . . . .	154
ALCOHOL PREPS . . . . .	127	amoxicillin-pot clavulanate . . . . .	155
ALCOHOL SWABS . . . . .	127	amphetamine-dextroamphet er . . . . .	16
ALCOHOL SWABSTICK . . . . .	127	amphetamine-dextroamphetamine . . . . .	16
alcohol wipes . . . . .	93	ampicillin . . . . .	155
ALDURAZYME . . . . .	97	anagrelide hcl . . . . .	105
ALECENSA . . . . .	55	anastrozole . . . . .	52
alendronate sodium . . . . .	95	ANNOVERA . . . . .	83
alfuzosin hcl er . . . . .	103	anodyne lpt . . . . .	92
ALINIA . . . . .	26	ANORO ELLIPTA . . . . .	30
aliskiren fumarate . . . . .	47	ANUCORT-HC . . . . .	25
allopurinol . . . . .	103	ANUSOL-HC . . . . .	25
alose tron hcl . . . . .	102	APO-VARENICLINE . . . . .	158
alprazolam . . . . .	28	apomorphine hcl . . . . .	63
alprazolam er . . . . .	28	APRACLONIDINE HCL . . . . .	150
alprazolam xr . . . . .	28	aprepitant . . . . .	42
ALTABAX . . . . .	87	APRETUDE . . . . .	67
ALTAFRIN . . . . .	149	apri . . . . .	76
altavera . . . . .	76	APRIZIO PAK II . . . . .	92
ALUNBRIG . . . . .	55	APTIOM . . . . .	32
alyacen 1/35 . . . . .	76	APTIVUS . . . . .	67
alyacen 7/7/7 . . . . .	76	AQ INSULIN SYRINGE . . . . .	129
ALYFTREK . . . . .	163	AQINJECT PEN NEEDLE . . . . .	129
ALYGLO . . . . .	153	AQNEURSA . . . . .	158
alyq . . . . .	75	AQUALANCE LANCETS 30G . . . . .	110
amabelz . . . . .	99	ARANELLE . . . . .	76
amantadine hcl . . . . .	63	ARCALYST . . . . .	18
ambrisentan . . . . .	74	AREXVY . . . . .	167
amethia . . . . .	76	arformoterol tartrate . . . . .	30
amethyst . . . . .	76	aripiprazole . . . . .	66
amiloride hcl . . . . .	95	ARISTADA . . . . .	66
AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	95	ARISTADA INITIO . . . . .	66
amiodarone hcl . . . . .	28	armodafinil . . . . .	17
amitriptyline hcl . . . . .	37	ARMOUR THYROID . . . . .	161

ARNUITY ELLIPTA . . . . .	29	atropine sulfate . . . . .	149
ASCENIV . . . . .	153	ATROVENT HFA . . . . .	29
ascomp-codeine . . . . .	24	ATTRUBY . . . . .	163
asenapine maleate . . . . .	65	aubra . . . . .	76
ashlyna . . . . .	76	aubra eq . . . . .	76
ASPARLAS . . . . .	61	AUDENZ . . . . .	167
aspirin . . . . .	21	AUGTYRO . . . . .	55
aspirin 81 . . . . .	21	AUM ALCOHOL PREP PADS . . . . .	127
aspirin adult low dose . . . . .	21	AUM INSULIN SAFETY PEN NEEDLE . . . . .	129
aspirin adult low strength . . . . .	21	AUM MINI INSULIN PEN NEEDLE . . . . .	129
aspirin childrens . . . . .	21	AUM PEN NEEDLE . . . . .	129
aspirin ec adult low dose . . . . .	21	AUM READYGARD DUO PEN NEEDLE . . . . .	129
aspirin ec low dose . . . . .	21	AUM SAFETY PEN NEEDLE . . . . .	129
aspirin ec low strength . . . . .	21	AURORA LANCET SUPER THIN 30G . . . . .	111
aspirin low dose . . . . .	21	AURORA LANCET THIN 23G . . . . .	111
aspirin regimen . . . . .	21	AURORA PEN NEEDLES . . . . .	129
aspirin-dipyridamole er . . . . .	105	AURORA UNIFINE PENTIPS . . . . .	129
ASSURE COMFORT LANCETS 28G . . . . .	111	aurovela 1.5/30 . . . . .	76
ASSURE HAEMOLANCE PLUS HIGH . . . . .	111	aurovela 1/20 . . . . .	76
ASSURE HAEMOLANCE PLUS LOW . . . . .	111	aurovela 24 fe . . . . .	76
ASSURE HAEMOLANCE PLUS MICRO . . . . .	111	aurovela fe 1.5/30 . . . . .	76
ASSURE HAEMOLANCE PLUS NORMAL . . . . .	111	aurovela fe 1/20 . . . . .	76
ASSURE HAEMOLANCE PLUS PED . . . . .	111	AURYXIA . . . . .	102
ASSURE ID DUO PRO PEN NEEDLES . . . . .	129	AUTO-LANCET . . . . .	111
ASSURE ID INSULIN SAFETY SYR . . . . .	129	AUTO-LANCET MINI . . . . .	111
ASSURE ID PRO PEN NEEDLES . . . . .	129	AUTOLET II CLINISAFE . . . . .	111
ASSURE ID SAFETY PEN NEEDLES . . . . .	129	AUTOLET LANCING DEVICE . . . . .	111
ASSURE LANCE LANCETS . . . . .	111	AUTOLET LITE CLINISAFE . . . . .	111
ASSURE LANCE LANCETS 21G . . . . .	111	AUTOLET LITE LANCING DEVICE . . . . .	111
ASSURE LANCE PLUS SAFETY 25G . . . . .	111	AUTOLET LITE STARTER PACK . . . . .	111
ASSURE LANCE PLUS SAFETY 30G . . . . .	111	AUTOLET MINI . . . . .	111
ASSURE LANCE SAFETY LANCET 28G . . . . .	111	AUTOLET PLATFORMS . . . . .	111
ATABEX EC . . . . .	143	AUTOLET PLUS . . . . .	111
ATABEX OB . . . . .	143	AUTOPEN . . . . .	129
atazanavir sulfate . . . . .	67	AUVELITY . . . . .	35
atenolol . . . . .	71	AUVI-Q . . . . .	169
atenolol-chlorthalidone . . . . .	46	avanafil . . . . .	73
atomoxetine hcl . . . . .	17	AVAR-E EMOLLIENT . . . . .	86
atorvastatin calcium . . . . .	44	avar-e green . . . . .	86
atovaquone . . . . .	26	AVASTIN . . . . .	49
atovaquone-proguanil hcl . . . . .	47	AVEED . . . . .	24

AVERI . . . . .	163	BD INSULIN SYRINGE U/F 1/2UNIT . . . . .	129
aviane . . . . .	76	BD INSULIN SYRINGE ULTRAFINE . . . . .	129
avidoxy . . . . .	160	BD MICROTAINER LANCETS . . . . .	111
avita . . . . .	86	BD PEN . . . . .	129
AVMAPKI FAKZYNJA CO-PACK . . . . .	163	BD PEN MINI . . . . .	129
AVONEX PEN . . . . .	156	BD PEN NEEDLE MICRO ULTRAFINE . . . . .	129
AVONEX PREFILLED . . . . .	156	BD PEN NEEDLE MINI ULTRAFINE . . . . .	130
AVSOLA . . . . .	100	BD PEN NEEDLE NANO 2ND GEN . . . . .	130
ayuna . . . . .	76	BD PEN NEEDLE NANO ULTRAFINE . . . . .	130
AYVAKIT . . . . .	54	BD PEN NEEDLE ORIG ULTRAFINE . . . . .	130
AZASITE . . . . .	150	BD PEN NEEDLE SHORT ULTRAFINE . . . . .	130
azathioprine . . . . .	140	BD SAFETYGLIDE INSULIN SYRINGE . . . . .	130
azelaic acid . . . . .	93	BD SWAB SINGLE USE REGULAR . . . . .	127
azelastine hcl . . . . .	148,152	BD SWABS SINGLE USE BUTTERFLY . . . . .	127
azelastine-fluticasone . . . . .	148	BD VEO INSULIN SYR U/F 1/2UNIT . . . . .	130
AZESCO . . . . .	143	BD VEO INSULIN SYR ULTRAFINE . . . . .	130
azithromycin . . . . .	109	benazepril hcl . . . . .	45
azurette . . . . .	76	benazepril-hydrochlorothiazide . . . . .	46
<b>B</b>		BENLYSTA . . . . .	141
bac (butalbital-acetamin-caff) . . . . .	20	benzonatate . . . . .	85
BACITRA-NEOMYCIN-POLYMYXIN-HC . . . . .	151	BENZOYL PEROXIDE . . . . .	86
BACITRACIN . . . . .	150	benzoyl peroxide-erythromycin . . . . .	86
BACITRACIN-POLYMYXIN B . . . . .	150	benzphetamine hcl . . . . .	16
baclofen . . . . .	146	benztropine mesylate . . . . .	62
BALCOLTRA . . . . .	76	BEOVU . . . . .	149
balsalazide disodium . . . . .	101	BERINERT . . . . .	104
BALVERSA . . . . .	55,56	BESIVANCE . . . . .	150
balziva . . . . .	77	BESPONSA . . . . .	50
BAQSIMI ONE PACK . . . . .	38	BESREMI . . . . .	62
BAQSIMI TWO PACK . . . . .	38	betamethasone dipropionate . . . . .	90
BAVENCIO . . . . .	50	betamethasone dipropionate aug . . . . .	90
bayer aspirin ec low dose . . . . .	21	betamethasone valerate . . . . .	90
bayer low dose . . . . .	21	BETASERON . . . . .	156
BD AUTOSHIELD DUO . . . . .	129	betaxolol hcl . . . . .	71
BD INSULIN SYR ULTRAFINE II . . . . .	129	BETAXOLOL HCL . . . . .	149
BD INSULIN SYRINGE . . . . .	129	bethanechol chloride . . . . .	166
BD INSULIN SYRINGE HALF-UNIT . . . . .	129	BETOPTIC-S . . . . .	149
BD INSULIN SYRINGE MICROFINE . . . . .	129	bexarotene . . . . .	62,88
BD INSULIN SYRINGE U-500 . . . . .	129	BEXSERO . . . . .	166
BD INSULIN SYRINGE U/F . . . . .	129	BEYAZ . . . . .	77
		bicalutamide . . . . .	53

BIKTARVY . . . . .	67	butalbital-apap-caff-cod . . . . .	24
BIMATOPROST . . . . .	152	butalbital-apap-caffeine . . . . .	21
bimatoprost . . . . .	152	butalbital-asa-caff-codeine . . . . .	24
BINOSTO . . . . .	95	butalbital-aspirin-caffeine . . . . .	21
bisoprolol fumarate . . . . .	71	butorphanol tartrate . . . . .	24
bisoprolol-hydrochlorothiazide . . . . .	46		
BIVIGAM . . . . .	153	<b>C</b>	
BLINCYTO . . . . .	50	C-NATE DHA . . . . .	143
blisovi 24 fe . . . . .	77	CABENUVA . . . . .	67
blisovi fe 1.5/30 . . . . .	77	cabergoline . . . . .	98
blisovi fe 1/20 . . . . .	77	CABLIVI . . . . .	105
BOMYNTRA . . . . .	163	CABOMETYX . . . . .	56
BOOSTRIX . . . . .	161	caffeine citrate . . . . .	16
bosentan . . . . .	74	CALCIPOTRIENE . . . . .	88
BOSULIF . . . . .	56	calcitonin (salmon) . . . . .	95
BOTOX . . . . .	148	calcitrene . . . . .	88
BRAFTOVI . . . . .	56	calcitriol . . . . .	97
BREO ELLIPTA . . . . .	30	calcium acetate . . . . .	102
BREZTRI AEROSPHERE . . . . .	30	calcium acetate (phos binder) . . . . .	102
briellyn . . . . .	77	calphron . . . . .	102
brimonidine tartrate . . . . .	93,150	CALQUENCE . . . . .	56
brinzolamide . . . . .	152	CAMCEVI . . . . .	53
BRIXADI . . . . .	24	camila . . . . .	84
BRIXADI (WEEKLY) . . . . .	24	camrese . . . . .	77
bromfed dm . . . . .	85	camrese lo . . . . .	77
bromfenac sodium (once-daily) . . . . .	152	CAMZYOS . . . . .	73
bromocriptine mesylate . . . . .	63	candesartan cilexetil . . . . .	46
BRUKINSA . . . . .	56,163	candesartan cilexetil-hctz . . . . .	47
budesonide . . . . .	30,84	CANTHARIDIN . . . . .	92
budesonide-formoterol fumarate . . . . .	30	capecitabine . . . . .	49
bumetanide . . . . .	95	CAPLYTA . . . . .	64
buprenorphine . . . . .	24	CAPRELSA . . . . .	56
buprenorphine hcl . . . . .	24	captopril . . . . .	45
buprenorphine hcl-naloxone hcl . . . . .	24	CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .	47
bupropion hcl . . . . .	35	CAPVAXIVE . . . . .	166
bupropion hcl er (smoking det) . . . . .	35	carbamazepine . . . . .	32
bupropion hcl er (sr) . . . . .	35	carbamazepine er . . . . .	32
bupropion hcl er (xl) . . . . .	35	CARBATROL . . . . .	32
BUPROPION HCL ER (XL) . . . . .	35	carbidopa-levodopa . . . . .	63
buspiron hcl . . . . .	27	carbidopa-levodopa er . . . . .	63
butalbital-acetaminophen . . . . .	20	carbidopa-levodopa-entacapone . . . . .	63

carbinoxamine maleate . . . . .	43	cetrorelix acetate . . . . .	96
CARDIOCOM LANCING DEVICE . . . . .	111	CHANTIX . . . . .	158
CAREFINE PEN NEEDLES . . . . .	130	CHANTIX CONTINUING MONTH PAK . . . . .	158
CAREONE ADVANCED LANCING DEV . . . . .	111	charlotte 24 fe . . . . .	77
CAREONE INSULIN SYRINGE . . . . .	130	chateal . . . . .	77
CAREONE LANCET SUPER THIN 30G . . . . .	111	chateal eq . . . . .	77
CAREONE LANCET THIN 23G . . . . .	111	CHEMSTRIP K . . . . .	94
CAREONE UNIFINE PENTIPS . . . . .	130	CHEMSTRIP UGK . . . . .	94
CAREONE UNIFINE PENTIPS PLUS . . . . .	130	childrens aspirin . . . . .	21
CARESENS LANCETS . . . . .	111	chlordiazepoxide hcl . . . . .	28
CARESENS LANCETS 30G . . . . .	111	CHLORDIAZEPOXIDE-CLIDINIUM . . . . .	162
CARETOUCH ALCOHOL PREP . . . . .	127	chlorhexidine gluconate . . . . .	141
CARETOUCH INSULIN SYRINGE . . . . .	130	chloroquine phosphate . . . . .	47
CARETOUCH LANCING/EJECTOR . . . . .	111	chlorpromazine hcl . . . . .	66
CARETOUCH PEN NEEDLES . . . . .	130	chlorthalidone . . . . .	95
CARETOUCH SAFETY LANCETS . . . . .	112	CHOLBAM . . . . .	100
CARETOUCH SAFETY LANCETS 26G . . . . .	112	cholestyramine . . . . .	44
CARETOUCH TWIST LANCETS 28G . . . . .	112	cholestyramine light . . . . .	44
CARETOUCH TWIST LANCETS 30G . . . . .	112	CHORIONIC GONADOTROPIN . . . . .	96
CARETOUCH TWIST LANCETS 33G . . . . .	112	CHOSEN LANCETS 30G . . . . .	112
CARETOUCH TWIST MC LANCETS 30G . . . . .	112	CHOSEN LANCING DEVICE . . . . .	112
carisoprodol . . . . .	146	CHOSEN SAFETY LANCETS 28G . . . . .	112
CARISOPRODOL-ASPIRIN-CODEINE . . . . .	147	CIALIS . . . . .	73
CARTEOLOL HCL . . . . .	149	CIBINQO . . . . .	91
cartia xt . . . . .	72	ciclopirox . . . . .	88
carvedilol . . . . .	71	ciclopirox olamine . . . . .	88
carvedilol phosphate er . . . . .	71	cilostazol . . . . .	105
cataflam . . . . .	19	CILOXAN . . . . .	150
CAVERJECT . . . . .	73	CIMDUO . . . . .	67
CAVERJECT IMPULSE . . . . .	73	CIMERLI . . . . .	149
CAYA . . . . .	109	cimetidine . . . . .	162
CEFACTOR . . . . .	75	CIMZIA . . . . .	101
CEFACTOR ER . . . . .	76	CIMZIA (1 SYRINGE) . . . . .	101
cefadroxil . . . . .	75	CIMZIA (2 SYRINGE) . . . . .	101
cefdinir . . . . .	76	CIMZIA-STARTER . . . . .	101
cefprozil . . . . .	76	cinacalcet hcl . . . . .	97
cefuroxime axetil . . . . .	76	CINRYZE . . . . .	104
celecoxib . . . . .	19	CINVANTI . . . . .	42
cephalexin . . . . .	75	CIPRO . . . . .	100
CEQUR SIMPLICITY 2U . . . . .	130	CIPRO HC . . . . .	153
CEREZYME . . . . .	105	ciprofloxacin hcl . . . . .	100,150,153

ciprofloxacin-dexamethasone . . . . .	153	clotrimazole-betamethasone . . . . .	88
ciprofloxacin-hydrocortisone . . . . .	153	clozapine . . . . .	65
citalopram hydrobromide . . . . .	36	COAGUCHEK LANCETS . . . . .	112
CITRANATAL B-CALM . . . . .	143	COBENFY . . . . .	66
CITRANATAL BLOOM . . . . .	143	COBENFY STARTER PACK . . . . .	66
claravis . . . . .	86	codeine sulfate . . . . .	22
clarithromycin . . . . .	109	colchicine . . . . .	103
CLEANLET LANCETS 28G . . . . .	112	colchicine-probenecid . . . . .	103
CLENPIQ . . . . .	108	colesevelam hcl . . . . .	44
CLEOCIN . . . . .	169	colestipol hcl . . . . .	44
CLEVER CHEK LANCETS . . . . .	112	COMBIPATCH . . . . .	99
CLEVER CHOICE COMFORT EZ . . . . .	112,130	COMBIVENT RESPIMAT . . . . .	30
CLEVER CHOICE LANCETS 21G . . . . .	112	COMETRIQ (100 MG DAILY DOSE) . . . . .	56
CLEVER CHOICE LANCETS 23G . . . . .	112	COMETRIQ (140 MG DAILY DOSE) . . . . .	56
CLEVER CHOICE LANCETS 28G . . . . .	112	COMETRIQ (60 MG DAILY DOSE) . . . . .	56
CLICKFINE PEN NEEDLES . . . . .	130	COMFORT ASSIST INSULIN SYRINGE . . . . .	130
clindacin etz . . . . .	86	COMFORT ASSURED LANCETS 28G . . . . .	112
clindacin-p . . . . .	86	COMFORT ASSURED LANCETS 33G . . . . .	112
clindamycin hcl . . . . .	26	COMFORT EZ INSULIN SYRINGE . . . . .	112,130
clindamycin palmitate hcl . . . . .	26	COMFORT EZ MICRO PEN NEEDLES . . . . .	130
clindamycin phos (once-daily) . . . . .	86	COMFORT EZ PEN NEEDLES . . . . .	130
clindamycin phos (twice-daily) . . . . .	86	COMFORT EZ PRO PEN NEEDLES . . . . .	130
clindamycin phos-benzoyl perox . . . . .	87	COMFORT EZ SHORT PEN NEEDLES . . . . .	130
clindamycin phosphate . . . . .	87,169	COMFORT LANCETS . . . . .	112
clobazam . . . . .	32	COMFORT TOUCH ALCOHOL PREP . . . . .	127
clobetasol prop emollient base . . . . .	90	COMFORT TOUCH INSULIN PEN NEED . . . . .	130
clobetasol propionate . . . . .	90	COMFORT TOUCH LANCETS 31G . . . . .	112
clobetasol propionate e . . . . .	90	COMFORT TOUCH PLUS LANCETS 28G . . . . .	112
clobetasol propionate emulsion . . . . .	90	COMFORT TOUCH PLUS LANCETS 30G . . . . .	112
clodan . . . . .	90	COMFORT TOUCH TWIST LANCET 30G . . . . .	112
clofarabine . . . . .	49	COMIRNATY . . . . .	167
clomid . . . . .	96	COMIRNATY 5-11 YEARS . . . . .	167
clomiphene citrate . . . . .	96	COMPLETE NATAL DHA . . . . .	143
clomipramine hcl . . . . .	37	COMPLETENATE . . . . .	143
clonazepam . . . . .	32	compro . . . . .	66
clonidine . . . . .	46	CONCEPT DHA . . . . .	143
clonidine hcl . . . . .	46	CONCEPT OB . . . . .	143
clonidine hcl er . . . . .	17	CONEXXENCE . . . . .	163
clopidogrel bisulfate . . . . .	105	constulose . . . . .	109
clorazepate dipotassium . . . . .	28	CONTRAIVE . . . . .	16
clotrimazole . . . . .	88,141	COPIKTRA . . . . .	56

