



Geisinger High Performance Rx

Geisinger
HEALTH PLAN

2026

List of covered drugs

General formulary information

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

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.

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

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

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

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

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

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 will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are typically not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.
- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

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 SP in the Requirements/Limits column require a specialty pharmacy vendor.

- This formulary is accurate as of March 1, 2026, and is subject to change. You can find any additions or deletions to the formulary throughout the year in the quarterly publications “Member Update” (for members) and “Healthcare Provider Update” (for providers). The most up-to-date source for formulary information is the online formulary search available at geisinger.org/health-plan.com.
- **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
- If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

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.

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.

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, November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." 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 פראװידער.

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

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

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

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

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

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

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

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

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

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

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

LEGEND

0 Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

QL Quantity Limit

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

AL Age Limit

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

PN Note

This drug has unique restrictions.

C Publishing Note (C0)

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

LA Limited Access

Drugs that are only available at certain pharmacies

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	12
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	14
ALTERNATIVE MEDICINES	14
AMINOGLYCOSIDES	14
ANALGESICS - ANTI-INFLAMMATORY	15
ANALGESICS - NONNARCOTIC	19
ANALGESICS - OPIOID	21
ANDROGENS-ANABOLIC	24
ANORECTAL AND RELATED PRODUCTS	25
ANTACIDS	26
ANTHELMINTICS	26
ANTI-INFECTIVE AGENTS - MISC	26
ANTIANGINAL AGENTS	29
ANTIANKXIETY AGENTS	29
ANTIARRHYTHMICS	30
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	31
ANTICOAGULANTS	33
ANTICONVULSANTS	35
ANTIDEPRESSANTS	38
ANTIDIABETICS	40
ANTIDIARRHEAL/PROBIOTIC AGENTS	44
ANTIDOTES AND SPECIFIC ANTAGONISTS	44
ANTIEMETICS	45
ANTIFUNGALS	46
ANTIHISTAMINES	47
ANTIHYPERTENSIVES	48
ANTIHYPERTENSIVES	50
ANTIMALARIALS	53
ANTIMYASTHENIC/CHOLINERGIC AGENTS	54
ANTIMYCOBACTERIAL AGENTS	54
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	54
ANTIPARKINSON AND RELATED THERAPY AGENTS	65
ANTIPSYCHOTICS/ANTIMANIC AGENTS	66
ANTISEPTICS & DISINFECTANTS	68
ANTIVIRALS	68
BETA BLOCKERS	72
CALCIUM CHANNEL BLOCKERS	73
CARDIOTONICS	74
CARDIOVASCULAR AGENTS - MISC	75
CEPHALOSPORINS	77
CHEMICALS	78
CONTRACEPTIVES	78
CORTICOSTEROIDS	86
COUGH/COLD/ALLERGY	88
DERMATOLOGICALS	89
DIAGNOSTIC PRODUCTS	101

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	102
DIGESTIVE AIDS	102
DIURETICS	102
ENDOCRINE AND METABOLIC AGENTS - MISC.	103
ESTROGENS	107
FLUOROQUINOLONES	108
GASTROINTESTINAL AGENTS - MISC.	109
GENERAL ANESTHETICS	111
GENITOURINARY AGENTS - MISCELLANEOUS	111
GOUT AGENTS	112
HEMATOLOGICAL AGENTS - MISC.	113
HEMATOPOIETIC AGENTS	114
HEMOSTATICS	117
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	117
LAXATIVES	119
LOCAL ANESTHETICS-PARENTERAL	120
MACROLIDES	121
MEDICAL DEVICES AND SUPPLIES	122
MIGRAINE PRODUCTS	153
MINERALS ELECTROLYTES	154
MISCELLANEOUS THERAPEUTIC CLASSES	158
MOUTH/THROAT/DENTAL AGENTS	159
MULTIVITAMINS	161
MUSCULOSKELETAL THERAPY AGENTS	163
NASAL AGENTS - SYSTEMIC AND TOPICAL	164
NEUROMUSCULAR AGENTS	165
NUTRIENTS	166
OPHTHALMIC AGENTS	166
OTIC AGENTS	171
OXYTOCICS	171
PASSIVE IMMUNIZING AND TREATMENT AGENTS	171
PENICILLINS	171
PHARMACEUTICAL ADJUVANTS	172
PROGESTINS	173
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	173
RESPIRATORY AGENTS - MISC.	177
SULFONAMIDES	177
TETRACYCLINES	178
THYROID AGENTS	178
TOXOIDS	179
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	179
UNCATEGORIZED	181
URINARY ANTISPASMODICS	181
VACCINES	182
VAGINAL AND RELATED PRODUCTS	185
VASOPRESSORS	186
VITAMINS	187

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
ADDERALL XR	2	
<i>amphet-dextroamphet 3-bead er</i>	1	QL (1 ea per 1 days)
<i>amphetamine sulfate</i>	1	
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
DEXEDRINE	3	
<i>dextroamphetamine sulfate (2.5 mg tab, 5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>lisdexamfetamine dimesylate</i>	1	QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	1	
MYDAYIS	2	
<i>procentra</i>	1	
VYVANSE (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP)	2	QL (1 ea per 1 days)
VYVANSE (10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB)	2	QL (1 ea per 1 day(s))
<i>zenzedi</i>	1	
ANALEPTICS		
<i>caffeine citrate</i>	1	
CAFFEINE-SODIUM BENZOATE	1	
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl</i>	1	
<i>diethylpropion hcl</i>	1	
DIETHYLPROPION HCL ER	1	
<i>phendimetrazine tartrate</i>	1	
PHENDIMETRAZINE TARTRATE ER	1	
<i>phentermine hcl (15 mg cap, 30 mg cap, 37.5 mg cap, 37.5 mg tab)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
QSYMIA	2	QL (1 ea per 1 day(s))
ANTI-OBESITY AGENTS		
<i>liraglutide -weight management</i>	1	QL (0.5 ml per 1 day(s))
ORLISTAT	1	QL (3 ea per 1 day(s))
SAXENDA	2	QL (0.5 ml per 1 day(s))
WEGOVY (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1 MG/0.5ML SOLN A-INJ)	2	QL (2 ml per 28 day(s)), C (28 DAY SUPPLY IN 180 DAYS)
WEGOVY (1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	2	QL (3 ml per 28 day(s))
ZEPBOUND (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	QL (2 ml per 28 day(s))
ZEPBOUND (7.5 MG/0.5ML SOLUTION, 10 MG/0.5ML SOLUTION)	2	
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	2	QL (2 ml per 28 day(s)), C (28 DAY SUPPLY IN 180 DAYS)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<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	2	QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	2	QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	2	QL (3 ea per 1 days)
STRATTERA	3	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX	2	SP
STIMULANTS - MISC.		
<i>armodafinil</i>	1	
AZSTARYS	2	
CONCERTA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
FOCALIN	3	
JORNAY PM	2	
METHYLIN	3	
<i>methylphenidate</i>	1	
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>methylphenidate hcl er (10 mg tab er, 18 mg tab er, 20 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>methylphenidate hcl er (osm) (72 mg tab er)</i>	1	QL (1 ea per 1 day(s))
<i>methylphenidate hcl er (xr)</i>	1	
<i>modafinil</i>	1	
RITALIN	3	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC (CONTINUED)		
ALLERGENIC EXTRACTS		
GRASTEK	2	
ORALAIR	2	SP
ORALAIR ADULT STARTER PACK	2	SP
RAGWITEK	2	
ALTERNATIVE MEDICINES (CONTINUED)		
ALTERNATIVE MEDICINE - M'S		
<i>melatol pediatric sleep/calm</i>	1	
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	1	
BETHKIS	2	QL (224 ml per 56 days), SP

