

A photograph of a person running in a grassy field at sunset. Two dogs, one white with black spots and one black, are running alongside the person. The sun is low on the horizon, creating a warm, golden glow. The image is partially obscured by a white triangular shape at the bottom.

# Geisinger Triple Choice Formulary

**Geisinger**  
HEALTH PLAN

**2026**

**List of covered drugs**

## **General formulary information**

**This formulary is applicable to the prescription coverage provided with Triple Choice Prescription Medication Benefit 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 Triple Choice 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 April 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 weight loss and weight management\*
- Used for cosmetic purposes
- Used for sexual dysfunction

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.

*\*Select plans cover weight loss medications.*

## 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 Sprachassistentendienste 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 ACA 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-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.

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.

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 PA restrictions

PN Note

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

PN Note

This drug has unique restrictions

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

# Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS . . . . .	16
AMINOGLYCOSIDES . . . . .	17
ANALGESICS - ANTI-INFLAMMATORY . . . . .	17
ANALGESICS - NONNARCOTIC . . . . .	20
ANALGESICS - OPIOID . . . . .	22
ANDROGENS-ANABOLIC . . . . .	24
ANORECTAL AND RELATED PRODUCTS . . . . .	24
ANTHELMINTICS . . . . .	25
ANTI-INFECTIVE AGENTS - MISC. . . . .	25
ANTIANGINAL AGENTS . . . . .	26
ANTIANSXIETY AGENTS . . . . .	27
ANTIARRHYTHMICS . . . . .	27
ANTIASTHMATIC AND BRONCHODILATOR AGENTS . . . . .	28
ANTICOAGULANTS . . . . .	30
ANTICONVULSANTS . . . . .	31
ANTIDEPRESSANTS . . . . .	35
ANTIDIABETICS . . . . .	37
ANTIDIARRHEAL/PROBIOTIC AGENTS . . . . .	41
ANTIDOTES AND SPECIFIC ANTAGONISTS . . . . .	41
ANTIEMETICS . . . . .	42
ANTIFUNGALS . . . . .	43
ANTIHISTAMINES . . . . .	43
ANTIHYPERTENSIVES . . . . .	44
ANTIHYPERTENSIVES . . . . .	46
ANTIMALARIALS . . . . .	48
ANTIMYASTHENIC/CHOLINERGIC AGENTS . . . . .	48
ANTIMYCOBACTERIAL AGENTS . . . . .	48
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES . . . . .	49
ANTIPARKINSON AND RELATED THERAPY AGENTS . . . . .	63
ANTIPSYCHOTICS/ANTIMANIC AGENTS . . . . .	64
ANTIVIRALS . . . . .	67
BETA BLOCKERS . . . . .	72
CALCIUM CHANNEL BLOCKERS . . . . .	73
CARDIOTONICS . . . . .	73
CARDIOVASCULAR AGENTS - MISC. . . . .	74
CEPHALOSPORINS . . . . .	75
CONTRACEPTIVES . . . . .	76
CORTICOSTEROIDS . . . . .	84
COUGH/COLD/ALLERGY . . . . .	85
DERMATOLOGICALS . . . . .	86
DIAGNOSTIC PRODUCTS . . . . .	94
DIGESTIVE AIDS . . . . .	94
DIURETICS . . . . .	95
ENDOCRINE AND METABOLIC AGENTS - MISC. . . . .	95
ESTROGENS . . . . .	99
FLUOROQUINOLONES . . . . .	100

GASTROINTESTINAL AGENTS - MISC.	100
GENITOURINARY AGENTS - MISCELLANEOUS	103
GOUT AGENTS	104
HEMATOLOGICAL AGENTS - MISC.	104
HEMATOPOIETIC AGENTS	105
HEMOSTATICS	108
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	108
LAXATIVES	108
MACROLIDES	109
MEDICAL DEVICES AND SUPPLIES	110
MIGRAINE PRODUCTS	138
MINERALS ELECTROLYTES	139
MISCELLANEOUS THERAPEUTIC CLASSES	139
MOUTH/THROAT/DENTAL AGENTS	141
MULTIVITAMINS	143
MUSCULOSKELETAL THERAPY AGENTS	146
NASAL AGENTS - SYSTEMIC AND TOPICAL	148
NEUROMUSCULAR AGENTS	148
NUTRIENTS	149
OPHTHALMIC AGENTS	149
OTIC AGENTS	153
OXYTOCICS	153
PASSIVE IMMUNIZING AND TREATMENT AGENTS	153
PENICILLINS	155
PROGESTINS	155
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	155
RESPIRATORY AGENTS - MISC.	160
SULFONAMIDES	161
TETRACYCLINES	161
THYROID AGENTS	161
TOXOIDS	162
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	162
UNCATEGORIZED	163
URINARY ANTISPASMODICS	166
VACCINES	167
VAGINAL AND RELATED PRODUCTS	169
VASOPRESSORS	169
VITAMINS	170

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>		
DIETHYLPROPION HCL ER	1	
<b>ANTI-OBESITY AGENTS</b>		
<i>liraglutide -weight management</i>	3	PA, QL (0.5 ml per 1 day(s))
<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	

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>
<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	
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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)

Drug Name	Drug Tier	Requirements/Limits
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)

## ANALGESICS - NONNARCOTIC (CONTINUED)

### ANALGESIC COMBINATIONS

<i>bac (butalbital-acetamin-caff)</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	

### ANALGESICS-PEPTIDE CHANNEL BLOCKERS

PRIALT	3	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
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### SALICYLATES

<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
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>tapentadol hcl</i>	1	PA
<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	
<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)

Drug Name	Drug Tier	Requirements/Limits
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)

## ANDROGENS-ANABOLIC (CONTINUED)

### ANDROGENS

AVEED	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<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	

## ANORECTAL AND RELATED PRODUCTS (CONTINUED)

### INTRARECTAL STEROIDS

<i>hydrocortisone 100 mg/60ml enema</i>	1	
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### RECTAL COMBINATIONS

<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
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

Drug Name	Drug Tier	Requirements/Limits
<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, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg sl tab)</i>	1	
<b>ANTIANKXIETY AGENTS (CONTINUED)</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>bupirone 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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
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 (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	1	
<i>montelukast sodium 4 mg packet</i>	1	
<i>zafirlukast</i>	1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast</i>	1	PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLUTICASONE PROPIONATE DISKUS	2	
FLUTICASONE PROPIONATE HFA	2	
PULMICORT FLEXHALER	2	
QVAR REDIHALER	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	PA
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 ea per 1 days)
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	2	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate</i>	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA	2	
<i>fluticasone-salmeterol</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	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr)</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))
<b>ANTICONVULSANTS (CONTINUED)</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	3	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	3	PA, QL (24 ml per 1 days)
<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 (10 mg tab, 20 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam 2.5 mg/ml suspension</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/10ml suspension)</i>	1	
<i>carbamazepine 200 mg tab</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
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	1	
<i>lamotrigine er (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, 500 mg/5ml solution)</i>	1	
<i>levetiracetam (250 mg tab, 500 mg tab, 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, 600 mg tab)</i>	1	
<i>oxcarbazepine 300 mg/5ml suspension</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	3	
TEGRETOL 200 MG TAB	3	
TEGRETOL-XR	3	
<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 cp24 sprnk)</i>	1	PA
<i>topiramate er 200 mg cap er 24h</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRILEPTAL (150 MG TAB, 300 MG TAB, 600 MG TAB)	3	
TRILEPTAL 300 MG/5ML SUSPENSION	3	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA
TROKENDI XR 200 MG CAP ER 24H	3	PA
<i>zonisamide</i>	1	
ZTALMY	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)</i>	1	
<i>felbamate 600 mg/5ml suspension</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	3	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE)	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	3	
DILANTIN 125 MG/5ML SUSPENSION	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	2	
DILANTIN-125	3	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide 250 mg cap</i>	1	
<i>ethosuximide 250 mg/5ml solution</i>	1	
<b>VALPROIC ACID</b>		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid (250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
<i>valproic acid 250 mg cap</i>	1	
<b>ANTIDEPRESSANTS (CONTINUED)</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	1	
<i>mirtazapine (7.5 mg tab, 15 mg tab, 30 mg tab, 45 mg tab)</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	
BUPROPION HCL ER (XL)	1	PA, QL (1 ea per 1 day(s))
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
<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)
ZURZUVAE 30 MG CAP	3	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<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, 10 mg tab, 20 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap)</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>paroxetine hcl</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
DOXEPIN HCL (10 MG/ML CONC)	1	
<i>imipramine hcl</i>	1	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
<b>ANTIDIABETICS (CONTINUED)</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose</i>	1	
MIGLITOL	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)

Drug Name	Drug Tier	Requirements/Limits
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)
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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	2	
INSULIN ASPART FLEXPEN	2	
INSULIN ASPART PENFILL	2	
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	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
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 (2.5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl 5 mg tab er 24h</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)

Drug Name	Drug Tier	Requirements/Limits
<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, LA, 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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>promethegan</i>	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
<b>ANTHYPERLIPEMICS (CONTINUED)</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL	2	PA, QL (1 ea per 1 days)
<b>ANGIOPOIETIN-LIKE PROTEIN INHIBITORS</b>		
EVKEEZA	3	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
<b>ANTHYPERLIPEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin</i>	1	PA
NEXLIZET	2	PA, QL (1 ea per 1 days)
<b>ANTHYPERLIPEMICS - 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	
<i>fenofibrate micronized</i>	1	
FENOFIBRATE MICRONIZED	1	PA
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<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>PROPROTEIN 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)

Drug Name	Drug Tier	Requirements/Limits
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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 tartrate (25 mg tab, 50 mg tab, 100 mg tab)</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

Drug Name	Drug Tier	Requirements/Limits
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<b>ANTIMALARIALS (CONTINUED)</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl</i>	1	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<i>pralatrexate 20 mg/ml solution</i>	3	SP, PN (34 DAYS SUPPLY PER FILL)
<i>pralatrexate 40 mg/2ml solution</i>	3	SP, 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ADCETRIS	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONSA	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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)), SP, PN (30 DAYS SUPPLY PER FILL)
TAGRISO	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)

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
TECENTRIQ HYBREZA	3	PA, QL (15 ml per 21 day(s)), SP, PN (21 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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIQRAY (250 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO (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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>		
HYCANTIN (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	
<i>trihexyphenidyl hcl</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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 (0.5 MG CAP, 0.75 MG CAP)	3	PA, QL (1 ea per 1 day(s))
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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 disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	1	
<i>risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	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)

Drug Name	Drug Tier	Requirements/Limits
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 100 mg/ml solution</i>	1	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate</i>	1	
<b>DIBENZAPINES</b>		
<i>asenapine maleate</i>	1	PA
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	1	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	3	PA, QL (1 ea per 1 days)
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, 5 mg tab, 10 mg tab)</i>	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	1	

Drug Name	Drug Tier	Requirements/Limits
<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 (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>aripiprazole 1 mg/ml solution</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)
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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- rilpivir-tenofov df</i>	1	QL (1 ea per 1 day(s))
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	ST
<b>BETA BLOCKERS NON-SELECTIVE</b>		
INNOPRAN XL	2	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
PROPRANOLOL HCL	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	

Drug Name	Drug Tier	Requirements/Limits
<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, 120 mg tab)</i>	1	
<i>diltiazem hcl 90 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	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er</i>	1	
<b>CARDIOTONICS (CONTINUED)</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek</i>	1	
<i>digox</i>	1	
DIGOXIN (0.05 MG/ML SOLUTION)	1	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	1	
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	

Drug Name	Drug Tier	Requirements/Limits
<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>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	PA, QL (1 ea per 1 day(s))
VIAGRA (50 MG TAB, 100 MG TAB)	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
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>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	

Drug Name	Drug Tier	Requirements/Limits
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR 500 MG CAP	1	
CEFACLOR ER	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azurette</i>	0	
BALCOLTRA	0	
<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>bielllyn</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estarylla</i>	0	
<i>ethynodiol diac-eth estradiol</i>	0	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kelnor 1/35</i>	0	
<i>kelnor 1/50</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>larin 1/20</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30</i>	0	
<i>larin fe 1/20</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levonorgest-eth est &amp; eth est</i>	0	
<i>levonorgest-eth estrad 91-day</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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lutera</i>	0	
<i>marlissa</i>	0	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
<i>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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	0	
TYBLUME	0	
<i>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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>xulane</i>	0	
<i>zafemy</i>	0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA	0	
<i>eluryng</i>	0	
<i>enilloring</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>haloette</i>	0	
NUVARING	0	
<b>COPPER CONTRACEPTIVES - IUD</b>		
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 (5 mg/5ml solution, 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>guaiaatussin 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	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
PROMETHAZINE-PHENYLEPHRINE	1	
<i>pseudoeph-bromphen-dm</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>acutane</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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>mupirocin calcium</i>	1	
XEPI	3	PA

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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</i>	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)

Drug Name	Drug Tier	Requirements/Limits
FINACEA 15 % FOAM	3	PA
<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

Drug Name	Drug Tier	Requirements/Limits
<b>DIURETICS (CONTINUED)</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<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 (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
FUROSEMIDE 10 MG/ML SOLUTION	1	
<i>torseamide (5 mg tab, 10 mg tab, 100 mg tab)</i>	1	
<i>torseamide 20 mg tab</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)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	1	
BINOSTO	3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
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 FLEXPPO	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE	2	
PREMPRO	2	
<b>ESTROGENS</b>		
<i>dotti</i>	1	QL (8 ea per 28 day(s))
ELESTRIN	3	
<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>FLUOROQUINOLONES (CONTINUED)</b>		
<b>FLUOROQUINOLONES</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	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
MESALAMINE (1.2 GM TAB DR, 4 GM ENEMA, 400 MG CAP DR, 1000 MG SUPPOS)	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
OMVOH (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	3	QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN A-INJ	3	QL (3 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH (300 MG DOSE) 100 MG/ML & 200 MG/2ML SOLN PRSYR	3	QL (3 ml per 28 day(s)), SP
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl</i>	1	
LINZESS	2	QL (1 ea per 1 days)
<b>LIVE FECAL MICROBIOTA</b>		
REBYOTA	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 day(s)), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate</i>	1	
<i>calcium acetate (phos binder)</i>	1	
<i>calphron</i>	1	
<i>ferric citrate</i>	3	PA, QL (408 ea per 34 day(s)), PN (34 DAYS SUPPLY PER FILL)
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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, LA, 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>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 300 mg tab</i>	1	
<i>clopidogrel bisulfate 75 mg tab</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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

Drug Name	Drug Tier	Requirements/Limits
<b>HEMOSTATICS (CONTINUED)</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>tranexamic acid 650 mg tab</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
PHENOBARBITAL (20 MG/5ML ELIXIR, 30 MG/7.5ML ELIXIR, 60 MG/15ML ELIXIR)	1	
SEZABY	3	PN (5 DAYS SUPPLY PER FILL)
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<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)

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

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMBRACE PRESSURE ACTIVATED 28G	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
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	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G 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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH LANCETS 30G	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	
PURE COMFORT SAFETY LANCET 30G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS MICROTHIN 33G	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	
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	

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEVRX TWIST TOP LANCETS 30G	2	
<b>MISC. DEVICES</b>		
ADVOCATE ALCOHOL PREP PADS	2	
ALCOH-GLOVE CONTOURED WIPE	2	
ALCOH-WIPE	2	
ALCOHOL PADS	2	
ALCOHOL PREP	2	
ALCOHOL PREP PADS	2	
ALCOHOL PREPS	2	
ALCOHOL SWABS	2	
ALCOHOL SWABSTICK	2	
AUM ALCOHOL PREP PADS	2	
BD SWAB SINGLE USE REGULAR	2	
BD SWABS SINGLE USE BUTTERFLY	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
ZEVX 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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEADER INSULIN SYRINGE	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH PEN NEEDLES	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR	2	
MARATHON MEDICAL PENTIPS	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE	2	
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	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTIGUARD SAFEPAK 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	
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	

Drug Name	Drug Tier	Requirements/Limits
ZEVRX INSULIN SYRINGE	2	
ZEVRX 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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

Drug Name	Drug Tier	Requirements/Limits
<b>STERIODS - MOUTH/THROAT/DENTAL</b>		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>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	
<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	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VITAFOL GUMMIES	1	
VITAFOL ULTRA	1	
VITAFOL-NANO	1	
VITAFOL-OB	1	
VITAFOL-OB+DHA	1	
VITAFOL-ONE	1	
VITAMEDMD ONE RX/QUATREFOLIC	1	
VITAMEDMD REDICHEW RX	1	
VITAPEARL	1	
VITATHELY WITH GINGER	1	
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
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	QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	3	QL (20 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYMOVIS	3	PA, QL (12 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	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	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)
VISCO-3	3	QL (15 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)

## **NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)**

### **NASAL AGENT COMBINATIONS**

*azelastine-fluticasone*

1

### **NASAL ANTIALLERGY**

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

1

*olopatadine hcl 0.6 % solution*

1

### **NASAL ANTICHOLINERGICS**

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

1

### **NASAL STEROIDS**

*flunisolide*

1

*fluticasone propionate 50 mcg/act suspension*

1

*mometasone furoate 50 mcg/act suspension*

1

## **NEUROMUSCULAR AGENTS (CONTINUED)**

### **ALS AGENTS**

*edaravone*

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)

Drug Name	Drug Tier	Requirements/Limits
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>FRIEDRICHS 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
<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 - OPTHALMIC</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 sulfatate 1 % solution</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
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 - OPHTHALMIC</b>		
<i>bimatoprost</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
BIMATOPROST	3	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	
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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>		
<i>milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	PA, QL (2 ea per 1 day(s))
<i>milnacipran hcl 12.5 &amp; 25 &amp; 50 mg misc</i>	1	PA, QL (55 ea per 28 day(s))
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>		
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>eq 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	
<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	
<b>NICOTINE</b>	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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>PULMONARY FIBROSIS AGENTS</b>		
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	1	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<b>SULFONAMIDES (CONTINUED)</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine</i>	1	
<b>TETRACYCLINES (CONTINUED)</b>		
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>lymepak</i>	1	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	1	
<i>mondoxyne nl</i>	1	
<i>tetracycline hcl</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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)
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	3	PA, QL (3.6 ml per 28 day(s)), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA (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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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))
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
MERIOLOG	2	
MERIOLOG 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)

## URINARY ANTISPASMODICS (CONTINUED)

### URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide er</i>	1	ST
<i>fesoterodine fumarate er</i>	1	ST
<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

### URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

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)

### URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

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

<i>flavoxate hcl</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<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)
<b>VIRAL VACCINES</b>		
ABRYSCO	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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE	0	
FLUZONE HIGH-DOSE	0	
FLUZONE 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)
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	