CORLANOR . . . . .	75	cvs soft glucose . . . . .	38
CORPHENA . . . . .	43	CVS ULTRA THIN LANCETS . . . . .	113
COSENTYX . . . . .	89	cyclafem 1/35 . . . . .	77
COSENTYX (300 MG DOSE) . . . . .	88	cyclafem 7/7/7 . . . . .	77
COSENTYX SENSOREADY (300 MG) . . . . .	89	cyclobenzaprine hcl . . . . .	146
COSENTYX SENSOREADY PEN . . . . .	89	cyclopentolate hcl . . . . .	149
COSENTYX UNOREADY . . . . .	89	cyclophosphamide . . . . .	48
COTELLIC . . . . .	56	cyclosporine . . . . .	140,151
COVARYX . . . . .	99	cyclosporine modified . . . . .	140
COVARYX HS . . . . .	99	cyproheptadine hcl . . . . .	43
CRENESSITY . . . . .	163	CYRAMZA . . . . .	49
CREON . . . . .	94	cyred . . . . .	77
CRESEMBA . . . . .	43	cyred eq . . . . .	77
cromolyn sodium . . . . .	28,100	CYSTAGON . . . . .	103
CROMOLYN SODIUM . . . . .	152	CYTOGAM . . . . .	153
cryselle . . . . .	77	CYTRA-3 . . . . .	102
cryselle-28 . . . . .	77	CYTRA-K . . . . .	103
curae . . . . .	83		
CURITY ALCOHOL PREPS . . . . .	127	<b>D</b>	
CUTAQUIG . . . . .	153	dabigatran etexilate mesylate . . . . .	31
CUVITRU . . . . .	153	dalfampridine er . . . . .	156
CVS ALCOHOL PREP PADS . . . . .	127	danazol . . . . .	25
cvs aspirin adult low dose . . . . .	21	dantrolene sodium . . . . .	146
cvs aspirin adult low strength . . . . .	21	DANYELZA . . . . .	50
cvs aspirin ec . . . . .	21	DANZITEN . . . . .	163
cvs aspirin low dose . . . . .	21	dapsone . . . . .	26
cvs aspirin low strength . . . . .	21	DAPTACEL . . . . .	161
cvs folic acid . . . . .	105	daptomycin . . . . .	26
CVS GLUCOSE . . . . .	38	darifenacin hydrobromide er . . . . .	165
cvs isopropyl alcohol wipes . . . . .	93	darunavir . . . . .	67
CVS KETONE CARE . . . . .	94	DARZALEX . . . . .	50
CVS LANCETS 21G . . . . .	112	DARZALEX FASPRO . . . . .	55
CVS LANCETS MICRO THIN 33G . . . . .	112	dasatinib . . . . .	56
CVS LANCETS ORIGINAL . . . . .	112	dasetta 1/35 . . . . .	77
CVS LANCETS THIN 26G . . . . .	112	dasetta 7/7/7 . . . . .	77
CVS LANCETS ULTRA THIN 30G . . . . .	112	DATROWAY . . . . .	163
CVS LANCETS ULTRA-THIN 30G . . . . .	112	DAURISMO . . . . .	52
CVS LANCING DEVICE . . . . .	112	DAXXIFY . . . . .	92
cvs nicotine . . . . .	158	daysee . . . . .	77
cvs nicotine polacrilex . . . . .	158	deblitane . . . . .	84
CVS PREP . . . . .	127	decadron . . . . .	85

decitabine . . . . .	49	dexamethylphenidate hcl er . . . . .	17
deferasirox . . . . .	41	dextroamphetamine sulfate . . . . .	16
deferasirox granules . . . . .	41	dextroamphetamine sulfate er . . . . .	16
deferiprone . . . . .	41	DIACOMIT . . . . .	32
DELSTRIGO . . . . .	67	DIASTAT ACUDIAL . . . . .	32
delyla . . . . .	77	DIATHRIVE LANCET ULTRA THIN 30 . . . . .	113
demeclocycline hcl . . . . .	160	DIATHRIVE LANCETS . . . . .	113
DENTA 5000 PLUS . . . . .	141	DIATHRIVE LANCING DEVICE . . . . .	113
denta 5000 plus . . . . .	141	DIATHRIVE PEN NEEDLE . . . . .	130
DENTA 5000 PLUS SENSITIVE . . . . .	141	diazepam . . . . .	28,32
DENTAGEL . . . . .	141	diazepam intensol . . . . .	28
dentagel . . . . .	141	diclofenac potassium . . . . .	19
DEPAKOTE . . . . .	35	diclofenac sodium . . . . .	19,87,152
DEPAKOTE ER . . . . .	35	diclofenac sodium er . . . . .	19
DEPAKOTE SPRINKLES . . . . .	35	diclofenac-misoprostol . . . . .	19
DEPO-PROVERA . . . . .	83	dicloxacillin sodium . . . . .	155
DEPO-SUBQ PROVERA 104 . . . . .	84	dicyclomine hcl . . . . .	162
depo-testosterone . . . . .	25	diethylpropion hcl . . . . .	16
DESCOVY . . . . .	67	DIETHYLPROPION HCL ER . . . . .	16
desipramine hcl . . . . .	37	DIFICID . . . . .	109
desmopressin ace spray refrig . . . . .	98	diflunisal . . . . .	21
desmopressin acetate . . . . .	98	digitek . . . . .	73
desmopressin acetate spray . . . . .	98	digox . . . . .	73
desogestrel-ethinyl estradiol . . . . .	77	digoxin . . . . .	73
desonide . . . . .	90	dihydroergotamine mesylate . . . . .	138
desoximetasone . . . . .	90	DILANTIN . . . . .	34
desvenlafaxine succinate er . . . . .	36	DILANTIN INFATABS . . . . .	34
DEX4 . . . . .	38	DILANTIN-125 . . . . .	35
DEX4 GLUCOSE . . . . .	38	dilt-xr . . . . .	72
DEX4 NATURALS . . . . .	38	diltiazem hcl . . . . .	72
DEX4 POUCH PACK . . . . .	38	diltiazem hcl er . . . . .	72
DEX4 QUICK DISSOLVE GLUCOSE . . . . .	38	diltiazem hcl er beads . . . . .	72
dexamethasone . . . . .	85	diltiazem hcl er coated beads . . . . .	72
DEXCOM G6 RECEIVER . . . . .	113	dimethyl fumarate . . . . .	156
DEXCOM G6 SENSOR . . . . .	113	dimethyl fumarate starter pack . . . . .	156
DEXCOM G6 TRANSMITTER . . . . .	113	DIPENTUM . . . . .	101
DEXCOM G7 15 DAY SENSOR . . . . .	113	DIPHENHYDRAMINE HCL . . . . .	43
DEXCOM G7 RECEIVER . . . . .	113	diphenoxylate-atropine . . . . .	41
DEXCOM G7 SENSOR . . . . .	113	dipyridamole . . . . .	105
dexlansoprazole . . . . .	162	DISKETS . . . . .	23
dexmethylphenidate hcl . . . . .	17	disopyramide phosphate . . . . .	28

disulfiram . . . . .	155	DRUG MART UNILET LANCETS 28G . . . . .	113
DIURIL . . . . .	95	DRUG MART UNILET LANCETS 30G . . . . .	113
divalproex sodium . . . . .	35	DRUG MART UNILET LANCETS 33G . . . . .	113
divalproex sodium er . . . . .	35	DRYSOL . . . . .	93
dofetilide . . . . .	28	DUET DHA 400 . . . . .	143
DOJOLVI . . . . .	149	DULERA . . . . .	30
dolishale . . . . .	77	duloxetine hcl . . . . .	36
donepezil hcl . . . . .	156	DUPIXENT . . . . .	91,92
DOPTELET . . . . .	106	DUROLANE . . . . .	147
dorzolamide hcl . . . . .	152	DURYSTA . . . . .	152
dorzolamide hcl-timolol mal . . . . .	149	dutasteride . . . . .	103
dorzolamide hcl-timolol mal pf . . . . .	149	dutasteride-tamsulosin hcl . . . . .	103
dotti . . . . .	99	DYSPORT . . . . .	148
DOVATO . . . . .	67		
doxazosin mesylate . . . . .	46	<b>E</b>	
DOXEPIN HCL . . . . .	37	E-Z JECT LANCET MICRO-THIN 33G . . . . .	113
DOXERCALCIFEROL . . . . .	97	E-Z JECT LANCET SUPER THIN 30G . . . . .	113
doxycycline hyclate . . . . .	161	E-Z JECT LANCETS . . . . .	113
doxycycline monohydrate . . . . .	161	E-Z JECT LANCETS 21G . . . . .	113
doxylamine-pyridoxine . . . . .	42	E-Z JECT LANCETS THIN 26G . . . . .	113
dronabinol . . . . .	42	EASY COMFORT ALCOHOL PADS . . . . .	127
DROPLET GENTEEL LANCING DEVICE . . . . .	113	EASY COMFORT INSULIN SYRINGE . . . . .	113,131
DROPLET INSULIN SYRINGE . . . . .	130	EASY COMFORT LANCETS . . . . .	113
DROPLET LANCETS ULTRA THIN 30G . . . . .	113	EASY COMFORT LANCETS TWIST TOP . . . . .	113
DROPLET LANCING DEVICE . . . . .	113	EASY COMFORT PEN NEEDLES . . . . .	131
DROPLET MICRON . . . . .	131	EASY GLIDE PEN NEEDLES . . . . .	131
DROPLET PEN NEEDLES . . . . .	131	EASY MINI EJECT LANCING DEVICE . . . . .	114
DROPLET PERSONAL LANCETS 30G . . . . .	113	EASY MINI LANCING DEVICE . . . . .	114
DROPSAFE ACTI-LANCE 23G . . . . .	113	EASY TOUCH ALCOHOL PREP MEDIUM . . . . .	127
DROPSAFE ALCOHOL PREP . . . . .	127	EASY TOUCH FLIPLOCK INSULIN SY . . . . .	131
DROPSAFE AUTOPROTECT DUO . . . . .	131	EASY TOUCH INSULIN SAFETY SYR . . . . .	131
DROPSAFE MEDLANCE LANCET 30G . . . . .	113	EASY TOUCH INSULIN SYRINGE . . . . .	131
DROPSAFE SAFETY PEN NEEDLES . . . . .	131	EASY TOUCH LANCETS 21G . . . . .	114
DROPSAFE SAFETY SYRINGE/NEEDLE . . . . .	131	EASY TOUCH LANCETS 23G . . . . .	114
drosipren-eth estrad-levomefol . . . . .	77	EASY TOUCH LANCETS 26G . . . . .	114
drosiprenone-ethinyl estradiol . . . . .	77	EASY TOUCH LANCETS 28G . . . . .	114
DRUG MART LANCETS THIN 26G . . . . .	113	EASY TOUCH LANCETS 28G/TWIST . . . . .	114
DRUG MART LANCING DEVICE . . . . .	113	EASY TOUCH LANCETS 30G . . . . .	114
DRUG MART ON-THE-GO LANCET 30G . . . . .	113	EASY TOUCH LANCETS 30G/TWIST . . . . .	114
DRUG MART UNIFINE PENTIPS . . . . .	131	EASY TOUCH LANCETS 32G . . . . .	114
DRUG MART UNIFINE PENTIPS PLUS . . . . .	131	EASY TOUCH LANCETS 32G/TWIST . . . . .	114

EASY TOUCH LANCETS 33G/TWIST . . . . .	114	ELLA . . . . .	83
EASY TOUCH LANCING DEVICE . . . . .	114	ELMIRON . . . . .	103
EASY TOUCH PEN NEEDLES . . . . .	131	eltrombopag olamine . . . . .	106
EASY TOUCH SAFETY LANCETS 21G . . . . .	114	eluryng . . . . .	83
EASY TOUCH SAFETY LANCETS 23G . . . . .	114	EMBECTA AUTOSHIELD DUO . . . . .	131
EASY TOUCH SAFETY LANCETS 26G . . . . .	114	EMBECTA INS SYR U/F 1/2 UNIT . . . . .	131
EASY TOUCH SAFETY LANCETS 28G . . . . .	114	EMBECTA INSULIN SYRINGE . . . . .	131
EASY TOUCH SAFETY PEN NEEDLES . . . . .	131	EMBECTA INSULIN SYRINGE U-100 . . . . .	131
EASY TOUCH SHEATHLOCK SYRINGE . . . . .	131	EMBECTA INSULIN SYRINGE U-500 . . . . .	131
EBGLYSS . . . . .	92,163	EMBECTA INSULIN SYRINGE U/F . . . . .	131
ec-naproxen . . . . .	19	EMBECTA PEN NEEDLE NANO . . . . .	131
econazole nitrate . . . . .	88	EMBECTA PEN NEEDLE NANO 2 GEN . . . . .	131
econtra ez . . . . .	83	EMBECTA PEN NEEDLE U/F . . . . .	131
econtra one-step . . . . .	83	EMBECTA PEN NEEDLE ULTRAFINE . . . . .	131
ecotrin low strength . . . . .	21	EMBRACE LANCETS ULTRA THIN 30G . . . . .	114
ed-spaz . . . . .	162	EMBRACE LANCING DEVICE/EJECTOR . . . . .	114
edaravone . . . . .	148	EMBRACE PEN NEEDLES . . . . .	131
EDEX (2 CARTRIDGE) . . . . .	73	EMBRACE PRESSURE ACTIVATED 21G . . . . .	114
EDEX (6 CARTRIDGE) . . . . .	73	EMBRACE PRESSURE ACTIVATED 28G . . . . .	114
EDURANT . . . . .	67	EMBRIVA . . . . .	143
EEMT . . . . .	99	EMEND . . . . .	42
EEMT HS . . . . .	99	EMGALITY . . . . .	138
efavirenz . . . . .	67	EMGALITY (300 MG DOSE) . . . . .	138
efavirenz-emtricitab-tenofo df . . . . .	67	emoquette . . . . .	77
efavirenz-lamivudine-tenofovir . . . . .	67	EMPLICITI . . . . .	50
EFAVIRENZ-LAMIVUDINE-TENOFOVIR . . . . .	67	EMPRICAINE-II . . . . .	92
EFFER-K . . . . .	139	EMRELIS . . . . .	164
EKTERLY . . . . .	163	emtricitab-riIpivir-tenofov df . . . . .	67
ELAHERE . . . . .	50	emtricitabine . . . . .	68
ELAPRASE . . . . .	97	emtricitabine-tenofovir df . . . . .	68
ELESTRIN . . . . .	99	EMTRIVA . . . . .	68
eletriptan hydrobromide . . . . .	138	EMVERM . . . . .	25
ELIGARD . . . . .	53	emzahn . . . . .	84
elinest . . . . .	77	enalapril maleate . . . . .	45
ELIQUIS . . . . .	31,164	enalapril-hydrochlorothiazide . . . . .	47
ELIQUIS (1.5 MG PACK) . . . . .	163	ENBRACE HR . . . . .	143
ELIQUIS (2 MG PACK) . . . . .	164	ENBREL . . . . .	20
ELIQUIS DVT/PE STARTER PACK . . . . .	31	ENBREL MINI . . . . .	20
ELITE-OB . . . . .	143	ENBREL SURECLICK . . . . .	20
ELITEK . . . . .	62	endocet . . . . .	24
elixophyllin . . . . .	31	ENDOMETRIN . . . . .	169