Drug Name	Drug Tier	Requirements/Limits
GENTAMICIN IN SALINE	1	
<i>gentamicin sulfate (10 mg/ml solution, 40 mg/ml solution)</i>	1	
<i>neomycin sulfate</i>	1	
STREPTOMYCIN SULFATE	1	
TOBRAMYCIN	1	QL (280 ml per 56 day(s)), SP
<i>tobramycin 300 mg/4ml nebu soln</i>	1	QL (224 ml per 56 days), SP
<i>tobramycin 300 mg/5ml nebu soln</i>	1	QL (280 ml per 56 days), SP
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 80 mg/2ml solution)</i>	1	

ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-ADAZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	QL (0.8 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	2	QL (0.25 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	2	QL (1.6 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
HUMIRA (1 PEN)	2	QL (3 ea per 28 day(s)), SP
HUMIRA (2 PEN) (40 MG/0.4ML AUT-IJ KIT, 40 MG/0.8ML AUT-IJ KIT)	2	QL (2 ea per 28 day(s)), SP
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL (3 ea per 28 day(s)), SP
HUMIRA (2 SYRINGE) (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)	2	QL (2 ea per 28 day(s)), SP
HUMIRA (2 SYRINGE) 40 MG/0.4ML PREF SY KT	2	QL (2 ea per 28 days), SP
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	QL (8 ea per 30 day(s)), SP
HUMIRA 10 MG/0.1ML PREF SY KT	2	QL (2 ea per 28 day(s)), SP
HUMIRA 40 MG/0.4ML PREF SY KT	2	QL (2 ea per 28 days), SP
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	QL (2 ea per 28 day(s)), SP
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	QL (3 ea per 28 day(s)), SP
HUMIRA-PED<40KG CROHNS STARTER	2	QL (2 ea per 28 days), SP
HUMIRA-PED>/=40KG CROHNS START	2	QL (3 ea per 28 days), SP
HUMIRA-PED>/=40KG UC STARTER	2	QL (3 ea per 28 day(s)), SP

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-PS/UV/ADOL HS STARTER	2	QL (2 ea per 28 day(s)), SP
HUMIRA-PSORIASIS/UEIT STARTER	2	QL (3 ea per 28 day(s)), SP
HYRIMOZ (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	QL (0.8 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ (40 MG/0.8ML SOLN A-INJ, 40 MG/0.8ML SOLN PRSYR)	2	QL (1.6 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ 10 MG/0.1ML SOLN PRSYR	2	QL (0.25 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ 20 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ 80 MG/0.8ML SOLN A-INJ	2	QL (1.6 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ-CROHNS/UC STARTER	2	QL (1.6 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ-CROHNS/UC STARTER PACK	2	QL (1.6 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	2	QL (1.2 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ-PED CROHNS STARTER 80 MG/0.8ML SOLN PRSYR	2	QL (2.4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ-PLAQ PSOR/UEIT START	2	QL (1.6 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
HYRIMOZ-PLAQUE PSORIASIS START	2	QL (1.6 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
SIMPONI ARIA	2	SP
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
RINVOQ 45 MG TAB ER 24H	2	QL (28 ea per 28 days), C (84 DAYS SUPPLY IN 180 DAYS), SP
RINVOQ LQ	2	QL (360 ml per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
XELJANZ (5 MG TAB, 10 MG TAB)	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
XELJANZ 1 MG/ML SOLUTION	2	QL (300 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
XELJANZ XR	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO (7.5 MG/0.15ML SOLN A-INJ, 10 MG/0.2ML SOLN A-INJ, 12.5 MG/0.25ML SOLN A-INJ, 15 MG/0.3ML SOLN A-INJ, 17.5 MG/0.35ML SOLN A-INJ, 22.5 MG/0.45ML SOLN A-INJ, 25 MG/0.5ML SOLN A-INJ, 30 MG/0.6ML SOLN A-INJ)	2	