Drug Name	Drug Tier	Requirements/Limits
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>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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 . . . . .	129
1ST TIER UNIFINE PENTIPS PLUS . . . . .	129
1ST TIER UNILET COMFORTOUCH . . . . .	110

## A

abacavir sulfate . . . . .	67
abacavir sulfate-lamivudine . . . . .	67
abigale . . . . .	99
abigale lo . . . . .	99
ABILIFY ASIMTUFII . . . . .	67
ABILIFY MAINTENA . . . . .	67
abiraterone acetate . . . . .	53
abirtega . . . . .	53
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 . . . . .	72
ACETAMINOPHEN-CODEINE . . . . .	23
acetazolamide . . . . .	95
acetazolamide er . . . . .	95
acetic acid . . . . .	153
acetylcysteine . . . . .	86
acitretin . . . . .	88
ACTHIB . . . . .	167
ACTI-LANCE 28G . . . . .	110
ACTI-LANCE LITE LANCETS 28G . . . . .	110
ACTI-LANCE SPECIAL LANCETS 17G . . . . .	110
ACTI-LANCE UNIVERSAL 23G . . . . .	110
ACTIMMUNE . . . . .	62
acyclovir . . . . .	71,90
ADACEL . . . . .	162
adapalene . . . . .	86

adapalene-benzoyl peroxide . . . . .	86
ADBRY . . . . .	91
ADCETRIS . . . . .	51
adefovir dipivoxil . . . . .	70
ADEMPAS . . . . .	75
ADJUSTABLE LANCING DEVICE . . . . .	110
adult aspirin regimen . . . . .	20
ADVAIR HFA . . . . .	29
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 . . . . .	111
ADVOCATE RAPID-SAFE LANCING . . . . .	111
ADVOCATE SAFETY LANCETS . . . . .	111
ADVOCATE SAFETY LANCETS 21G . . . . .	111
ADVOCATE SAFETY LANCETS 23G . . . . .	111
ADVOCATE SAFETY LANCETS 26G . . . . .	111
ADVOCATE SAFETY LANCETS 28G . . . . .	111
ADZYNMA . . . . .	105
afirmelle . . . . .	76
AFLURIA . . . . .	167
AFLURIA PRESERVATIVE FREE . . . . .	167
AFLURIA QUADRIVALENT . . . . .	167
aftera . . . . .	83
afterpill . . . . .	83
AGAMATRIX ULTRA-THIN LANCETS . . . . .	111
AIMOVIG . . . . .	138
AIMSCO TWIST LANCETS 32G . . . . .	111
AIMSCO TWIST LANCETS 33G . . . . .	111
AIRDUO RESPICLICK 55/14 . . . . .	29
ak-poly-bac . . . . .	150
AKEEGA . . . . .	53
AKYNZEO . . . . .	42
ala-cort . . . . .	90
albendazole . . . . .	25
albuterol sulfate . . . . .	29

albuterol sulfate hfa . . . . .	30	amlodipine besylate . . . . .	73
alclometasone dipropionate . . . . .	90	amlodipine besylate-valsartan . . . . .	47
ALCOH-GLOVE CONTOURED WIPE . . . . .	127	amlodipine-olmesartan . . . . .	47
ALCOH-WIPE . . . . .	127	amnesteam . . . . .	86
ALCOHOL PADS . . . . .	127	amoxapine . . . . .	37
ALCOHOL PREP . . . . .	127	amoxicillin . . . . .	155
ALCOHOL PREP PADS . . . . .	127	amoxicillin-pot clavulanate . . . . .	155
ALCOHOL PREPS . . . . .	127	amphetamine-dextroamphet er . . . . .	16
ALCOHOL SWABS . . . . .	127	amphetamine-dextroamphetamine . . . . .	16
ALCOHOL SWABSTICK . . . . .	127	ampicillin . . . . .	155
alcohol wipes . . . . .	93	anagrelide hcl . . . . .	105
ALDURAZYME . . . . .	97	anastrozole . . . . .	53
ALECENSA . . . . .	56	ANNOVERA . . . . .	83
alendronate sodium . . . . .	95	anodyne lpt . . . . .	92
alfuzosin hcl er . . . . .	103	ANORO ELLIPTA . . . . .	30
ALINIA . . . . .	25	ANUCORT-HC . . . . .	25
aliskiren fumarate . . . . .	47	ANUSOL-HC . . . . .	25
allopurinol . . . . .	104	APO-VARENICLINE . . . . .	158
alosetron hcl . . . . .	102	apomorphine hcl . . . . .	63
alprazolam . . . . .	27	APRACLONIDINE HCL . . . . .	150
alprazolam er . . . . .	27	aprepitant . . . . .	43
alprazolam xr . . . . .	27	APRETUDE . . . . .	67
ALTABAX . . . . .	87	apri . . . . .	76
ALTAFRIN . . . . .	149	APRIZIO PAK II . . . . .	92
altavera . . . . .	76	APTIOM . . . . .	32
ALUNBRIG . . . . .	56	APTIVUS . . . . .	68
alyacen 1/35 . . . . .	76	AQ INSULIN SYRINGE . . . . .	129
alyacen 7/7/7 . . . . .	76	AQINJECT PEN NEEDLE . . . . .	129
ALYFTREK . . . . .	163	AQNEURSA . . . . .	158
ALYGLO . . . . .	153	AQUALANCE LANCETS 30G . . . . .	111
amabelz . . . . .	99	ARANELLE . . . . .	76
amantadine hcl . . . . .	63	ARCALYST . . . . .	18
ambrisentan . . . . .	74	AREXVY . . . . .	167
amethia . . . . .	76	arformoterol tartrate . . . . .	30
amethyst . . . . .	76	aripiprazole . . . . .	67
amiloride hcl . . . . .	95	ARISTADA . . . . .	67
AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	95	ARISTADA INITIO . . . . .	67
amiodarone hcl . . . . .	28	armodafinil . . . . .	16
amitriptyline hcl . . . . .	37	ARMOUR THYROID . . . . .	161
AMJEVITA . . . . .	17	ARNUITY ELLIPTA . . . . .	29
amlodipine besy-benazepril hcl . . . . .	47	ASCENIV . . . . .	153

ascomp-codeine . . . . .	23	ATTRUBY . . . . .	163
asenapine maleate . . . . .	66	aubra . . . . .	76
ashlyna . . . . .	76	aubra eq . . . . .	76
ASPARLAS . . . . .	62	AUDENZ . . . . .	167
aspirin . . . . .	20	AUGTYRO . . . . .	56
aspirin 81 . . . . .	20	AUM ALCOHOL PREP PADS . . . . .	127
aspirin adult low dose . . . . .	20	AUM INSULIN SAFETY PEN NEEDLE . . . . .	129
aspirin adult low strength . . . . .	20	AUM MINI INSULIN PEN NEEDLE . . . . .	129
aspirin childrens . . . . .	20	AUM PEN NEEDLE . . . . .	129
aspirin ec adult low dose . . . . .	20	AUM READYGARD DUO PEN NEEDLE . . . . .	129
aspirin ec low dose . . . . .	20	AUM SAFETY PEN NEEDLE . . . . .	129
aspirin ec low strength . . . . .	20	AURORA LANCET SUPER THIN 30G . . . . .	111
aspirin low dose . . . . .	20	AURORA LANCET THIN 23G . . . . .	111
aspirin regimen . . . . .	20	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 . . . . .	112
ASSURE LANCE SAFETY LANCET 28G . . . . .	111	AUTOLET PLATFORMS . . . . .	112
ATABEX EC . . . . .	143	AUTOLET PLUS . . . . .	112
ATABEX OB . . . . .	143	AUTOPEN . . . . .	129
atazanavir sulfate . . . . .	68	AUVELITY . . . . .	35
atenolol . . . . .	72	AUVI-Q . . . . .	169
atenolol-chlorthalidone . . . . .	47	AVAR-E EMOLLIENT . . . . .	86
atomoxetine hcl . . . . .	16	avar-e green . . . . .	86
atorvastatin calcium . . . . .	44,45	AVASTIN . . . . .	49,50
atovaquone . . . . .	25	AVEED . . . . .	24
atovaquone-proguanil hcl . . . . .	48	AVERI . . . . .	163
atropine sulfate . . . . .	149	aviane . . . . .	76
ATROVENT HFA . . . . .	29	avidoxy . . . . .	161

avita . . . . .	86	BD MICROTAINER LANCETS . . . . .	112
AVMAPKI FAKZYNJA CO-PACK . . . . .	163	BD PEN . . . . .	130
AVONEX PEN . . . . .	156	BD PEN MINI . . . . .	130
AVONEX PREFILLED . . . . .	157	BD PEN NEEDLE MICRO ULTRAFINE . . . . .	130
AVSOLA . . . . .	101	BD PEN NEEDLE MINI ULTRAFINE . . . . .	130
AVTOZMA . . . . .	163	BD PEN NEEDLE NANO 2ND GEN . . . . .	130
ayuna . . . . .	76	BD PEN NEEDLE NANO ULTRAFINE . . . . .	130
AYVAKIT . . . . .	55	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 . . . . .	46
azurette . . . . .	77	benazepril-hydrochlorothiazide . . . . .	47
<b>B</b>		BENLYSTA . . . . .	141
bac (butalbital-acetamin-caff) . . . . .	20	benzonatate . . . . .	85
BACITRA-NEOMYCIN-POLYMYXIN-HC . . . . .	152	BENZOYL PEROXIDE . . . . .	86
BACITRACIN . . . . .	150	benzoyl peroxide-erythromycin . . . . .	86
BACITRACIN-POLYMYXIN B . . . . .	151	benztropine mesylate . . . . .	63
baclofen . . . . .	146	BEOVU . . . . .	150
BALCOLTRA . . . . .	77	BERINERT . . . . .	104
balsalazide disodium . . . . .	101	BESIVANCE . . . . .	151
BALVERSA . . . . .	56	BESPONSA . . . . .	51
balziva . . . . .	77	BESREMI . . . . .	62
BAQSIMI ONE PACK . . . . .	38	betamethasone dipropionate . . . . .	90
BAQSIMI TWO PACK . . . . .	38	betamethasone dipropionate aug . . . . .	90
BAVENCIO . . . . .	51	betamethasone valerate . . . . .	90
bayer aspirin ec low dose . . . . .	20	BETASERON . . . . .	157
bayer low dose . . . . .	20	betaxolol hcl . . . . .	72
BD AUTOSHIELD DUO . . . . .	129	BETAXOLOL HCL . . . . .	149
BD INSULIN SYR ULTRAFINE II . . . . .	130	bethanechol chloride . . . . .	166
BD INSULIN SYRINGE . . . . .	130	BETOPTIC-S . . . . .	149
BD INSULIN SYRINGE HALF-UNIT . . . . .	130	bexarotene . . . . .	62,88
BD INSULIN SYRINGE MICROFINE . . . . .	130	BEXSERO . . . . .	167
BD INSULIN SYRINGE U-500 . . . . .	130	BEYAZ . . . . .	77
BD INSULIN SYRINGE U/F . . . . .	130	bicalutamide . . . . .	53
BD INSULIN SYRINGE U/F 1/2UNIT . . . . .	130	BIKTARVY . . . . .	68
BD INSULIN SYRINGE ULTRAFINE . . . . .	130	bimatoprost . . . . .	152
		BIMATOPROST . . . . .	153

BINOSTO . . . . .	95	butalbital-aspirin-caffeine . . . . .	20
bisoprolol fumarate . . . . .	72	butorphanol tartrate . . . . .	24
bisoprolol-hydrochlorothiazide . . . . .	47		
BIVIGAM . . . . .	153	<b>C</b>	
BLINCYTO . . . . .	51	C-NATE DHA . . . . .	143
blisovi 24 fe . . . . .	77	CABENUVA . . . . .	68
blisovi fe 1.5/30 . . . . .	77	cabergoline . . . . .	98
blisovi fe 1/20 . . . . .	77	CABLIVI . . . . .	105
BOMYNTRA . . . . .	164	CABOMETYX . . . . .	56
BOOSTRIX . . . . .	162	caffeine citrate . . . . .	16
bosentan . . . . .	75	CALCIPOTRIENE . . . . .	88
BOSULIF . . . . .	56	calcitonin (salmon) . . . . .	96
BOTOX . . . . .	149	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) . . . . .	23,24	camrese . . . . .	77
bromfed dm . . . . .	85	camrese lo . . . . .	77
bromfenac sodium (once-daily) . . . . .	152	CAMZYOS . . . . .	74
bromocriptine mesylate . . . . .	63	candesartan cilexetil . . . . .	46
BRUKINSA . . . . .	56,164	candesartan cilexetil-hctz . . . . .	47
budesonide . . . . .	29,84	CANTHARIDIN . . . . .	92
budesonide-formoterol fumarate . . . . .	30	capecitabine . . . . .	49
bumetanide . . . . .	95	CAPLYTA . . . . .	64
buprenorphine . . . . .	24	CAPRELSA . . . . .	56
buprenorphine hcl . . . . .	24	captopril . . . . .	46
buprenorphine hcl-naloxone hcl . . . . .	24	CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .	47
bupropion hcl . . . . .	35	CAPVAXIVE . . . . .	167
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
butalbital-apap-caff-cod . . . . .	23	carbinoxamine maleate . . . . .	43
butalbital-apap-caffeine . . . . .	20	CARDIOCOM LANCING DEVICE . . . . .	112
butalbital-asa-caff-codeine . . . . .	23	CAREFINE PEN NEEDLES . . . . .	130

CAREONE ADVANCED LANCING DEV . . . . .	112	chateal eq . . . . .	77
CAREONE INSULIN SYRINGE . . . . .	130	CHEMSTRIP K . . . . .	94
CAREONE LANCET SUPER THIN 30G . . . . .	112	CHEMSTRIP UGK . . . . .	94
CAREONE LANCET THIN 23G . . . . .	112	childrens aspirin . . . . .	20
CAREONE UNIFINE PENTIPS . . . . .	130	chlordiazepoxide hcl . . . . .	27
CAREONE UNIFINE PENTIPS PLUS . . . . .	130	CHLORDIAZEPOXIDE-CLIDINIUM . . . . .	162
CARESENS LANCETS . . . . .	112	chlorhexidine gluconate . . . . .	141
CARESENS LANCETS 30G . . . . .	112	chloroquine phosphate . . . . .	48
CARETOUCH ALCOHOL PREP . . . . .	128	chlorpromazine hcl . . . . .	66
CARETOUCH INSULIN SYRINGE . . . . .	130	chlorthalidone . . . . .	95
CARETOUCH LANCING/EJECTOR . . . . .	112	CHOLBAM . . . . .	100
CARETOUCH PEN NEEDLES . . . . .	130	cholestyramine . . . . .	44
CARETOUCH SAFETY LANCETS . . . . .	112	cholestyramine light . . . . .	44
CARETOUCH SAFETY LANCETS 26G . . . . .	112	CHORIONIC GONADOTROPIN . . . . .	96
CARETOUCH TWIST LANCETS 28G . . . . .	112	CHOSEN LANCETS 30G . . . . .	112
CARETOUCH TWIST LANCETS 30G . . . . .	112	CHOSEN LANCING DEVICE . . . . .	112
CARETOUCH TWIST LANCETS 33G . . . . .	112	CHOSEN SAFETY LANCETS 28G . . . . .	112
CARETOUCH TWIST MC LANCETS 30G . . . . .	112	CIBINQO . . . . .	91
carisoprodol . . . . .	146	ciclopirox . . . . .	88
CARISOPRODOL-ASPIRIN-CODEINE . . . . .	147	ciclopirox olamine . . . . .	88
CARTEOLOL HCL . . . . .	149	cilostazol . . . . .	105
cartia xt . . . . .	73	CILOXAN . . . . .	151
carvedilol . . . . .	72	CIMDUO . . . . .	68
carvedilol phosphate er . . . . .	72	CIMERLI . . . . .	150
cataflam . . . . .	18	cimetidine . . . . .	163
CAYA . . . . .	110	CIMZIA . . . . .	101
CEFACTOR . . . . .	76	CIMZIA (1 SYRINGE) . . . . .	101
CEFACTOR ER . . . . .	76	CIMZIA (2 SYRINGE) . . . . .	101
cefadroxil . . . . .	75	CIMZIA-STARTER . . . . .	101
cefdinir . . . . .	76	cinacalcet hcl . . . . .	97
cefprozil . . . . .	76	CINRYZE . . . . .	104
cefuroxime axetil . . . . .	76	CINVANTI . . . . .	43
celecoxib . . . . .	18	CIPRO . . . . .	100
cephalexin . . . . .	75	CIPRO HC . . . . .	153
CEQR SIMPLICITY 2U . . . . .	130	ciprofloxacin hcl . . . . .	100,151,153
CEREZYME . . . . .	105	ciprofloxacin-dexamethasone . . . . .	153
cetorelix acetate . . . . .	96	ciprofloxacin-hydrocortisone . . . . .	153
CHANTIX . . . . .	158	citalopram hydrobromide . . . . .	36
CHANTIX CONTINUING MONTH PAK . . . . .	158	CITRANATAL B-CALM . . . . .	143
charlotte 24 fe . . . . .	77	CITRANATAL BLOOM . . . . .	143
chateal . . . . .	77	claravis . . . . .	86

clarithromycin . . . . .	109	colchicine . . . . .	104
CLEANLET LANCETS 28G . . . . .	112	colchicine-probenecid . . . . .	104
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) . . . . .	57
CLEVER CHOICE LANCETS 23G . . . . .	112	COMETRIQ (140 MG DAILY DOSE) . . . . .	57
CLEVER CHOICE LANCETS 28G . . . . .	112	COMETRIQ (60 MG DAILY DOSE) . . . . .	57
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 . . . . .	112,131
clindamycin palmitate hcl . . . . .	26	COMFORT EZ MICRO PEN NEEDLES . . . . .	131
clindamycin phos (once-daily) . . . . .	86	COMFORT EZ PEN NEEDLES . . . . .	131
clindamycin phos (twice-daily) . . . . .	86	COMFORT EZ PRO PEN NEEDLES . . . . .	131
clindamycin phos-benzoyl perox . . . . .	86	COMFORT EZ SHORT PEN NEEDLES . . . . .	131
clindamycin phosphate . . . . .	86,169	COMFORT LANCETS . . . . .	112
clobazam . . . . .	31,32	COMFORT TOUCH ALCOHOL PREP . . . . .	128
clobetasol prop emollient base . . . . .	90	COMFORT TOUCH INSULIN PEN NEED . . . . .	131
clobetasol propionate . . . . .	90	COMFORT TOUCH LANCETS 31G . . . . .	113
clobetasol propionate e . . . . .	90	COMFORT TOUCH PLUS LANCETS 28G . . . . .	113
clobetasol propionate emulsion . . . . .	90	COMFORT TOUCH PLUS LANCETS 30G . . . . .	113
clodan . . . . .	90	COMFORT TOUCH TWIST LANCET 30G . . . . .	113
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 . . . . .	144
clonidine hcl er . . . . .	16	CONEXXENCE . . . . .	164
clopidogrel bisulfate . . . . .	105	constulose . . . . .	109
clorazepate dipotassium . . . . .	27	COPIKTRA . . . . .	57
clotrimazole . . . . .	88,141	CORLANOR . . . . .	75
clotrimazole-betamethasone . . . . .	88	CORPHENA . . . . .	43
clozapine . . . . .	66	COSENTYX . . . . .	88
COAGUCHEK LANCETS . . . . .	112	COSENTYX (300 MG DOSE) . . . . .	88
COBENFY . . . . .	66	COSENTYX SENSOREADY (300 MG) . . . . .	89
COBENFY STARTER PACK . . . . .	66	COSENTYX SENSOREADY PEN . . . . .	89
codeine sulfate . . . . .	22	COSENTYX UNOREADY . . . . .	89