ENGERIX-B . . . . .	167	ERIVEDGE . . . . .	52
ENHERTU . . . . .	50	ERLEADA . . . . .	53
enilloring . . . . .	83	erlotinib hcl . . . . .	52
enoxaparin sodium . . . . .	31	errin . . . . .	84
enpresse-28 . . . . .	77	ery-tab . . . . .	109
ENSACOVE . . . . .	164	ERYTHROMYCIN . . . . .	87
enskyce . . . . .	77	erythromycin . . . . .	87,109,150
ENSPRYNG . . . . .	140	erythromycin base . . . . .	109
entacapone . . . . .	63	erythromycin ethylsuccinate . . . . .	109
entecavir . . . . .	70	escitalopram oxalate . . . . .	36
ENTYVIO . . . . .	101	eslicarbazepine acetate . . . . .	33
ENTYVIO PEN . . . . .	101	esomeprazole magnesium . . . . .	162
enulose . . . . .	102	ESSENTRA WIPES 9X9" . . . . .	127
ENVARUSUS XR . . . . .	140	est estrogens-methyltest . . . . .	99
enzoclear . . . . .	87	est estrogens-methyltest ds . . . . .	99
EPIDIOLEX . . . . .	32	est estrogens-methyltest hs . . . . .	99
epinastine hcl . . . . .	152	estarylla . . . . .	77
epinephrine . . . . .	169	estazolam . . . . .	107
epitol . . . . .	33	estradiol . . . . .	100,169
EPKINLY . . . . .	50	estradiol valerate . . . . .	100
eplerenone . . . . .	47	estradiol-norethindrone acet . . . . .	99
EPOGEN . . . . .	106	estratest f.s. . . . .	99
epoprostenol sodium . . . . .	74	ESTRATEST H.S. . . . .	99
EPRONTIA . . . . .	33	ESTRING . . . . .	169
eq aspirin adult low dose . . . . .	21	eszopiclone . . . . .	108
eq aspirin low dose . . . . .	21	ethambutol hcl . . . . .	48
eq nicotine . . . . .	158	ethosuximide . . . . .	35
eq nicotine polacrilex . . . . .	158	ethynodiol diac-eth estradiol . . . . .	77
eq nicotine step 3 . . . . .	158	etodolac . . . . .	19
EQL ALCOHOL SWABS . . . . .	127	etodolac er . . . . .	19
eql aspirin low dose . . . . .	21	etonogestrel-ethinyl estradiol . . . . .	83
EQL COLOR LANCETS 21G . . . . .	114	ETOPOSIDE . . . . .	62
EQL COLOR LANCETS MICRO 33G . . . . .	114	etravirine . . . . .	68
EQL INSULIN SYRINGE . . . . .	132	EUFLEXXA . . . . .	147
eql nicotine polacrilex . . . . .	158	EULEXIN . . . . .	53
EQL SUPER THIN LANCETS 30G . . . . .	114	euthyrox . . . . .	161
EQL THIN LANCETS 26G . . . . .	114	everolimus . . . . .	56,140
ERBITUX . . . . .	52	EVKEEZA . . . . .	43
ergocalciferol . . . . .	169	EVOTAZ . . . . .	68
ERGOLOID MESYLATES . . . . .	158	EVRYSDI . . . . .	148
eribulin mesylate . . . . .	62	EXEL COMFORT POINT INSULIN SYR . . . . .	132

EXEL COMFORT POINT PEN NEEDLE . . . . .	132	FENSOLVI (6 MONTH) . . . . .	97
exemestane . . . . .	53	fentanyl . . . . .	23
EXXUA . . . . .	164	FENTANYL CITRATE . . . . .	23
EXXUA TITRATION PACK . . . . .	164	FERRIPROX . . . . .	41
EYLEA . . . . .	149	ferumoxytol . . . . .	107
EYLEA HD . . . . .	149	fesoterodine fumarate er . . . . .	165
EZ-LETS LANCETS 21G . . . . .	114	FETROJA . . . . .	76
EZ-LETS LANCETS 26G . . . . .	114	FETZIMA . . . . .	36
EZ-LETS LANCETS 28G . . . . .	114	FETZIMA TITRATION . . . . .	36
EZ-LETS LANCETS 30G . . . . .	114	fexmid . . . . .	146
ezetimibe . . . . .	45	fidaxomicin . . . . .	109
ezetimibe-simvastatin . . . . .	43	FIFTY50 ALCOHOL PREP . . . . .	127
<b>F</b>		FIFTY50 PEN NEEDLES . . . . .	132
FABHALTA . . . . .	104	FIFTY50 SAFETY SEAL LANCETS . . . . .	114
FABIOR . . . . .	87	FIFTY50 SUPERIOR COMFORT SYR . . . . .	132
falmina . . . . .	78	FIFTY50 UNILET LANCETS 33G . . . . .	114
famciclovir . . . . .	70	FILSPARI . . . . .	103
famotidine . . . . .	162	FINACEA . . . . .	93
FANAPT . . . . .	64	finasteride . . . . .	103
FANAPT TITRATION PACK A . . . . .	64	FINE 30 . . . . .	115
FANAPT TITRATION PACK B . . . . .	64	FINGERSTIX LANCETS . . . . .	115
FANAPT TITRATION PACK C . . . . .	64	ingolimod hcl . . . . .	156
FASENRA . . . . .	29	FINTEPLA . . . . .	33
FASENRA PEN . . . . .	29	finzala . . . . .	78
fayosim . . . . .	78	FIRDAPSE . . . . .	48
FC2 FEMALE CONDOM . . . . .	109	FIRMAGON . . . . .	53
febuxostat . . . . .	103	FIRMAGON (240 MG DOSE) . . . . .	53
FEIBA . . . . .	104	flac . . . . .	153
feirza 1.5/30 . . . . .	78	flavoxate hcl . . . . .	166
feirza 1/20 . . . . .	78	FLEBOGAMMA DIF . . . . .	153
felbamate . . . . .	34	flecainide acetate . . . . .	28
felodipine er . . . . .	72	FLUAD . . . . .	167
FEMCAP . . . . .	109	FLUAD QUADRIVALENT . . . . .	167
FEMLYV . . . . .	78	FLUARIX . . . . .	167
femynor . . . . .	78	FLUARIX QUADRIVALENT . . . . .	167
fenofibrate . . . . .	44	FLUBLOK . . . . .	167
FENOFIBRATE MICRONIZED . . . . .	44	FLUBLOK QUADRIVALENT . . . . .	167
fenofibrate micronized . . . . .	44	FLUCELVAX . . . . .	167
fenofibric acid . . . . .	44	FLUCELVAX QUADRIVALENT . . . . .	167
fenopropfen calcium . . . . .	19	fluconazole . . . . .	43
		flucytosine . . . . .	42

fludrocortisone acetate . . . . .	85	FORA LANCETS . . . . .	115
FLULAVAL . . . . .	167	FORA LANCING DEVICE . . . . .	115
FLULAVAL QUADRIVALENT . . . . .	167	formoterol fumarate . . . . .	30
FLUMIST . . . . .	167	fosamprenavir calcium . . . . .	68
FLUMIST QUADRIVALENT . . . . .	167	fosinopril sodium . . . . .	45
flunisolide . . . . .	148	fosinopril sodium-hctz . . . . .	47
fluocinolone acetonide . . . . .	90,153	FOSRENOL . . . . .	102
fluocinolone acetonide body . . . . .	91	FOTIVDA . . . . .	56
fluocinolone acetonide scalp . . . . .	91	FRAICHE 5000 DENTAL . . . . .	142
fluocinonide . . . . .	91	FREDS PHARMACY AUTOLET LANCING . . . . .	115
fluocinonide emulsified base . . . . .	91	FREDS PHARMACY UNIFINE PENTIP+ . . . . .	132
FLUORIDEX SENSITIVITY RELIEF . . . . .	141	FREDS PHARMACY UNIFINE PENTIPS . . . . .	132
FLUORIMAX 5000 SENSITIVE . . . . .	142	FREDS PHARMACY UNILET LANC 28G . . . . .	115
fluorometholone . . . . .	151	FREDS PHARMACY UNILET LANC 30G . . . . .	115
fluorouracil . . . . .	88	FREESTYLE LANCETS . . . . .	115
FLUOROURACIL . . . . .	88	FREESTYLE LIBRE 14 DAY READER . . . . .	115
fluoxetine hcl . . . . .	36	FREESTYLE LIBRE 14 DAY SENSOR . . . . .	115
FLUOXETINE HCL (PMDD) . . . . .	158	FREESTYLE LIBRE 2 PLUS SENSOR . . . . .	115
fluphenazine decanoate . . . . .	66	FREESTYLE LIBRE 2 READER . . . . .	115
fluphenazine hcl . . . . .	66	FREESTYLE LIBRE 2 SENSOR . . . . .	115
flurbiprofen . . . . .	19	FREESTYLE LIBRE 3 PLUS SENSOR . . . . .	115
FLURBIPROFEN SODIUM . . . . .	152	FREESTYLE LIBRE 3 READER . . . . .	115
fluticasone propionate . . . . .	91,148	FREESTYLE LIBRE 3 SENSOR . . . . .	115
FLUTICASONE PROPIONATE DISKUS . . . . .	30	FREESTYLE LIBRE READER . . . . .	115
FLUTICASONE PROPIONATE HFA . . . . .	30	FREESTYLE UNISTICK II LANCETS . . . . .	115
fluticasone-salmeterol . . . . .	30	frovatriptan succinate . . . . .	138
FLUTICASONE-SALMETEROL . . . . .	30	FRUZAQLA . . . . .	49
fluvoxamine maleate . . . . .	36	ft aspirin . . . . .	21
FLUZONE . . . . .	167	ft aspirin low dose . . . . .	21
FLUZONE HIGH-DOSE . . . . .	167	ft folic acid . . . . .	105
FLUZONE HIGH-DOSE QUADRIVALENT . . . . .	167	ft glucose . . . . .	38
FLUZONE QUADRIVALENT . . . . .	167	ft naloxone hcl . . . . .	41
FML FORTE . . . . .	151	ft nicotine . . . . .	158
folate . . . . .	105	ft nicotine mini . . . . .	158
folic acid . . . . .	105	FULPHILA . . . . .	106
FOLIVANE-OB . . . . .	143	fulvestrant . . . . .	53
FOLLISTIM AQ . . . . .	96	furosemide . . . . .	95
FOLOTYN . . . . .	49	FUZEON . . . . .	68
fondaparinux sodium . . . . .	31	fyavolv . . . . .	99
FONDCIRCLE LANCING DEVICE . . . . .	115	FYCOMPA . . . . .	32
FONDCIRCLE SINGLE USE LANCETS . . . . .	115	FYLNETRA . . . . .	106

## G

g tussin ac . . . . .	85	GENTEEL LANCING KIT (BLUE) . . . . .	115
gabapentin . . . . .	33	GENTEEL NOZZLES . . . . .	115
galantamine hydrobromide . . . . .	156	GENTEEL PLUS LANCING (BLACK) . . . . .	115
galantamine hydrobromide er . . . . .	156	GENTEEL PLUS LANCING (PURPLE) . . . . .	116
galbriela . . . . .	78	GENTEEL PLUS LANCING (WHITE) . . . . .	116
gallifrey . . . . .	155	GENTEEL PLUS LANCING DEV(BLUE) . . . . .	116
GAMASTAN . . . . .	153	GENTEEL PLUS LANCING DEV(PINK) . . . . .	116
GAMMAGARD . . . . .	153	GENTLE-LET GP LANCETS . . . . .	116
GAMMAGARD ERC . . . . .	154	GENTLE-LET LANCETS . . . . .	116
GAMMAGARD S/D LESS IGA . . . . .	154	GENTLE-LET PLATFORMS . . . . .	116
GAMMAKED . . . . .	154	GENVISC 850 . . . . .	147
GAMMAPLEX . . . . .	154	GENVOYA . . . . .	68
GAMUNEX-C . . . . .	154	GESTYRA . . . . .	143
ganirelix acetate . . . . .	96	GILOTRIF . . . . .	52
GARDASIL 9 . . . . .	167	glatiramer acetate . . . . .	157
GATTEX . . . . .	102	glatopa . . . . .	157
GAVILYTE-C . . . . .	108	GLEOSTINE . . . . .	48
gavilyte-g . . . . .	108	glimepiride . . . . .	41
gavilyte-n with flavor pack . . . . .	108	glipizide . . . . .	41
GAVRETO . . . . .	57	glipizide er . . . . .	41
GAZYVA . . . . .	50	glipizide xl . . . . .	41
gefitinib . . . . .	52	glipizide-metformin hcl . . . . .	37
GEL-ONE . . . . .	147	GLOBAL ALCOHOL PREP EASE . . . . .	127
GELSYN-3 . . . . .	147	GLOBAL EASE INJECT PEN NEEDLES . . . . .	132
gemfibrozil . . . . .	44	GLOBAL EASY GLIDE INSULIN SYR . . . . .	132
gemmily . . . . .	78	GLOBAL EASY GLIDE PEN NEEDLES . . . . .	132
generlac . . . . .	102	GLOBAL INJECT EASE INSULIN SYR . . . . .	132
gengraf . . . . .	140	GLOBAL INJECT EASE LANCETS 28G . . . . .	116
GENOTROPIN . . . . .	96	GLOBAL INJECT EASE LANCETS 30G . . . . .	116
GENOTROPIN MINIQUICK . . . . .	96	GLOBAL INSULIN SYRINGES . . . . .	132
gentamicin sulfate . . . . .	87,150	GLOBAL LANCING DEVICE . . . . .	116
GENTEEL BUTTERFLY TOUCH LANCET . . . . .	115	GLUCAGEN HYPOKIT . . . . .	38
GENTEEL CONTACT TIPS (BLUE) . . . . .	115	GLUCAGON EMERGENCY . . . . .	38
GENTEEL CONTACT TIPS (CLEAR) . . . . .	115	gluco to go . . . . .	38
GENTEEL CONTACT TIPS (GREEN) . . . . .	115	GLUCOCOM LANCETS 28G . . . . .	116
GENTEEL CONTACT TIPS (ORANGE) . . . . .	115	GLUCOCOM LANCETS 30G . . . . .	116
GENTEEL CONTACT TIPS (RAINBOW) . . . . .	115	GLUCOCOM LANCETS 33G . . . . .	116
GENTEEL CONTACT TIPS (VIOLET) . . . . .	115	GLUCOPRO INSULIN SYRINGE . . . . .	132
GENTEEL CONTACT TIPS (YELLOW) . . . . .	115	glucose . . . . .	38
		GLUCOSE INSTANT ENERGY . . . . .	38
		glyburide . . . . .	41

glyburide-metformin . . . . .	37	GOODSENSE GLUCOSE . . . . .	38
glycopyrrolate . . . . .	162	GOODSENSE LANCETS 26G UNIV . . . . .	116
glydo . . . . .	92	GOODSENSE LANCETS 30G . . . . .	116
GLYXAMBI . . . . .	37	GOODSENSE LANCETS 30G UNIV . . . . .	116
gnp adult aspirin low strength . . . . .	22	GOODSENSE LANCETS 33G . . . . .	116
GNP ALCOHOL SWABS . . . . .	128	GOODSENSE LANCETS 33G UNIV . . . . .	116
gnp aspirin . . . . .	22	GOODSENSE LANCING DEVICE . . . . .	116
gnp aspirin low dose . . . . .	22	goodsense nicotine . . . . .	159
GNP CLICKFINE PEN NEEDLES . . . . .	132	goodsense nicotine polacrilex . . . . .	159
gnp folic acid . . . . .	105	GOODSENSE PEN NEEDLE PENFINE . . . . .	132
gnp glucose . . . . .	38	granisetron hcl . . . . .	42
GNP INSULIN SYRINGE . . . . .	132	griseofulvin microsize . . . . .	42
GNP INSULIN SYRINGES . . . . .	132	griseofulvin ultramicrosize . . . . .	42
GNP INSULIN SYRINGES 28GX1/2" . . . . .	132	guaifenesin ac . . . . .	85
GNP INSULIN SYRINGES 29GX1/2" . . . . .	132	guaifenesin ac . . . . .	85
GNP INSULIN SYRINGES 30GX5/16" . . . . .	132	guaifenesin-codeine . . . . .	85
GNP INSULIN SYRINGES 31GX5/16" . . . . .	132	guanfacine hcl . . . . .	46
GNP LANCETS 21G . . . . .	116	guanfacine hcl er . . . . .	17
GNP LANCETS THIN 26G . . . . .	116	GVOKE HYPOPEN 1-PACK . . . . .	38
GNP LANCING SYSTEM DEVICE . . . . .	116	GVOKE HYPOPEN 2-PACK . . . . .	38
gnp naloxone hcl . . . . .	41	GVOKE KIT . . . . .	38
gnp nicotine . . . . .	158	GVOKE PFS . . . . .	38
gnp nicotine mini . . . . .	158		
gnp nicotine polacrilex . . . . .	159	<b>H</b>	
GNP PEN NEEDLES . . . . .	132	h-e-b aspirin . . . . .	22
GNP QUICK DISSOLVE GLUCOSE . . . . .	38	H-E-B INCONTROL ADV LANCING . . . . .	116
GNP STERILE LANCETS 28G . . . . .	116	H-E-B INCONTROL ALCOHOL . . . . .	128
GNP STERILE LANCETS 30G . . . . .	116	H-E-B INCONTROL LANCETS 28G . . . . .	116
GNP STERILE LANCETS 33G . . . . .	116	H-E-B INCONTROL LANCETS 30G . . . . .	116
GNP ULTICARE PEN NEEDLES . . . . .	132	H-E-B INCONTROL LANCETS 33G . . . . .	117
GNP ULTIGUARD SAFEPAK NEEDLE . . . . .	132	H-E-B INCONTROL PEN NEEDLES . . . . .	132
GNP ULTRA COM INSULIN SYRINGE . . . . .	132	H-E-B INCONTROL UNIFINE PENTIP . . . . .	132
GOJJI LANCING DEVICE/CLEAR CAP . . . . .	116	habitrol . . . . .	159
GOJJI STERILE LANCETS . . . . .	116	HAEGARDA . . . . .	104
GOMEKLI . . . . .	164	HAEMOLANCE . . . . .	117
GOODSENSE ALCOHOL SWABS . . . . .	128	HAEMOLANCE LOW FLOW LANCETS . . . . .	117
goodsense aspirin . . . . .	22	HAEMOLANCE PLUS . . . . .	117
goodsense aspirin adult low st . . . . .	22	HAEMOLANCE PLUS HIGH FLOW . . . . .	117
goodsense aspirin low dose . . . . .	22	HAEMOLANCE PLUS LOW FLOW . . . . .	117
GOODSENSE CLICKFINE PEN NEEDLE . . . . .	132	HAEMOLANCE PLUS MAX FLOW . . . . .	117
GOODSENSE COLOR LANCETS 33G . . . . .	116	HAEMOLANCE PLUS PEDIATRIC FLOW . . . . .	117