Drug Name	Drug Tier	Requirements/Limits
RASUVO 20 MG/0.4ML SOLN A-INJ	2	
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	2	SP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA	2	QL (2.28 ml per 28 days), SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS	3	
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
COXANTO	1	QL (4 ea per 1 day(s))
<i>diclofenac potassium (25 mg cap, 50 mg tab)</i>	1	
<i>diclofenac potassium 25 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol (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>flexipak</i>	1	
<i>flurbiprofen (50 mg tab, 100 mg tab)</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen lysine</i>	1	
<i>ibuprofen-famotidine</i>	1	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin 50 mg suppos</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin sodium</i>	1	
KETOPROFEN	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (15 mg/ml solution, 15.75 mg/spray solution, 30 mg/ml solution, 60 mg/2ml solution)</i>	1	
<i>ketorolac tromethamine +rfd</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 ea per fill)
LURBIPR	1	
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
MELOXICAM	1	
<i>nabumetone</i>	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen sodium er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>naproxen sodium er 375 mg tab er 24h</i>	1	
ORUDIS	1	
OXAPROZIN	1	QL (4 ea per 1 day(s))
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
PREVIDOLRX PLUS ANALGESIC	1	
<i>sulindac</i>	1	
TOLECTIN 600	1	
TOLMETIN SODIUM	1	
ZYBIC	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA (4 X 10 & 51 X20 MG TAB THPK, 10 & 20 & 30 MG TAB THPK)	2	QL (55 ea per 180 day(s)), C (28 DAY SUPPLY IN 180 DAYS), SP
OTEZLA 20 MG TAB	2	QL (60 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
OTEZLA 30 MG TAB	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	QL (4 ml per 28 days), SP
ENBREL 25 MG RECON SOLN	2	QL (8 ea per 28 days), SP
ENBREL 25 MG/0.5ML SOLUTION	2	QL (8 ml per 28 days), SP
ENBREL MINI	2	QL (4 ml per 28 days), SP
ENBREL SURECLICK	2	QL (4 ml per 28 days), SP
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac (butalbital-acetamin-caff)</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-325 mg tab)</i>	1	
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	
<i>butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg tab)</i>	1	
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
TENCON	1	
ANALGESICS OTHER		
<i>acetaminophen (10 mg/ml solution, 100 mg/10ml soln prsy, 1000 mg/100ml solution)</i>	1	
CLONIDINE HCL (ANALGESIA) (100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION)	1	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin ec low strength</i>	0	
<i>aspirin low dose</i>	0	
<i>aspirin regimen</i>	0	
<i>bayer aspirin ec low dose</i>	0	
<i>bayer low dose</i>	0	
<i>childrens aspirin</i>	0	
<i>cvs aspirin adult low dose</i>	0	
<i>cvs aspirin adult low strength</i>	0	
<i>cvs aspirin ec 81 mg tab dr</i>	0	
<i>cvs aspirin low dose</i>	0	
<i>cvs aspirin low strength</i>	0	
<i>diflunisal</i>	1	
<i>ecotrin low strength</i>	0	
<i>eq aspirin adult low dose</i>	0	
<i>eq aspirin low dose</i>	0	
<i>eql aspirin low dose</i>	0	
<i>ft aspirin 81 mg chew tab</i>	0	
<i>ft aspirin low dose</i>	0	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>px enteric aspirin 81 mg tab dr</i>	0	
<i>qc aspirin low dose</i>	0	
<i>qc childrens aspirin</i>	0	
<i>ra aspirin adult low dose</i>	0	
<i>ra aspirin adult low strength</i>	0	
<i>ra aspirin childrens</i>	0	
<i>ra aspirin ec 81 mg tab dr</i>	0	
<i>ra aspirin ec adult low st</i>	0	
<i>salsalate</i>	1	
<i>sb childrens aspirin</i>	0	
<i>sb low dose asa ec</i>	0	
<i>sm aspirin adult low strength</i>	0	
<i>sm aspirin ec low strength</i>	0	
<i>sm aspirin low dose</i>	0	
<i>sm childrens aspirin</i>	0	
<i>st joseph aspirin</i>	0	
<i>st joseph low dose</i>	0	

ANALGESICS - OPIOID (CONTINUED)

OPIOID AGONISTS

<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	1	
DISKETS	1	
DURAMORPH	1	
<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	C (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (10 MCG/ML SOLN PRSYR, 20 MCG/2ML SOLN PRSYR, 50 MCG/5ML SOLN PRSYR, 50 MCG/ML SOLN PRSYR, 100 MCG/10ML SOLN PRSYR, 100 MCG/2ML SOLN PRSYR, 250 MCG/5ML SOLN PRSYR, 500 MCG/50ML SOLN PRSYR, 1000 MCG/100ML SOLUTION, 1000 MCG/20ML SOLN PRSYR, 1000 MCG/50ML SOLUTION, 1250 MCG/25ML SOLN PRSYR, 1500 MCG/30ML SOLN PRSYR, 1500 MCG/30ML SOLUTION, 1600 MCG/100ML SOLUTION, 2000 MCG/100ML SOLUTION, 2500 MCG/50ML SOLN PRSYR, 2500 MCG/50ML SOLUTION, 2750 MCG/55ML SOLN PRSYR, 5000 MCG/100ML SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	1	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
<i>fentanyl citrate (pf) (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/2ml solution, 250 mcg/5ml solution, 500 mcg/10ml solution, 1000 mcg/20ml solution, 2500 mcg/50ml solution)</i>	1	
FENTANYL CITRATE-NACL	1	
<i>hydrocodone bitartrate er</i>	1	
HYDROMORPHONE HCL (0.25 MG/0.5ML SOLUTION, 0.5 MG/ML SOLUTION, 1 MG/ML LIQUID, 1 MG/ML SOLUTION, 2 MG TAB, 2 MG/ML SOLUTION, 3 MG SUPPOS, 4 MG TAB, 4 MG/ML SOLUTION, 8 MG TAB)	1	
HYDROMORPHONE HCL 0.2 MG/ML SOLUTION	1	
<i>hydromorphone hcl er</i>	1	
HYDROMORPHONE HCL PF (1 MG/ML SOLUTION, 2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
HYDROMORPHONE HCL-NACL (0.2-0.9 MG/0.2ML-% SOLN PRSYR, 0.5-0.9 MG/0.5ML-% SOLN PRSYR, 1-0.9 MG/5ML-% SOLN PRSYR, 1-0.9 MG/ML-% SOLN PRSYR, 2-0.9 MG/ML-% SOLN PRSYR, 5-0.9 MG/25ML-% SOLN PRSYR, 6-0.9 MG/30ML-% SOLN PRSYR, 6-0.9 MG/30ML-% SOLUTION, 10-0.9 MG/50ML-% SOLN PRSYR, 10-0.9 MG/50ML-% SOLUTION, 15-0.9 MG/30ML-% SOLN PRSYR, 20-0.9 MG/100ML-% SOLUTION, 25-0.9 MG/25ML-% SOLN PRSYR, 25-0.9 MG/50ML-% SOLUTION, 30-0.9 MG/30ML-% SOLN PRSYR, 30-0.9 MG/30ML-% SOLUTION, 50-0.9 MG/50ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLUTION, 55-0.9 MG/55ML-% SOLN PRSYR, 100-0.9 MG/100ML-% SOLUTION, 100-0.9 MG/50ML-% SOLUTION)	1	
<i>meperidine hcl (25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	1	
METHADONE HCL (5 MG TAB, 5 MG/5ML SOLUTION, 10 MG TAB, 10 MG/5ML SOLUTION, 10 MG/ML CONC, 10 MG/ML SOLN PRSYR, 10 MG/ML SOLUTION, 40 MG TAB SOL)	1	
<i>methadone hcl intensol</i>	1	
METHADOSE	1	
<i>methadose</i>	1	
<i>mitigo</i>	1	
<i>morphine sulfate (0.5 mg/ml solution, 1 mg/ml solution, 2 mg/ml solution, 4 mg/ml solution, 5 mg suppos, 8 mg/ml solution, 10 mg suppos, 10 mg/5ml solution, 10 mg/ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab, 50 mg/ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE (CONCENTRATE)	1	
MORPHINE SULFATE (PF) (2 MG/ML SOLUTION, 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	1	
MORPHINE SULFATE ER BEADS	1	
NUCYNTA	2	
NUCYNTA ER	2	
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 15 mg tab deter, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER, 80 MG TB12 DETER)	1	
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	1	
OXYMORPHONE HCL ER	1	
<i>remifentanil hcl</i>	1	
ROXYBOND 15 MG TAB DETER	1	
SUBSYS	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
SUFENTANIL CITRATE (50 MCG/ML SOLUTION, 100 MCG/2ML SOLUTION, 250 MCG/5ML SOLUTION)	1	
<i>tramadol hcl (5 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC)	1	
TRAMADOL HCL ER (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	
XTAMPZA ER	2	
OPIOID COMBINATIONS		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-30 mg/12.5ml solution, 300-60 mg tab)</i>	1	
APAP-CAFF-DIHYDROCODEINE	1	
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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, 10-325 mg/15ml solution)</i>	1	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	1	
OXYCODONE-ACETAMINOPHEN (2.5-300 MG TAB, 5-300 MG TAB, 10-300 MG TAB)	1	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>tramadol-acetaminophen</i>	1	
TREZIX	1	
OPIOID PARTIAL AGONISTS		
BELBUCA	2	
<i>buprenorphine</i>	1	QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	C (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl 0.3 mg/ml solution</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	C (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate</i>	1	
<i>nalbuphine hcl</i>	1	
<i>pentazocine-naloxone hcl</i>	1	
ZUBSOLV	2	
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
<i>oxandrolone</i>	1	
ANDROGENS		
ANDRODERM	2	
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
<i>methyltestosterone 10 mg cap</i>	1	
NATESTO	2	