COTELLIC . . . . .	57	cyclosporine . . . . .	140,151
COVARYX . . . . .	99	cyclosporine modified . . . . .	140
COVARYX HS . . . . .	99	cyproheptadine hcl . . . . .	44
CRENESSITY . . . . .	164	CYRAMZA . . . . .	50
CREON . . . . .	94	cyred . . . . .	77
CRESEMBA . . . . .	43	cyred eq . . . . .	77
cromolyn sodium . . . . .	28,100	CYSTAGON . . . . .	103
CROMOLYN SODIUM . . . . .	152	CYTOGAM . . . . .	154
cryselle . . . . .	77	CYTRA-3 . . . . .	103
cryselle-28 . . . . .	77	CYTRA-K . . . . .	103
curae . . . . .	83		
CURITY ALCOHOL PREPS . . . . .	128	<b>D</b>	
CUTAQUIG . . . . .	153,154	dabigatran etexilate mesylate . . . . .	31
CUVITRU . . . . .	154	dalfampridine er . . . . .	157
CVS ALCOHOL PREP PADS . . . . .	128	danazol . . . . .	24
cvs aspirin adult low dose . . . . .	20	dantrolene sodium . . . . .	147
cvs aspirin adult low strength . . . . .	20	DANYELZA . . . . .	51
cvs aspirin ec . . . . .	20	DANZITEN . . . . .	164
cvs aspirin low dose . . . . .	21	dapsone . . . . .	26
cvs aspirin low strength . . . . .	21	DAPTACEL . . . . .	162
cvs folic acid . . . . .	106	daptomycin . . . . .	26
CVS GLUCOSE . . . . .	38	darifenacin hydrobromide er . . . . .	166
cvs isopropyl alcohol wipes . . . . .	93	darunavir . . . . .	68
CVS KETONE CARE . . . . .	94	DARZALEX . . . . .	51
CVS LANCETS 21G . . . . .	113	DARZALEX FASPRO . . . . .	55
CVS LANCETS MICRO THIN 33G . . . . .	113	dasatinib . . . . .	57
CVS LANCETS ORIGINAL . . . . .	113	dasetta 1/35 . . . . .	77
CVS LANCETS THIN 26G . . . . .	113	dasetta 7/7/7 . . . . .	77
CVS LANCETS ULTRA THIN 30G . . . . .	113	DATROWAY . . . . .	164
CVS LANCETS ULTRA-THIN 30G . . . . .	113	DAURISMO . . . . .	53
CVS LANCING DEVICE . . . . .	113	DAXXIFY . . . . .	92
cvs nicotine . . . . .	158	daysee . . . . .	77
cvs nicotine polacrilex . . . . .	158	deblitane . . . . .	84
CVS PREP . . . . .	128	decadron . . . . .	85
cvs soft glucose . . . . .	38	decitabine . . . . .	49
CVS ULTRA THIN LANCETS . . . . .	113	deferasirox . . . . .	41
cyclafem 1/35 . . . . .	77	deferasirox granules . . . . .	42
cyclafem 7/7/7 . . . . .	77	deferiprone . . . . .	42
cyclobenzaprine hcl . . . . .	147	DELSTRIGO . . . . .	68
cyclopentolate hcl . . . . .	150	delyla . . . . .	77
cyclophosphamide . . . . .	49	demeclocycline hcl . . . . .	161

DENTA 5000 PLUS . . . . .	142	DIATHRIVE LANCING DEVICE . . . . .	113
denta 5000 plus . . . . .	142	DIATHRIVE PEN NEEDLE . . . . .	131
DENTA 5000 PLUS SENSITIVE . . . . .	142	diazepam . . . . .	27,32
DENTAGEL . . . . .	142	diazepam intensol . . . . .	27
dentagel . . . . .	142	diclofenac potassium . . . . .	18
DEPAKOTE . . . . .	35	diclofenac sodium . . . . .	18,87,152
DEPAKOTE ER . . . . .	35	diclofenac sodium er . . . . .	18
DEPAKOTE SPRINKLES . . . . .	35	diclofenac-misoprostol . . . . .	18
DEPO-PROVERA . . . . .	83	dicloxacillin sodium . . . . .	155
DEPO-SUBQ PROVERA 104 . . . . .	84	dicyclomine hcl . . . . .	162
depo-testosterone . . . . .	24	DIETHYLPROPION HCL ER . . . . .	16
DESCOVY . . . . .	68	DIFICID . . . . .	109
desipramine hcl . . . . .	37	diflunisal . . . . .	21
desmopressin ace spray refrig . . . . .	98	digitek . . . . .	73
desmopressin acetate . . . . .	98	digox . . . . .	73
desmopressin acetate spray . . . . .	98	DIGOXIN . . . . .	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 . . . . .	34
DEX4 GLUCOSE . . . . .	38	dilt-xr . . . . .	73
DEX4 NATURALS . . . . .	38	diltiazem hcl . . . . .	73
DEX4 POUCH PACK . . . . .	38	diltiazem hcl er . . . . .	73
DEX4 QUICK DISSOLVE GLUCOSE . . . . .	38	diltiazem hcl er beads . . . . .	73
dexamethasone . . . . .	85	diltiazem hcl er coated beads . . . . .	73
DEXCOM G6 RECEIVER . . . . .	113	dimethyl fumarate . . . . .	157
DEXCOM G6 SENSOR . . . . .	113	dimethyl fumarate starter pack . . . . .	157
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 . . . . .	163	DISKETS . . . . .	22
dexmethylphenidate hcl . . . . .	16	disopyramide phosphate . . . . .	27
dexmethylphenidate hcl er . . . . .	16	disulfiram . . . . .	155
dextroamphetamine sulfate . . . . .	16	DIURIL . . . . .	95
dextroamphetamine sulfate er . . . . .	16	divalproex sodium . . . . .	35
DIACOMIT . . . . .	32	divalproex sodium er . . . . .	35
DIASTAT ACUDIAL . . . . .	32	dofetilide . . . . .	28
DIATHRIVE LANCET ULTRA THIN 30 . . . . .	113	DOJOLVI . . . . .	149
DIATHRIVE LANCETS . . . . .	113	dolishale . . . . .	77

donepezil hcl . . . . .	156
DOPTELET . . . . .	106
dorzolamide hcl . . . . .	152
dorzolamide hcl-timolol mal . . . . .	149
dorzolamide hcl-timolol mal pf . . . . .	149
dotti . . . . .	100
DOVATO . . . . .	68
doxazosin mesylate . . . . .	46
doxepin hcl . . . . .	37
DOXEPIN HCL . . . . .	37
DOXERCALCIFEROL . . . . .	98
doxycycline hyclate . . . . .	161
doxycycline monohydrate . . . . .	161
doxylamine-pyridoxine . . . . .	42
dronabinol . . . . .	42
DROPLET GENTEEL LANCING DEVICE . . . . .	113
DROPLET INSULIN SYRINGE . . . . .	131
DROPLET LANCETS ULTRA THIN 30G . . . . .	113
DROPLET LANCING DEVICE . . . . .	113
DROPLET MICRON . . . . .	131
DROPLET PEN NEEDLES . . . . .	131
DROPLET PERSONAL LANCETS 30G . . . . .	113
DROPSAFE ACTI-LANCE 23G . . . . .	113
DROPSAFE ALCOHOL PREP . . . . .	128
DROPSAFE AUTOPROTECT DUO . . . . .	131
DROPSAFE MEDLANCE LANCET 30G . . . . .	113
DROPSAFE SAFETY PEN NEEDLES . . . . .	131
DROPSAFE SAFETY SYRINGE/NEEDLE . . . . .	131
drosipren-eth estrad-levomefol . . . . .	77
drosiprenone-ethinyl estradiol . . . . .	77
DRUG MART LANCETS THIN 26G . . . . .	113
DRUG MART LANCING DEVICE . . . . .	113
DRUG MART ON-THE-GO LANCET 30G . . . . .	113
DRUG MART UNIFINE PENTIPS . . . . .	131
DRUG MART UNIFINE PENTIPS PLUS . . . . .	131
DRUG MART UNILET LANCETS 28G . . . . .	114
DRUG MART UNILET LANCETS 30G . . . . .	114
DRUG MART UNILET LANCETS 33G . . . . .	114
DRYSOL . . . . .	93
DUET DHA 400 . . . . .	144
DULERA . . . . .	30

duloxetine hcl . . . . .	36
DUPIXENT . . . . .	91,92
DUROLANE . . . . .	147
DURYSTA . . . . .	153
dutasteride . . . . .	103
dutasteride-tamsulosin hcl . . . . .	103
DYSPORT . . . . .	149

## E

E-Z JECT LANCET MICRO-THIN 33G . . . . .	114
E-Z JECT LANCET SUPER THIN 30G . . . . .	114
E-Z JECT LANCETS . . . . .	114
E-Z JECT LANCETS 21G . . . . .	114
E-Z JECT LANCETS THIN 26G . . . . .	114
EASY COMFORT ALCOHOL PADS . . . . .	128
EASY COMFORT INSULIN SYRINGE . . . . .	114,131
EASY COMFORT LANCETS . . . . .	114
EASY COMFORT LANCETS TWIST TOP . . . . .	114
EASY COMFORT PEN NEEDLES . . . . .	131
EASY GLIDE PEN NEEDLES . . . . .	131
EASY MINI EJECT LANCING DEVICE . . . . .	114
EASY MINI LANCING DEVICE . . . . .	114
EASY TOUCH ALCOHOL PREP MEDIUM . . . . .	128
EASY TOUCH FLIPLOCK INSULIN SY . . . . .	131
EASY TOUCH INSULIN SAFETY SYR . . . . .	131
EASY TOUCH INSULIN SYRINGE . . . . .	131
EASY TOUCH LANCETS 21G . . . . .	114
EASY TOUCH LANCETS 23G . . . . .	114
EASY TOUCH LANCETS 26G . . . . .	114
EASY TOUCH LANCETS 28G . . . . .	114
EASY TOUCH LANCETS 28G/TWIST . . . . .	114
EASY TOUCH LANCETS 30G . . . . .	114
EASY TOUCH LANCETS 30G/TWIST . . . . .	114
EASY TOUCH LANCETS 32G . . . . .	114
EASY TOUCH LANCETS 32G/TWIST . . . . .	114
EASY TOUCH LANCETS 33G/TWIST . . . . .	114
EASY TOUCH LANCING DEVICE . . . . .	114
EASY TOUCH PEN NEEDLES . . . . .	131
EASY TOUCH SAFETY LANCETS 21G . . . . .	114
EASY TOUCH SAFETY LANCETS 23G . . . . .	114
EASY TOUCH SAFETY LANCETS 26G . . . . .	114

EASY TOUCH SAFETY LANCETS 28G . . . . .	114	EMBECTA INSULIN SYRINGE U-500 . . . . .	132
EASY TOUCH SAFETY PEN NEEDLES . . . . .	131	EMBECTA INSULIN SYRINGE U/F . . . . .	132
EASY TOUCH SHEATHLOCK SYRINGE . . . . .	131	EMBECTA PEN NEEDLE NANO . . . . .	132
EBGLYSS . . . . .	92,164	EMBECTA PEN NEEDLE NANO 2 GEN . . . . .	132
ec-naproxen . . . . .	18	EMBECTA PEN NEEDLE U/F . . . . .	132
econazole nitrate . . . . .	88	EMBECTA PEN NEEDLE ULTRAFINE . . . . .	132
econtra ez . . . . .	83	EMBRACE LANCETS ULTRA THIN 30G . . . . .	114
econtra one-step . . . . .	83	EMBRACE LANCING DEVICE/EJECTOR . . . . .	114
ecotrin low strength . . . . .	21	EMBRACE PEN NEEDLES . . . . .	132
ed-spaz . . . . .	162	EMBRACE PRESSURE ACTIVATED 21G . . . . .	114
edaravone . . . . .	148	EMBRACE PRESSURE ACTIVATED 28G . . . . .	115
EDURANT . . . . .	68	EMBRIVA . . . . .	144
EEMT . . . . .	99	EMEND . . . . .	43
EEMT HS . . . . .	99	EMGALITY . . . . .	138
efavirenz . . . . .	68	EMGALITY (300 MG DOSE) . . . . .	138
efavirenz-emtricitab-tenofo df . . . . .	68	emoquette . . . . .	77
efavirenz-lamivudine-tenofovir . . . . .	68	EMPLICITI . . . . .	51
EFAVIRENZ-LAMIVUDINE-TENOFOVIR . . . . .	68	EMPRICAINE-II . . . . .	92
EFFER-K . . . . .	139	EMRELIS . . . . .	164
EKTERLY . . . . .	164	emtricitab-rielpivir-tenofov df . . . . .	68
ELAHERE . . . . .	51	emtricitabine . . . . .	68
ELAPRASE . . . . .	98	emtricitabine-tenofovir df . . . . .	68
ELESTRIN . . . . .	100	EMTRIVA . . . . .	68
eletriptan hydrobromide . . . . .	138	EMVERM . . . . .	25
ELIGARD . . . . .	53	emzahn . . . . .	84
elinest . . . . .	77	enalapril maleate . . . . .	46
ELIQUIS . . . . .	31,164	enalapril-hydrochlorothiazide . . . . .	47
ELIQUIS (1.5 MG PACK) . . . . .	164	ENBRACE HR . . . . .	144
ELIQUIS (2 MG PACK) . . . . .	164	ENBREL . . . . .	19
ELIQUIS DVT/PE STARTER PACK . . . . .	31	ENBREL MINI . . . . .	20
ELITE-OB . . . . .	144	ENBREL SURECLICK . . . . .	20
ELITEK . . . . .	62	endocet . . . . .	23
elixophyllin . . . . .	30	ENDOMETRIN . . . . .	169
ELLA . . . . .	83	ENGERIX-B . . . . .	167
ELMIRON . . . . .	103	ENHERTU . . . . .	51
eltrombopag olamine . . . . .	106	enilloring . . . . .	83
eluryng . . . . .	83	enoxaparin sodium . . . . .	31
EMBECTA AUTOSHIELD DUO . . . . .	132	enpresse-28 . . . . .	77
EMBECTA INS SYR U/F 1/2 UNIT . . . . .	132	ENSACOVE . . . . .	164
EMBECTA INSULIN SYRINGE . . . . .	132	enskyce . . . . .	77
EMBECTA INSULIN SYRINGE U-100 . . . . .	132	ENSPRYNG . . . . .	140

entacapone . . . . .	.63	erythromycin ethylsuccinate . . . . .	109
entecavir . . . . .	.71	escitalopram oxalate . . . . .	36
ENTYVIO . . . . .	101	eslicarbazepine acetate . . . . .	32
ENTYVIO PEN . . . . .	101	esomeprazole magnesium . . . . .	163
enulose . . . . .	102	ESSENTRA WIPES 9X9" . . . . .	128
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 . . . . .	78
epinephrine . . . . .	170	estazolam . . . . .	108
epitol . . . . .	32	estradiol . . . . .	100,169
EPKINLY . . . . .	51	estradiol valerate . . . . .	100
eplerenone . . . . .	48	estradiol-norethindrone acet . . . . .	99
EPOGEN . . . . .	106	estratest f.s. . . . .	99
epoprostenol sodium . . . . .	74	ESTRATEST H.S. . . . .	99
EPRONTIA . . . . .	32	ESTRING . . . . .	169
eq aspirin adult low dose . . . . .	21	eszopiclone . . . . .	108
eq aspirin low dose . . . . .	21	ethambutol hcl . . . . .	48
eq nicotine . . . . .	159	ethosuximide . . . . .	35
eq nicotine polacrilex . . . . .	159	ethynodiol diac-eth estradiol . . . . .	78
eq nicotine step 3 . . . . .	159	etodolac . . . . .	18
EQL ALCOHOL SWABS . . . . .	128	etodolac er . . . . .	18
eql aspirin low dose . . . . .	21	etonogestrel-ethinyl estradiol . . . . .	83
EQL COLOR LANCETS 21G . . . . .	115	ETOPOSIDE . . . . .	63
EQL COLOR LANCETS MICRO 33G . . . . .	115	etravirine . . . . .	68
EQL INSULIN SYRINGE . . . . .	132	EUFLEXXA . . . . .	147
eql nicotine polacrilex . . . . .	159	EULEXIN . . . . .	53
EQL SUPER THIN LANCETS 30G . . . . .	115	euthyrox . . . . .	161
EQL THIN LANCETS 26G . . . . .	115	everolimus . . . . .	57,140
ERBITUX . . . . .	52	EVKEEZA . . . . .	44
ergocalciferol . . . . .	170	EVOTAZ . . . . .	68
ERGOLOID MESYLATES . . . . .	158	EVRYSDI . . . . .	149
eribulin mesylate . . . . .	63	EXEL COMFORT POINT INSULIN SYR . . . . .	132
ERIVEDGE . . . . .	53	EXEL COMFORT POINT PEN NEEDLE . . . . .	132
ERLEADA . . . . .	53	exemestane . . . . .	53
erlotinib hcl . . . . .	52	EXXUA . . . . .	164
errin . . . . .	84	EXXUA TITRATION PACK . . . . .	164
ery-tab . . . . .	109	EYLEA . . . . .	150
ERYTHROMYCIN . . . . .	87	EYLEA HD . . . . .	150
erythromycin . . . . .	87,109,151	EZ-LETS LANCETS 21G . . . . .	115
erythromycin base . . . . .	109	EZ-LETS LANCETS 26G . . . . .	115