hailey 1.5/30 . . . . .	78	HM ULTICARE SHORT PEN NEEDLES . . . . .	133
hailey 24 fe . . . . .	78	HUMATROPE . . . . .	96
hailey fe 1.5/30 . . . . .	78	hy-vee glucose . . . . .	39
hailey fe 1/20 . . . . .	78	HY-VEE LANCETS . . . . .	117
halobetasol propionate . . . . .	91	HY-VEE THIN LANCETS . . . . .	117
haloette . . . . .	83	HYALGAN . . . . .	147
haloperidol . . . . .	65	HYCAMTIN . . . . .	62
haloperidol decanoate . . . . .	65	hydralazine hcl . . . . .	47
haloperidol lactate . . . . .	65	hydrochlorothiazide . . . . .	95
HAVRIX . . . . .	167,168	HYDROCOD POLI-CHLORPHE POLI ER . . . . .	85
HEALTH CARE LANCING DEVICE . . . . .	117	hydrocodone bit-homatrop mbr . . . . .	85
HEALTHWISE INSULIN SYR/NEEDLE . . . . .	132	hydrocodone-acetaminophen . . . . .	24
HEALTHWISE MICRON PEN NEEDLES . . . . .	132	HYDROCODONE-IBUPROFEN . . . . .	24
HEALTHWISE MINI PEN NEEDLES . . . . .	132	hydrocortisone . . . . .	25,85,91
HEALTHWISE PEN NEEDLES . . . . .	133	hydrocortisone (perianal) . . . . .	25
HEALTHWISE SHORT PEN NEEDLES . . . . .	133	HYDROCORTISONE ACE-PRAMOXINE . . . . .	91
HEALTHWISE UNIFINE PENTIPS . . . . .	133	HYDROCORTISONE ACETATE . . . . .	25
HEALTHY ACCENTS LANCING DEVICE . . . . .	117	HYDROCORTISONE BUTYRATE . . . . .	91
HEALTHY ACCENTS UNIFINE PENTIP . . . . .	133	hydrocortisone sod suc (pf) . . . . .	85
HEALTHY ACCENTS UNILET LANCETS . . . . .	117	hydrocortisone valerate . . . . .	91
heather . . . . .	84	hydromet . . . . .	85
HEMMOREX-HC . . . . .	25	hydromorphone hcl . . . . .	23
heparin sodium (porcine) . . . . .	31	hydroxychloroquine sulfate . . . . .	47
heparin sodium (porcine) +rfid . . . . .	31	hydroxyurea . . . . .	62
heparin sodium (porcine) pf . . . . .	31	hydroxyzine hcl . . . . .	27
HEPLISAV-B . . . . .	168	HYDROXYZINE PAMOATE . . . . .	27
her style . . . . .	83	hydroxyzine pamoate . . . . .	27
HERCEPTIN HYLECTA . . . . .	55	HYFTOR . . . . .	92
HERCESSI . . . . .	164	HYMOVIS . . . . .	147
HERNEXEOS . . . . .	164	hyoscyamine sulfate . . . . .	162
HERZUMA . . . . .	50	hyoscyamine sulfate er . . . . .	162
HIBERIX . . . . .	166	HYOSCYAMINE SULFATE SL . . . . .	162
HIZENTRA . . . . .	154	HYOSYNE . . . . .	162
hm aspirin . . . . .	22	HYPERSAL . . . . .	86
hm aspirin ec low dose . . . . .	22	HYPOLANCE AST LANCING . . . . .	117
hm folic acid . . . . .	105	HYQVIA . . . . .	154
hm nicotine . . . . .	159	HYRNUO . . . . .	164
hm nicotine polacrilex . . . . .	159		
HM STERILE ALCOHOL PREP . . . . .	128		
HM ULTICARE INSULIN SYRINGE . . . . .	133	ibandronate sodium . . . . .	95
HM ULTICARE MINI PEN NEEDLES . . . . .	133	IBRANCE . . . . .	57

IBTROZI . . . . .	164	INSULIN SYRINGE-NEEDLE U-100 . . . . .	133
ibu . . . . .	19	INSULIN SYRINGE/NEEDLE . . . . .	133
ibuprofen . . . . .	19	INSUPEN PEN NEEDLES . . . . .	133
icatibant acetate . . . . .	104	INSUPEN SENSITIVE . . . . .	133
iclevia . . . . .	78	INSUPEN ULTRAFIN . . . . .	133
ICLUSIG . . . . .	57	INSUPEN32G EXTR3ME . . . . .	133
icosapent ethyl . . . . .	44	INTELENCE . . . . .	68
IDHIFA . . . . .	57	INTRAROSA . . . . .	168
IHEALTH LANCING DEVICE . . . . .	117	introvale . . . . .	78
ILUVIEN . . . . .	151	INVEGA HAFYERA . . . . .	64
imatinib mesylate . . . . .	57	INVEGA SUSTENNA . . . . .	64
IMBRUVICA . . . . .	57	INVEGA TRINZA . . . . .	64
IMCIVREE . . . . .	16	IPOL . . . . .	168
IMDELLTRA . . . . .	50	ipratropium bromide . . . . .	29,148
IMFINZI . . . . .	50	ipratropium-albuterol . . . . .	30
imipramine hcl . . . . .	37	irbesartan . . . . .	46
imiquimod . . . . .	92	irbesartan-hydrochlorothiazide . . . . .	47
IMJUDO . . . . .	51	ISENTRESS . . . . .	68
IMKELDI . . . . .	164	ISENTRESS HD . . . . .	68
IN TOUCH LANCING DEVICE . . . . .	117	isibloom . . . . .	78
IN TOUCH STERILE LANCETS 30G . . . . .	117	isoniazid . . . . .	48
INBRIJA . . . . .	63	isopropyl alcohol . . . . .	93
incassia . . . . .	84	isopropyl alcohol wipes . . . . .	93
INCONTROL ULTICARE PEN NEEDLES . . . . .	133	isosorbide dinitrate . . . . .	27
INCRUSE ELLIPTA . . . . .	29	ISOSORBIDE MONONITRATE . . . . .	27
indapamide . . . . .	95	isosorbide mononitrate er . . . . .	27
indomethacin . . . . .	19	isotretinoin . . . . .	87
indomethacin er . . . . .	19	isradipine . . . . .	72
INFANRIX . . . . .	161	ITOVEBI . . . . .	57
INJECTAFER . . . . .	107	itraconazole . . . . .	43
INLURIYO . . . . .	164	ivabradine hcl . . . . .	75
INLYTA . . . . .	49	ivermectin . . . . .	25,94
INNOPRAN XL . . . . .	72	IWILFIN . . . . .	62
INQOVI . . . . .	55	IZERVAY . . . . .	151
INREBIC . . . . .	57		
INSULIN ASP PROT & ASP FLEXPEN . . . . .	40	<b>J</b>	
INSULIN ASPART PROT & ASPART . . . . .	40	jaimiess . . . . .	78
INSULIN GLARGINE MAX SOLOSTAR . . . . .	40	JAKAFI . . . . .	57
INSULIN GLARGINE SOLOSTAR . . . . .	40	jantoven . . . . .	31
INSULIN GLARGINE-YFGN . . . . .	40	JARDIANCE . . . . .	41
INSULIN SYRINGE . . . . .	133	jasmiel . . . . .	78

javygtor . . . . .	97	ketorolac tromethamine . . . . .	19,152
JAYPIRCA . . . . .	57	KETOSTIX . . . . .	94
JELMYTO . . . . .	55	KEYTRUDA . . . . .	51
JEMPERLI . . . . .	51	KEYTRUDA QLEX . . . . .	164
jencycla . . . . .	84	KHAPZORY . . . . .	62
JENTADUETO . . . . .	37	KIMMTRAK . . . . .	51
JENTADUETO XR . . . . .	37	KIMYRSA . . . . .	26
jinteli . . . . .	99	KINNEY LANCETS . . . . .	117
JOENJA . . . . .	139	KINNEY THIN LANCETS . . . . .	117
jolessa . . . . .	78	KINRAY INSULIN SYRINGE . . . . .	133
joyeaux . . . . .	78	KINRIX . . . . .	161
JUBBONTI . . . . .	164	kionex . . . . .	140
juleber . . . . .	78	KIRSTY . . . . .	164
JULUCA . . . . .	68	KISQALI (200 MG DOSE) . . . . .	57
junel 1.5/30 . . . . .	78	KISQALI (400 MG DOSE) . . . . .	57
junel 1/20 . . . . .	78	KISQALI (600 MG DOSE) . . . . .	57
junel fe 1.5/30 . . . . .	78	klayesta . . . . .	88
junel fe 1/20 . . . . .	78	KLISYRI (250 MG) . . . . .	88
junel fe 24 . . . . .	78	KLISYRI (350 MG) . . . . .	88
just right 5000 . . . . .	142	klor-con . . . . .	139
JYNNEOS . . . . .	168	klor-con 10 . . . . .	139
		klor-con m10 . . . . .	139
		klor-con m15 . . . . .	139
		klor-con m20 . . . . .	139
		klor-con/ef . . . . .	139
		kls aspirin low dose . . . . .	22
		kls quit2 . . . . .	159
		kls quit4 . . . . .	159
		KMART VALU INSULIN SYRINGE 29G . . . . .	133
		KMART VALU INSULIN SYRINGE 30G . . . . .	133
		KOMZIFTI . . . . .	164
		KORSUVA . . . . .	141
		KOSELUGO . . . . .	58
		KOSHER PRENATAL PLUS IRON . . . . .	143
		kourzeq . . . . .	142
		kp aspirin . . . . .	22
		kp folic acid . . . . .	106
		KRAZATI . . . . .	58
		kristalose . . . . .	109
		KROGER AUTOLET LANCING DEVICE . . . . .	117
		KROGER GLUCOSE . . . . .	39

## K

k-prime . . . . .	139		
K-TAB . . . . .	139		
KADCYLA . . . . .	51		
kaitlib fe . . . . .	78		
KALBITOR . . . . .	104		
KALETRA . . . . .	68		
kalliga . . . . .	78		
KALYDECO . . . . .	160		
KANJINTI . . . . .	50		
kariva . . . . .	78		
kelnor 1/35 . . . . .	78		
kelnor 1/50 . . . . .	78		
KEPIVANCE . . . . .	62		
KESIMPTA . . . . .	157		
KETO-DIASTIX . . . . .	94		
ketoconazole . . . . .	43,88		
KETODAN . . . . .	88		
KETONE TEST . . . . .	94		

KROGER HEALTHPRO LANCET 26G . . . . .	117	LANOXIN . . . . .	73
KROGER INSULIN SYRINGE . . . . .	133	lanreotide acetate . . . . .	98
KROGER LANCETS . . . . .	117	lansoprazole . . . . .	162
KROGER LANCETS 21G . . . . .	117	lanthanum carbonate . . . . .	102
KROGER LANCETS MICRO THIN 33G . . . . .	117	LANZO . . . . .	118
KROGER LANCETS SUPER THIN . . . . .	117	lapatinib ditosylate . . . . .	58
KROGER LANCETS THIN . . . . .	117	larin 1.5/30 . . . . .	79
KROGER LANCETS THIN 26G . . . . .	117	larin 1/20 . . . . .	79
KROGER LANCETS ULTRATHIN 30G . . . . .	117	larin 24 fe . . . . .	79
KROGER LANCING DEVICE . . . . .	117	larin fe 1.5/30 . . . . .	79
KROGER PEN NEEDLES . . . . .	133	larin fe 1/20 . . . . .	79
KRYSTEXXA . . . . .	103	larissia . . . . .	79
kurvelo . . . . .	79	latanoprost . . . . .	152
KYLEENA . . . . .	84	layolis fe . . . . .	79
<b>L</b>		LAZCLUZE . . . . .	52
l-glutamine . . . . .	105	LEADER ADVANCED LANCING DEVICE . . . . .	118
labetalol hcl . . . . .	71	LEADER GLUCOSE . . . . .	39
lacosamide . . . . .	33	LEADER INSULIN SYRINGE . . . . .	133
lactulose . . . . .	109	LEADER QUICK DISSOLVE GLUCOSE . . . . .	39
lactulose encephalopathy . . . . .	102	LEADER UNIFINE PENTIPS . . . . .	133
LAGEVRIO . . . . .	71	LEADER UNIFINE PENTIPS PLUS . . . . .	133
lamivudine . . . . .	68,70	leena . . . . .	79
lamivudine-zidovudine . . . . .	68	leflunomide . . . . .	20
lamotrigine . . . . .	33	lenalidomide . . . . .	139
lamotrigine er . . . . .	33	LENVIMA (10 MG DAILY DOSE) . . . . .	49
lamotrigine starter kit-blue . . . . .	33	LENVIMA (12 MG DAILY DOSE) . . . . .	49
LANCET DEVICE . . . . .	117	LENVIMA (14 MG DAILY DOSE) . . . . .	49
LANCET DEVICE WITH EJECTOR . . . . .	117	LENVIMA (18 MG DAILY DOSE) . . . . .	49
LANCET TRANSPORTER CASE . . . . .	118	LENVIMA (20 MG DAILY DOSE) . . . . .	50
LANCETS . . . . .	118	LENVIMA (24 MG DAILY DOSE) . . . . .	50
LANCETS 28G THIN . . . . .	118	LENVIMA (4 MG DAILY DOSE) . . . . .	50
LANCETS 30G . . . . .	118	LENVIMA (8 MG DAILY DOSE) . . . . .	50
LANCETS 33G . . . . .	118	LEQVIO . . . . .	45
LANCETS MICRO THIN 33G . . . . .	118	lessina . . . . .	79
LANCETS SUPER THIN . . . . .	118	letrozole . . . . .	53
LANCETS SUPER THIN 28G . . . . .	118	leucovorin calcium . . . . .	62
LANCETS THIN . . . . .	118	LEUKERAN . . . . .	48
LANCETS ULTRA THIN . . . . .	118	LEUKINE . . . . .	106
LANCETS ULTRA THIN 30G . . . . .	118	leuprolide acetate . . . . .	53
LANCING DEVICE . . . . .	118	levalbuterol hcl . . . . .	30
		LEVALBUTEROL TARTRATE . . . . .	30

levetiracetam . . . . .	33	liraglutide -weight management . . . . .	16
levetiracetam er . . . . .	33	lisdexamphetamine dimesylate . . . . .	16
levo-t . . . . .	161	lisinopril . . . . .	45
LEVOBUNOLOL HCL . . . . .	149	lisinopril-hydrochlorothiazide . . . . .	47
levocarnitine . . . . .	97	LITE TOUCH LANCETS . . . . .	118
levocarnitine sf . . . . .	98	LITE TOUCH LANCING PEN . . . . .	118
levofloxacin . . . . .	100,150	LITETOUCH INSULIN SYRINGE . . . . .	133
levonest . . . . .	79	LITETOUCH LANCETS . . . . .	118
levonorg-eth estrad triphasic . . . . .	79	LITETOUCH PEN NEEDLES . . . . .	133
levonorgest-eth est & eth est . . . . .	79	lithium . . . . .	63
levonorgest-eth estrad 91-day . . . . .	79	lithium carbonate . . . . .	63
levonorgest-eth estradiol-iron . . . . .	79	lithium carbonate er . . . . .	63
levonorgestrel . . . . .	83	LITHOBID . . . . .	63
levonorgestrel-ethinyl estrad . . . . .	79	LITHOSTAT . . . . .	103
levora 0.15/30 (28) . . . . .	79	LIVE BETTER ADV LANCING DEVICE . . . . .	118
levorphanol tartrate . . . . .	23	LIVE BETTER LANCET SUPER THIN . . . . .	118
levothyroxine sodium . . . . .	161	LIVE BETTER LANCET ULTRA THIN . . . . .	118
levoxy . . . . .	161	LIVTENCITY . . . . .	70
LIBERTY MEDICAL LANCETS . . . . .	118	LO LOESTRIN FE . . . . .	79
LIBERTY MINI LANCING DEVICE . . . . .	118	lo-zumandimine . . . . .	79
LIBERVANT . . . . .	32	loestrin 1.5/30 (21) . . . . .	79
LIBTAYO . . . . .	51	loestrin 1/20 (21) . . . . .	79
lidocaine . . . . .	92	loestrin fe 1.5/30 . . . . .	79
lidocaine hcl . . . . .	92	loestrin fe 1/20 . . . . .	79
LIDOCAINE HCL . . . . .	141	lofexidine hcl . . . . .	155
lidocaine hcl urethral/mucosal . . . . .	92	lojaimiess . . . . .	79
lidocaine viscous hcl . . . . .	141	LOKELMA . . . . .	140
lidocaine-hydrocort (perianal) . . . . .	25	lomaira . . . . .	16
LIDOCAINE-HYDROCORTISONE ACE . . . . .	25	lomustine . . . . .	48
lidocaine-prilocaine . . . . .	93	LONGS GLUCOSE . . . . .	39
lidocan . . . . .	93	LONGS INSULIN SYRINGE . . . . .	133
LIDOCORT . . . . .	25	LONGS LANCETS STANDARD . . . . .	118
LIDOPIN . . . . .	93	LONGS LANCETS THIN . . . . .	118
lidopril xr . . . . .	93	LONGS LANCETS ULTRA THIN . . . . .	118
LILETTA (52 MG) . . . . .	155	LONSURF . . . . .	55
lillow . . . . .	79	loperamide hcl . . . . .	41
linezolid . . . . .	26	lopinavir-ritonavir . . . . .	68
LINZESS . . . . .	102	lorazepam . . . . .	28
liomny . . . . .	161	lorazepam intensol . . . . .	28
liothyronine sodium . . . . .	161	LORBRENA . . . . .	58
liraglutide . . . . .	39	loryna . . . . .	79

losartan potassium . . . . .	46	MARATHON MEDICAL PENTIPS . . . . .	133
losartan potassium-hctz . . . . .	47	maraviroc . . . . .	68
lovastatin . . . . .	44	MARGENZA . . . . .	50
low-ogestrel . . . . .	79	marlissa . . . . .	79
loxapine succinate . . . . .	65	MATULANE . . . . .	62
lubiprostone . . . . .	100	MAVYRET . . . . .	70
LUCENTIS . . . . .	150	MAXI-COMFORT INSULIN SYRINGE . . . . .	133
luizza 1.5/30 . . . . .	79	MAXI-COMFORT SAFETY PEN NEEDLE . . . . .	133
luizza 1/20 . . . . .	79	maxi-tuss ac . . . . .	85
LUMAKRAS . . . . .	58	MAXICOMFORT II PEN NEEDLE . . . . .	133
LUMIGAN . . . . .	152	MAXICOMFORT SYR 27G X 1/2" . . . . .	134
LUMIZYME . . . . .	98	MAXIDEX . . . . .	151
LUMRYZ . . . . .	155	MAYZENT . . . . .	157
LUMRYZ STARTER PACK . . . . .	155	MAYZENT STARTER PACK . . . . .	157
LUNSUMIO . . . . .	51	meclizine hcl . . . . .	42
LUPRON DEPOT (1-MONTH) . . . . .	53	MEDIC INSULIN SYRINGE . . . . .	134
LUPRON DEPOT (3-MONTH) . . . . .	53	MEDICHOICE SAFETY LANCET . . . . .	118
LUPRON DEPOT (4-MONTH) . . . . .	53	MEDICHOICE SAFETY LANCET EXTRA . . . . .	118
LUPRON DEPOT (6-MONTH) . . . . .	53	MEDICHOICE SAFETY LANCET NORM . . . . .	118
LUPRON DEPOT-PED (1-MONTH) . . . . .	97	MEDICINE SHOPPE PEN NEEDLES . . . . .	134
LUPRON DEPOT-PED (3-MONTH) . . . . .	97	MEDLANCE EXTRA 21G . . . . .	118
LUPRON DEPOT-PED (6-MONTH) . . . . .	97	MEDLANCE LITE 25G . . . . .	118
lurasidone hcl . . . . .	64	MEDLANCE PLUS EXTRA 21G . . . . .	118
LURBIPR . . . . .	19	MEDLANCE PLUS LANCETS . . . . .	119
LURBIRO . . . . .	19	MEDLANCE PLUS LITE 25G . . . . .	119
lutera . . . . .	79	MEDLANCE PLUS SPECIAL 0.8MM . . . . .	119
lyleq . . . . .	84	MEDLANCE PLUS SUPERLITE 30G . . . . .	119
lyllana . . . . .	100	MEDLANCE PLUS UNIVERSAL 21G . . . . .	119
lymepak . . . . .	161	MEDLANCE UNIVERSAL 21G . . . . .	119
LYNPARZA . . . . .	58	medpura alcohol pads . . . . .	93
LYSODREN . . . . .	53	medroxyprogesterone acetate . . . . .	84,155
LYTGOBI (12 MG DAILY DOSE) . . . . .	58	mefloquine hcl . . . . .	48
LYTGOBI (16 MG DAILY DOSE) . . . . .	58	megestrol acetate . . . . .	53
LYTGOBI (20 MG DAILY DOSE) . . . . .	58	MEIJER ALCOHOL SWABS . . . . .	128
lyza . . . . .	84	MEIJER GLUCOSE . . . . .	39
		MEIJER LANCETS . . . . .	119
<b>M</b>		MEIJER LANCETS THIN . . . . .	119
M-M-R II . . . . .	168	MEIJER LANCETS UNIVERSAL 21G . . . . .	119
M-NATAL PLUS . . . . .	143	MEIJER LANCETS UNIVERSAL 30G . . . . .	119
MAGELLAN INSULIN SAFETY SYR . . . . .	133	MEIJER LANCETS UNIVERSAL 33G . . . . .	119
malathion . . . . .	94	MEIJER PEN NEEDLES . . . . .	134