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE (1.62 % GEL, 10 MG/ACT (2%) GEL, 12.5 MG/ACT (1%) GEL, 20.25 MG/1.25GM (1.62%) GEL, 20.25 MG/ACT (1.62%) GEL, 25 MG PELLETT, 25 MG/2.5GM (1%) GEL, 30 MG/ACT SOLUTION, 40.5 MG/2.5GM (1.62%) GEL, 50 MG PELLETT, 50 MG/5GM (1%) GEL, 100 MG PELLETT, 200 MG PELLETT)	1	
<i>testosterone cypionate</i>	1	
TESTOSTERONE ENANTHATE	1	
XYOSTED	2	
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>budesonide (2 mg foam, 2 mg/act foam)</i>	1	
CORTENEMA	3	
CORTIFOAM	2	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
UCERIS 2 MG/ACT FOAM	2	
RECTAL COMBINATIONS		
ANA-LEX	1	
HYDROCORT-PRAMOXINE (PERIANAL)	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
HYDROCORTISONE ACE-PRAMOXINE 25-18 MG SUPPOS	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
LIDOCAINE-HYDROCORTISONE ACE (2-2 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
ANUCORT-HC	1	
ANUSOL-HC (2.5 % CREAM, 25 MG SUPPOS)	1	
HEMMOREX-HC	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	
PROCTOCORT 1 % CREAM	1	