EZ-LETS LANCETS 28G . . . . .	115	FETZIMA . . . . .	36
EZ-LETS LANCETS 30G . . . . .	115	FETZIMA TITRATION . . . . .	36
ezetimibe . . . . .	45	fexmid . . . . .	147
ezetimibe-simvastatin . . . . .	44	fidaxomicin . . . . .	110
<b>F</b>		FIFTY50 ALCOHOL PREP . . . . .	128
FABHALTA . . . . .	104	FIFTY50 PEN NEEDLES . . . . .	132
FABIOR . . . . .	87	FIFTY50 SAFETY SEAL LANCETS . . . . .	115
falmina . . . . .	78	FIFTY50 SUPERIOR COMFORT SYR . . . . .	132
famciclovir . . . . .	71	FIFTY50 UNILET LANCETS 33G . . . . .	115
famotidine . . . . .	163	FILSPARI . . . . .	103
FANAPT . . . . .	64	FINACEA . . . . .	94
FANAPT TITRATION PACK A . . . . .	64	finasteride . . . . .	103
FANAPT TITRATION PACK B . . . . .	64	FINE 30 . . . . .	115
FANAPT TITRATION PACK C . . . . .	64	FINGERSTIX LANCETS . . . . .	115
FASENRA . . . . .	28	ingolimod hcl . . . . .	157
FASENRA PEN . . . . .	28	FINTEPLA . . . . .	32
fayosim . . . . .	78	finzala . . . . .	78
FC2 FEMALE CONDOM . . . . .	110	FIRDAPSE . . . . .	48
febuxostat . . . . .	104	FIRMAGON . . . . .	53
FEIBA . . . . .	104	FIRMAGON (240 MG DOSE) . . . . .	53
feirza 1.5/30 . . . . .	78	flac . . . . .	153
feirza 1/20 . . . . .	78	flavoxate hcl . . . . .	166
felbamate . . . . .	34	FLEBOGAMMA DIF . . . . .	154
felodipine er . . . . .	73	flecainide acetate . . . . .	28
FEMCAP . . . . .	110	FLUAD . . . . .	167
FEMLYV . . . . .	78	FLUAD QUADRIVALENT . . . . .	167
femynor . . . . .	78	FLUARIX . . . . .	167
fenofibrate . . . . .	44	FLUARIX QUADRIVALENT . . . . .	168
fenofibrate micronized . . . . .	44	FLUBLOK . . . . .	168
FENOFIBRATE MICRONIZED . . . . .	44	FLUBLOK QUADRIVALENT . . . . .	168
fenofibric acid . . . . .	44	FLUCELVAX . . . . .	168
fenoprofen calcium . . . . .	18	FLUCELVAX QUADRIVALENT . . . . .	168
FENSOLVI (6 MONTH) . . . . .	97	fluconazole . . . . .	43
fentanyl . . . . .	22	flucytosine . . . . .	43
FENTANYL CITRATE . . . . .	22	fludrocortisone acetate . . . . .	85
ferric citrate . . . . .	102	FLULAVAL . . . . .	168
FERRIPROX . . . . .	42	FLULAVAL QUADRIVALENT . . . . .	168
ferumoxytol . . . . .	107	FLUMIST . . . . .	168
fesoterodine fumarate er . . . . .	166	FLUMIST QUADRIVALENT . . . . .	168
FETROJA . . . . .	76	flunisolide . . . . .	148
		fluocinolone acetoneide . . . . .	90,153

fluocinolone acetonide body . . . . .	91	FOSRENOL . . . . .	102
fluocinolone acetonide scalp . . . . .	91	FOTIVDA . . . . .	57
fluocinonide . . . . .	91	FRAICHE 5000 DENTAL . . . . .	142
fluocinonide emulsified base . . . . .	91	FREDS PHARMACY AUTOLET LANCING . . . . .	115
FLUORIDEX SENSITIVITY RELIEF . . . . .	142	FREDS PHARMACY UNIFINE PENTIP+ . . . . .	132
FLUORIMAX 5000 SENSITIVE . . . . .	142	FREDS PHARMACY UNIFINE PENTIPS . . . . .	132
fluorometholone . . . . .	152	FREDS PHARMACY UNILET LANC 28G . . . . .	115
fluorouracil . . . . .	88	FREDS PHARMACY UNILET LANC 30G . . . . .	115
FLUOROURACIL . . . . .	88	FREESTYLE LANCETS . . . . .	115
fluoxetine hcl . . . . .	36	FREESTYLE LIBRE 14 DAY READER . . . . .	115
FLUOXETINE HCL (PMDD) . . . . .	158	FREESTYLE LIBRE 14 DAY SENSOR . . . . .	115
fluphenazine decanoate . . . . .	66	FREESTYLE LIBRE 2 PLUS SENSOR . . . . .	115
fluphenazine hcl . . . . .	66	FREESTYLE LIBRE 2 READER . . . . .	115
FLUPHENAZINE HCL . . . . .	66	FREESTYLE LIBRE 2 SENSOR . . . . .	115
flurbiprofen . . . . .	18	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 . . . . .	29	FREESTYLE LIBRE READER . . . . .	115
FLUTICASONE PROPIONATE HFA . . . . .	29	FREESTYLE UNISTICK II LANCETS . . . . .	115
fluticasone-salmeterol . . . . .	30	frovatriptan succinate . . . . .	138
FLUTICASONE-SALMETEROL . . . . .	30	FRUZAQLA . . . . .	50
fluvoxamine maleate . . . . .	36	ft aspirin . . . . .	21
FLUZONE . . . . .	168	ft aspirin low dose . . . . .	21
FLUZONE HIGH-DOSE . . . . .	168	ft folic acid . . . . .	106
FLUZONE HIGH-DOSE QUADRIVALENT . . . . .	168	ft glucose . . . . .	38
FLUZONE QUADRIVALENT . . . . .	168	ft naloxone hcl . . . . .	42
FML FORTE . . . . .	152	ft nicotine . . . . .	159
folate . . . . .	106	ft nicotine mini . . . . .	159
folic acid . . . . .	106	FULPHILA . . . . .	106
FOLIVANE-OB . . . . .	144	fulvestrant . . . . .	54
FOLLISTIM AQ . . . . .	96	furosemide . . . . .	95
FOLOTYN . . . . .	49	FUROSEMIDE . . . . .	95
fondaparinux sodium . . . . .	31	FUZEON . . . . .	68
FONDCIRCLE LANCING DEVICE . . . . .	115	fyavolv . . . . .	99
FONDCIRCLE SINGLE USE LANCETS . . . . .	115	FYCOMPA . . . . .	31
FORA LANCETS . . . . .	115	FYLNETRA . . . . .	106
FORA LANCING DEVICE . . . . .	115		
formoterol fumarate . . . . .	30	<b>G</b>	
fosamprenavir calcium . . . . .	68	g tussin ac . . . . .	85
fosinopril sodium . . . . .	46	gabapentin . . . . .	32
fosinopril sodium-hctz . . . . .	47	galantamine hydrobromide . . . . .	156

galantamine hydrobromide er . . . . .	156	GENTEEL PLUS LANCING DEV(BLUE) . . . . .	116
galbriela . . . . .	78	GENTEEL PLUS LANCING DEV(PINK) . . . . .	116
gallifrey . . . . .	155	GENTLE-LET GP LANCETS . . . . .	116
GAMASTAN . . . . .	154	GENTLE-LET LANCETS . . . . .	116
GAMMAGARD . . . . .	154	GENTLE-LET PLATFORMS . . . . .	116
GAMMAGARD ERC . . . . .	154	GENVISC 850 . . . . .	147
GAMMAGARD S/D LESS IGA . . . . .	154	GENVOYA . . . . .	68
GAMMAKED . . . . .	154	GESTYRA . . . . .	144
GAMMAPLEX . . . . .	154	GILOTRIF . . . . .	52
GAMUNEX-C . . . . .	154	glatiramer acetate . . . . .	157
ganirelix acetate . . . . .	96	glatopa . . . . .	157
GARDASIL 9 . . . . .	168	GLEOSTINE . . . . .	49
GATTEX . . . . .	103	glimepiride . . . . .	41
GAVILYTE-C . . . . .	108	glipizide . . . . .	41
gavilyte-g . . . . .	108	glipizide er . . . . .	41
gavilyte-n with flavor pack . . . . .	109	glipizide xl . . . . .	41
GAVRETO . . . . .	57	glipizide-metformin hcl . . . . .	37
GAZYVA . . . . .	51	GLOBAL ALCOHOL PREP EASE . . . . .	128
gefitinib . . . . .	52	GLOBAL EASE INJECT PEN NEEDLES . . . . .	132
GEL-ONE . . . . .	147	GLOBAL EASY GLIDE INSULIN SYR . . . . .	132
GELSYN-3 . . . . .	147	GLOBAL EASY GLIDE PEN NEEDLES . . . . .	132
gemfibrozil . . . . .	44	GLOBAL INJECT EASE INSULIN SYR . . . . .	132
gemmily . . . . .	78	GLOBAL INJECT EASE LANCETS 28G . . . . .	116
generlac . . . . .	102	GLOBAL INJECT EASE LANCETS 30G . . . . .	116
gengraf . . . . .	140	GLOBAL INSULIN SYRINGES . . . . .	132
GENOTROPIN . . . . .	96	GLOBAL LANCING DEVICE . . . . .	116
GENOTROPIN MINIQUICK . . . . .	96	GLUCAGEN HYPOKIT . . . . .	38
gentamicin sulfate . . . . .	87,151	GLUCAGON EMERGENCY . . . . .	38
GENTEEL BUTTERFLY TOUCH LANCET . . . . .	116	gluco to go . . . . .	38
GENTEEL CONTACT TIPS (BLUE) . . . . .	116	GLUCOCOM LANCETS 28G . . . . .	116
GENTEEL CONTACT TIPS (CLEAR) . . . . .	116	GLUCOCOM LANCETS 30G . . . . .	116
GENTEEL CONTACT TIPS (GREEN) . . . . .	116	GLUCOCOM LANCETS 33G . . . . .	116
GENTEEL CONTACT TIPS (ORANGE) . . . . .	116	GLUCOPRO INSULIN SYRINGE . . . . .	132
GENTEEL CONTACT TIPS (RAINBOW) . . . . .	116	glucose . . . . .	38
GENTEEL CONTACT TIPS (VIOLET) . . . . .	116	GLUCOSE INSTANT ENERGY . . . . .	38
GENTEEL CONTACT TIPS (YELLOW) . . . . .	116	glyburide . . . . .	41
GENTEEL LANCING KIT (BLUE) . . . . .	116	glyburide-metformin . . . . .	37
GENTEEL NOZZLES . . . . .	116	glycopyrrolate . . . . .	162
GENTEEL PLUS LANCING (BLACK) . . . . .	116	glydo . . . . .	92
GENTEEL PLUS LANCING (PURPLE) . . . . .	116	GLYXAMBI . . . . .	37
GENTEEL PLUS LANCING (WHITE) . . . . .	116	gnp adult aspirin low strength . . . . .	21

GNP ALCOHOL SWABS . . . . .	128	GOODSENSE LANCETS 33G UNIV . . . . .	117
gnp aspirin . . . . .	21	GOODSENSE LANCING DEVICE . . . . .	117
gnp aspirin low dose . . . . .	21	goodsense nicotine . . . . .	159
GNP CLICKFINE PEN NEEDLES . . . . .	132	goodsense nicotine polacrilex . . . . .	159
gnp folic acid . . . . .	106	GOODSENSE PEN NEEDLE PENFINE . . . . .	133
gnp glucose . . . . .	38	granisetron hcl . . . . .	42
GNP INSULIN SYRINGE . . . . .	132	griseofulvin microsize . . . . .	43
GNP INSULIN SYRINGES . . . . .	132	griseofulvin ultramicrosize . . . . .	43
GNP INSULIN SYRINGES 28GX1/2" . . . . .	132	guaiaatussin 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 . . . . .	16
GNP LANCETS THIN 26G . . . . .	116	GVOKE HYPOPEN 1-PACK . . . . .	38
GNP LANCING SYSTEM DEVICE . . . . .	116	GVOKE HYPOPEN 2-PACK . . . . .	38,39
gnp naloxone hcl . . . . .	42	GVOKE KIT . . . . .	39
gnp nicotine . . . . .	159	GVOKE PFS . . . . .	39
gnp nicotine mini . . . . .	159		
gnp nicotine polacrilex . . . . .	159	<b>H</b>	
GNP PEN NEEDLES . . . . .	133	h-e-b aspirin . . . . .	21
GNP QUICK DISSOLVE GLUCOSE . . . . .	38	H-E-B INCONTROL ADV LANCING . . . . .	117
GNP STERILE LANCETS 28G . . . . .	116	H-E-B INCONTROL ALCOHOL . . . . .	128
GNP STERILE LANCETS 30G . . . . .	116	H-E-B INCONTROL LANCETS 28G . . . . .	117
GNP STERILE LANCETS 33G . . . . .	116	H-E-B INCONTROL LANCETS 30G . . . . .	117
GNP ULTICARE PEN NEEDLES . . . . .	133	H-E-B INCONTROL LANCETS 33G . . . . .	117
GNP ULTIGUARD SAFEPAK NEEDLE . . . . .	133	H-E-B INCONTROL PEN NEEDLES . . . . .	133
GNP ULTRA COM INSULIN SYRINGE . . . . .	133	H-E-B INCONTROL UNIFINE PENTIP . . . . .	133
GOJJI LANCING DEVICE/CLEAR CAP . . . . .	116	habitrol . . . . .	159
GOJJI STERILE LANCETS . . . . .	117	HAEGARDA . . . . .	104
GOMEKLI . . . . .	164	HAEMOLANCE . . . . .	117
GOODSENSE ALCOHOL SWABS . . . . .	128	HAEMOLANCE LOW FLOW LANCETS . . . . .	117
goodsense aspirin . . . . .	21	HAEMOLANCE PLUS . . . . .	117
goodsense aspirin adult low st . . . . .	21	HAEMOLANCE PLUS HIGH FLOW . . . . .	117
goodsense aspirin low dose . . . . .	21	HAEMOLANCE PLUS LOW FLOW . . . . .	117
GOODSENSE CLICKFINE PEN NEEDLE . . . . .	133	HAEMOLANCE PLUS MAX FLOW . . . . .	117
GOODSENSE COLOR LANCETS 33G . . . . .	117	HAEMOLANCE PLUS PEDIATRIC FLOW . . . . .	117
GOODSENSE GLUCOSE . . . . .	38	hailey 1.5/30 . . . . .	78
GOODSENSE LANCETS 26G UNIV . . . . .	117	hailey 24 fe . . . . .	78
GOODSENSE LANCETS 30G . . . . .	117	hailey fe 1.5/30 . . . . .	78
GOODSENSE LANCETS 30G UNIV . . . . .	117	hailey fe 1/20 . . . . .	78
GOODSENSE LANCETS 33G . . . . .	117	halobetasol propionate . . . . .	91

haloette . . . . .	83	HYALGAN . . . . .	147
haloperidol . . . . .	66	HYCANTIN . . . . .	63
haloperidol decanoate . . . . .	66	hydralazine hcl . . . . .	48
haloperidol lactate . . . . .	66	hydrochlorothiazide . . . . .	95
HAVRIX . . . . .	168	HYDROCOD POLI-CHLORPHE POLI ER . . . . .	85
HEALTH CARE LANCING DEVICE . . . . .	117	hydrocodone bit-homatrop mbr . . . . .	85
HEALTHWISE INSULIN SYR/NEEDLE . . . . .	133	hydrocodone-acetaminophen . . . . .	23
HEALTHWISE MICRON PEN NEEDLES . . . . .	133	HYDROCODONE-IBUPROFEN . . . . .	23
HEALTHWISE MINI PEN NEEDLES . . . . .	133	hydrocortisone . . . . .	24,85,91
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 . . . . .	22
heparin sodium (porcine) . . . . .	31	hydroxychloroquine sulfate . . . . .	48
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 . . . . .	167	HYOSCYAMINE SULFATE SL . . . . .	162
HIZENTRA . . . . .	154	HYOSYNE . . . . .	162
hm aspirin . . . . .	21	HYPERSAL . . . . .	86
hm aspirin ec low dose . . . . .	21	HYPOLANCE AST LANCING . . . . .	117
hm folic acid . . . . .	106	HYQVIA . . . . .	155
hm nicotine . . . . .	159	HYRNUO . . . . .	164
hm nicotine polacrilex . . . . .	159		
HM STERILE ALCOHOL PREP . . . . .	128		
HM ULTICARE INSULIN SYRINGE . . . . .	133	ibandronate sodium . . . . .	96
HM ULTICARE MINI PEN NEEDLES . . . . .	133	IBRANCE . . . . .	57
HM ULTICARE SHORT PEN NEEDLES . . . . .	133	IBTROZI . . . . .	165
HUMATROPE . . . . .	96	ibu . . . . .	18
hy-vee glucose . . . . .	39	ibuprofen . . . . .	18
HY-VEE LANCETS . . . . .	117	icatibant acetate . . . . .	104
HY-VEE THIN LANCETS . . . . .	117	iclevia . . . . .	78

ICLUSIG . . . . .	57	INSUPEN SENSITIVE . . . . .	133
icosapent ethyl . . . . .	44	INSUPEN ULTRAFIN . . . . .	133
IDHIFA . . . . .	57	INSUPEN32G EXTR3ME . . . . .	133
IHEALTH LANCING DEVICE . . . . .	117	INTELENCE . . . . .	68
ILUVIEN . . . . .	152	introvale . . . . .	78
imatinib mesylate . . . . .	57	INVEGA HAFYERA . . . . .	64
IMBRUVICA . . . . .	57	INVEGA SUSTENNA . . . . .	64,65
IMDELLTRA . . . . .	51	INVEGA TRINZA . . . . .	65
IMFINZI . . . . .	51	IPOL . . . . .	168
imipramine hcl . . . . .	37	ipratropium bromide . . . . .	29,148
imiquimod . . . . .	92	ipratropium-albuterol . . . . .	30
IMJUDO . . . . .	51	irbesartan . . . . .	46
IMKELDI . . . . .	165	irbesartan-hydrochlorothiazide . . . . .	47
IN TOUCH LANCING DEVICE . . . . .	117	ISENTRESS . . . . .	69
IN TOUCH STERILE LANCETS 30G . . . . .	117	ISENTRESS HD . . . . .	69
INBRIJA . . . . .	63	isibloom . . . . .	78
incassia . . . . .	84	isoniazid . . . . .	48
INCONTROL ULTICARE PEN NEEDLES . . . . .	133	isopropyl alcohol . . . . .	93
INCRUSE ELLIPTA . . . . .	29	isopropyl alcohol wipes . . . . .	93
indapamide . . . . .	95	isosorbide dinitrate . . . . .	27
indomethacin . . . . .	19	ISOSORBIDE MONONITRATE . . . . .	27
indomethacin er . . . . .	19	isosorbide mononitrate er . . . . .	27
INFANRIX . . . . .	162	isotretinoin . . . . .	87
INJECTAFER . . . . .	107	isradipine . . . . .	73
INLURIYO . . . . .	165	ITOVEBI . . . . .	58
INLYTA . . . . .	50	itraconazole . . . . .	43
INNOPRAN XL . . . . .	72	ivabradine hcl . . . . .	75
INQOVI . . . . .	55	ivermectin . . . . .	25,94
INREBIC . . . . .	58	IWILFIN . . . . .	62
INSULIN ASP PROT & ASP FLEXPEN . . . . .	40	IZERVAY . . . . .	151
INSULIN ASPART . . . . .	40		
INSULIN ASPART FLEXPEN . . . . .	40	<b>J</b>	
INSULIN ASPART PENFILL . . . . .	40	jaimiess . . . . .	78
INSULIN ASPART PROT & ASPART . . . . .	40	JAKAFI . . . . .	58
INSULIN GLARGINE MAX SOLOSTAR . . . . .	40	jantoven . . . . .	30
INSULIN GLARGINE SOLOSTAR . . . . .	40	JARDIANCE . . . . .	41
INSULIN GLARGINE-YFGN . . . . .	40	jasmiel . . . . .	78
INSULIN SYRINGE . . . . .	133	javygtor . . . . .	98
INSULIN SYRINGE-NEEDLE U-100 . . . . .	133	JAYPIRCA . . . . .	58
INSULIN SYRINGE/NEEDLE . . . . .	133	JELMYTO . . . . .	55
INSUPEN PEN NEEDLES . . . . .	133	JEMPERLI . . . . .	51

jencycla . . . . .	84
JENTADUETO . . . . .	37
JENTADUETO XR . . . . .	37
jinteli . . . . .	99
JOENJA . . . . .	140
jolessa . . . . .	78
joyeaux . . . . .	78
JUBBONTI . . . . .	165
juleber . . . . .	78
JULUCA . . . . .	69
junel 1.5/30 . . . . .	78
junel 1/20 . . . . .	78
junel fe 1.5/30 . . . . .	78
junel fe 1/20 . . . . .	78
junel fe 24 . . . . .	78
just right 5000 . . . . .	142
JYNNEOS . . . . .	168