MEIJER SUPER THIN LANCETS . . . . .	119	methylphenidate hcl er (la) . . . . .	17
MEKINIST . . . . .	58	methylphenidate hcl er (osm) . . . . .	17
MEKTOVI . . . . .	58	methylprednisolone . . . . .	85
meleya . . . . .	84	methylprednisolone sodium succ . . . . .	85
meloxicam . . . . .	19	metoclopramide hcl . . . . .	100
memantine hcl . . . . .	156	metolazone . . . . .	95
memantine hcl er . . . . .	156	metoprolol succinate er . . . . .	71
MENOPUR . . . . .	96	metoprolol tartrate . . . . .	72
MENVEO . . . . .	166	metoprolol-hydrochlorothiazide . . . . .	47
MEPERIDINE HCL . . . . .	23	metronidazole . . . . .	25,94
meprobamate . . . . .	27	mexiletine hcl . . . . .	28
mercaptopurine . . . . .	49	mibelas 24 fe . . . . .	80
MERILOG . . . . .	164	MICRODOT PEN NEEDLE . . . . .	134
MERILOG SOLOSTAR . . . . .	164	microgestin 1.5/30 . . . . .	80
merzee . . . . .	80	microgestin 1/20 . . . . .	80
mesalamine . . . . .	101	microgestin 24 fe . . . . .	80
mesalamine er . . . . .	101	microgestin fe 1.5/30 . . . . .	80
mesalamine-cleanser . . . . .	101	microgestin fe 1/20 . . . . .	80
mesna . . . . .	62	MICROLET LANCETS . . . . .	119
metaxalone . . . . .	146	MICROLET NEXT LANCING DEVICE . . . . .	119
metformin hcl . . . . .	38	midazolam hcl . . . . .	108
metformin hcl er . . . . .	38	MIDAZOLAM-SODIUM CHLORIDE (PF) . . . . .	108
methadone hcl . . . . .	23	midodrine hcl . . . . .	169
methadone hcl intensol . . . . .	23	mifepristone . . . . .	39,98
methadose . . . . .	23	MIGLITOL . . . . .	37
methazolamide . . . . .	95	miglustat . . . . .	105
methenamine hippurate . . . . .	27	mili . . . . .	80
methenamine mandelate . . . . .	27	milophene . . . . .	96
methergine . . . . .	153	mimvey . . . . .	99
methimazole . . . . .	161	MINI LANCING DEVICE . . . . .	119
methocarbamol . . . . .	146	minocycline hcl . . . . .	161
METHOTREXATE SODIUM . . . . .	49	minoxidil . . . . .	47
methotrexate sodium (pf) . . . . .	49	minzoya . . . . .	80
METHOXSALEN RAPID . . . . .	89	MIPLYFFA . . . . .	158
methscopolamine bromide . . . . .	162	MIRCERA . . . . .	106
METHYLDOPA . . . . .	46	MIRENA (52 MG) . . . . .	84
methylergonovine maleate . . . . .	153	mirtazapine . . . . .	35
methylphenidate . . . . .	17	misoprostol . . . . .	163
methylphenidate hcl . . . . .	17	MIUDELLA INTRAUTERINE COPPER . . . . .	83
methylphenidate hcl er . . . . .	17	mm aspirin . . . . .	22
methylphenidate hcl er (cd) . . . . .	17	MM INSULIN SYRINGE/NEEDLE . . . . .	134

MM LANCING DEVICE . . . . .	119	MULTIVITAMIN/FLUORIDE . . . . .	143
MM PEN NEEDLES . . . . .	134	multivitamin/fluoride/iron . . . . .	142
MM TWIST LANCETS . . . . .	119	mupirocin . . . . .	87
MNEXSPIKE . . . . .	168	mupirocin calcium . . . . .	88
MOBILE LANCETS 30G . . . . .	119	MVASI . . . . .	50
modafinil . . . . .	17	my choice . . . . .	83
MODERNA COVID-19 VAC 6M-11Y . . . . .	168	my way . . . . .	83
MODEYSO . . . . .	164	mycophenolate mofetil . . . . .	140
moexipril hcl . . . . .	45	mycophenolate sodium . . . . .	140
mometasone furoate . . . . .	91,148	mycophenolic acid . . . . .	140
mondoxyne nl . . . . .	161	MYGLUCOHEALTH LANCETS 30G . . . . .	119
MONJUVI . . . . .	51	MYLERAN . . . . .	48
mono-linyah . . . . .	80	MYLOTARG . . . . .	51
MONOJECT INSULIN SYRINGE . . . . .	134	MYOBLOC . . . . .	148
MONOJECT ULTRA COMFORT SYRINGE . . . . .	134	myorisan . . . . .	87
MONOLET LANCETS . . . . .	119	MYRBETRIQ . . . . .	166
MONOLET OPD LANCETS . . . . .	119	MYTESI . . . . .	41
MONOLETTOR SAFETY LANCETS . . . . .	119	<b>N</b>	
MONOVISC . . . . .	147	na sulfate-k sulfate-mg sulf . . . . .	108
montelukast sodium . . . . .	29	nabumetone . . . . .	19
morphine sulfate . . . . .	23	nadolol . . . . .	72
morphine sulfate (concentrate) . . . . .	23	nafrinse . . . . .	138
morphine sulfate er . . . . .	23	NAFTIFINE HCL . . . . .	88
MOUNJARO . . . . .	39	NALFON . . . . .	19
MOVANTIK . . . . .	102	NALOCET . . . . .	24
moxifloxacin hcl . . . . .	100,150	naloxone hcl . . . . .	41
MOXIFLOXACIN HCL (2X DAY) . . . . .	150	naltrexone hcl . . . . .	41
MPD SAFETY LANCET 21G . . . . .	119	naproxen . . . . .	19
MPD SAFETY LANCET 23G . . . . .	119	naproxen dr . . . . .	20
MPD SAFETY LANCET 28G . . . . .	119	naproxen sodium . . . . .	20
MPD SAFETY LANCET 30G . . . . .	119	naratriptan hcl . . . . .	138
MRESVIA . . . . .	168	NATACHEW . . . . .	143
MS INSULIN SYRINGE . . . . .	134	NATACYN . . . . .	150
MULTI-LANCET DEVICE . . . . .	119	NATAZIA . . . . .	80
MULTI-LANCET DEVICE 2 . . . . .	119	nateglinide . . . . .	40
MULTI-MAC . . . . .	143	NATROBA . . . . .	94
multi-vit/iron/fluoride . . . . .	142	neбиволол hcl . . . . .	72
MULTI-VITAMIN/FLUORIDE . . . . .	143	NEBUSAL . . . . .	86
MULTI-VITAMIN/FLUORIDE/IRON . . . . .	142	necon 0.5/35 (28) . . . . .	80
MULTIVITAMIN + FLUORIDE . . . . .	143	NEEVO DHA . . . . .	144
MULTIVITAMIN W/FLUORIDE . . . . .	143		

NEFAZODONE HCL . . . . .	36	nicotine step 2 . . . . .	159
neo-polycin . . . . .	150	nicotine step 3 . . . . .	159
neo-polycin hc . . . . .	151	NICOTROL NS . . . . .	159
neomycin sulfate . . . . .	17	nifedipine . . . . .	72
neomycin-bacitracin zn-polymyx . . . . .	150	nifedipine er . . . . .	72
neomycin-polymyxin-dexameth . . . . .	151	nifedipine er osmotic release . . . . .	72
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . .	151	nikki . . . . .	80
NEOMYCIN-POLYMYXIN-HC . . . . .	152	nilotinib hcl . . . . .	58
neomycin-polymyxin-hc . . . . .	153	nilutamide . . . . .	53
NEONATAL COMPLETE . . . . .	144	nimodipine . . . . .	72
NEONATAL PLUS . . . . .	144	NINLARO . . . . .	59
NEORAL . . . . .	140	nitazoxanide . . . . .	26
NERLYNX . . . . .	58	NITRO-BID . . . . .	27
NESTABS . . . . .	144	NITRO-TIME . . . . .	27
NESTABS DHA . . . . .	144	nitrofurantoin . . . . .	27
NESTABS ONE . . . . .	144	nitrofurantoin macrocrystal . . . . .	27
neuac . . . . .	87	nitrofurantoin monohyd macro . . . . .	27
NEULASTA . . . . .	106	nitroglycerin . . . . .	27
NEULASTA ONPRO . . . . .	106	NIVA-PLUS . . . . .	144
NEUPOGEN . . . . .	106	NIVESTYM . . . . .	106
nevirapine . . . . .	68	nora-be . . . . .	84
NEVIRAPINE . . . . .	68	NORDITROPIN FLEXPRO . . . . .	96
nevirapine er . . . . .	68	norelgestromin-eth estradiol . . . . .	82
NEVIRAPINE ER . . . . .	68	norethin ace-eth estrad-fe . . . . .	80
new day . . . . .	83	norethin-eth estradiol-fe . . . . .	80
NEXLETOL . . . . .	43	norethindron-ethinyl estrad-fe . . . . .	80
NEXLIZET . . . . .	44	norethindrone . . . . .	84
NEXPLANON . . . . .	155	norethindrone acet-ethinyl est . . . . .	80
NEXTSTELLIS . . . . .	80	norethindrone acetate . . . . .	155
NGENLA . . . . .	96	norethindrone-eth estradiol . . . . .	99
niacin er (antihyperlipidemic) . . . . .	45	norgestim-eth estrad triphasic . . . . .	80
nicardipine hcl . . . . .	72	norgestimate-eth estradiol . . . . .	80
nicoderm cq . . . . .	159	norlyda . . . . .	84
nicorette . . . . .	159	norlyroc . . . . .	84
nicorette mini . . . . .	159	NORPACE CR . . . . .	28
nicorette starter kit . . . . .	159	nortrel 0.5/35 (28) . . . . .	80
NICOTINE . . . . .	159	nortrel 1/35 (21) . . . . .	80
nicotine mini . . . . .	159	nortrel 1/35 (28) . . . . .	80
nicotine polacrilex . . . . .	159	nortrel 7/7/7 . . . . .	80
nicotine polacrilex mini . . . . .	159	nortriptyline hcl . . . . .	37
nicotine step 1 . . . . .	159	NORVIR . . . . .	68

NOVA SAFETY LANCETS 23G . . . . .	119	NUVAXOVID COVID-19 VACCINE . . . . .	168
NOVA SAFETY LANCETS 28G . . . . .	119	nyamyc . . . . .	88
NOVA SUREFLEX LANCETS . . . . .	119	nylia 1/35 . . . . .	80
NOVA SUREFLEX LANCING DEVICE . . . . .	120	nylia 7/7/7 . . . . .	80
NOVAREL . . . . .	96	nymyo . . . . .	80
NOVAVAX COVID-19 VACCINE . . . . .	168	nystatin . . . . .	42,88,141
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	134	nystatin-triamcinolone . . . . .	88
NOVOFINE PEN NEEDLE . . . . .	134	nystop . . . . .	88
NOVOFINE PLUS PEN NEEDLE . . . . .	134	NYVEPRIA . . . . .	106
NOVOLIN 70/30 . . . . .	40		
NOVOLIN 70/30 FLEXPEN . . . . .	40	<b>O</b>	
NOVOLIN 70/30 FLEXPEN RELION . . . . .	40	OB COMPLETE . . . . .	144
NOVOLIN 70/30 RELION . . . . .	40	OB COMPLETE ONE . . . . .	144
NOVOLIN N . . . . .	40	OB COMPLETE PETITE . . . . .	144
NOVOLIN N FLEXPEN . . . . .	40	OB COMPLETE PREMIER . . . . .	144
NOVOLIN N FLEXPEN RELION . . . . .	40	OB COMPLETE/DHA . . . . .	144
NOVOLIN N RELION . . . . .	40	OBSTETRIX EC (WITH DOCUSATE) . . . . .	144
NOVOLIN R . . . . .	40	ocella . . . . .	80
NOVOLIN R FLEXPEN . . . . .	40	OCREVUS ZUNOVO . . . . .	157
NOVOLIN R FLEXPEN RELION . . . . .	40	OCTAGAM . . . . .	154
NOVOLIN R RELION . . . . .	40	OCTREOTIDE ACETATE . . . . .	98
NOVOLOG 70/30 FLEXPEN RELION . . . . .	40	octreotide acetate . . . . .	98
NOVOLOG MIX 70/30 . . . . .	40	ODEFSEY . . . . .	68
NOVOLOG MIX 70/30 FLEXPEN . . . . .	40	ODOMZO . . . . .	52
NOVOLOG MIX 70/30 RELION . . . . .	40	ofloxacin . . . . .	151
NOVOPEN ECHO . . . . .	134	OGIVRI . . . . .	50
NOVOTWIST PEN NEEDLE . . . . .	134	OGSIVEO . . . . .	59
NP THYROID . . . . .	161	OJEMDA . . . . .	59
NPLATE . . . . .	106	OJJAARA . . . . .	59
NUBEQA . . . . .	53	olanzapine . . . . .	65
NUCALA . . . . .	29	olmesartan medoxomil . . . . .	46
NUCYNTA . . . . .	23	olmesartan medoxomil-hctz . . . . .	47
NUCYNTA ER . . . . .	23	olmesartan-amlodipine-hctz . . . . .	47
NULEV . . . . .	162	olopatadine hcl . . . . .	148,152
NUPLAZID . . . . .	64	omega-3-acid ethyl esters . . . . .	44
NURTEC . . . . .	138	omeprazole . . . . .	162
NUTROPIN AQ NUSPIN 10 . . . . .	96	omeprazole-sodium bicarbonate . . . . .	163
NUTROPIN AQ NUSPIN 20 . . . . .	96	OMNIFLEX DIAPHRAGM . . . . .	109
NUTROPIN AQ NUSPIN 5 . . . . .	96	OMNIPOD 5 DEXG7G6 PODS GEN 5 . . . . .	120
NUVAKAAN-II . . . . .	93	OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	120
NUVARING . . . . .	83	OMNIPOD 5 G6 PODS (GEN 5) . . . . .	120

OMNIPOD 5 G7 INTRO (GEN 5) . . . . .	120	OPTICHAMBER DIAMOND . . . . .	137
OMNIPOD 5 G7 PODS (GEN 5) . . . . .	120	OPTICHAMBER DIAMOND-LG MASK . . . . .	137
OMNIPOD 5 LIBRE2 G6 INTRO G5 . . . . .	120	OPTICHAMBER DIAMOND-MD MASK . . . . .	137
OMNIPOD 5 LIBRE2 PLUS G6 PODS . . . . .	120	OPTICHAMBER DIAMOND-SM MASK . . . . .	137
OMNIPOD CLASSIC PDM (GEN 3) . . . . .	120	option 2 . . . . .	83
OMNIPOD CLASSIC PODS (GEN 3) . . . . .	120	oralone . . . . .	142
OMNIPOD DASH INTRO (GEN 4) . . . . .	120	ORGOVYX . . . . .	54
OMNIPOD DASH PDM (GEN 4) . . . . .	120	ORKAMBI . . . . .	160
OMNIPOD DASH PODS (GEN 4) . . . . .	120	ORLISTAT . . . . .	16
OMNITROPE . . . . .	96	orphenadrine citrate er . . . . .	146
OMVOH . . . . .	101	orquidea . . . . .	84
ONCASPAR . . . . .	61	ORSERDU . . . . .	54
ondansetron . . . . .	42	orsythia . . . . .	80
ondansetron hcl . . . . .	42	ORTHOVISC . . . . .	147
ONE VITE WOMENS PLUS . . . . .	144	oseltamivir phosphate . . . . .	70,71
ONETOUCH DELICA PLUS LANCET30G . . . . .	120	OSEVELT . . . . .	165
ONETOUCH DELICA PLUS LANCET33G . . . . .	120	OTEZLA . . . . .	20
ONETOUCH DELICA PLUS LANCING . . . . .	120	OTEZLA XR . . . . .	165
ONETOUCH DELICA SAFETY LANCING . . . . .	120	OTEZLA/OTEZLA XR INITIATION PK . . . . .	20
ONETOUCH SURESOFT LANCING DEV . . . . .	120	OVIDREL . . . . .	96
ONETOUCH ULTRA . . . . .	94	oxaprozin . . . . .	20
ONETOUCH ULTRA 2 . . . . .	120	oxazepam . . . . .	28
ONETOUCH ULTRA BLUE TEST . . . . .	94	oxcarbazepine . . . . .	33
ONETOUCH ULTRA CONTROL . . . . .	120	oxcarbazepine er . . . . .	33
ONETOUCH ULTRA TEST . . . . .	94	OXERVATE . . . . .	151
ONETOUCH ULTRASOFT 2 LANCETS . . . . .	120	OXTELLAR XR . . . . .	33
ONETOUCH ULTRASOFT LANCETS . . . . .	120	oxybutynin chloride . . . . .	166
ONETOUCH VERIO . . . . .	94,120	oxybutynin chloride er . . . . .	166
ONETOUCH VERIO FLEX SYSTEM . . . . .	120	oxycodone hcl . . . . .	23
ONETOUCH VERIO REFLECT . . . . .	120	OXYCODONE HCL ER . . . . .	23
ONGENTYS . . . . .	63	oxycodone-acetaminophen . . . . .	24
ONIVYDE . . . . .	62	OXYCONTIN . . . . .	23
ONTRUZANT . . . . .	50	oxymorphone hcl . . . . .	23
ONUREG . . . . .	49	OXYTROL . . . . .	166
opcicon one-step . . . . .	83	OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . . .	39
OPDIVO . . . . .	51	OZEMPIC (1 MG/DOSE) . . . . .	39
OPDIVO QVANTIG . . . . .	164	OZEMPIC (2 MG/DOSE) . . . . .	39
OPDUALAG . . . . .	55		
OPILL . . . . .	84	<b>P</b>	
OPIUM . . . . .	41	pacerone . . . . .	28
OPSUMIT . . . . .	74	PADCEV . . . . .	51