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
VASODILATING AGENTS		
<i>nitroglycerin 0.4 % ointment</i>	1	
ANTACIDS (CONTINUED)		
ANTACIDS - BICARBONATE		
SODIUM BICARBONATE POWDER	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole</i>	1	QL (4 ea per day(s))
EMVERM	2	QL (6 ea per fill(s))
<i>ivermectin 3 mg tab</i>	1	C (PA REQUIRED FOR UNAPPROVED INDICATIONS)
<i>praziquantel</i>	1	
STROMEKTOL	3	
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
BACITRACIN 50000 UNIT RECON SOLN	1	
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
TRIMETHOPRIM	1	
XIFAXAN	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
HYOPHEN	1	
MB CAPS	1	
ME/NAPHOS/MB/HYO1	1	
<i>phosphasal</i>	1	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 400-80 mg/5ml solution, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfatrim pediatric</i>	1	
URELLE	1	
URETRON D/S	1	
URIBEL	1	
URIMAR-T 120 MG CAP	1	
URIMAR-T 120 MG TAB	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
URO-MP	1	
<i>uro-sp</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
VILAMIT MB	1	
VILEVEV MB	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone</i>	1	
<i>nitazoxanide</i>	1	
CARBAPENEMS		
<i>ertapenem sodium</i>	1	
<i>imipenem-cilastatin</i>	1	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	1	
CHLORAMPHENICOLS		
CHLORAMPHENICOL SOD SUCCINATE	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin 350 mg recon soln</i>	1	C (34 DAYS SUPPLY PER FILL)
DAPTOMYCIN 500 MG RECON SOLN	1	C (34 DAYS SUPPLY PER FILL)
<i>daptomycin 500 mg recon soln</i>	1	C (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
<i>dalbavancin hcl</i>	1	C (34 DAYS SUPPLY PER FILL)
VANCOGIN	2	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HCL (1 GM RECON SOLN, 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 5 GM RECON SOLN, 10 GM RECON SOLN, 25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN, 100 GM RECON SOLN, 125 MG CAP, 250 MG CAP, 250 MG RECON SOLN, 250 MG/5ML RECON SOLN, 500 MG RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION)	1	
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 1.25-5 GM/250ML-% SOLUTION, 1.5-5 GM/250ML-% SOLUTION, 500-5 MG/100ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	1	
VANCOMYCIN HCL IN NACL (1-0.9 GM/200ML-% SOLUTION, 1-0.9 GM/250ML-% SOLUTION, 1.25-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/250ML-% SOLUTION, 1.5-0.9 GM/500ML-% SOLUTION, 1.75-0.9 GM/250ML-% SOLUTION, 1.75-0.9 GM/500ML-% SOLUTION, 2-0.9 GM/500ML-% SOLUTION, 500-0.9 MG/100ML-% SOLUTION, 750-0.9 MG/150ML-% SOLUTION)	1	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
CLEOCIN (75 MG CAP, 75 MG/5ML RECON SOLN, 150 MG CAP, 300 MG CAP)	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate (9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>lincomycin hcl</i>	1	
MONOBACTAMS		
<i>aztreonam</i>	1	
OXAZOLIDINONES		
<i>linezolid (100 mg/5ml recon susp, 600 mg/300ml solution)</i>	1	
<i>linezolid 600 mg tab</i>	1	QL (2 ea per 1 days), C (56 DAYS SUPPLY IN 180 DAYS)
LINEZOLID IN SODIUM CHLORIDE	1	
POLYMYXINS		
<i>colistimethate sodium (cba)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
MACROBID	2	
<i>methenamine hippurate</i>	1	
METHENAMINE MANDELATE	1	
NITROFURANTOIN	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohydrate macro</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-DUR (0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.3 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	2	
NITRO-TIME	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	1	
NITROGLYCERIN IN D5W	1	
NITROLINGUAL	1	
NITROSTAT	3	
ANTIANGIETY AGENTS (CONTINUED)		
ANTIANGIETY AGENTS - MISC.		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	1	
<i>droperidol</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP)	1	
<i>meprobamate</i>	1	
BENZODIAZEPINES		
<i>alprazolam</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, 5 mg/ml solution, 10 mg tab, 10 mg/2ml soln a-inj, 10 mg/2ml solution)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc, 2 mg/ml solution, 4 mg/ml solution)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS - MISC.		
<i>adenosine</i>	1	
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
NORPACE CR 100 MG CAP ER 12H	3	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	3	QL (5 ea per 1 days)
<i>procainamide hcl</i>	1	
<i>quinidine gluconate er 324 mg tab er</i>	1	
QUINIDINE SULFATE	1	
ANTIARRHYTHMICS TYPE I-B		
LIDOCAINE HCL (CARDIAC) (50 MG/5ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 100 MG/5ML SOLN PRSYR)	1	
LIDOCAINE HCL (CARDIAC) PF	1	
LIDOCAINE HCL 100 MG/5ML SOLN PRSYR	1	
<i>lidocaine in d5w</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
RYTHMOL SR	2	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 150 mg/3ml solution, 200 mg tab, 400 mg tab, 450 mg/9ml solution, 900 mg/18ml solution)</i>	1	
<i>dofetilide</i>	1	
<i>ibutilide fumarate</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
TIKOSYN	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	QL (0.5 ml per 56 day(s)), SP
FASENRA 30 MG/ML SOLN PRSYR	2	QL (1 ml per 56 days), SP
FASENRA PEN	2	QL (1 ml per 56 days), SP
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	SP
NUCALA 40 MG/0.4ML SOLN PRSYR	2	QL (1 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
TEZSPIRE	2	QL (1.91 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	QL (4 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
XOLAIR 150 MG RECON SOLN	2	C (28 DAYS SUPPLY PER FILL), SP
XOLAIR 150 MG/ML SOLN PRSYR	2	QL (4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
XOLAIR 75 MG/0.5ML SOLN A-INJ	2	QL (5 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	QL (5 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
<i>tiotropium bromide</i>	1	
YUPELRI	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	
<i>zafirlukast</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP	2	
<i>roflumilast</i>	1	
STEROID INHALANTS		
ARNUITY ELLIPTA	2	
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
FLUTICASONE FUROATE ELLIPTA	1	
PULMICORT	3	
PULMICORT FLEXHALER	2	
QVAR REDIHALER	2	
SYMPATHOMIMETICS		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
AIRSUPRA	2	QL (32.1 gm per 30 day(s))
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)</i>	1	
ALBUTEROL SULFATE ER	1	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	
BREO ELLIPTA	2	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	2	QL (10.7 gm per 28 days)
FLUTICASONE FUROATE-VILANTEROL	1	
<i>fluticasone-salmeterol</i>	1	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	1	
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL (1 ea per 30 day(s))
<i>formoterol fumarate</i>	1	
<i>ipratropium-albuterol</i>	1	
<i>isoproterenol hcl</i>	1	
ISOPROTERENOL-SODIUM CHLORIDE	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE	1	
PERFORMIST	2	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	
<i>terbutaline sulfate (1 mg/ml solution, 2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA	2	QL (2 ea per 1 days)
<i>wixela inhub</i>	1	QL (2 ea per 1 days)
XANTHINES		
AMINOPHYLLINE	1	
<i>elixophyllin</i>	1	
<i>theophylline</i>	1	
<i>theophylline er</i>	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
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), C (30 DAYS SUPPLY PER FILL)
<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 (2.5 MG TAB, 15 MG TAB)	2	QL (2 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	2	QL (20 ml per 1 days)
XARELTO STARTER PACK	2	QL (51 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA	2	
BD HEPARIN POSIFLUSH	1	
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	C (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	1	C (34 DAYS SUPPLY PER FILL)
FRAGMIN	2	
HEPARIN (PORCINE) IN NA CL (20-0.9 UNT/20ML-% SOLN PRSYR, 50-0.9 UNT/50ML-% SOLN PRSYR, 500-0.9 UT/500ML-% SOLUTION, 1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION, 2500-0.9 UT/500ML-% SOLUTION, 4000-0.9 UNIT/L-% SOLUTION, 5000-0.9 UT/500ML-% SOLUTION, 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION, 30000-0.9 UNIT/L-% SOLUTION)	1	
HEPARIN NA (PORK) LOCK FLSH PF	1	
HEPARIN SOD (PORK) LOCK FLUSH	1	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) +rfid</i>	1	
HEPARIN SODIUM (PORCINE) PF	1	
THROMBIN INHIBITORS		
<i>argatroban</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BIVALIRUDIN TRIFLUOROACETATE	1	
<i>dabigatran etexilate mesylate</i>	1	QL (2 ea per 1 day(s))
ANTICONVULSANTS (CONTINUED)		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	2	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	QL (1 ea per 1 day(s))
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	1	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	1	
NAYZILAM	2	QL (10 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
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)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	2	QL (1 ea per 1 day(s))
APTIOM (600 MG TAB, 800 MG TAB)	2	QL (2 ea per 1 day(s))
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	1	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	1	
CARBATROL	3	
<i>epitol</i>	1	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab, 200 mg/20ml solution)</i>	1	
<i>lamotrigine (25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	1	QL (2 ea per 1 day(s))
<i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab, 42 x 50 mg & 14x100 mg kit, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
LEVETIRACETAM IN NAACL (250 MG/50ML SOLUTION, 500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	1	
MYSOLINE	3	
NEURONTIN (100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB)	3	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	1	
<i>oxcarbazepine er</i>	1	
OXTELLAR XR	2	
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
PRIMIDONE	1	
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg cap sprink, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cap er 24h, 200 mg cp24 sprnk)</i>	1	
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	3	
TROKENDI XR	2	
VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 200 MG/20ML SOLUTION)	2	
<i>zonisamide</i>	1	
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	2	QL (28 ea per 28 day(s)), C (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE)	2	QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	2	QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	2	QL (1 ea per 1 days)
XCOPRI 200 MG TAB	2	QL (2 ea per 1 days)
XCOPRI 25 MG TAB	2	QL (1 ea per 1 day(s))
GABA MODULATORS		
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	1	
<i>vigabatrin</i>	1	SP
<i>vigadrone 500 mg packet</i>	1	LA, SP
<i>vigadrone 500 mg tab</i>	1	LA, SP
<i>vigpoder</i>	1	SP
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	3	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>fosphenytoin sodium</i>	1	
<i>phenytek</i>	1	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
SUCCINIMIDES		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	1	
<i>methsuximide</i>	1	
ZARONTIN (250 MG CAP, 250 MG/5ML SOLUTION)	3	
VALPROIC ACID		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)</i>	1	
REMERON	3	
REMERON SOLTAB	3	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	0	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	QL (1 ea per 1 days)
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
NARDIL	2	
PARNATE	2	
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfata</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA	3	
CITALOPRAM HYDROBROMIDE	1	
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 40 mg cap, 60 mg tab)</i>	1	
FLUOXETINE HCL (20 MG/5ML SOLUTION, 90 MG CAP DR)	1	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)</i>	1	
PAROXETINE HCL	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (150 mg cap, 200 mg cap)</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	1	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	1	
TRINTELLIX	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl</i>	1	QL (1 ea per 1 days)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER	1	
<i>desvenlafaxine succinate er</i>	1	QL (1 ea per 1 days)
<i>duloxetine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	2	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
NORPRAMIN	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
PAMELOR	2	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	1	
PRECOSE	2	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	2	
SYMLINPEN 60	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET	3	
DUETACT	3	
<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)
JANUMET	2	
JANUMET XR	2	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	1	QL (1 ea per 1 days)
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	QL (2 ea per 1 days)
SOLIQUA	2	
SYNJARDY	2	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 ea per 1 days)
XIGDUO XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	2	QL (1 ea per 1 day(s))
XULTOPHY	2	QL (0.5 ml per 1 days)
BIGUANIDES		
<i>metformin hcl</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>metformin hcl er (mod) (500 mg tab er 24h, 1000 mg tab er 24h)</i>	1	
<i>metformin hcl er (osm) (500 mg tab er 24h, 1000 mg tab er 24h)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL (2 ea per fill)
BAQSIMI TWO PACK	2	QL (2 ea per fill)
<i>diazoxide</i>	1	
GLUCAGON EMERGENCY (1 MG/ML RECON SOLN)	1	QL (2 ea per fill(s)), C (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG RECON SOLN	1	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), C (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), C (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), C (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), C (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	QL (0.4 ml per fill)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	QL (0.2 ml per fill), C (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per fill), C (1 DAY SUPPLY PER FILL)
<i>mifepristone 300 mg tab</i>	1	QL (112 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
ZEGALOGUE	2	QL (1.2 ml per fill)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	
<i>saxagliptin hcl</i>	1	QL (1 ea per 1 days)
INCRETIN MIMETIC AGENTS		
<i>liraglutide</i>	1	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	QL (2 ml per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	QL (2 ml per 28 days), C (28 DAY SUPPLY IN 180 DAYS)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL (0.06 ml per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE)	2	QL (0.11 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (2 MG/DOSE)	2	QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	2	QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY IN 180 DAYS)
TRULICITY	2	QL (0.072 ml per 1 days)
VICTOZA	2	QL (0.3 ml per 1 day(s))
INSULIN		
BASAGLAR KWIKPEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG PENFILL	2	
TOUJEO MAX SOLOSTAR	2	