## K

k-prime . . . . .	139
K-TAB . . . . .	139
KADCYLA . . . . .	51
kaitlib fe . . . . .	78
KALBITOR . . . . .	105
KALETRA . . . . .	69
kalliga . . . . .	78
KALYDECO . . . . .	160
KANJINTI . . . . .	50
kariva . . . . .	78
kelnor 1/35 . . . . .	79
kelnor 1/50 . . . . .	79
KEPIVANCE . . . . .	62
KESIMPTA . . . . .	157
KETO-DIASTIX . . . . .	94
ketoconazole . . . . .	43,88
KETODAN . . . . .	88
KETONE TEST . . . . .	94
ketorolac tromethamine . . . . .	19,152
KETOSTIX . . . . .	94
KEYTRUDA . . . . .	51
KEYTRUDA QLEX . . . . .	165
KHAPZORY . . . . .	62
KIMMTRAK . . . . .	51
KIMYRSA . . . . .	26
KINNEY LANCETS . . . . .	117
KINNEY THIN LANCETS . . . . .	117
KINRAY INSULIN SYRINGE . . . . .	133
KINRIX . . . . .	162
kionex . . . . .	141
KIRSTY . . . . .	165
KISQALI (200 MG DOSE) . . . . .	58
KISQALI (400 MG DOSE) . . . . .	58
KISQALI (600 MG DOSE) . . . . .	58
klayesta . . . . .	88
KLISYRI (250 MG) . . . . .	88
KLISYRI (350 MG) . . . . .	88
klor-con . . . . .	139
klor-con 10 . . . . .	139
klor-con m10 . . . . .	139
klor-con m15 . . . . .	139
klor-con m20 . . . . .	139
klor-con/ef . . . . .	139
kls aspirin low dose . . . . .	21
kls quit2 . . . . .	159
kls quit4 . . . . .	159
KMART VALU INSULIN SYRINGE 29G . . . . .	133
KMART VALU INSULIN SYRINGE 30G . . . . .	133
KOMZIFTI . . . . .	165
KORSUVA . . . . .	141
KOSELUGO . . . . .	58
KOSHER PRENATAL PLUS IRON . . . . .	144
kourzeq . . . . .	143
kp aspirin . . . . .	21
kp folic acid . . . . .	106
KRAZATI . . . . .	58
kristalose . . . . .	109
KROGER AUTOLET LANCING DEVICE . . . . .	117
KROGER GLUCOSE . . . . .	39
KROGER HEALTHPRO LANCET 26G . . . . .	118
KROGER INSULIN SYRINGE . . . . .	133
KROGER LANCETS . . . . .	118
KROGER LANCETS 21G . . . . .	118

KROGER LANCETS MICRO THIN 33G . . . . .	118	LANZO . . . . .	118
KROGER LANCETS SUPER THIN . . . . .	118	lapatinib ditosylate . . . . .	58
KROGER LANCETS THIN . . . . .	118	larin 1.5/30 . . . . .	79
KROGER LANCETS THIN 26G . . . . .	118	larin 1/20 . . . . .	79
KROGER LANCETS ULTRATHIN 30G . . . . .	118	larin 24 fe . . . . .	79
KROGER LANCING DEVICE . . . . .	118	larin fe 1.5/30 . . . . .	79
KROGER PEN NEEDLES . . . . .	133	larin fe 1/20 . . . . .	79
KRYSTEXXA . . . . .	104	larissia . . . . .	79
kurvelo . . . . .	79	latanoprost . . . . .	153
KYLEENA . . . . .	84	layolis fe . . . . .	79
<b>L</b>		LAZCLUZE . . . . .	52
l-glutamine . . . . .	106	LEADER ADVANCED LANCING DEVICE . . . . .	118
labetalol hcl . . . . .	72	LEADER GLUCOSE . . . . .	39
lacosamide . . . . .	32	LEADER INSULIN SYRINGE . . . . .	134
lactulose . . . . .	109	LEADER QUICK DISSOLVE GLUCOSE . . . . .	39
lactulose encephalopathy . . . . .	102	LEADER UNIFINE PENTIPS . . . . .	134
LAGEVRIO . . . . .	72	LEADER UNIFINE PENTIPS PLUS . . . . .	134
lamivudine . . . . .	69,71	leena . . . . .	79
lamivudine-zidovudine . . . . .	69	leflunomide . . . . .	19
lamotrigine . . . . .	33	lenalidomide . . . . .	140
lamotrigine er . . . . .	33	LENVIMA (10 MG DAILY DOSE) . . . . .	50
lamotrigine starter kit-blue . . . . .	33	LENVIMA (12 MG DAILY DOSE) . . . . .	50
LANCET DEVICE . . . . .	118	LENVIMA (14 MG DAILY DOSE) . . . . .	50
LANCET DEVICE WITH EJECTOR . . . . .	118	LENVIMA (18 MG DAILY DOSE) . . . . .	50
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 . . . . .	54
LANCETS SUPER THIN 28G . . . . .	118	leucovorin calcium . . . . .	63
LANCETS THIN . . . . .	118	LEUKERAN . . . . .	49
LANCETS ULTRA THIN . . . . .	118	LEUKINE . . . . .	106
LANCETS ULTRA THIN 30G . . . . .	118	leuprolide acetate . . . . .	54
LANCING DEVICE . . . . .	118	levalbuterol hcl . . . . .	30
LANOXIN . . . . .	73	LEVALBUTEROL TARTRATE . . . . .	30
lanreotide acetate . . . . .	98	levetiracetam . . . . .	33
lansoprazole . . . . .	163	levetiracetam er . . . . .	33
lanthanum carbonate . . . . .	102	levo-t . . . . .	161
		LEVOBUNOLOL HCL . . . . .	149

levocarnitine . . . . .	98	lisinopril-hydrochlorothiazide . . . . .	47
levocarnitine sf . . . . .	98	LITE TOUCH LANCETS . . . . .	118
levofloxacin . . . . .	100,151	LITE TOUCH LANCING PEN . . . . .	118
levonest . . . . .	79	LITETOUCH INSULIN SYRINGE . . . . .	134
levonorg-eth estrad triphasic . . . . .	79	LITETOUCH LANCETS . . . . .	118
levonorgest-eth est & eth est . . . . .	79	LITETOUCH PEN NEEDLES . . . . .	134
levonorgest-eth estrad 91-day . . . . .	79	lithium . . . . .	64
levonorgest-eth estradiol-iron . . . . .	79	lithium carbonate . . . . .	64
levonorgestrel . . . . .	83	lithium carbonate er . . . . .	64
levonorgestrel-ethinyl estrad . . . . .	79	LITHOBID . . . . .	64
levora 0.15/30 (28) . . . . .	79	LITHOSTAT . . . . .	104
levorphanol tartrate . . . . .	22	LIVE BETTER ADV LANCING DEVICE . . . . .	118
levothyroxine sodium . . . . .	161	LIVE BETTER LANCET SUPER THIN . . . . .	119
levoxy . . . . .	162	LIVE BETTER LANCET ULTRA THIN . . . . .	119
LIBERTY MEDICAL LANCETS . . . . .	118	LIVTENCITY . . . . .	70
LIBERTY MINI LANCING DEVICE . . . . .	118	LO LOESTRIN FE . . . . .	79
LIBERVANT . . . . .	32	lo-zumandimine . . . . .	79
LIBTAYO . . . . .	51	loestrin 1.5/30 (21) . . . . .	79
lidocaine . . . . .	92	loestrin 1/20 (21) . . . . .	79
lidocaine hcl . . . . .	92	loestrin fe 1.5/30 . . . . .	79
LIDOCAINE HCL . . . . .	141	loestrin fe 1/20 . . . . .	79
lidocaine hcl urethral/mucosal . . . . .	92	lofexidine hcl . . . . .	156
lidocaine viscous hcl . . . . .	141	lojaimiess . . . . .	79
lidocaine-hydrocort (perianal) . . . . .	24	LOKELMA . . . . .	141
LIDOCAINE-HYDROCORTISONE ACE . . . . .	24	lomustine . . . . .	49
lidocaine-prilocaine . . . . .	93	LONGS GLUCOSE . . . . .	39
lidocan . . . . .	93	LONGS INSULIN SYRINGE . . . . .	134
LIDOCORT . . . . .	24	LONGS LANCETS STANDARD . . . . .	119
LIDOPIN . . . . .	93	LONGS LANCETS THIN . . . . .	119
lidopril . . . . .	93	LONGS LANCETS ULTRA THIN . . . . .	119
lidopril xr . . . . .	93	LONSURF . . . . .	55,56
LILETTA (52 MG) . . . . .	155	loperamide hcl . . . . .	41
lillow . . . . .	79	lopinavir-ritonavir . . . . .	69
linezolid . . . . .	26	lorazepam . . . . .	27
LINZESS . . . . .	102	lorazepam intensol . . . . .	27
liomny . . . . .	162	LORBRENA . . . . .	58
liothyronine sodium . . . . .	162	loryna . . . . .	79
liraglutide . . . . .	39	losartan potassium . . . . .	46
liraglutide -weight management . . . . .	16	losartan potassium-hctz . . . . .	47
lisdexamfetamine dimesylate . . . . .	16	lovastatin . . . . .	45
lisinopril . . . . .	46	low-ogestrel . . . . .	79

loxapine succinate . . . . .	66	MATULANE . . . . .	62
lubiprostone . . . . .	100	MAVRET . . . . .	71
LUCENTIS . . . . .	150	MAXI-COMFORT INSULIN SYRINGE . . . . .	134
luizza 1.5/30 . . . . .	79	MAXI-COMFORT SAFETY PEN NEEDLE . . . . .	134
luizza 1/20 . . . . .	79	maxi-tuss ac . . . . .	85
LUMAKRAS . . . . .	58	MAXICOMFORT II PEN NEEDLE . . . . .	134
LUMIGAN . . . . .	153	MAXICOMFORT SYR 27G X 1/2" . . . . .	134
LUMIZYME . . . . .	98	MAXIDEX . . . . .	152
LUMRYZ . . . . .	156	MAYZENT . . . . .	157
LUMRYZ STARTER PACK . . . . .	156	MAYZENT STARTER PACK . . . . .	157
LUNSUMIO . . . . .	51	meclizine hcl . . . . .	42
LUPRON DEPOT (1-MONTH) . . . . .	54	MEDIC INSULIN SYRINGE . . . . .	134
LUPRON DEPOT (3-MONTH) . . . . .	54	MEDICHOICE SAFETY LANCET . . . . .	119
LUPRON DEPOT (4-MONTH) . . . . .	54	MEDICHOICE SAFETY LANCET EXTRA . . . . .	119
LUPRON DEPOT (6-MONTH) . . . . .	54	MEDICHOICE SAFETY LANCET NORM . . . . .	119
LUPRON DEPOT-PED (1-MONTH) . . . . .	97	MEDICINE SHOPPE PEN NEEDLES . . . . .	134
LUPRON DEPOT-PED (3-MONTH) . . . . .	97	MEDLANCE EXTRA 21G . . . . .	119
LUPRON DEPOT-PED (6-MONTH) . . . . .	97	MEDLANCE LITE 25G . . . . .	119
lurasidone hcl . . . . .	64	MEDLANCE PLUS EXTRA 21G . . . . .	119
LURBIPR . . . . .	19	MEDLANCE PLUS LANCETS . . . . .	119
LURBIRO . . . . .	19	MEDLANCE PLUS LITE 25G . . . . .	119
lutera . . . . .	80	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 . . . . .	54	medroxyprogesterone acetate . . . . .	84,155
LYTGOBI (12 MG DAILY DOSE) . . . . .	58	mefloquine hcl . . . . .	48
LYTGOBI (16 MG DAILY DOSE) . . . . .	59	megestrol acetate . . . . .	54
LYTGOBI (20 MG DAILY DOSE) . . . . .	59	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 . . . . .	144	MEIJER LANCETS UNIVERSAL 30G . . . . .	119
MAGELLAN INSULIN SAFETY SYR . . . . .	134	MEIJER LANCETS UNIVERSAL 33G . . . . .	119
malathion . . . . .	94	MEIJER PEN NEEDLES . . . . .	134
MARATHON MEDICAL PENTIPS . . . . .	134	MEIJER SUPER THIN LANCETS . . . . .	119
maraviroc . . . . .	69	MEKINIST . . . . .	59
MARGENZA . . . . .	50	MEKTOVI . . . . .	59
marlissa . . . . .	80	meleya . . . . .	84

meloxicam . . . . .	19	metoclopramide hcl . . . . .	100
memantine hcl . . . . .	156	metolazone . . . . .	95
memantine hcl er . . . . .	156	metoprolol succinate er . . . . .	72
MENOPUR . . . . .	96	metoprolol tartrate . . . . .	47,72
MENVEO . . . . .	167	metoprolol-hydrochlorothiazide . . . . .	47
MEPERIDINE HCL . . . . .	22	metronidazole . . . . .	25,94
meprobamate . . . . .	27	mexiletine hcl . . . . .	28
mercaptapurine . . . . .	49	mibelas 24 fe . . . . .	80
MERILOG . . . . .	165	MICRODOT PEN NEEDLE . . . . .	134
MERILOG SOLOSTAR . . . . .	165	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 . . . . .	63	MICROLET LANCETS . . . . .	119
metaxalone . . . . .	147	MICROLET NEXT LANCETS . . . . .	119
metformin hcl . . . . .	38	MICROLET NEXT LANCING DEVICE . . . . .	119
metformin hcl er . . . . .	38	midazolam hcl . . . . .	108
methadone hcl . . . . .	22	MIDAZOLAM-SODIUM CHLORIDE (PF) . . . . .	108
methadone hcl intensol . . . . .	22	midodrine hcl . . . . .	170
methadose . . . . .	22	mifepristone . . . . .	39,98
methazolamide . . . . .	95	MIGLITOL . . . . .	37
methenamine hippurate . . . . .	26	miglustat . . . . .	105
methenamine mandelate . . . . .	26	mili . . . . .	80
methergine . . . . .	153	milnacipran hcl . . . . .	156
methimazole . . . . .	161	milophene . . . . .	96
methocarbamol . . . . .	147	mimvey . . . . .	99
METHOTREXATE SODIUM . . . . .	49	MINI LANCING DEVICE . . . . .	119
methotrexate sodium (pf) . . . . .	49	minocycline hcl . . . . .	161
METHOXSALEN RAPID . . . . .	89	minoxidil . . . . .	48
methscopolamine bromide . . . . .	162	minzoya . . . . .	80
METHYLDOPA . . . . .	46	MIPLYFFA . . . . .	158
methylergonovine maleate . . . . .	153	MIRCERA . . . . .	106,107
methylphenidate . . . . .	16	MIRENA (52 MG) . . . . .	84
methylphenidate hcl . . . . .	16	mirtazapine . . . . .	35
methylphenidate hcl er . . . . .	16	misoprostol . . . . .	163
methylphenidate hcl er (cd) . . . . .	16	MIUDELLA INTRAUTERINE COPPER . . . . .	83
methylphenidate hcl er (la) . . . . .	17	mm aspirin . . . . .	21
methylphenidate hcl er (osm) . . . . .	17	MM INSULIN SYRINGE/NEEDLE . . . . .	134
methylprednisolone . . . . .	85	MM LANCING DEVICE . . . . .	119
methylprednisolone sodium succ . . . . .	85	MM PEN NEEDLES . . . . .	134