paliperidone er . . . . .	64	PERFECT LANCETS 30G . . . . .	120
pantoprazole sodium . . . . .	162	PERFECT POINT SAFETY LANCETS . . . . .	120
PANZYGA . . . . .	154	PERINDOPRIL ERBUMINE . . . . .	45
PARAGARD INTRAUTERINE COPPER . . . . .	83	perindopril erbumine . . . . .	46
paricalcitol . . . . .	98	periogard . . . . .	141
PAROXETINE HCL . . . . .	36	PERJETA . . . . .	50
paroxetine hcl er . . . . .	36	permethrin . . . . .	94
PARSABIV . . . . .	98	perphenazine . . . . .	66
PAVBLU . . . . .	150	PERSERIS . . . . .	65
PAXLOVID (150/100) . . . . .	70	PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	168
PAXLOVID (300/100 & 150/100) . . . . .	70	PHARMACIST CHOICE ALCOHOL . . . . .	128
PAXLOVID (300/100) . . . . .	70	PHARMACIST CHOICE LANCETS . . . . .	120
pazopanib hcl . . . . .	59	PHARMACY COUNTER LANCETS . . . . .	120
PC LANCETS SUPER THIN 30G . . . . .	120	phendimetrazine tartrate . . . . .	16
PC UNIFINE PENTIPS . . . . .	134	PHENDIMETRAZINE TARTRATE ER . . . . .	16
PEDIARIX . . . . .	162	PHENELZINE SULFATE . . . . .	36
PEDMARK . . . . .	62	phenobarbital . . . . .	107
PEDVAX HIB . . . . .	166	phenobarbital-belladonna alk . . . . .	162
peg 3350-kcl-na bicarb-nacl . . . . .	108	phenoxybenzamine hcl . . . . .	46
peg-3350/electrolytes . . . . .	108	phentermine hcl . . . . .	16
peg-3350/electrolytes/ascorbat . . . . .	108	phentermine-topiramate er . . . . .	16
peg-kcl-nacl-nasulf-na asc-c . . . . .	108	phentermine-topiramate erxdnu . . . . .	16
PEGASYS . . . . .	70	phenylephrine hcl . . . . .	149
PEMAZYRE . . . . .	59	phenytek . . . . .	35
PEMETREXED . . . . .	49	phenytoin . . . . .	35
PEN NEEDLE/5-BEVEL TIP . . . . .	134	phenytoin infatabs . . . . .	35
PEN NEEDLES . . . . .	134	phenytoin sodium extended . . . . .	35
PEN NEEDLES 5/16" . . . . .	134	PHESGO . . . . .	55
PENBRAYA . . . . .	166	PHEXX . . . . .	169
penciclovir . . . . .	90	PHEXXI . . . . .	169
penicillamine . . . . .	139	philith . . . . .	80
penicillin v potassium . . . . .	155	PHOSPHO-TRIN K500 . . . . .	139
PENMENVY . . . . .	165	PHYRAGO . . . . .	59
PENTACEL . . . . .	162	phytonadione . . . . .	169
pentamidine isethionate . . . . .	26	PIASKY . . . . .	104
pentazocine-naloxone hcl . . . . .	24	PIFELTRO . . . . .	69
PENTIPS . . . . .	134	pilocarpine hcl . . . . .	142,149
PENTIPS GENERIC PEN NEEDLES . . . . .	134	pimecrolimus . . . . .	92
pentoxifylline er . . . . .	104	PIMOZIDE . . . . .	158
perampanel . . . . .	32	pimtrea . . . . .	81
PERFECT LANCETS 28G . . . . .	120	pindolol . . . . .	72

pioglitazone hcl . . . . .	40	prasugrel hcl . . . . .	105
PIP LANCETS 28G . . . . .	121	pravastatin sodium . . . . .	44,45
PIP LANCETS 30G . . . . .	121	prazosin hcl . . . . .	46
PIP PEN NEEDLES 31G X 5MM . . . . .	134	PRECISION SURE-DOSE SYRINGE . . . . .	134
PIP PEN NEEDLES 32G X 4MM . . . . .	134	PRECISION THINS GP LANCETS . . . . .	121
PIQRAY (200 MG DAILY DOSE) . . . . .	59	PREDNICARBATE . . . . .	91
PIQRAY (250 MG DAILY DOSE) . . . . .	59	prednisolone . . . . .	85
PIQRAY (300 MG DAILY DOSE) . . . . .	59	prednisolone acetate . . . . .	152
pirmella 1/35 . . . . .	81	prednisolone sodium phosphate . . . . .	85
pirmella 7/7/7 . . . . .	81	PREDNISOLONE SODIUM PHOSPHATE . . . . .	152
piroxicam . . . . .	20	prednisone . . . . .	85
plan b one-step . . . . .	83	PREFERRED PLUS GLUCOSE . . . . .	39
PLEGRIDY . . . . .	157	PREFERRED PLUS INSULIN SYRINGE . . . . .	134
PLEGRIDY STARTER PACK . . . . .	157	PREFERRED PLUS LANCETS COLORED . . . . .	121
PLENITY . . . . .	16	PREFERRED PLUS LANCETS THIN . . . . .	121
PLENITY WELCOME KIT . . . . .	16	PREFERRED PLUS UNIFINE PENTIPS . . . . .	134
plerixafor . . . . .	107	pregabalin . . . . .	33
PNEUMOVAX 23 . . . . .	166	PREGEN DHA . . . . .	144
PNV 27-CA/FE/FA . . . . .	144	PREGNYL . . . . .	96
PNV-DHA . . . . .	144	PREMARIN . . . . .	100,169
PNV-OMEGA . . . . .	144	PREMESISRX . . . . .	144
PNV-SELECT . . . . .	144	PREMPHASE . . . . .	99
podofilox . . . . .	92	PREMPRO . . . . .	99
POLIVY . . . . .	51	PRENA1 . . . . .	144
polycin . . . . .	151	PRENA1 PEARL . . . . .	144
polymyxin b-trimethoprim . . . . .	151	PRENATAL . . . . .	144
pomalidomide . . . . .	54	PRENATAL 19 . . . . .	144
POMALYST . . . . .	54	PRENATAL PLUS . . . . .	144
portia-28 . . . . .	81	PRENATAL PLUS VITAMIN/MINERAL . . . . .	144
posaconazole . . . . .	43	PRENATAL VITAMIN PLUS LOW IRON . . . . .	144
pot & sod cit-cit ac . . . . .	103	PRENATAL-U . . . . .	144
potassium chloride . . . . .	139	PRENATE . . . . .	144
potassium chloride crys er . . . . .	139	PRENATE AM . . . . .	144
potassium chloride er . . . . .	139	PRENATE DHA . . . . .	144
potassium citrate er . . . . .	103	PRENATE ELITE . . . . .	145
POTASSIUM CITRATE-CITRIC ACID . . . . .	103	PRENATE ENHANCE . . . . .	145
POTELIGEO . . . . .	51	PRENATE ESSENTIAL . . . . .	145
PRALUENT . . . . .	45	PRENATE MINI . . . . .	145
pramipexole dihydrochloride . . . . .	63	PRENATE PIXIE . . . . .	145
pramipexole dihydrochloride er . . . . .	63	PRENATE RESTORE . . . . .	145
PRAMOSONE . . . . .	91	PRENATRIX . . . . .	145

PRENATRYL . . . . .	145	PROLASTIN-C . . . . .	160
PREPLUS . . . . .	145	PROMACTA . . . . .	106,107
PRETOMANID . . . . .	48	promethazine hcl . . . . .	43
prevalite . . . . .	44	promethazine-codeine . . . . .	86
PREVENT DROPSAFE PEN NEEDLES . . . . .	134	promethazine-dm . . . . .	86
PREVENT SAFETY PEN NEEDLES . . . . .	134	PROMETHAZINE-PHENYLEPHRINE . . . . .	86
previfem . . . . .	81	promethegan . . . . .	43
PREVNAR 20 . . . . .	166	propafenone hcl . . . . .	28
PREVYMIS . . . . .	70,165	propafenone hcl er . . . . .	28
PREZCOBIX . . . . .	69	propranolol hcl . . . . .	72
PREZISTA . . . . .	69	propranolol hcl er . . . . .	72
PRIALT . . . . .	21	propylthiouracil . . . . .	161
prilolid . . . . .	93	PROQUAD . . . . .	168
PRIMACARE . . . . .	145	protriptyline hcl . . . . .	37
primaquine phosphate . . . . .	48	PROVIDA OB . . . . .	145
primidone . . . . .	33	pseudoeph-bromphen-dm . . . . .	86
PRIORIX . . . . .	168	PSS SELECT GP LANCETS . . . . .	121
PRIVIGEN . . . . .	154	PSS SELECT PLATFORMS . . . . .	121
PRIZOPAK II . . . . .	93	PSS SELECT SAFETY LANCETS . . . . .	121
PRO COMFORT ALCOHOL . . . . .	128	PULMICORT FLEXHALER . . . . .	30
PRO COMFORT INSULIN SYRINGE . . . . .	134	PULMOSAL . . . . .	86
PRO COMFORT LANCETS 30G . . . . .	121	PULMOZYME . . . . .	160
PRO COMFORT LANCETS 31G . . . . .	121	PURE COMFORT ALCOHOL PREP . . . . .	128
PRO COMFORT PEN NEEDLES . . . . .	134	PURE COMFORT LANCETS 30G . . . . .	121
PRO COMFORT SAFETY LANCETS 30G . . . . .	121	PURE COMFORT PEN NEEDLE . . . . .	135
probenecid . . . . .	104	PURE COMFORT SAFETY PEN NEEDLE . . . . .	135
prochlorperazine . . . . .	66	PX ADVANCED LANCING DEVICE . . . . .	121
prochlorperazine maleate . . . . .	66	px aspirin . . . . .	22
PROCRIT . . . . .	106	px enteric aspirin . . . . .	22
procto-med hc . . . . .	25	PX EXTRA SHORT PEN NEEDLES . . . . .	135
PROCTOFOAM HC . . . . .	25	px folic acid . . . . .	106
proctosol hc . . . . .	25	PX GLUCOSE . . . . .	39
proctozone-hc . . . . .	25	PX INSULIN SYRINGE . . . . .	135
PROCYSBI . . . . .	103	PX LANCET AUTO INJECTOR . . . . .	121
PRODIGY INSULIN SYRINGE . . . . .	135	PX LANCETS MICROTHIN 33G . . . . .	121
PRODIGY LANCETS 28G . . . . .	121	PX LANCETS ULTRA THIN . . . . .	121
PRODIGY LANCING DEVICE . . . . .	121	PX LANCETS ULTRA THIN 28G . . . . .	121
PRODIGY SAFETY LANCETS 26G . . . . .	121	PX MINI PEN NEEDLES . . . . .	135
PRODIGY TWIST TOP LANCETS 28G . . . . .	121	PX PEN NEEDLE . . . . .	135
progesterone . . . . .	155	PX SHORTLENGTH PEN NEEDLES . . . . .	135
PROGRAF . . . . .	140	px stop smoking aid . . . . .	159

pyrazinamide . . . . .	48
PYRIDOSTIGMINE BROMIDE . . . . .	48
pyridostigmine bromide er . . . . .	48
primethamine . . . . .	48
PYRUKYND . . . . .	105
PYRUKYND TAPER PACK . . . . .	105

## Q

QBREXZA . . . . .	93
QC ADVANCED LANCING DEVICE . . . . .	121
qc alcohol . . . . .	93
QC ALCOHOL SWABS . . . . .	128
qc aspirin low dose . . . . .	22
qc childrens aspirin . . . . .	22
qc folic acid . . . . .	106
QC LANCETS SUPER THIN 30G . . . . .	121
QC LANCETS ULTRA THIN . . . . .	121
qc nicotine transdermal system . . . . .	159
QC PEN NEEDLES . . . . .	135
QC UNIFINE PENTIPS . . . . .	135
QC UNILET LANCETS 28G . . . . .	121
QC UNILET LANCETS MICRO THIN . . . . .	121
QELBREE . . . . .	17
QINLOCK . . . . .	59
QSYMIA . . . . .	16
QUADRACEL . . . . .	162
QUAZEPAM . . . . .	108
quetiapine fumarate . . . . .	65
quetiapine fumarate er . . . . .	65
QUICK TOUCH INSULIN PEN NEEDLE . . . . .	135
quinapril hcl . . . . .	46
QUINAPRIL-HYDROCHLOROTHIAZIDE . . . . .	47
quinidine gluconate er . . . . .	28
QUINIDINE SULFATE . . . . .	28
quinine sulfate . . . . .	48
QULIPTA . . . . .	138
QUTENZA . . . . .	93
QUTENZA (2 PATCH) . . . . .	93
QUTENZA (4 PATCH) . . . . .	93
QVAR REDIHALER . . . . .	30

## R

RA ALCOHOL SWABS . . . . .	128
ra aspirin adult low dose . . . . .	22
ra aspirin adult low strength . . . . .	22
ra aspirin childrens . . . . .	22
ra aspirin ec . . . . .	22
ra aspirin ec adult low st . . . . .	22
RA E-ZJECT LANCETS 28G . . . . .	121
RA E-ZJECT LANCETS THIN 26G . . . . .	121
RA E-ZJECT LANCETS THIN 28G . . . . .	121
RA E-ZJECT LANCETS ULTRA THIN . . . . .	121
ra folic acid . . . . .	106
RA GLUCOSE . . . . .	39
RA INSULIN SYRINGE . . . . .	135
ra isopropyl alcohol wipes . . . . .	93
ra mini nicotine . . . . .	159
ra nicotine . . . . .	159
ra nicotine gum . . . . .	159
ra nicotine polacrilex . . . . .	159
RA PEN NEEDLES . . . . .	135
rabeprazole sodium . . . . .	163
RADICAVA ORS . . . . .	148
RADICAVA ORS STARTER KIT . . . . .	148
raloxifene hcl . . . . .	97
ramelteon . . . . .	108
ramipril . . . . .	46
ranolazine er . . . . .	27
rasagiline mesylate . . . . .	63
RAYA SURE PEN NEEDLE . . . . .	135
react . . . . .	83
READYLANCE SAFETY LANCETS . . . . .	121
REALITY INSULIN SYRINGE . . . . .	135
REALITY LANCETS . . . . .	122
REALITY SWABS . . . . .	128
REALITY TRIGGER LANCETS . . . . .	122
REBIF . . . . .	157
REBIF REBIDOSE . . . . .	157
REBIF REBIDOSE TITRATION PACK . . . . .	157
REBIF TITRATION PACK . . . . .	157
REBYOTA . . . . .	102

reclipsen . . . . .	81	RIGHTEST GD500 LANCING DEVICE . . . . .	122
RECOMBIVAX HB . . . . .	168	RIGHTEST GL300 LANCETS . . . . .	122
relador pak . . . . .	93	rilpivirine hcl . . . . .	69
relador pak plus . . . . .	93	riluzole . . . . .	148
relafen . . . . .	20	RIMANTADINE HCL . . . . .	71
RELEUKO . . . . .	107	RINVOQ . . . . .	18
RELION ALCOHOL SWABS . . . . .	128	RINVOQ LQ . . . . .	18
relion glucose . . . . .	39	risedronate sodium . . . . .	95
RELION INSULIN SYRINGE . . . . .	135	risperidone . . . . .	65
RELION KETONE TEST . . . . .	94	risperidone microspheres er . . . . .	65
RELION LANCET DEVICES 30G . . . . .	122	ritonavir . . . . .	69
RELION LANCETS . . . . .	122	rivaroxaban . . . . .	31
RELION LANCETS MICRO-THIN 33G . . . . .	122	rivastigmine tartrate . . . . .	156
RELION LANCETS THIN 26G . . . . .	122	rivelsa . . . . .	81
RELION LANCETS ULTRA-THIN 30G . . . . .	122	rizatriptan benzoate . . . . .	138
RELION LANCING DEVICE . . . . .	122	roflumilast . . . . .	29
RELION MINI PEN NEEDLES . . . . .	135	ROLVEDON . . . . .	107
RELION PEN NEEDLES . . . . .	135	ROMIDEPSIN . . . . .	59
RELION SHORT PEN NEEDLES . . . . .	135	romidepsin . . . . .	59
RELION ULTRA THIN LANCETS 30G . . . . .	122	ROMVIMZA . . . . .	165
RELION ULTRA THIN PLUS LANCETS . . . . .	122	ropinirole hcl . . . . .	63
RELNATE DHA . . . . .	145	ropinirole hcl er . . . . .	63
repaglinide . . . . .	41	ROSADAN . . . . .	94
REPATHA . . . . .	45	rosuvastatin calcium . . . . .	45
REPATHA SURECLICK . . . . .	45	rosyrah . . . . .	81
RETACRIT . . . . .	107	roweepra . . . . .	33
RETEVMO . . . . .	59	roweepra xr . . . . .	33
REVUFORJ . . . . .	165	ROZLYTREK . . . . .	59,60
REXALL LANCETS ULTRA THIN 30G . . . . .	122	RUBRACA . . . . .	60
REXTOVY . . . . .	41	RUCONEST . . . . .	104
REYATAZ . . . . .	69	rufinamide . . . . .	33
REZDIFFRA . . . . .	100	RUKOBIA . . . . .	69
REZLIDHIA . . . . .	59	RUXIENCE . . . . .	51
RHOGAM ULTRA-FILTERED PLUS . . . . .	154	RYBELSUS . . . . .	39,40
RHOPHYLAC . . . . .	154	RYBREVANT . . . . .	51
RIABNI . . . . .	51	RYDAPT . . . . .	60
RIBAVIRIN . . . . .	70	RYKINDO . . . . .	65
ribavirin . . . . .	71	RYLAZE . . . . .	62
rifabutin . . . . .	48	RYPLAZIM . . . . .	104
rifampin . . . . .	48	RYTELO . . . . .	60
RIGHTEST ALTERNATE SITE ADAPT . . . . .	122	ryvent . . . . .	43