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	2	QL (1 ea per 1 day(s))
JARDIANCE	2	QL (1 ea per 1 days)
SULFONYLUREAS		
AMARYL	3	
<i>glimepiride</i>	1	
GLIPIZIDE	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	
GLYBURIDE MICRONIZED	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE-ATROPINE	1	
LOMOTIL	2	
<i>loperamide hcl 2 mg cap</i>	1	
OPIUM	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox</i>	1	C (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules</i>	1	C (30 DAYS SUPPLY PER FILL), SP
<i>deferiprone 1000 mg tab</i>	1	SP
<i>deferiprone 500 mg tab</i>	1	C (34 DAYS SUPPLY PER FILL), SP
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>acetylcysteine 200 mg/ml solution</i>	1	
<i>deferoxamine mesylate</i>	1	
<i>fomepizole</i>	1	
METHYLENE BLUE	1	
<i>methylene blue (antidote)</i>	1	
SODIUM THIOSULFATE	1	
VISTOGARD	2	LA, SP
BENZODIAZEPINE ANTAGONISTS		
<i>flumazenil</i>	1	
OPIOID ANTAGONISTS		
<i>naloxone hcl (0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	0	
<i>naltrexone hcl</i>	1	
NARCAN	2	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl (1 mg/ml solution, 4 mg/4ml solution)</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	QL (2 ea per fill), C (1 DAY SUPPLY PER FILL)
<i>ondansetron</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/2ml soln prsyr, 4 mg/2ml solution, 4 mg/5ml solution, 8 mg tab, 24 mg tab, 40 mg/20ml solution)</i>	1	
ONDANSETRON HCL +RFID	1	
PALONOSETRON HCL (0.25 MG/2ML SOLUTION, 0.25 MG/5ML SOLN PRSYR)	1	
PALONOSETRON HCL (0.25 MG/5ML SOLN PRSYR, 0.25 MG/5ML SOLUTION)	1	C (MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SANCUSO	2	QL (4 ea per 28 days), C (28 DAYS SUPPLY PER FILL)
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT (25 MG CHEW TAB, 50 MG TAB)	1	
<i>meclizine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine</i>	1	QL (4 ea per 1 days)
<i>dronabinol</i>	1	
MARINOL	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	1	
FOSAPREPITANT DIMEGLUMINE	1	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
<i>caspofungin acetate</i>	1	
MICAFUNGIN SODIUM	1	
ANTIFUNGALS		
AMPHOTERICIN B	1	
<i>amphotericin b liposome</i>	1	
<i>flucytosine</i>	1	C (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	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN (10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	3	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in sodium chloride</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
<i>posaconazole 100 mg tab dr</i>	1	QL (90 ea per 30 days), C (34 DAYS SUPPLY PER FILL)
<i>posaconazole 300 mg/16.7ml solution</i>	1	
<i>posaconazole 40 mg/ml suspension</i>	1	QL (20 ml per 1 days), C (30 DAYS SUPPLY PER FILL)
VFEND (40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB)	2	
VORICONAZOLE	1	
<i>voriconazole (50 mg tab, 200 mg tab)</i>	1	C (34 DAYS SUPPLY PER FILL)
<i>voriconazole 200 mg recon soln</i>	1	
<i>voriconazole 40 mg/ml recon susp</i>	1	
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate (4 mg/5ml solution)</i>	1	
CARBINOXAMINE MALEATE ER	1	
CARBZAH	1	
CLEMASTINE FUMARATE (0.67 MG/5ML SYRUP, 2.68 MG TAB)	1	
CLEMASZ	1	
CLEMSZA	1	
<i>diphenhydramine hcl (12.5 mg/5ml elixir, 50 mg/ml solution)</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	1	
<i>desloratadine (2.5 mg tab disp, 5 mg tab disp)</i>	1	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	1	
<i>xyzal allergy 24hr</i>	3	
ANTIHISTAMINES - PHENOTHIAZINES		
<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, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PROMETHEGAN	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTIHYPERTENSIVES (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	QL (1 ea per 1 days)
ANTIHYPERTENSIVES - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	
NEXLIZET	2	QL (1 ea per 1 days)
VYTORIN	3	
ANTIHYPERTENSIVES - MISC.		
<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)
LOVAZA	3	
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA 0.5 GM CAP	2	QL (8 ea per 1 days)
VASCEPA 1 GM CAP	2	
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</i>	1	
COLESTID (1 GM TAB, 5 GM GRANULES, 5 GM PACKET)	3	
COLESTID FLAVORED (5 GM GRANULES, 5 GM PACKET)	3	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER)	3	
QUESTRAN LIGHT	3	
FIBRIC ACID DERIVATIVES		
FENOFIBRATE	1	
<i>fenofibrate micronized</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i>	1	
LOPID	3	
TRILIPIX	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), C (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	0	QL (2 ea per 1 days), C (\$0 copay for members age 40-75)
<i>atorvastatin calcium 20 mg tab</i>	0	QL (1 ea per 1 days), C (\$0 copay for members age 40-75)
<i>fluvastatin sodium 20 mg cap</i>	0	QL (4 ea per 1 days), C (\$0 copay for members age 40-75)
<i>fluvastatin sodium 40 mg cap</i>	0	QL (2 ea per 1 days), C (\$0 copay for members age 40-75)
<i>fluvastatin sodium er</i>	0	QL (1 ea per 1 days), C (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	1	QL (4 ea per 1 days), C (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	0	QL (2 ea per 1 days), C (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	0	QL (1 ea per 1 days), C (\$0 copay for members age 40-75)
<i>pitavastatin calcium 1 mg tab</i>	1	QL (4 ea per 1 day(s)), C (\$0 copay for members age 40-75)
<i>pitavastatin calcium 2 mg tab</i>	1	QL (2 ea per 1 day(s)), C (\$0 copay for members age 40-75)
<i>pitavastatin calcium 4 mg tab</i>	1	QL (1 ea per 1 day(s)), C (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	0	QL (8 ea per 1 days), C (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	0	QL (4 ea per 1 days), C (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	0	QL (2 ea per 1 days), C (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	0	QL (1 ea per 1 days), C (\$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), C (\$0 copay for members age 40-75)