MM TWIST LANCETS . . . . .	119	mupirocin . . . . .	87
MNEXSPIKE . . . . .	168	mupirocin calcium . . . . .	87
MOBILE LANCETS 30G . . . . .	119	MVASI . . . . .	50
modafinil . . . . .	17	my choice . . . . .	83
MODERNA COVID-19 VAC 6M-11Y . . . . .	168	my way . . . . .	83
MODEYSO . . . . .	165	mycophenolate mofetil . . . . .	140
moexipril hcl . . . . .	46	mycophenolate sodium . . . . .	140
mometasone furoate . . . . .	91,148	mycophenolic acid . . . . .	140
mondoxyne nl . . . . .	161	MYGLUCOHEALTH LANCETS 30G . . . . .	120
MONJUVI . . . . .	51	MYLERAN . . . . .	49
mono-linyah . . . . .	80	MYLOTARG . . . . .	51
MONOJECT INSULIN SYRINGE . . . . .	134	MYOBLOC . . . . .	149
MONOJECT ULTRA COMFORT SYRINGE . . . . .	134	myorisan . . . . .	87
MONOLET LANCETS . . . . .	119	MYRBETRIQ . . . . .	166
MONOLET OPD LANCETS . . . . .	120	MYTESI . . . . .	41
MONOLETTOR SAFETY LANCETS . . . . .	120		
MONOVISC . . . . .	148	<b>N</b>	
montelukast sodium . . . . .	29	na sulfate-k sulfate-mg sulf . . . . .	109
morphine sulfate . . . . .	22	nabumetone . . . . .	19
morphine sulfate (concentrate) . . . . .	22	nadolol . . . . .	72
morphine sulfate er . . . . .	22	nafrinse . . . . .	139
MOUNJARO . . . . .	39	NAFTIFINE HCL . . . . .	88
MOVANTIK . . . . .	102	NALFON . . . . .	19
moxifloxacin hcl . . . . .	100,151	NALOCET . . . . .	23
MOXIFLOXACIN HCL (2X DAY) . . . . .	151	naloxone hcl . . . . .	42
MPD SAFETY LANCET 21G . . . . .	120	naltrexone hcl . . . . .	42
MPD SAFETY LANCET 23G . . . . .	120	naproxen . . . . .	19
MPD SAFETY LANCET 28G . . . . .	120	naproxen dr . . . . .	19
MPD SAFETY LANCET 30G . . . . .	120	naproxen sodium . . . . .	19
MRESVIA . . . . .	168	naratriptan hcl . . . . .	138
MS INSULIN SYRINGE . . . . .	134	NATACHEW . . . . .	144
MULTI-LANCET DEVICE . . . . .	120	NATACYN . . . . .	151
MULTI-LANCET DEVICE 2 . . . . .	120	NATAZIA . . . . .	80
MULTI-MAC . . . . .	144	nateglinide . . . . .	41
multi-vit/iron/fluoride . . . . .	143	NATROBA . . . . .	94
MULTI-VITAMIN/FLUORIDE . . . . .	143	nebivolol hcl . . . . .	72
MULTI-VITAMIN/FLUORIDE/IRON . . . . .	143	NEBUSAL . . . . .	86
MULTIVITAMIN + FLUORIDE . . . . .	143	necon 0.5/35 (28) . . . . .	80
MULTIVITAMIN W/FLUORIDE . . . . .	143	NEEVO DHA . . . . .	144
MULTIVITAMIN/FLUORIDE . . . . .	143	NEFAZODONE HCL . . . . .	36
multivitamin/fluoride/iron . . . . .	143	neo-polycin . . . . .	151

neo-polycin hc . . . . .	152	NICOTROL NS . . . . .	160
neomycin sulfate . . . . .	17	nifedipine . . . . .	73
neomycin-bacitracin zn-polymyx . . . . .	151	nifedipine er . . . . .	73
neomycin-polymyxin-dexameth . . . . .	152	nifedipine er osmotic release . . . . .	73
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . .	151	nikki . . . . .	80
NEOMYCIN-POLYMYXIN-HC . . . . .	152	nilotinib hcl . . . . .	59
neomycin-polymyxin-hc . . . . .	153	nilutamide . . . . .	54
NEONATAL COMPLETE . . . . .	144	nimodipine . . . . .	73
NEONATAL PLUS . . . . .	144	NINLARO . . . . .	59
NEORAL . . . . .	140	nitazoxanide . . . . .	26
NERLYNX . . . . .	59	NITRO-BID . . . . .	27
NESTABS . . . . .	144	NITRO-TIME . . . . .	27
NESTABS DHA . . . . .	144	nitrofurantoin . . . . .	26
NESTABS ONE . . . . .	144	nitrofurantoin macrocrystal . . . . .	26
neuac . . . . .	87	nitrofurantoin monohyd macro . . . . .	26
NEULASTA . . . . .	107	nitroglycerin . . . . .	27
NEULASTA ONPRO . . . . .	107	NIVA-PLUS . . . . .	144
NEUPOGEN . . . . .	107	NIVESTYM . . . . .	107
nevirapine . . . . .	69	nora-be . . . . .	84
NEVIRAPINE . . . . .	69	NORDITROPIN FLEXPRO . . . . .	96
nevirapine er . . . . .	69	norelgestromin-eth estradiol . . . . .	82
NEVIRAPINE ER . . . . .	69	norethin ace-eth estrad-fe . . . . .	80
new day . . . . .	83	norethin-eth estradiol-fe . . . . .	80
NEXLETOL . . . . .	44	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 . . . . .	73	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 . . . . .	69
nicotine step 2 . . . . .	159	NOVA SAFETY LANCETS 23G . . . . .	120
nicotine step 3 . . . . .	160	NOVA SAFETY LANCETS 28G . . . . .	120

NOVA SUREFLEX LANCETS . . . . .	120	NUTROPIN AQ NUSPIN 5 . . . . .	97
NOVA SUREFLEX LANCING DEVICE . . . . .	120	NUVAKAAN-II . . . . .	93
NOVAREL . . . . .	96	NUVARING . . . . .	83
NOVAVAX COVID-19 VACCINE . . . . .	168	NUVAXOVID COVID-19 VACCINE . . . . .	168
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	134	nyamyc . . . . .	88
NOVOFINE PEN NEEDLE . . . . .	134	nylia 1/35 . . . . .	80
NOVOFINE PLUS PEN NEEDLE . . . . .	134	nylia 7/7/7 . . . . .	80
NOVOLIN 70/30 . . . . .	40	nymyo . . . . .	80
NOVOLIN 70/30 FLEXPEN . . . . .	40	nystatin . . . . .	43,88,141
NOVOLIN 70/30 FLEXPEN RELION . . . . .	40	nystatin-triamcinolone . . . . .	88
NOVOLIN 70/30 RELION . . . . .	40	nystop . . . . .	88
NOVOLIN N . . . . .	40	NYVEPRIA . . . . .	107
NOVOLIN N FLEXPEN . . . . .	40		
NOVOLIN N FLEXPEN RELION . . . . .	40	<b>O</b>	
NOVOLIN N RELION . . . . .	40	OB COMPLETE . . . . .	144
NOVOLIN R . . . . .	40	OB COMPLETE ONE . . . . .	144
NOVOLIN R FLEXPEN . . . . .	40	OB COMPLETE PETITE . . . . .	144
NOVOLIN R FLEXPEN RELION . . . . .	40	OB COMPLETE PREMIER . . . . .	144
NOVOLIN R RELION . . . . .	40	OB COMPLETE/DHA . . . . .	144
NOVOLOG . . . . .	40	OBSTETRIX EC (WITH DOCUSATE) . . . . .	144
NOVOLOG 70/30 FLEXPEN RELION . . . . .	40	ocella . . . . .	80
NOVOLOG FLEXPEN . . . . .	40	OCREVUS ZUNOVO . . . . .	157
NOVOLOG FLEXPEN RELION . . . . .	41	OCTAGAM . . . . .	154
NOVOLOG MIX 70/30 . . . . .	41	OCTREOTIDE ACETATE . . . . .	98
NOVOLOG MIX 70/30 FLEXPEN . . . . .	41	octreotide acetate . . . . .	99
NOVOLOG MIX 70/30 RELION . . . . .	41	ODEFSEY . . . . .	69
NOVOLOG PENFILL . . . . .	41	ODOMZO . . . . .	53
NOVOLOG RELION . . . . .	41	ofloxacin . . . . .	151
NOVOPEN ECHO . . . . .	134	OGIVRI . . . . .	50
NOVOTWIST PEN NEEDLE . . . . .	134	OGSIVEO . . . . .	59
NP THYROID . . . . .	162	OJEMDA . . . . .	59
NPLATE . . . . .	107	OJJAARA . . . . .	59
NUBEQA . . . . .	54	olanzapine . . . . .	66
NUCALA . . . . .	28	olmesartan medoxomil . . . . .	46
NUCYNTA . . . . .	22	olmesartan medoxomil-hctz . . . . .	47
NUCYNTA ER . . . . .	22	olmesartan-amlodipine-hctz . . . . .	47
NULEV . . . . .	162	olopatadine hcl . . . . .	148,152
NUPLAZID . . . . .	64	omega-3-acid ethyl esters . . . . .	44
NURTEC . . . . .	138	omeprazole . . . . .	163
NUTROPIN AQ NUSPIN 10 . . . . .	97	omeprazole-sodium bicarbonate . . . . .	163
NUTROPIN AQ NUSPIN 20 . . . . .	97	OMNIFLEX DIAPHRAGM . . . . .	110

OMNIPOD 5 DEXG7G6 INTRO GEN 5 . . . . .	120	OPILL . . . . .	84
OMNIPOD 5 DEXG7G6 PODS GEN 5 . . . . .	120	OPIUM . . . . .	41
OMNIPOD 5 G7 INTRO (GEN 5) . . . . .	120	OPSUMIT . . . . .	75
OMNIPOD 5 G7 PODS (GEN 5) . . . . .	120	OPTICHAMBER DIAMOND . . . . .	138
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 . . . . .	120	OPTICHAMBER DIAMOND-LG MASK . . . . .	138
OMNIPOD 5 LIBRE2 PLUS G6 PODS . . . . .	120	OPTICHAMBER DIAMOND-MD MASK . . . . .	138
OMNIPOD CLASSIC PDM (GEN 3) . . . . .	120	OPTICHAMBER DIAMOND-SM MASK . . . . .	138
OMNIPOD CLASSIC PODS (GEN 3) . . . . .	120	option 2 . . . . .	83
OMNIPOD DASH INTRO (GEN 4) . . . . .	120	oralone . . . . .	143
OMNIPOD DASH PDM (GEN 4) . . . . .	120	ORGOVYX . . . . .	54
OMNIPOD DASH PODS (GEN 4) . . . . .	120	ORKAMBI . . . . .	160
OMNITROPE . . . . .	97	orphenadrine citrate er . . . . .	147
OMVOH . . . . .	101	orquidea . . . . .	84
OMVOH (300 MG DOSE) . . . . .	101	ORSERDU . . . . .	54
ONCASPAR . . . . .	62	orsythia . . . . .	81
ondansetron . . . . .	42	ORTHOVISC . . . . .	148
ondansetron hcl . . . . .	42	oseltamivir phosphate . . . . .	71
ONE VITE WOMENS PLUS . . . . .	144	OSEVELT . . . . .	165
ONETOUCH DELICA PLUS LANCET30G . . . . .	120	OTEZLA . . . . .	19
ONETOUCH DELICA PLUS LANCET33G . . . . .	120	OTEZLA XR . . . . .	165
ONETOUCH DELICA PLUS LANCING . . . . .	120	OTEZLA/OTEZLA XR INITIATION PK . . . . .	19
ONETOUCH DELICA SAFETY LANCING . . . . .	120	OVIDREL . . . . .	96
ONETOUCH SURESOFT LANCING DEV . . . . .	120	oxaprozin . . . . .	19
ONETOUCH ULTRA . . . . .	94	oxazepam . . . . .	27
ONETOUCH ULTRA 2 . . . . .	120	oxcarbazepine . . . . .	33
ONETOUCH ULTRA BLUE TEST . . . . .	94	oxcarbazepine er . . . . .	33
ONETOUCH ULTRA CONTROL . . . . .	120	OXERVATE . . . . .	151
ONETOUCH ULTRA TEST . . . . .	94	OXTELLAR XR . . . . .	33
ONETOUCH ULTRASOFT 2 LANCETS . . . . .	121	oxybutynin chloride . . . . .	166
ONETOUCH ULTRASOFT LANCETS . . . . .	121	oxybutynin chloride er . . . . .	166
ONETOUCH VERIO . . . . .	94,121	oxycodone hcl . . . . .	22
ONETOUCH VERIO FLEX SYSTEM . . . . .	121	OXYCODONE HCL ER . . . . .	23
ONETOUCH VERIO REFLECT . . . . .	121	oxycodone-acetaminophen . . . . .	23
ONGENTYS . . . . .	63	OXYCONTIN . . . . .	23
ONIVYDE . . . . .	63	oxymorphone hcl . . . . .	23
ONTRUZANT . . . . .	50	OXYTROL . . . . .	166
ONUREG . . . . .	49	OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . . .	40
opcicon one-step . . . . .	83	OZEMPIC (1 MG/DOSE) . . . . .	40
OPDIVO . . . . .	51	OZEMPIC (2 MG/DOSE) . . . . .	40
OPDIVO QVANTIG . . . . .	165		
OPDUALAG . . . . .	56		

# P

pacerone . . . . .	28	PENTIPS . . . . .	134
PADCEV . . . . .	51	PENTIPS GENERIC PEN NEEDLES . . . . .	135
paliperidone er . . . . .	65	pentoxifylline er . . . . .	105
pantoprazole sodium . . . . .	163	perampanel . . . . .	31
PANZYGA . . . . .	154	PERFECT LANCETS 28G . . . . .	121
PARAGARD INTRAUTERINE COPPER . . . . .	83	PERFECT LANCETS 30G . . . . .	121
paricalcitol . . . . .	98	PERFECT POINT SAFETY LANCETS . . . . .	121
paroxetine hcl . . . . .	36	PERINDOPRIL ERBUMINE . . . . .	46
PAROXETINE HCL . . . . .	36	perindopril erbumine . . . . .	46
paroxetine hcl er . . . . .	36	periogard . . . . .	142
PARSABIV . . . . .	98	PERJETA . . . . .	50
PAVBLU . . . . .	150	permethrin . . . . .	94
PAXLOVID (150/100) . . . . .	70	perphenazine . . . . .	67
PAXLOVID (300/100 & 150/100) . . . . .	70	PERSERIS . . . . .	65
PAXLOVID (300/100) . . . . .	70	PFIZER COVID-19 VAC-TRIS 5-11Y . . . . .	168
pazopanib hcl . . . . .	59	PHARMACIST CHOICE ALCOHOL . . . . .	128
PC LANCETS SUPER THIN 30G . . . . .	121	PHARMACIST CHOICE LANCETS . . . . .	121
PC UNIFINE PENTIPS . . . . .	134	PHARMACY COUNTER LANCETS . . . . .	121
PEDIARIX . . . . .	162	PHENELZINE SULFATE . . . . .	36
PEDMARK . . . . .	63	phenobarbital . . . . .	108
PEDVAX HIB . . . . .	167	PHENOBARBITAL . . . . .	108
peg 3350-kcl-na bicarb-nacl . . . . .	109	phenobarbital-belladonna alk . . . . .	162
peg-3350/electrolytes . . . . .	109	phenoxybenzamine hcl . . . . .	46
peg-3350/electrolytes/ascorbat . . . . .	109	phenylephrine hcl . . . . .	150
peg-kcl-nacl-nasulf-na asc-c . . . . .	109	phenytek . . . . .	34
PEGASYS . . . . .	71	phenytoin . . . . .	34
PEMAZYRE . . . . .	59	phenytoin infatabs . . . . .	35
PEMETREXED . . . . .	49	phenytoin sodium extended . . . . .	35
PEN NEEDLE/5-BEVEL TIP . . . . .	134	PHESGO . . . . .	56
PEN NEEDLES . . . . .	134	PHEXX . . . . .	169
PEN NEEDLES 5/16" . . . . .	134	PHEXXI . . . . .	169
PENBRAYA . . . . .	167	philith . . . . .	81
penciclovir . . . . .	90	PHOSPHO-TRIN K500 . . . . .	139
penicillamine . . . . .	139	PHYRAGO . . . . .	59
penicillin v potassium . . . . .	155	phytonadione . . . . .	170
PENMENVY . . . . .	165	PIASKY . . . . .	104
PENTACEL . . . . .	162	PIFELTRO . . . . .	69
pentamidine isethionate . . . . .	25	pilocarpine hcl . . . . .	143,150
pentazocine-naloxone hcl . . . . .	24	pimecrolimus . . . . .	92
		PIMOZIDE . . . . .	158
		pimtrea . . . . .	81

pindolol . . . . .	72	PRAMOSONE . . . . .	91
pioglitazone hcl . . . . .	41	prasugrel hcl . . . . .	105
PIP LANCETS 28G . . . . .	121	pravastatin sodium . . . . .	45
PIP LANCETS 30G . . . . .	121	prazosin hcl . . . . .	47
PIP PEN NEEDLES 31G X 5MM . . . . .	135	PRECISION SURE-DOSE SYRINGE . . . . .	135
PIP PEN NEEDLES 32G X 4MM . . . . .	135	PRECISION THINS GP LANCETS . . . . .	121
PIQRAY (200 MG DAILY DOSE) . . . . .	59	PREDNICARBATE . . . . .	91
PIQRAY (250 MG DAILY DOSE) . . . . .	60	prednisolone . . . . .	85
PIQRAY (300 MG DAILY DOSE) . . . . .	60	prednisolone acetate . . . . .	152
pirfenidone . . . . .	161	prednisolone sodium phosphate . . . . .	85
pirmella 1/35 . . . . .	81	PREDNISOLONE SODIUM PHOSPHATE . . . . .	152
pirmella 7/7/7 . . . . .	81	prednisone . . . . .	85
piroxicam . . . . .	19	PREFERRED PLUS GLUCOSE . . . . .	39
plan b one-step . . . . .	83	PREFERRED PLUS INSULIN SYRINGE . . . . .	135
PLEGRIDY . . . . .	157	PREFERRED PLUS LANCETS COLORED . . . . .	121
PLEGRIDY STARTER PACK . . . . .	157,158	PREFERRED PLUS LANCETS THIN . . . . .	121
plerixafor . . . . .	107	PREFERRED PLUS UNIFINE PENTIPS . . . . .	135
PNEUMOVAX 23 . . . . .	167	pregabalin . . . . .	33
PNV 27-CA/FE/FA . . . . .	144	PREGEN DHA . . . . .	144
PNV-DHA . . . . .	144	PREGNYL . . . . .	96
PNV-OMEGA . . . . .	144	PREMARIN . . . . .	100,169
PNV-SELECT . . . . .	144	PREMESISRX . . . . .	144
podofilox . . . . .	92	PREMPHASE . . . . .	100
POLIVY . . . . .	51	PREMPRO . . . . .	100
polycin . . . . .	151	PRENA1 . . . . .	145
polymyxin b-trimethoprim . . . . .	151	PRENA1 PEARL . . . . .	145
pomalidomide . . . . .	55	PRENATAL . . . . .	145
POMALYST . . . . .	55	PRENATAL 19 . . . . .	145
portia-28 . . . . .	81	PRENATAL PLUS . . . . .	145
posaconazole . . . . .	43	PRENATAL PLUS VITAMIN/MINERAL . . . . .	145
pot & sod cit-cit ac . . . . .	103	PRENATAL VITAMIN PLUS LOW IRON . . . . .	145
potassium chloride . . . . .	139	PRENATAL-U . . . . .	145
potassium chloride crys er . . . . .	139	PRENATE . . . . .	145
potassium chloride er . . . . .	139	PRENATE AM . . . . .	145
potassium citrate er . . . . .	103	PRENATE DHA . . . . .	145
POTASSIUM CITRATE-CITRIC ACID . . . . .	103	PRENATE ELITE . . . . .	145
POTELIGEO . . . . .	51	PRENATE ENHANCE . . . . .	145
pralatrexate . . . . .	49	PRENATE ESSENTIAL . . . . .	145
PRALUENT . . . . .	45	PRENATE MINI . . . . .	145
pramipexole dihydrochloride . . . . .	64	PRENATE PIXIE . . . . .	145
pramipexole dihydrochloride er . . . . .	64	PRENATE RESTORE . . . . .	145