# S

sacubitril-valsartan . . . . .	73	SCEMBLIX . . . . .	60
SAFE-T-LANCE . . . . .	122	scopolamine . . . . .	42
SAFE-T-LANCE PLUS . . . . .	122	SE-NATAL 19 . . . . .	145
SAFETY INSULIN SYRINGES . . . . .	135	SECUADO . . . . .	65
SAFETY LANCET 30G/PRESSURE ACT . . . . .	122	SECURESAFE INSULIN SYRINGE . . . . .	135
SAFETY LANCETS . . . . .	122	SECURESAFE SAFETY PEN NEEDLES . . . . .	135
SAFETY LANCETS 21G . . . . .	122	SELECT-LITE DEVICE/LANCETS . . . . .	122
SAFETY LANCETS 23G . . . . .	122	SELECT-LITE LANCING DEVICE . . . . .	122
SAFETY LANCETS 28G . . . . .	122	SELECT-OB . . . . .	145
SAFETY PEN NEEDLES . . . . .	135	SELECT-OB+DHA . . . . .	145
SAFYRAL . . . . .	81	selegiline hcl . . . . .	63
SAIZEN . . . . .	96	selenium sulfide . . . . .	89
SAIZENPREP . . . . .	97	SELZENTRY . . . . .	69
sajazir . . . . .	104	SENSILANCE SAFETY LANCETS 21G . . . . .	122
SALIMEZ . . . . .	92	SENSILANCE SAFETY LANCETS 26G . . . . .	122
salsalate . . . . .	22	SENSILANCE SAFETY LANCETS 28G . . . . .	123
SALYCIM . . . . .	92	SEREVENT DISKUS . . . . .	30
SANCUSO . . . . .	42	SEROSTIM . . . . .	97
SANDIMMUNE . . . . .	140	sertraline hcl . . . . .	36
SANDOSTATIN LAR DEPOT . . . . .	98	setlakin . . . . .	81
SANTYL . . . . .	92	sevelamer carbonate . . . . .	102
sapropterin dihydrochloride . . . . .	98	sevelamer hcl . . . . .	102
SAPS CARE ALCOHOL PREP . . . . .	128	SEZABY . . . . .	107
SAPS HEALTH ALCOHOL PREP . . . . .	128	SF . . . . .	142
SAPS HEALTH CARE ALCOHOL PREP . . . . .	128	SF 5000 PLUS . . . . .	142
SAPS HEALTH PLUS LANCETS . . . . .	122	sharobel . . . . .	84
SAPS HEALTH TWIST TOP LANCETS . . . . .	122	shewise . . . . .	83
SAPS TWIST TOP LANCETS . . . . .	122	SHINGRIX . . . . .	165,168
SAPSCARE TWIST TOP LANCETS . . . . .	122	SHOPKO AUTOLET LANCING DEVICE . . . . .	123
SARCLISA . . . . .	51	SHOPKO ON-THE-GO LANCETS 30G . . . . .	123
SAVELLA . . . . .	156	SHOPKO UNIFINE PENTIPS . . . . .	135
SAVELLA TITRATION PACK . . . . .	156	SHOPKO UNIFINE PENTIPS PLUS . . . . .	135
SAXENDA . . . . .	16	SHOPKO UNILET LANCETS 28G . . . . .	123
SB ALCOHOL PREP . . . . .	128	SHOPKO UNILET LANCETS 30G . . . . .	123
sb childrens aspirin . . . . .	22	SIGNIFOR LAR . . . . .	99
SB INSULIN SYRINGE . . . . .	135	sildenafil citrate . . . . .	73,75
SB LANCETS THIN . . . . .	122	silodosin . . . . .	103
SB LANCETS ULTRA THIN . . . . .	122	SILVER NITRATE . . . . .	90
sb low dose asa ec . . . . .	22	silver sulfadiazine . . . . .	90
		SIMBRINZA . . . . .	150
		simliya . . . . .	81

simpesse . . . . .	.81	SODIUM FLUORIDE 5000 PPM . . . . .	142
SIMPLE DIAGNOSTICS LANCING DEV . . . . .	123	SODIUM FLUORIDE 5000 SENSITIVE . . . . .	142
SIMPONI . . . . .	18	SODIUM OXYBATE . . . . .	155
SIMPONI ARIA . . . . .	18	sodium oxybate . . . . .	155
simvastatin . . . . .	45	sodium polystyrene sulfonate . . . . .	140
SINGLE-LET . . . . .	123	sodium sulfacetamide wash . . . . .	90
sirolimus . . . . .	140	SOGROYA . . . . .	97
SIRTURO . . . . .	48	SOHONOS . . . . .	146,147
SIVEXTRO . . . . .	27	solifenacin succinate . . . . .	166
SKYCLARYS . . . . .	148	SOLU-CORTEF . . . . .	85
SKYLA . . . . .	84	SOLU-MEDROL (PF) . . . . .	85
SKYRIZI . . . . .	89,101	SOLUS V2 LANCETS 28G . . . . .	123
SKYRIZI (150 MG DOSE) . . . . .	89	SOLUS V2 LANCING DEVICE . . . . .	123
SKYRIZI PEN . . . . .	89	SOLUS V2 TWIST LANCETS 30G . . . . .	123
SKYTROFA . . . . .	97	SOMATULINE DEPOT . . . . .	99
SLYND . . . . .	84	SOMAVERT . . . . .	96
SM ALCOHOL PREP . . . . .	128	sorafenib tosylate . . . . .	60
sm aspirin adult low strength . . . . .	22	sorine . . . . .	72
sm aspirin ec low strength . . . . .	22	sotalol hcl . . . . .	72
sm aspirin low dose . . . . .	22	sotalol hcl (af) . . . . .	72
sm childrens aspirin . . . . .	22	SPEVIGO . . . . .	89
sm folic acid . . . . .	106	SPIKEVAX . . . . .	168
SM GLUCOSE . . . . .	39	SPIKEVAX 6M-11Y . . . . .	168
SM LANCETS 33G . . . . .	123	SPINOSAD . . . . .	94
sm nicotine . . . . .	159	SPIRIVA HANDIHALER . . . . .	29
sm nicotine polacrilex . . . . .	160	SPIRIVA RESPIMAT . . . . .	29
SM TRUEDRAW LANCING DEVICE . . . . .	123	spironolactone . . . . .	95
SMART DIABETES VANTAGE LANCING . . . . .	123	spironolactone-hctz . . . . .	95
SMART SENSE COLOR LANCETS 33G . . . . .	123	SPRAVATO (56 MG DOSE) . . . . .	36
SMART SENSE GLUCOSE . . . . .	39	SPRAVATO (84 MG DOSE) . . . . .	36
SMART SENSE STANDARD LANCETS . . . . .	123	sprintec 28 . . . . .	81
SMART SENSE SUPER THIN LANCETS . . . . .	123	sps (sodium polystyrene sulf) . . . . .	141
SMART SENSE THIN LANCETS 26G . . . . .	123	sronyx . . . . .	81
SMARTEST LANCETS 28G . . . . .	123	ssd . . . . .	90
SOD FLUORIDE-POTASSIUM NITRATE . . . . .	142	SSS 10-5 . . . . .	87
SODIUM CHLORIDE . . . . .	86	st joseph aspirin . . . . .	22
SODIUM FLUORIDE . . . . .	138,142	st joseph low dose . . . . .	22
sodium fluoride . . . . .	138	STELARA . . . . .	101
SODIUM FLUORIDE 5000 ENAMEL . . . . .	142	STENDRA . . . . .	73
SODIUM FLUORIDE 5000 PLUS . . . . .	142	STERILANCE PA . . . . .	123
sodium fluoride 5000 ppm . . . . .	142	STERILANCE TL . . . . .	123

STIMUFEND . . . . .	107	SURE COMFORT LANCING PEN . . . . .	123
STIOLTO RESPIMAT . . . . .	30	SURE COMFORT PEN NEEDLES . . . . .	135
STIVARGA . . . . .	60	SURELITE LANCETS . . . . .	123
STOBOCLO . . . . .	165	SUSTOL . . . . .	42
STRENSIQ . . . . .	98	SUSVIMO (IMPLANT 1ST FILL) . . . . .	150
STRIBILD . . . . .	69	SUSVIMO (IMPLANT REFILL) . . . . .	150
STRIVERDI RESPIMAT . . . . .	30	SUSVIMO OCULAR IMPLANT . . . . .	128
SUBLOCADE . . . . .	24	SUTAB . . . . .	108
SUBSYS . . . . .	23	syeda . . . . .	81
subvenite . . . . .	33	SYFOVRE . . . . .	151
subvenite starter kit-blue . . . . .	33	SYMDEKO . . . . .	160
SUCRAID . . . . .	94	SYMPAZAN . . . . .	32
sucrafate . . . . .	162	SYMTUZA . . . . .	69
SULFACETAMIDE SOD-SULFUR WASH . . . . .	87	SYNJARDY . . . . .	37
sulfacetamide sodium . . . . .	90,151	SYNJARDY XR . . . . .	37
sulfacetamide sodium (acne) . . . . .	87	SYNOJOYNT . . . . .	147
SULFACETAMIDE SODIUM (CLEANS) . . . . .	90	SYNTHROID . . . . .	161
SULFACETAMIDE SODIUM-SULFUR . . . . .	87	SYNVISC . . . . .	147
SULFACETAMIDE-PREDNISOLONE . . . . .	152	SYNVISC ONE . . . . .	147
SULFACETAMIDE-SULFUR IN UREA . . . . .	87		
SULFACLEANSE 8/4 . . . . .	87	<b>T</b>	
sulfadiazine . . . . .	160	TABRECTA . . . . .	60
sulfamethoxazole-trimethoprim . . . . .	26	tacrolimus . . . . .	92,140
sulfasalazine . . . . .	101	tadalafil . . . . .	73
sulfatrim pediatric . . . . .	26	tadalafil (pah) . . . . .	74
sulindac . . . . .	20	TAFINLAR . . . . .	60
sumatriptan . . . . .	138	tafluprost (pf) . . . . .	152
sumatriptan succinate . . . . .	138	TAGRISSO . . . . .	52
SUMATRIPTAN SUCCINATE REFILL . . . . .	138	take action . . . . .	83
sunitinib malate . . . . .	60	TAKHZYRO . . . . .	104
SUNLENCA . . . . .	69,165	TALZENNA . . . . .	60
SUPARTZ FX . . . . .	147	tamoxifen citrate . . . . .	54
SUPER THIN LANCETS . . . . .	123	tamsulosin hcl . . . . .	103
SUPPRELIN LA . . . . .	97	tarina 24 fe . . . . .	81
SURE COMFORT ALCOHOL PREP . . . . .	128	tarina fe 1/20 . . . . .	81
SURE COMFORT INSULIN SYRINGE . . . . .	135	tarina fe 1/20 eq . . . . .	81
SURE COMFORT LANCETS 18G . . . . .	123	TARON-C DHA . . . . .	145
SURE COMFORT LANCETS 21G . . . . .	123	TAVALISSE . . . . .	104
SURE COMFORT LANCETS 23G . . . . .	123	taysofy . . . . .	81
SURE COMFORT LANCETS 28G . . . . .	123	TAYTULLA . . . . .	81
SURE COMFORT LANCETS 30G . . . . .	123	TAZAROTENE . . . . .	87

tazarotene . . . . .	89	theophylline . . . . .	31
taztia xt . . . . .	73	theophylline er . . . . .	31
TAZVERIK . . . . .	60	THINLETS GP LANCETS . . . . .	124
TECENTRIQ . . . . .	51	thioridazine hcl . . . . .	66
TECHLITE AST LANCETS . . . . .	123	thiotepa . . . . .	48
TECHLITE INSULIN SYRINGE . . . . .	135	thiothixene . . . . .	67
TECHLITE LANCETS . . . . .	123	thrive . . . . .	160
TECHLITE LANCETS 26G . . . . .	123	THYROGEN . . . . .	94
TECHLITE LANCETS 30G . . . . .	124	tiadylt er . . . . .	73
TECHLITE PEN NEEDLES . . . . .	135	tiagabine hcl . . . . .	34
TECHLITE PLUS PEN NEEDLES . . . . .	135	TIBSOVO . . . . .	60
TEGRETOL . . . . .	33	ticagrelor . . . . .	105
TEGRETOL-XR . . . . .	33	tilia fe . . . . .	81
telmisartan . . . . .	46	timolol hemihydrate . . . . .	149
telmisartan-hctz . . . . .	47	timolol maleate . . . . .	72,149
temazepam . . . . .	108	timolol maleate (once-daily) . . . . .	149
temozolomide . . . . .	48	tinidazole . . . . .	26
TENIVAC . . . . .	162	TIVDAK . . . . .	51
tenofovir disoproxil fumarate . . . . .	69	TIVICAY . . . . .	69
TEPMETKO . . . . .	60	TIVICAY PD . . . . .	69
terazosin hcl . . . . .	46	tizanidine hcl . . . . .	146
terbinafine hcl . . . . .	43	TOBRADEX . . . . .	152
terbutaline sulfate . . . . .	30	tobramycin . . . . .	18,151
terconazole . . . . .	169	tobramycin-dexamethasone . . . . .	152
teriflunomide . . . . .	157	TODAYS HEALTH LANCING DEVICE . . . . .	124
TERIPARATIDE . . . . .	95	TODAYS HEALTH MINI PEN NEEDLES . . . . .	136
TERLIVAZ . . . . .	98	TODAYS HEALTH PEN NEEDLES . . . . .	136
testosterone . . . . .	25	TODAYS HEALTH SHORT PEN NEEDLE . . . . .	136
testosterone cypionate . . . . .	25	TODAYS HEALTH THIN LANCETS 28G . . . . .	124
TESTOSTERONE ENANTHATE . . . . .	25	TODAYS HEALTH THIN LANCETS 30G . . . . .	124
tetrabenazine . . . . .	156	TOFIDENCE . . . . .	19
tetracycline hcl . . . . .	161	TOLAK . . . . .	88
TEVIMBRA . . . . .	51	tolcapone . . . . .	63
TEZSPIRE . . . . .	29	tolterodine tartrate . . . . .	166
TGT GLUCOSE . . . . .	39	tolterodine tartrate er . . . . .	166
TGT LANCET MICRO THIN 33G . . . . .	124	tolvaptan . . . . .	99
TGT LANCET THIN 26G . . . . .	124	TOPCARE CLICKFINE PEN NEEDLES . . . . .	136
TGT LANCET ULTRA THIN 30G . . . . .	124	TOPCARE LANCETS MICRO-THIN 33G . . . . .	124
TGT LANCING DEVICE . . . . .	124	TOPCARE ULTRA COMFORT INS SYR . . . . .	136
THALOMID . . . . .	139	topiramate . . . . .	34
THEO-24 . . . . .	31	topiramate er . . . . .	34

toremifene citrate . . . . .	54	tri-nymyo . . . . .	81
torpenz . . . . .	60	tri-previfem . . . . .	82
torse mide . . . . .	95	tri-sprintec . . . . .	82
TPOXX . . . . .	71	TRI-VITE/FLUORIDE . . . . .	143
TRACLEER . . . . .	75	tri-vylibra . . . . .	82
TRADJENTA . . . . .	39	tri-vylibra lo . . . . .	82
tramadol hcl . . . . .	23	triamcinolone acetonide . . . . .	91,142
TRAMADOL HCL (ER BIPHASIC) . . . . .	23	triamcinolone in absorbbase . . . . .	91
tramadol hcl er . . . . .	23	triamterene-hctz . . . . .	95
tramadol-acetaminophen . . . . .	24	trianex . . . . .	91
trandolapril . . . . .	46	triazolam . . . . .	108
TRANDOLAPRIL-VERAPAMIL HCL ER . . . . .	47	TRICARE . . . . .	145
tranexamic acid . . . . .	107	TRICITRATES . . . . .	103
TRANSDERM SCOP . . . . .	42	tridacaine ii . . . . .	93
TRANSDERM-SCOP . . . . .	42	tridacaine iii . . . . .	93
tranylcyromine sulfate . . . . .	36	triderm . . . . .	91
TRAVEL LANCETS . . . . .	124	trientine hcl . . . . .	139
TRAVEL LANCETS ADVANCED 28G . . . . .	124	trifluoperazine hcl . . . . .	66
travoprost (bak free) . . . . .	152	TRIFLURIDINE . . . . .	151
TRAZIMERA . . . . .	50	trihexyphenidyl hcl . . . . .	63
trazodone hcl . . . . .	36	TRIJARDY XR . . . . .	37
TRELEGY ELLIPTA . . . . .	31	TRIKAFTA . . . . .	160
TRELSTAR MIXJECT . . . . .	54	TRILEPTAL . . . . .	34
TREMFYA . . . . .	89	TRILURON . . . . .	147
TREMFYA ONE-PRESS . . . . .	89	trimethobenzamide hcl . . . . .	42
TREMFYA PEN . . . . .	89	trimethoprim . . . . .	26
TREMFYA-CD/UC INDUCTION . . . . .	89	trimipramine maleate . . . . .	37
treprostinil . . . . .	74	TRINATAL RX 1 . . . . .	145
TRESIBA . . . . .	40	TRINATE . . . . .	145
TRESIBA FLEXTOUCH . . . . .	40	TRINTELLIX . . . . .	36
tretinoin . . . . .	62,87	TRIPTODUR . . . . .	97
tri femynor . . . . .	81	TRISTART DHA . . . . .	145
tri-estarylla . . . . .	81	tritocin . . . . .	91
tri-legest fe . . . . .	81	TRIUMEQ . . . . .	69
tri-linyah . . . . .	81	TRIUMEQ PD . . . . .	69
tri-lo-estarylla . . . . .	81	TRIVISC . . . . .	147
tri-lo-marzia . . . . .	81	trivora (28) . . . . .	82
tri-lo-mili . . . . .	81	TRODELVY . . . . .	62
tri-lo-sprintec . . . . .	81	TROKENDI XR . . . . .	34
tri-mili . . . . .	81	tropicamide . . . . .	149
TRI-MIX . . . . .	74	tropium chloride . . . . .	166

trosipium chloride er . . . . .	166
TRUE COMFORT ALCOHOL PREP PADS . . . . .	128
TRUE COMFORT INSULIN SYRINGE . . . . .	136
TRUE COMFORT PEN NEEDLES . . . . .	136
TRUE COMFORT PRO ALCOHOL PREP . . . . .	128
TRUE COMFORT PRO INSULIN SYR . . . . .	136
TRUE COMFORT PRO PEN NEEDLES . . . . .	136
TRUE COMFORT SAFETY LANCETS . . . . .	124
TRUE COMFORT SAFETY PEN NEEDLE . . . . .	136
TRUE COMFORT TWIST TOP LANCETS . . . . .	124
true folic acid . . . . .	106
TRUEDRAW LANCING DEVICE . . . . .	124
TRUEPLUS 5-BEVEL PEN NEEDLES . . . . .	136
TRUEPLUS GLUCOSE . . . . .	39
TRUEPLUS GLUCOSE ON THE GO . . . . .	39
TRUEPLUS INSULIN SYRINGE . . . . .	136
TRUEPLUS LANCETS 26G . . . . .	124
TRUEPLUS LANCETS 28G . . . . .	124
TRUEPLUS LANCETS 30G . . . . .	124
TRUEPLUS LANCETS 33G . . . . .	124
TRUEPLUS PEN NEEDLES . . . . .	136
TRUEPLUS SAFETY LANCETS 28G . . . . .	124
TRULICITY . . . . .	40
TRUMENBA . . . . .	166
TRUQAP . . . . .	60
TRYNGOLZA . . . . .	165
TUKYSA . . . . .	50
tulana . . . . .	84
TURALIO . . . . .	61
turqoz . . . . .	82
TWINRIX . . . . .	168
TWIRLA . . . . .	82
TWIST TOP LANCETS 30G . . . . .	124
TYBLUME . . . . .	82
TYBOST . . . . .	69
TYENNE . . . . .	19
TYMLOS . . . . .	96
TYVASO . . . . .	74
TYVASO DPI INSTITUTIONAL KIT . . . . .	74
TYVASO DPI MAINTENANCE KIT . . . . .	74
TYVASO DPI TITRATION KIT . . . . .	74