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 ea per 1 days), C (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	0	QL (4 ea per 1 days), C (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	0	QL (2 ea per 1 days), C (\$0 copay for members age 40-75)
<i>simvastatin 40 mg tab</i>	0	QL (1 ea per 1 days), C (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	1	QL (8 ea per 1 days), C (\$0 copay for members age 40-75)
<i>simvastatin 80 mg tab</i>	1	QL (1 ea per 1 days), C (\$0 copay for members age 40-75)
ZOCOR	3	C (\$0 copay for members age 40-75)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	1	
NIASPAN	3	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT	2	QL (0.072 ml per 1 days)
REPATHA	2	QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	2	QL (0.125 ml per 1 days)
REPATHA SURECLICK	2	QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>enalaprilat</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN	3	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ZESTRIL	3	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine</i>	1	SP
<i>phenoxybenzamine hcl</i>	1	SP
<i>phentolamine mesylate</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<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 (4 mg/ml solution, 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA	3	
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	1	
CLONIDINE ER	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	1	
<i>prazosin hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC	3	
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (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 (5-12.5 mg tab, 10-25 mg tab)</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	
LOTENSIN HCT	3	
LOTREL	2	
METHYLDOPA-HYDROCHLOROTHIAZIDE	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	
PROPRANOLOL-HCTZ	1	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	
TEKTURNA HCT	2	
TELMISARTAN-AMLODIPINE	1	
<i>telmisartan-hctz</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL ER	1	
TRIBENZOR	3	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
ZIAC	2	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
INSPRA	2	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
<i>nitroprusside sodium</i>	1	
<i>nitroprusside sodium-nacl</i>	1	
<i>sodium nitroprusside</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
MALARONE	2	
ANTIMALARIALS		
CHLOROQUINE PHOSPHATE (250 MG TAB, 500 MG TAB)	1	
<i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>mefloquine hcl</i>	1	
PLAQUENIL	2	

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate</i>	1	QL (14 ea per 14 day(s)), C (14 DAY SUPPLY IN 180 DAYS)
PRIMAQUINE PHOSPHATE	1	QL (14 ea per 14 day(s)), C (14 DAYS SUPPLY IN 180 DAYS)
<i>pyrimethamine</i>	1	C (34 DAYS SUPPLY PER FILL), SP
<i>quinine sulfate</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
BLOXIVERZ 5 MG/5ML SOLN PRSYR	1	
NEOSTIGMINE METHYLSULFATE (2 MG/2ML SOLN PRSYR, 3 MG/3ML SOLN PRSYR, 3 MG/3ML SOLUTION, 4 MG/4ML SOLN PRSYR, 5 MG/10ML SOLUTION, 5 MG/5ML SOLN PRSYR, 5 MG/5ML SOLUTION, 10 MG/10ML SOLUTION)	1	
NEOSTIGMINE METHYLSULFATE RFID	1	
PYRIDOSTIGMINE BROMIDE	1	
<i>pyridostigmine bromide er</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE 250 MG CAP	1	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	1	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	1	
MYAMBUTOL	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
ALKERAN 2 MG TAB	2	
BENDAMUSTINE HCL	1	
<i>bendamustine hcl</i>	1	
<i>busulfan</i>	1	SP
<i>carboplatin</i>	1	
CARMUSTINE	1	SP

Drug Name	Drug Tier	Requirements/Limits
<i>carmustine</i>	1	
<i>cisplatin (50 mg recon soln, 50 mg/50ml solution, 100 mg/100ml solution)</i>	1	SP
CISPLATIN 200 MG/200ML SOLUTION	1	
<i>cyclophosphamide (1 gm recon soln, 1 gm/5ml solution, 2 gm recon soln, 2 gm/10ml solution, 500 mg recon soln, 500 mg/2.5ml solution)</i>	1	SP
CYCLOPHOSPHAMIDE (1 GM/2ML SOLUTION, 25 MG TAB, 50 MG TAB)	1	
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
FRINDOVYX 1 GM/2ML SOLUTION	1	
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	1	
IFOSFAMIDE 3 GM RECON SOLN	1	
KEMOPLAT	1	SP
LEUKERAN	2	SP
MELPHALAN	1	
<i>melphalan hcl</i>	1	
MYLERAN	2	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION)	1	
<i>paraplatin</i>	1	
TEMODAR (100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP)	2	
<i>temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)</i>	1	C (34 DAYS SUPPLY PER FILL), SP
<i>thiotepa 100 mg recon soln</i>	1	SP
<i>thiotepa 15 mg recon soln</i>	1	C (34 DAYS SUPPLY PER FILL), SP
VIVIMUSTA	1	
ANTIMETABOLITES		
<i>azacitidine 100 mg recon susp</i>	1	SP
<i>capecitabine</i>	1	C (34 DAYS SUPPLY PER FILL), SP
<i>cladribine</i>	1	SP
<i>clofarabine</i>	1	C (34 DAYS SUPPLY PER FILL), SP
CYTARABINE	1	SP