PRENATRIX . . . . .	145	PROGRAF . . . . .	140
PRENATRYL . . . . .	145	PROLASTIN-C . . . . .	160
PREPLUS . . . . .	145	PROMACTA . . . . .	107
PRETOMANID . . . . .	48	promethazine hcl . . . . .	43
prevalite . . . . .	44	promethazine-codeine . . . . .	86
PREVENT DROPSAFE PEN NEEDLES . . . . .	135	promethazine-dm . . . . .	86
PREVENT SAFETY PEN NEEDLES . . . . .	135	PROMETHAZINE-PHENYLEPHRINE . . . . .	86
previfem . . . . .	81	promethegan . . . . .	44
PREVNAR 20 . . . . .	167	propafenone hcl . . . . .	28
PREVYMIS . . . . .	70,165	propafenone hcl er . . . . .	28
PREZCOBIX . . . . .	69	PROPRANOLOL HCL . . . . .	72
PREZISTA . . . . .	69	propranolol hcl . . . . .	72
PRIALT . . . . .	20	propranolol hcl er . . . . .	72
prilolid . . . . .	93	propylthiouracil . . . . .	161
PRIMACARE . . . . .	145	PROQUAD . . . . .	169
primaquine phosphate . . . . .	48	protriptyline hcl . . . . .	37
primidone . . . . .	33	PROVIDA OB . . . . .	145
PRIORIX . . . . .	168	pseudoeph-bromphen-dm . . . . .	86
PRIVIGEN . . . . .	154	PSS SELECT GP LANCETS . . . . .	121
PRIZOPAK II . . . . .	93	PSS SELECT PLATFORMS . . . . .	121
PRO COMFORT ALCOHOL . . . . .	128	PSS SELECT SAFETY LANCETS . . . . .	121
PRO COMFORT INSULIN SYRINGE . . . . .	135	PULMICORT FLEXHALER . . . . .	29
PRO COMFORT LANCETS 30G . . . . .	121	PULMOSAL . . . . .	86
PRO COMFORT LANCETS 31G . . . . .	121	PULMOZYME . . . . .	160
PRO COMFORT PEN NEEDLES . . . . .	135	PURE COMFORT ALCOHOL PREP . . . . .	128
PRO COMFORT SAFETY LANCETS 30G . . . . .	121	PURE COMFORT LANCETS 30G . . . . .	121
probenecid . . . . .	104	PURE COMFORT PEN NEEDLE . . . . .	135
prochlorperazine . . . . .	67	PURE COMFORT SAFETY LANCET 30G . . . . .	121
prochlorperazine maleate . . . . .	67	PURE COMFORT SAFETY PEN NEEDLE . . . . .	135
PROCRIT . . . . .	107	PX ADVANCED LANCING DEVICE . . . . .	121
procto-med hc . . . . .	25	px aspirin . . . . .	21
PROCTOFOAM HC . . . . .	24	px enteric aspirin . . . . .	21
proctosol hc . . . . .	25	PX EXTRA SHORT PEN NEEDLES . . . . .	135
proctozone-hc . . . . .	25	px folic acid . . . . .	106
PROCYSBI . . . . .	103	PX GLUCOSE . . . . .	39
PRODIGY INSULIN SYRINGE . . . . .	135	PX INSULIN SYRINGE . . . . .	135
PRODIGY LANCETS 28G . . . . .	121	PX LANCET AUTO INJECTOR . . . . .	121
PRODIGY LANCING DEVICE . . . . .	121	PX LANCETS MICROTHIN 33G . . . . .	121
PRODIGY SAFETY LANCETS 26G . . . . .	121	PX LANCETS ULTRA THIN . . . . .	122
PRODIGY TWIST TOP LANCETS 28G . . . . .	121	PX LANCETS ULTRA THIN 28G . . . . .	122
progesterone . . . . .	155	PX MINI PEN NEEDLES . . . . .	135

PX PEN NEEDLE . . . . .	135
PX SHORTLENGTH PEN NEEDLES . . . . .	135
px stop smoking aid . . . . .	160
pyrazinamide . . . . .	48
PYRIDOSTIGMINE BROMIDE . . . . .	48
pyridostigmine bromide er . . . . .	48
pyrimethamine . . . . .	48
PYRUKYND . . . . .	105
PYRUKYND TAPER PACK . . . . .	105

## Q

QBREXZA . . . . .	93
QC ADVANCED LANCING DEVICE . . . . .	122
qc alcohol . . . . .	93
QC ALCOHOL SWABS . . . . .	128
qc aspirin low dose . . . . .	21
qc childrens aspirin . . . . .	21
qc folic acid . . . . .	106
QC LANCETS SUPER THIN 30G . . . . .	122
QC LANCETS ULTRA THIN . . . . .	122
qc nicotine transdermal system . . . . .	160
QC PEN NEEDLES . . . . .	135
QC UNIFINE PENTIPS . . . . .	135
QC UNILET LANCETS 28G . . . . .	122
QC UNILET LANCETS MICRO THIN . . . . .	122
QELBREE . . . . .	16
QINLOCK . . . . .	60
QUADRACEL . . . . .	162
QUAZEPAM . . . . .	108
quetiapine fumarate . . . . .	66
quetiapine fumarate er . . . . .	66
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 . . . . .	29
--------------------------	----

## R

RA ALCOHOL SWABS . . . . .	128
ra aspirin adult low dose . . . . .	21
ra aspirin adult low strength . . . . .	21
ra aspirin childrens . . . . .	21
ra aspirin ec . . . . .	21
ra aspirin ec adult low st . . . . .	21
RA E-ZJECT LANCETS 28G . . . . .	122
RA E-ZJECT LANCETS THIN 26G . . . . .	122
RA E-ZJECT LANCETS THIN 28G . . . . .	122
RA E-ZJECT LANCETS ULTRA THIN . . . . .	122
ra folic acid . . . . .	106
RA GLUCOSE . . . . .	39
RA INSULIN SYRINGE . . . . .	135
ra isopropyl alcohol wipes . . . . .	93
ra mini nicotine . . . . .	160
ra nicotine . . . . .	160
ra nicotine gum . . . . .	160
ra nicotine polacrilex . . . . .	160
RA PEN NEEDLES . . . . .	135
rabeprazole sodium . . . . .	163
RADICAVA ORS . . . . .	148
RADICAVA ORS STARTER KIT . . . . .	149
raloxifene hcl . . . . .	97
ramelteon . . . . .	108
ramipril . . . . .	46
ranolazine er . . . . .	26
rasagiline mesylate . . . . .	64
RAYA SURE PEN NEEDLE . . . . .	135
react . . . . .	83
READYLANCE SAFETY LANCETS . . . . .	122
REALITY INSULIN SYRINGE . . . . .	135
REALITY LANCETS . . . . .	122
REALITY SWABS . . . . .	128
REALITY TRIGGER LANCETS . . . . .	122
REBIF . . . . .	158
REBIF REBIDOSE . . . . .	158
REBIF REBIDOSE TITRATION PACK . . . . .	158
REBIF TITRATION PACK . . . . .	158

REBYOTA . . . . .	102	RIGHTEST ALTERNATE SITE ADAPT . . . . .	122
reclipsen . . . . .	81	RIGHTEST GD500 LANCING DEVICE . . . . .	122
RECOMBIVAX HB . . . . .	169	RIGHTEST GL300 LANCETS . . . . .	122
relador pak . . . . .	93	rilpivirine hcl . . . . .	69
relador pak plus . . . . .	93	riluzole . . . . .	149
relafen . . . . .	19	RIMANTADINE HCL . . . . .	71
RELEUKO . . . . .	107	RINVOQ . . . . .	17,18
RELION ALCOHOL SWABS . . . . .	128	RINVOQ LQ . . . . .	18
relion glucose . . . . .	39	risedronate sodium . . . . .	96
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 . . . . .	60
RELION SHORT PEN NEEDLES . . . . .	135	romidepsin . . . . .	60
RELION ULTRA THIN LANCETS 30G . . . . .	122	ROMVIMZA . . . . .	165
RELION ULTRA THIN PLUS LANCETS . . . . .	122	ropinirole hcl . . . . .	64
RELNATE DHA . . . . .	145	ropinirole hcl er . . . . .	64
repaglinide . . . . .	41	ROSADAN . . . . .	94
REPATHA . . . . .	45	rosuvastatin calcium . . . . .	45
REPATHA SURECLICK . . . . .	46	rosyrah . . . . .	81
RETACRIT . . . . .	107	roweepra . . . . .	33
RETEVMO . . . . .	60	roweepra xr . . . . .	33
REVUFORJ . . . . .	165	ROZLYTREK . . . . .	60
REXALL LANCETS ULTRA THIN 30G . . . . .	122	RUBRACA . . . . .	60
REXTOVY . . . . .	42	RUCONEST . . . . .	104
REYATAZ . . . . .	69	rufinamide . . . . .	33
REZDIFFRA . . . . .	101	RUKOBIA . . . . .	69
REZLIDHIA . . . . .	60	RUXIENCE . . . . .	52
RHOGAM ULTRA-FILTERED PLUS . . . . .	154	RYBELSUS . . . . .	40
RHOPHYLAC . . . . .	154	RYBREVANT . . . . .	52
RIABNI . . . . .	51	RYDAPT . . . . .	60
RIBAVIRIN . . . . .	71	RYKINDO . . . . .	65
ribavirin . . . . .	72	RYLAZE . . . . .	62
rifabutin . . . . .	48	RYPLAZIM . . . . .	105
rifampin . . . . .	48	RYTELO . . . . .	60

ryvent . . . . . 43

## S

sacubitril-valsartan . . . . . 74  
SAFE-T-LANCE . . . . . 122  
SAFE-T-LANCE PLUS . . . . . 122  
SAFETY INSULIN SYRINGES . . . . . 135  
SAFETY LANCET 30G/PRESSURE ACT . . . . . 122  
SAFETY LANCETS . . . . . 122  
SAFETY LANCETS 21G . . . . . 122  
SAFETY LANCETS 23G . . . . . 123  
SAFETY LANCETS 28G . . . . . 123  
SAFETY PEN NEEDLES . . . . . 135  
SAFYRAL . . . . . 81  
SAIZEN . . . . . 97  
SAIZENPREP . . . . . 97  
sajazir . . . . . 104  
SALIMEZ . . . . . 92  
salsalate . . . . . 21  
SALY CIM . . . . . 92  
SANCUSO . . . . . 42  
SANDIMMUNE . . . . . 140  
SANDOSTATIN LAR DEPOT . . . . . 99  
SANTYL . . . . . 92  
sapropterin dihydrochloride . . . . . 98  
SAPS CARE ALCOHOL PREP . . . . . 128  
SAPS HEALTH ALCOHOL PREP . . . . . 128  
SAPS HEALTH CARE ALCOHOL PREP . . . . . 128  
SAPS HEALTH PLUS LANCETS . . . . . 123  
SAPS HEALTH TWIST TOP LANCETS . . . . . 123  
SAPS TWIST TOP LANCETS . . . . . 123  
SAPSCARE TWIST TOP LANCETS . . . . . 123  
SARCLISA . . . . . 52  
SAVELLA . . . . . 156  
SAVELLA TITRATION PACK . . . . . 156  
SB ALCOHOL PREP . . . . . 128  
sb childrens aspirin . . . . . 22  
SB INSULIN SYRINGE . . . . . 136  
SB LANCETS THIN . . . . . 123  
SB LANCETS ULTRA THIN . . . . . 123  
sb low dose asa ec . . . . . 22

SCSEMBLIX . . . . . 60  
scopolamine . . . . . 42  
SE-NATAL 19 . . . . . 145  
SECUADO . . . . . 66  
SECURESAFE INSULIN SYRINGE . . . . . 136  
SECURESAFE SAFETY PEN NEEDLES . . . . . 136  
SELECT-LITE DEVICE/LANCETS . . . . . 123  
SELECT-LITE LANCING DEVICE . . . . . 123  
SELECT-OB . . . . . 145  
SELECT-OB+DHA . . . . . 145  
selegiline hcl . . . . . 64  
selenium sulfide . . . . . 89  
SELZENTRY . . . . . 69  
SENSILANCE SAFETY LANCETS 21G . . . . . 123  
SENSILANCE SAFETY LANCETS 26G . . . . . 123  
SENSILANCE SAFETY LANCETS 28G . . . . . 123  
SEREVENT DISKUS . . . . . 30  
SEROSTIM . . . . . 97  
sertraline hcl . . . . . 36  
setlakin . . . . . 81  
sevelamer carbonate . . . . . 102  
sevelamer hcl . . . . . 103  
SEZABY . . . . . 108  
SF . . . . . 142  
SF 5000 PLUS . . . . . 142  
sharobel . . . . . 84  
shewise . . . . . 83  
SHINGRIX . . . . . 165,169  
SHOPKO AUTOLET LANCING DEVICE . . . . . 123  
SHOPKO ON-THE-GO LANCETS 30G . . . . . 123  
SHOPKO UNIFINE PENTIPS . . . . . 136  
SHOPKO UNIFINE PENTIPS PLUS . . . . . 136  
SHOPKO UNILET LANCETS 28G . . . . . 123  
SHOPKO UNILET LANCETS 30G . . . . . 123  
SIGNIFOR LAR . . . . . 99  
sildenafil citrate . . . . . 75  
silodosin . . . . . 103  
SILVER NITRATE . . . . . 90  
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 . . . . .	17	SODIUM OXYBATE . . . . .	156
SIMPONI ARIA . . . . .	17	sodium oxybate . . . . .	156
simvastatin . . . . .	45	sodium polystyrene sulfonate . . . . .	141
SINGLE-LET . . . . .	123	sodium sulfacetamide wash . . . . .	90
sirolimus . . . . .	140	SOGROYA . . . . .	97
SIRTURO . . . . .	49	SOHONOS . . . . .	147
SIVEXTRO . . . . .	26	solifenacin succinate . . . . .	166
SKYCLARYS . . . . .	149	SOLU-CORTEF . . . . .	85
SKYLA . . . . .	84	SOLU-MEDROL (PF) . . . . .	85
SKYRIZI . . . . .	89,101,102	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 . . . . .	169
SM GLUCOSE . . . . .	39	SPIKEVAX 6M-11Y . . . . .	169
SM LANCETS 33G . . . . .	123	SPINOSAD . . . . .	94
sm nicotine . . . . .	160	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 . . . . .	139,142	st joseph low dose . . . . .	22
sodium fluoride . . . . .	139	STELARA . . . . .	102
SODIUM FLUORIDE 5000 ENAMEL . . . . .	142	STERILANCE PA . . . . .	123
SODIUM FLUORIDE 5000 PLUS . . . . .	142	STERILANCE TL . . . . .	124
sodium fluoride 5000 ppm . . . . .	142	STIMUFEND . . . . .	107

STIOLTO RESPIMAT . . . . .	30	SURE COMFORT PEN NEEDLES . . . . .	136
STIVARGA . . . . .	60	SURELITE LANCETS . . . . .	124
STOBOCLO . . . . .	165	SUSTOL . . . . .	42
STRENSIQ . . . . .	98	SUSVIMO (IMPLANT 1ST FILL) . . . . .	150
STRIBILD . . . . .	70	SUSVIMO (IMPLANT REFILL) . . . . .	150
STRIVERDI RESPIMAT . . . . .	30	SUSVIMO OCULAR IMPLANT . . . . .	129
SUBLOCADE . . . . .	24	SUTAB . . . . .	109
SUBSYS . . . . .	23	syeda . . . . .	81
subvenite . . . . .	33	SYFOVRE . . . . .	151
subvenite starter kit-blue . . . . .	33	SYMDEKO . . . . .	160
SUCRAID . . . . .	94	SYMPAZAN . . . . .	32
sucrafate . . . . .	163	SYMTUZA . . . . .	70
SULFACETAMIDE SOD-SULFUR WASH . . . . .	87	SYNJARDY . . . . .	37
sulfacetamide sodium . . . . .	90,151	SYNJARDY XR . . . . .	37
sulfacetamide sodium (acne) . . . . .	87	SYNOJOYNT . . . . .	148
SULFACETAMIDE SODIUM (CLEANS) . . . . .	90	SYNTHROID . . . . .	162
SULFACETAMIDE SODIUM-SULFUR . . . . .	87	SYNVISC . . . . .	148
SULFACETAMIDE-PREDNISOLONE . . . . .	152	SYNVISC ONE . . . . .	148
SULFACETAMIDE-SULFUR IN UREA . . . . .	87		
SULFACLEANSE 8/4 . . . . .	87	<b>T</b>	
sulfadiazine . . . . .	161	TABRECTA . . . . .	60
sulfamethoxazole-trimethoprim . . . . .	25	tacrolimus . . . . .	92,140
sulfasalazine . . . . .	102	tadalafil . . . . .	74
sulfatrim pediatric . . . . .	25	TAFINLAR . . . . .	60,61
sulindac . . . . .	19	tafluprost (pf) . . . . .	153
sumatriptan . . . . .	138	TAGRISSO . . . . .	52
sumatriptan succinate . . . . .	138	take action . . . . .	83
SUMATRIPTAN SUCCINATE REFILL . . . . .	138	TAKHZYRO . . . . .	105
sunitinib malate . . . . .	60	TALZENNA . . . . .	61
SUNLENCA . . . . .	70,165	tamoxifen citrate . . . . .	54
SUPARTZ FX . . . . .	148	tamsulosin hcl . . . . .	103
SUPER THIN LANCETS . . . . .	124	tapentadol hcl . . . . .	23
SUPPRELIN LA . . . . .	97	tarina 24 fe . . . . .	81
SURE COMFORT ALCOHOL PREP . . . . .	128	tarina fe 1/20 . . . . .	81
SURE COMFORT INSULIN SYRINGE . . . . .	136	tarina fe 1/20 eq . . . . .	81
SURE COMFORT LANCETS 18G . . . . .	124	TARON-C DHA . . . . .	145
SURE COMFORT LANCETS 21G . . . . .	124	TAVALISSE . . . . .	104
SURE COMFORT LANCETS 23G . . . . .	124	taysofy . . . . .	81
SURE COMFORT LANCETS 28G . . . . .	124	TAYTULLA . . . . .	81
SURE COMFORT LANCETS 30G . . . . .	124	TAZAROTENE . . . . .	87
SURE COMFORT LANCING PEN . . . . .	124	tazarotene . . . . .	89