TYVASO REFILL . . . . .	74
TYVASO STARTER . . . . .	74

## U

UBRELVY . . . . .	138
UDENYCA . . . . .	107
UDENYCA ONBODY . . . . .	107
ULTI-LANCE AUTOMATIC . . . . .	124
ULTICARE ALCOHOL SWABS . . . . .	128
ULTICARE INSULIN SAFETY SYR . . . . .	136
ULTICARE INSULIN SYR 1/2 UNIT . . . . .	136
ULTICARE INSULIN SYRINGE . . . . .	136
ULTICARE MICRO PEN NEEDLES . . . . .	136
ULTICARE MINI PEN NEEDLES . . . . .	136
ULTICARE PEN NEEDLES . . . . .	136
ULTICARE SHORT PEN NEEDLES . . . . .	136
ULTIGUARD SAFEPACK PEN NEEDLE . . . . .	136
ULTIGUARD SAFEPACK SYR/NEEDLE . . . . .	136
ULTILET ALCOHOL SWABS . . . . .	128
ULTILET CLASSIC LANCETS . . . . .	124
ULTILET LANCETS . . . . .	124
ULTILET PEN NEEDLE . . . . .	136
ULTILET SAFETY LANCETS . . . . .	124
ULTILET SAFETY LANCETS 23G . . . . .	124
ULTRA COMFORT INSULIN SYRINGE . . . . .	136
ULTRA FLO INSULIN PEN NEEDLES . . . . .	136
ULTRA FLO INSULIN SYR 1/2 UNIT . . . . .	136
ULTRA FLO INSULIN SYRINGE . . . . .	136
ULTRA THIN LANCETS 31G . . . . .	124
ULTRA THIN PEN NEEDLES . . . . .	136
ULTRA-CARE ALCOHOL PREP PADS . . . . .	128
ULTRA-CARE LANCETS 30G . . . . .	124
ULTRA-THIN II AUTO LANCET . . . . .	124
ULTRA-THIN II INS SYR SHORT . . . . .	136
ULTRA-THIN II INSULIN SYRINGE . . . . .	136
ULTRA-THIN II LANCETS . . . . .	124
ULTRA-THIN II MINI PEN NEEDLE . . . . .	136
ULTRA-THIN II PEN NEEDLE SHORT . . . . .	137
ULTRA-THIN II PEN NEEDLES . . . . .	137
ULTRACARE INSULIN SYRINGE . . . . .	137
ULTRACARE PEN NEEDLES . . . . .	137

UNIFINE OTC PEN NEEDLES . . . . .	137	unithroid . . . . .	161
UNIFINE PEN NEEDLES . . . . .	137	UNIVERSAL 1 LANCETS THIN 26G . . . . .	126
UNIFINE PENTIPS . . . . .	137	UNIVERSAL 1 LANCETS THIN 33G . . . . .	126
UNIFINE PENTIPS PLUS . . . . .	137	UNIVERSAL 1 LANCETS ULTRA THIN . . . . .	126
UNIFINE PROTECT PEN NEEDLE . . . . .	137	UNLOXYT . . . . .	165
UNIFINE SAFECONTROL PEN NEEDLE . . . . .	137	UP & UP GLUCOSE . . . . .	39
UNIFINE ULTRA PEN NEEDLE . . . . .	137	UPTRAVI . . . . .	75
UNILET COMFORTOUCH LANCET . . . . .	124	ursodiol . . . . .	100
UNILET EXCELITE . . . . .	125	UZEDY . . . . .	65
UNILET EXCELITE II . . . . .	125		
UNILET G.P. LANCET . . . . .	125	<b>V</b>	
UNILET G.P. SUPERLITE LANCET . . . . .	125	V-GO 20 . . . . .	126
UNILET GP 28 ULTRA THIN . . . . .	125	V-GO 30 . . . . .	126
UNILET LANCET . . . . .	125	V-GO 40 . . . . .	126
UNILET MICRO-THIN 33G . . . . .	125	VABYSMO . . . . .	150
UNILET SUPER-THIN 30G . . . . .	125	valacyclovir hcl . . . . .	70
UNILET SUPERLITE LANCET . . . . .	125	VALCHLOR . . . . .	88
UNILET ULTRA-THIN 28G . . . . .	125	valganciclovir hcl . . . . .	70
UNISTIK 1 . . . . .	125	valproic acid . . . . .	35
UNISTIK 2 . . . . .	125	valsartan . . . . .	46
UNISTIK 2 COMFORT . . . . .	125	valsartan-hydrochlorothiazide . . . . .	47
UNISTIK 2 EXTRA . . . . .	125	VALTOCO 10 MG DOSE . . . . .	32
UNISTIK 2 NEONATAL . . . . .	125	VALTOCO 15 MG DOSE . . . . .	32
UNISTIK 2 NORMAL . . . . .	125	VALTOCO 20 MG DOSE . . . . .	32
UNISTIK 2 SUPER . . . . .	125	VALTOCO 5 MG DOSE . . . . .	32
UNISTIK 3 . . . . .	125	valtya 1/35 . . . . .	82
UNISTIK 3 COMFORT . . . . .	125	valtya 1/50 . . . . .	82
UNISTIK 3 EXTRA . . . . .	125	VALUE HEALTH INSULIN SYRINGE . . . . .	137
UNISTIK 3 GENTLE . . . . .	125	VALUE PLUS GLUCOSE . . . . .	39
UNISTIK 3 NEONATAL . . . . .	125	VALUE PLUS LANCET STANDARD 21G . . . . .	126
UNISTIK 3 NORMAL . . . . .	125	VALUE PLUS LANCETS SUPER THIN . . . . .	126
UNISTIK CZT COMFORT . . . . .	125	VALUE PLUS LANCETS THIN 26G . . . . .	126
UNISTIK CZT NORMAL . . . . .	125	VALUE PLUS LANCING DEVICE . . . . .	126
UNISTIK NORMAL . . . . .	125	VALUMARK LANCET SUPER THIN 30G . . . . .	126
UNISTIK PRO SAFETY LANCET . . . . .	125	VALUMARK LANCET ULTRA THIN 28G . . . . .	126
UNISTIK SAFETY LANCETS 28G . . . . .	125	VALUMARK PEN NEEDLES . . . . .	137
UNISTIK SAFETY LANCETS 30G . . . . .	125	vanadom . . . . .	146
UNISTIK TOUCH SAFETY LANC 21G . . . . .	125	vancomycin hcl . . . . .	26
UNISTIK TOUCH SAFETY LANC 23G . . . . .	125	VANFLYTA . . . . .	61
UNISTIK TOUCH SAFETY LANC 28G . . . . .	126	VANISHPOINT INSULIN SYRINGE . . . . .	137
UNISTIK TOUCH SAFETY LANC 30G . . . . .	126	VAQTA . . . . .	168

vardenafil hcl . . . . .	74	vilazodone hcl . . . . .	36
varenicline tartrate . . . . .	160	VINATE DHA RF . . . . .	145
varenicline tartrate (starter) . . . . .	160	VINATE II . . . . .	145
varenicline tartrate(continue) . . . . .	160	VINATE ONE . . . . .	145
VARIVAX . . . . .	168	VIKACE . . . . .	94
VAXNEUVANCE . . . . .	166	viorele . . . . .	82
VCF VAGINAL CONTRACEPTIVE . . . . .	169	VIRACEPT . . . . .	69
VECTIBIX . . . . .	52	VIREAD . . . . .	69
VELIVET . . . . .	82	VIRT-C DHA . . . . .	145
VELPHORO . . . . .	102	VIRT-NATE DHA . . . . .	145
VEMLIDY . . . . .	70	VIRT-PN DHA . . . . .	145
VENCLEXTA . . . . .	51,52	VIRT-PN PLUS . . . . .	145
VENCLEXTA STARTING PACK . . . . .	52	virtussin a/c . . . . .	86
venlafaxine hcl . . . . .	36	virtussin ac w/alc . . . . .	86
venlafaxine hcl er . . . . .	36	VISCO-3 . . . . .	148
VENTAVIS . . . . .	74	VISUDYNE . . . . .	151
verapamil hcl . . . . .	73	VITAFOL GUMMIES . . . . .	145
verapamil hcl er . . . . .	73	VITAFOL ULTRA . . . . .	145
VEREGEN . . . . .	87	VITAFOL-NANO . . . . .	145
VERIFINE INSULIN PEN NEEDLE . . . . .	137	VITAFOL-OB . . . . .	145
VERIFINE INSULIN SYRINGE . . . . .	126,137	VITAFOL-OB+DHA . . . . .	146
VERIFINE PLUS PEN NEEDLE . . . . .	137	VITAFOL-ONE . . . . .	146
VERIFINE SAFE LANCET MINI 21G . . . . .	126	VITAMEDMD ONE RX/QUATREFOLIC . . . . .	146
VERIFINE SAFE LANCET MINI 23G . . . . .	126	VITAMEDMD REDICHEW RX . . . . .	146
VERIFINE SAFE LANCET MINI 28G . . . . .	126	vitamin d (ergocalciferol) . . . . .	169
VERIFINE SAFE LANCET MINI 30G . . . . .	126	VITAMINS ACD-FLUORIDE . . . . .	143
VERIFINE UNIVERSAL LANCETS 28G . . . . .	126	VITAPEARL . . . . .	146
VERIFINE UNIVERSAL LANCETS 30G . . . . .	126	VITATHELY WITH GINGER . . . . .	146
VERIFINE UNIVERSAL LANCETS 33G . . . . .	126	VITRAKVI . . . . .	61
VERZENIO . . . . .	61	VIVA DHA . . . . .	146
vestura . . . . .	82	VIVAGUARD LANCETS . . . . .	126
VIAGRA . . . . .	74	VIVAGUARD LANCETS 30G . . . . .	126
VIDA MIA AUTOLET LANCING DEV . . . . .	126	VIVAGUARD LANCING DEVICE . . . . .	126
VIDA MIA UNIFINE PENTIPS . . . . .	137	VIVAGUARD SAFETY LANCETS 28G . . . . .	126
VIDA MIA UNILET LANCETS 28G . . . . .	126	VIVITROL . . . . .	42
VIDA MIA UNILET LANCETS 30G . . . . .	126	VIVOTIF . . . . .	166
vienva . . . . .	82	VIZIMPRO . . . . .	52
vigabatrin . . . . .	34	VOCABRIA . . . . .	69
vigadrone . . . . .	34	volnea . . . . .	82
vigpoder . . . . .	34	VONJO . . . . .	61
VIJOICE . . . . .	140	VORANIGO . . . . .	61

VORAXAZE . . . . .	62
voriconazole . . . . .	43
VOXZOGO . . . . .	98
VP INSULIN SYRINGE . . . . .	137
VRAYLAR . . . . .	64
vyfemla . . . . .	82
VYKAT XR . . . . .	165
VYLEESI . . . . .	156
vylibra . . . . .	82
VYLOY . . . . .	51
VYNDAMAX . . . . .	75
VYNDAQEL . . . . .	75
VYVGART . . . . .	139
VYVGART HYTRULO . . . . .	140
VYXEOS . . . . .	55
VYZULTA . . . . .	152

## W

WALGREENS ADV TRAVEL LANCETS . . . . .	126
WALGREENS GLUCOSE . . . . .	39
WALGREENS LANCETS . . . . .	127
WALGREENS LANCETS MICRO THIN . . . . .	127
WALGREENS LANCETS SUPER THIN . . . . .	127
WALGREENS THIN LANCETS . . . . .	127
WALGREENS ULTRA THIN LANCETS . . . . .	127
warfarin sodium . . . . .	31
WEBCOL ALCOHOL PREP LARGE . . . . .	128
WEBCOL ALCOHOL PREP MEDIUM . . . . .	128
WEGMANS UNIFINE PENTIPS PLUS . . . . .	137
WEGOVI . . . . .	16,17
WELIREG . . . . .	54
wera . . . . .	82
WESCAP-C DHA . . . . .	146
WESCAP-PN DHA . . . . .	146
WESNATAL DHA COMPLETE . . . . .	146
WESNATE DHA . . . . .	146
WESTAB PLUS . . . . .	146
WESTGEL DHA . . . . .	146
WIDE-SEAL DIAPHRAGM 60 . . . . .	109
WIDE-SEAL DIAPHRAGM 65 . . . . .	109
WIDE-SEAL DIAPHRAGM 70 . . . . .	109

WIDE-SEAL DIAPHRAGM 75 . . . . .	109
WIDE-SEAL DIAPHRAGM 80 . . . . .	110
WIDE-SEAL DIAPHRAGM 85 . . . . .	110
WIDE-SEAL DIAPHRAGM 90 . . . . .	110
WIDE-SEAL DIAPHRAGM 95 . . . . .	110
WINRHO SDF . . . . .	154
wixela inhub . . . . .	31
wymzya fe . . . . .	82
WYOST . . . . .	165

## X

XACDURO . . . . .	26
XALKORI . . . . .	61
xarah fe . . . . .	82
XARELTO . . . . .	31
XARELTO STARTER PACK . . . . .	31
XCOPRI . . . . .	34
XCOPRI (250 MG DAILY DOSE) . . . . .	34
XCOPRI (350 MG DAILY DOSE) . . . . .	34
XDEMVI . . . . .	151
XELJANZ . . . . .	18
XELJANZ XR . . . . .	18
xelria fe . . . . .	82
XEMBIFY . . . . .	154
XENICAL . . . . .	17
XENLETA . . . . .	27
XEOMIN . . . . .	148
XEPI . . . . .	88
XERAC AC . . . . .	93
XERESE . . . . .	90
XERMELO . . . . .	102
XIAFLEX . . . . .	139
XIFAXAN . . . . .	26
XIIDRA . . . . .	151
XIPERE . . . . .	152
XOFIGO . . . . .	62
XOFLUZA (40 MG DOSE) . . . . .	71
XOFLUZA (80 MG DOSE) . . . . .	71
XOLAIR . . . . .	29
XOLREMDI . . . . .	107
XOSPATA . . . . .	61

XPHOZAH . . . . .	98
XPOVIO (100 MG ONCE WEEKLY) . . . . .	54
XPOVIO (40 MG TWICE WEEKLY) . . . . .	54
XPOVIO (60 MG ONCE WEEKLY) . . . . .	55
XPOVIO (60 MG TWICE WEEKLY) . . . . .	55
XPOVIO (80 MG ONCE WEEKLY) . . . . .	55
XPOVIO (80 MG TWICE WEEKLY) . . . . .	55
XTANDI . . . . .	54
xulane . . . . .	82
XULTOPHY . . . . .	37
xyvona . . . . .	23
XYWAV . . . . .	155

## Y

yargesa . . . . .	105
YASMIN 28 . . . . .	82
YAZ . . . . .	82
YCANTH . . . . .	92
YERVOY . . . . .	51
YESINTEK . . . . .	165
yl folic acid . . . . .	106
YONDELIS . . . . .	49
yuvafem . . . . .	169

## Z

zafemy . . . . .	82
zafirlukast . . . . .	29
zaleplon . . . . .	108
ZALVIT . . . . .	146
zarah . . . . .	82
ZATEAN-PN DHA . . . . .	146
ZATEAN-PN PLUS . . . . .	146
ZEJULA . . . . .	61
ZELBORAF . . . . .	61
zelvysia . . . . .	98
ZEMBRACE SYMTOUCH . . . . .	138
zenatane . . . . .	87
ZENPEP . . . . .	94
ZEPBOUND . . . . .	17
ZEPOSIA . . . . .	158
ZEPOSIA 7-DAY STARTER PACK . . . . .	158

ZEPOSIA STARTER KIT . . . . .	158
ZEPZELCA . . . . .	49
ZEVXR INSULIN SYRINGE . . . . .	137
ZEVXR PEN NEEDLES . . . . .	137
ZEVXR STERILE ALCOHOL PREP PAD . . . . .	128
ZEVXR TWIST TOP LANCETS 30G . . . . .	127
zidovudine . . . . .	69,70
ZIEXTENZO . . . . .	107
ZIIHERA . . . . .	165
ZINPLAVA . . . . .	154
ZIPHEX . . . . .	146
ziprasidone hcl . . . . .	64
ZOKINVY . . . . .	141
ZOLADEX . . . . .	54
ZOLEDRONIC ACID . . . . .	96
zoledronic acid . . . . .	96
ZOLINZA . . . . .	61
zolmitriptan . . . . .	138
zolpidem tartrate . . . . .	108
ZOLPIDEM TARTRATE . . . . .	108
zolpidem tartrate er . . . . .	108
ZOMACTON . . . . .	97
ZOMACTON (FOR ZOMA-JET 10) . . . . .	97
zomig . . . . .	138
zonisamide . . . . .	34
zovia 1/35 (28) . . . . .	82
zovia 1/35e (28) . . . . .	82
ZTALMY . . . . .	34
zumandimine . . . . .	82
ZURZUVAE . . . . .	35,36
ZYDELIG . . . . .	61
ZYKADIA . . . . .	61
ZYMFENTRA (1 PEN) . . . . .	101
ZYMFENTRA (2 PEN) . . . . .	101
ZYMFENTRA (2 SYRINGE) . . . . .	101
ZYNLONTA . . . . .	51
ZYNYZ . . . . .	51
ZYPITAMAG . . . . .	45
ZYPREXA RELPREVV . . . . .	66