taztia xt . . . . .	73	theophylline . . . . .	30
TAZVERIK . . . . .	61	theophylline er . . . . .	30
TECENTRIQ . . . . .	52	THINLETS GP LANCETS . . . . .	124
TECENTRIQ HYBREZA . . . . .	56	thioridazine hcl . . . . .	67
TECHLITE AST LANCETS . . . . .	124	thiotepa . . . . .	49
TECHLITE INSULIN SYRINGE . . . . .	136	thiothixene . . . . .	67
TECHLITE LANCETS . . . . .	124	thrive . . . . .	160
TECHLITE LANCETS 26G . . . . .	124	THYROGEN . . . . .	94
TECHLITE LANCETS 30G . . . . .	124	tiadylt er . . . . .	73
TECHLITE PEN NEEDLES . . . . .	136	tiagabine hcl . . . . .	34
TECHLITE PLUS PEN NEEDLES . . . . .	136	TIBSOVO . . . . .	61
TEGRETOL . . . . .	33	ticagrelor . . . . .	105
TEGRETOL-XR . . . . .	33	tilia fe . . . . .	81
telmisartan . . . . .	46	timolol hemihydrate . . . . .	149
telmisartan-hctz . . . . .	47	timolol maleate . . . . .	73,149
temazepam . . . . .	108	timolol maleate (once-daily) . . . . .	149
temozolomide . . . . .	49	tinidazole . . . . .	25
TENIVAC . . . . .	162	TIVDAK . . . . .	52
tenofovir disoproxil fumarate . . . . .	70	TIVICAY . . . . .	70
TEPMETKO . . . . .	61	TIVICAY PD . . . . .	70
terazosin hcl . . . . .	47	tizanidine hcl . . . . .	147
terbinafine hcl . . . . .	43	TOBRADEX . . . . .	152
terbutaline sulfate . . . . .	30	tobramycin . . . . .	17,151
terconazole . . . . .	169	tobramycin-dexamethasone . . . . .	152
teriflunomide . . . . .	158	TODAYS HEALTH LANCING DEVICE . . . . .	124
TERIPARATIDE . . . . .	96	TODAYS HEALTH MINI PEN NEEDLES . . . . .	136
TERLIVAZ . . . . .	98	TODAYS HEALTH PEN NEEDLES . . . . .	136
testosterone . . . . .	24	TODAYS HEALTH SHORT PEN NEEDLE . . . . .	136
testosterone cypionate . . . . .	24	TODAYS HEALTH THIN LANCETS 28G . . . . .	124
TESTOSTERONE ENANTHATE . . . . .	24	TODAYS HEALTH THIN LANCETS 30G . . . . .	124
tetrabenazine . . . . .	156	TOFIDENCE . . . . .	18
tetracycline hcl . . . . .	161	TOLAK . . . . .	88
TEVIMBRA . . . . .	52	tolcapone . . . . .	63
TEZSPIRE . . . . .	28	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 . . . . .	140	topiramate . . . . .	33
THEO-24 . . . . .	30	topiramate er . . . . .	33

toremifene citrate . . . . .	54	tri-previfem . . . . .	82
torpenz . . . . .	61	tri-sprintec . . . . .	82
torse mide . . . . .	95	TRI-VITE/FLUORIDE . . . . .	143
TPOXX . . . . .	72	tri-vylibra . . . . .	82
TRACLEER . . . . .	75	tri-vylibra lo . . . . .	82
TRADJENTA . . . . .	39	triamcinolone acetonide . . . . .	91,143
tramadol hcl . . . . .	23	triamcinolone in absorbase . . . . .	91
TRAMADOL HCL (ER BIPHASIC) . . . . .	23	triamterene-hctz . . . . .	95
tramadol hcl er . . . . .	23	trianex . . . . .	91
tramadol-acetaminophen . . . . .	23	triazolam . . . . .	108
trandolapril . . . . .	46	TRICARE . . . . .	145
TRANDOLAPRIL-VERAPAMIL HCL ER . . . . .	47	TRICITRATES . . . . .	103
tranexamic acid . . . . .	108	tridacaine ii . . . . .	93
TRANSDERM SCOP . . . . .	42	tridacaine iii . . . . .	93
TRANSDERM-SCOP . . . . .	42	triderm . . . . .	91
tranlycypromine sulfate . . . . .	36	trientine hcl . . . . .	139
TRAVEL LANCETS . . . . .	124	trifluoperazine hcl . . . . .	67
TRAVEL LANCETS ADVANCED 28G . . . . .	124	TRIFLURIDINE . . . . .	151
travoprost (bak free) . . . . .	153	trihexyphenidyl hcl . . . . .	63
TRAZIMERA . . . . .	50	TRIJARDY XR . . . . .	38
trazodone hcl . . . . .	36	TRIKAFTA . . . . .	161
TRELEGY ELLIPTA . . . . .	30	TRILEPTAL . . . . .	34
TRELSTAR MIXJECT . . . . .	54	TRILURON . . . . .	148
TREMFYA . . . . .	89	trimethobenzamide hcl . . . . .	42
TREMFYA ONE-PRESS . . . . .	89	trimethoprim . . . . .	25
TREMFYA PEN . . . . .	89	trimipramine maleate . . . . .	37
TREMFYA-CD/UC INDUCTION . . . . .	89	TRINATAL RX 1 . . . . .	145
treprostinil . . . . .	74	TRINATE . . . . .	145
TRESIBA . . . . .	41	TRINTELLIX . . . . .	36
TRESIBA FLEXTOUCH . . . . .	41	TRIPTODUR . . . . .	97
tretinoin . . . . .	62,87	TRISTART DHA . . . . .	145
tri femynor . . . . .	81	tritocin . . . . .	91
tri-estarylla . . . . .	81	TRIUMEQ . . . . .	70
tri-legest fe . . . . .	81	TRIUMEQ PD . . . . .	70
tri-linyah . . . . .	81	TRIVISC . . . . .	148
tri-lo-estarylla . . . . .	81	trivora (28) . . . . .	82
tri-lo-marzia . . . . .	81	TRODELVY . . . . .	63
tri-lo-mili . . . . .	81	TROKENDI XR . . . . .	34
tri-lo-sprintec . . . . .	81	tropicamide . . . . .	150
tri-mili . . . . .	82	tropium chloride . . . . .	166
tri-nymyo . . . . .	82	tropium chloride er . . . . .	166

TRUE COMFORT ALCOHOL PREP PADS . . . . .	128
TRUE COMFORT INSULIN SYRINGE . . . . .	136
TRUE COMFORT PEN NEEDLES . . . . .	136
TRUE COMFORT PRO ALCOHOL PREP . . . . .	129
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 . . . . .	125
TRULICITY . . . . .	40
TRUMENBA . . . . .	167
TRUQAP . . . . .	61
TRYNGOLZA . . . . .	165
TUKYSA . . . . .	50
tulana . . . . .	84
TURALIO . . . . .	61
turqoz . . . . .	82
TWINRIX . . . . .	169
TWIRLA . . . . .	82
TWIST TOP LANCETS 30G . . . . .	125
TYBLUME . . . . .	82
TYBOST . . . . .	70
TYENNE . . . . .	18
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
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## U

UBRELVY . . . . .	138
UDENYCA . . . . .	107
UDENYCA ONBODY . . . . .	107
ULTI-LANCE AUTOMATIC . . . . .	125
ULTICARE ALCOHOL SWABS . . . . .	129
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 . . . . .	137
ULTILET ALCOHOL SWABS . . . . .	129
ULTILET CLASSIC LANCETS . . . . .	125
ULTILET LANCETS . . . . .	125
ULTILET PEN NEEDLE . . . . .	137
ULTILET SAFETY LANCETS . . . . .	125
ULTILET SAFETY LANCETS 23G . . . . .	125
ULTRA COMFORT INSULIN SYRINGE . . . . .	137
ULTRA FLO INSULIN PEN NEEDLES . . . . .	137
ULTRA FLO INSULIN SYR 1/2 UNIT . . . . .	137
ULTRA FLO INSULIN SYRINGE . . . . .	137
ULTRA THIN LANCETS 31G . . . . .	125
ULTRA THIN PEN NEEDLES . . . . .	137
ULTRA-CARE ALCOHOL PREP PADS . . . . .	129
ULTRA-CARE LANCETS 30G . . . . .	125
ULTRA-THIN II AUTO LANCET . . . . .	125
ULTRA-THIN II INS SYR SHORT . . . . .	137
ULTRA-THIN II INSULIN SYRINGE . . . . .	137
ULTRA-THIN II LANCETS . . . . .	125
ULTRA-THIN II MINI PEN NEEDLE . . . . .	137
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

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	UNLOXYCT . . . . .	165
UNIFINE SAFECONTROL PEN NEEDLE . . . . .	137	UP & UP GLUCOSE . . . . .	39
UNIFINE ULTRA PEN NEEDLE . . . . .	137	UPTRAVI . . . . .	75
UNILET COMFORTOUCH LANCET . . . . .	125	ursodiol . . . . .	100
UNILET EXCELITE . . . . .	125	UZEDY . . . . .	65,66
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 . . . . .	71
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 . . . . .	126	VALUE HEALTH INSULIN SYRINGE . . . . .	137
UNISTIK 3 GENTLE . . . . .	126	VALUE PLUS GLUCOSE . . . . .	39
UNISTIK 3 NEONATAL . . . . .	126	VALUE PLUS LANCET STANDARD 21G . . . . .	126
UNISTIK 3 NORMAL . . . . .	126	VALUE PLUS LANCETS SUPER THIN . . . . .	126
UNISTIK CZT COMFORT . . . . .	126	VALUE PLUS LANCETS THIN 26G . . . . .	126
UNISTIK CZT NORMAL . . . . .	126	VALUE PLUS LANCING DEVICE . . . . .	126
UNISTIK NORMAL . . . . .	126	VALUMARK LANCET SUPER THIN 30G . . . . .	126
UNISTIK PRO SAFETY LANCET . . . . .	126	VALUMARK LANCET ULTRA THIN 28G . . . . .	126
UNISTIK SAFETY LANCETS 28G . . . . .	126	VALUMARK PEN NEEDLES . . . . .	137
UNISTIK SAFETY LANCETS 30G . . . . .	126	vanadom . . . . .	147
UNISTIK TOUCH SAFETY LANC 21G . . . . .	126	vancomycin hcl . . . . .	26
UNISTIK TOUCH SAFETY LANC 23G . . . . .	126	VANFLYTA . . . . .	61
UNISTIK TOUCH SAFETY LANC 28G . . . . .	126	VANISHPOINT INSULIN SYRINGE . . . . .	137
UNISTIK TOUCH SAFETY LANC 30G . . . . .	126	VAQTA . . . . .	169
unithroid . . . . .	162	varenicline tartrate . . . . .	160

varenicline tartrate (starter) . . . . .	160	VINATE II . . . . .	146
varenicline tartrate(continue) . . . . .	160	VINATE ONE . . . . .	146
VARIVAX . . . . .	169	VIOKACE . . . . .	94
VAXNEUVANCE . . . . .	167	viorele . . . . .	82
VCF VAGINAL CONTRACEPTIVE . . . . .	169	VIRACEPT . . . . .	70
VECTIBIX . . . . .	52	VIREAD . . . . .	70
VELIVET . . . . .	82	VIRT-C DHA . . . . .	146
VELPHORO . . . . .	103	VIRT-NATE DHA . . . . .	146
VEMLIDY . . . . .	71	VIRT-PN DHA . . . . .	146
VENCLEXTA . . . . .	52	VISCO-3 . . . . .	148
VENCLEXTA STARTING PACK . . . . .	52	VISUDYNE . . . . .	152
venlafaxine hcl . . . . .	37	VITAFOL GUMMIES . . . . .	146
venlafaxine hcl er . . . . .	37	VITAFOL ULTRA . . . . .	146
VENTAVIS . . . . .	74	VITAFOL-NANO . . . . .	146
verapamil hcl . . . . .	73	VITAFOL-OB . . . . .	146
verapamil hcl er . . . . .	73	VITAFOL-OB+DHA . . . . .	146
VEREGEN . . . . .	87	VITAFOL-ONE . . . . .	146
VERIFINE INSULIN PEN NEEDLE . . . . .	137	VITAMEDMD ONE RX/QUATREFOLIC . . . . .	146
VERIFINE INSULIN SYRINGE . . . . .	126,137	VITAMEDMD REDICHEW RX . . . . .	146
VERIFINE PLUS PEN NEEDLE . . . . .	137	vitamin d (ergocalciferol) . . . . .	170
VERIFINE SAFE LANCET MINI 21G . . . . .	126	VITAMINS ACD-FLUORIDE . . . . .	143
VERIFINE SAFE LANCET MINI 23G . . . . .	126	VITAPEARL . . . . .	146
VERIFINE SAFE LANCET MINI 28G . . . . .	126	VITATHELY WITH GINGER . . . . .	146
VERIFINE SAFE LANCET MINI 30G . . . . .	127	VITRAKVI . . . . .	61
VERIFINE UNIVERSAL LANCETS 28G . . . . .	127	VIVA DHA . . . . .	146
VERIFINE UNIVERSAL LANCETS 30G . . . . .	127	VIVAGUARD LANCETS . . . . .	127
VERIFINE UNIVERSAL LANCETS 33G . . . . .	127	VIVAGUARD LANCETS 30G . . . . .	127
VERZENIO . . . . .	61	VIVAGUARD LANCING DEVICE . . . . .	127
vestura . . . . .	82	VIVAGUARD SAFETY LANCETS 28G . . . . .	127
VIAGRA . . . . .	74	VIVITROL . . . . .	42
VIDA MIA AUTOLET LANCING DEV . . . . .	127	VIVOTIF . . . . .	167
VIDA MIA UNIFINE PENTIPS . . . . .	137	VIZIMPRO . . . . .	53
VIDA MIA UNILET LANCETS 28G . . . . .	127	VOCABRIA . . . . .	70
VIDA MIA UNILET LANCETS 30G . . . . .	127	volnea . . . . .	82
vienva . . . . .	82	VONJO . . . . .	61
vigabatrin . . . . .	34	VORANIGO . . . . .	61
vigadrone . . . . .	34	VORAXAZE . . . . .	63
vigpoder . . . . .	34	voriconazole . . . . .	43
VIJOICE . . . . .	141	VOXZOGO . . . . .	98
vilazodone hcl . . . . .	36	VP INSULIN SYRINGE . . . . .	137
VINATE DHA RF . . . . .	146	VRAYLAR . . . . .	64

vyfemla . . . . .	82
VYKAT XR . . . . .	166
VYLEESI . . . . .	156
vylibra . . . . .	82
VYLOY . . . . .	52
VYNDAMAX . . . . .	75
VYNDAQEL . . . . .	75
VYVGART . . . . .	140
VYVGART HYTRULO . . . . .	140
VYXEOS . . . . .	56
VYZULTA . . . . .	153

## W

WALGREENS ADV TRAVEL LANCETS . . . . .	127
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 . . . . .	129
WEBCOL ALCOHOL PREP MEDIUM . . . . .	129
WEGMANS UNIFINE PENTIPS PLUS . . . . .	137
WELIREG . . . . .	55
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 . . . . .	110
WIDE-SEAL DIAPHRAGM 65 . . . . .	110
WIDE-SEAL DIAPHRAGM 70 . . . . .	110
WIDE-SEAL DIAPHRAGM 75 . . . . .	110
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 . . . . .	30
wymzya fe . . . . .	82
WYOST . . . . .	166

## X

XACDURO . . . . .	25
XALKORI . . . . .	61,62
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
XENLETA . . . . .	26
XEOMIN . . . . .	149
XEPI . . . . .	87
XERAC AC . . . . .	93
XERESE . . . . .	90
XERMELO . . . . .	103
XIAFLEX . . . . .	140
XIFAXAN . . . . .	25
XIIDRA . . . . .	151
XIPERE . . . . .	152
XOFIGO . . . . .	62
XOFLUZA (40 MG DOSE) . . . . .	71
XOFLUZA (80 MG DOSE) . . . . .	71
XOLAIR . . . . .	28,29
XOLREMDI . . . . .	107
XOSPATA . . . . .	62
XPHOZAH . . . . .	98
XPOVIO (100 MG ONCE WEEKLY) . . . . .	55
XPOVIO (40 MG TWICE WEEKLY) . . . . .	55
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 . . . . .	83
XULTOPHY . . . . .	38
xyvona . . . . .	23
XYWAV . . . . .	156

## Y

yargesa . . . . .	106
YASMIN 28 . . . . .	82
YAZ . . . . .	82
YCANTH . . . . .	92
YERVOY . . . . .	52
YESINTEK . . . . .	166
yl folic acid . . . . .	106
YONDELIS . . . . .	49
yuvafem . . . . .	169

## Z

zafemy . . . . .	83
zafirlukast . . . . .	29
zaleplon . . . . .	108
ZALVIT . . . . .	146
zarah . . . . .	82
ZATEAN-PN DHA . . . . .	146
ZATEAN-PN PLUS . . . . .	146
ZEJULA . . . . .	62
ZELBORAF . . . . .	62
zelvysia . . . . .	98
ZEMBRACE SYMTOUCH . . . . .	138
zenatane . . . . .	87
ZENPEP . . . . .	94
ZEPOSIA . . . . .	158
ZEPOSIA 7-DAY STARTER PACK . . . . .	158
ZEPOSIA STARTER KIT . . . . .	158
ZEPZELCA . . . . .	49
ZEV RX INSULIN SYRINGE . . . . .	138
ZEV RX PEN NEEDLES . . . . .	138
ZEV RX STERILE ALCOHOL PREP PAD . . . . .	129
ZEV RX TWIST TOP LANCETS 30G . . . . .	127
zidovudine . . . . .	70
ZIEXTENZO . . . . .	107

ZIIHERA . . . . .	166
ZINPLAVA . . . . .	155
ZIPHEX . . . . .	146
ziprasidone hcl . . . . .	64
ZOKINVY . . . . .	141
ZOLADEX . . . . .	54,55
ZOLEDRONIC ACID . . . . .	96
zoledronic acid . . . . .	96
ZOLINZA . . . . .	62
zolmitriptan . . . . .	138,139
zolpidem tartrate . . . . .	108
ZOLPIDEM TARTRATE . . . . .	108
zolpidem tartrate er . . . . .	108
ZOMACTON . . . . .	97
ZOMACTON (FOR ZOMA-JET 10) . . . . .	97
zomig . . . . .	139
zonisamide . . . . .	34
zovia 1/35 (28) . . . . .	82
zovia 1/35e (28) . . . . .	82
ZTALMY . . . . .	34
zumandimine . . . . .	82
ZURZUVAE . . . . .	35
ZYDELIG . . . . .	62
ZYKADIA . . . . .	62
ZYMFENTRA (1 PEN) . . . . .	102
ZYMFENTRA (2 PEN) . . . . .	102
ZYMFENTRA (2 SYRINGE) . . . . .	102
ZYNLONTA . . . . .	52
ZYNYZ . . . . .	52
ZYPITAMAG . . . . .	45
ZYPREXA RELPREVV . . . . .	66