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine (pf)</i>	1	SP
<i>decitabine</i>	1	C (34 DAYS SUPPLY PER FILL), SP
FLOXURIDINE	1	
<i>fludarabine phosphate (50 mg recon soln, 50 mg/2ml solution)</i>	1	
FLUDARABINE PHOSPHATE 25 MG/ML SOLUTION	1	SP
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	1	
GEMCITABINE HCL (1 GM RECON SOLN, 1 GM/10ML SOLUTION, 1 GM/26.3ML SOLUTION, 1.5 GM/15ML SOLUTION, 2 GM RECON SOLN, 2 GM/20ML SOLUTION, 2 GM/52.6ML SOLUTION, 200 MG RECON SOLN, 200 MG/2ML SOLUTION, 200 MG/5.26ML SOLUTION)	1	SP
<i>mercaptopurine 50 mg tab</i>	1	
METHOTREXATE SODIUM	1	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)</i>	1	
<i>nelarabine</i>	1	
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	1	C (34 DAYS SUPPLY PER FILL)
PEMETREXED 500 MG/20ML SOLUTION	1	
PEMETREXED DISODIUM	1	
PEMETREXED DITROMETHAMINE	1	
PRALATREXATE	1	C (34 DAYS SUPPLY PER FILL), SP
TABLOID	2	SP
TREXALL	2	
XELODA	2	SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA 1 MG TAB	2	QL (180 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
INLYTA 5 MG TAB	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LENVIMA (10 MG DAILY DOSE)	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LENVIMA (12 MG DAILY DOSE)	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LENVIMA (14 MG DAILY DOSE)	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE)	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LENVIMA (20 MG DAILY DOSE)	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LENVIMA (24 MG DAILY DOSE)	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LENVIMA (4 MG DAILY DOSE)	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LENVIMA (8 MG DAILY DOSE)	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ZIRABEV	2	SP
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA	2	C (34 DAYS SUPPLY PER FILL), SP
KANJINTI	2	C (34 DAYS SUPPLY PER FILL), SP
OGIVRI	2	C (34 DAYS SUPPLY PER FILL), SP
PERJETA	2	SP
TRAZIMERA	2	C (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE	2	C (34 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>gefitinib</i>	1	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
TAGRISSO	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE	2	QL (28 ea per 28 day(s)), C (30 DAYS SUPPLY PER FILL), SP
ODOMZO	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate 500 mg tab</i>	1	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>abirtega</i>	1	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>anastrozole</i>	0	C (\$0 copay for women)
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i>	1	
CASODEX	3	QL (30 ea per 30 days)
ELIGARD 22.5 MG KIT	2	SP
ELIGARD 30 MG KIT	2	SP
ELIGARD 45 MG KIT	2	SP
ELIGARD 7.5 MG KIT	2	SP
EMCYT	2	SP
ERLEADA 240 MG TAB	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ERLEADA 60 MG TAB	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>exemestane</i>	0	C (\$0 copay for women)
FEMARA	2	
FIRMAGON	2	SP
FIRMAGON (240 MG DOSE)	2	SP
FLUTAMIDE	1	
FULVESTRANT	1	C (34 DAYS SUPPLY PER FILL), SP
<i>fulvestrant</i>	1	C (34 DAYS SUPPLY PER FILL), SP
HYDROXYPROGESTERONE CAPROATE	1	SP
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	1	
LEUPROLIDE ACETATE (3 MONTH)	1	SP
LUPRON DEPOT (6-MONTH)	2	SP
LUTRATE DEPOT	1	SP
LYSODREN	2	LA, SP
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i>	1	SP
NUBEQA	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>tamoxifen citrate</i>	0	C (\$0 copay for women)
<i>toremifene citrate</i>	1	SP
VABRINTY 22.5 MG KIT	2	SP
VABRINTY 45 MG KIT	2	SP
XTANDI (40 MG CAP, 40 MG TAB)	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
XTANDI 80 MG TAB	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
YONSA	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	2	QL (21 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTIC ANTIBIOTICS		
<i>adriamycin</i>	1	
<i>bleomycin sulfate</i>	1	SP
<i>dactinomycin</i>	1	SP
DAUNORUBICIN HCL (20 MG/4ML SOLUTION, 50 MG/10ML SOLUTION)	1	SP
<i>doxorubicin hcl (2 mg/ml solution, 10 mg recon soln, 50 mg recon soln)</i>	1	
<i>doxorubicin hcl liposomal</i>	1	
<i>idarubicin hcl</i>	1	SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 20 mg/40ml soln prsyr, 40 mg recon soln)</i>	1	
<i>mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)</i>	1	SP
<i>mutamycin</i>	1	
<i>valrubicin</i>	1	
ANTINEOPLASTIC COMBINATIONS		
KISQALI FEMARA (200 MG DOSE)	2	QL (49 ea per 28 days), SP
KISQALI FEMARA (400 MG DOSE)	2	QL (70 ea per 28 days), SP

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (600 MG DOSE)	2	QL (91 ea per 28 days), SP
LONSURF 15-6.14 MG TAB	2	QL (100 ea per 28 days), SP
LONSURF 20-8.19 MG TAB	2	QL (80 ea per 28 days), SP
PHESGO	2	SP
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	2	QL (240 ea per 30 days), SP
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ALUNBRIG 30 MG TAB	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
AUGTYRO 40 MG CAP	2	QL (240 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	1	C (34 DAYS SUPPLY PER FILL), SP
BOSULIF (400 MG TAB, 500 MG TAB)	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
BOSULIF (50 MG CAP, 100 MG CAP)	2	SP
BOSULIF 100 MG TAB	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
BRAFTOVI	2	QL (180 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
BRUKINSA 80 MG CAP	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
CABOMETYX	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
CALQUENCE 100 MG CAP	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
CALQUENCE 100 MG TAB	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
COPIKTRA	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	1	QL (30 ea per 30 day(s)), SP
<i>dasatinib 20 mg tab</i>	1	QL (90 ea per 30 day(s)), SP
<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), C (28 DAYS SUPPLY PER FILL), SP
<i>everolimus 2 mg tab sol</i>	1	QL (28 ea per 28 days), C (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
GAVRETO	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
IBRANCE	2	QL (21 ea per 28 days), SP
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	2	QL (28 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
IMBRUVICA 140 MG CAP	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
IMBRUVICA 560 MG TAB	2	QL (28 ea per 28 days), C (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	2	QL (216 ml per 36 days), C (36 DAYS SUPPLY PER FILL), SP
KISQALI (200 MG DOSE)	2	QL (21 ea per 28 days), SP
KISQALI (400 MG DOSE)	2	QL (42 ea per 28 days), SP
KISQALI (600 MG DOSE)	2	QL (63 ea per 28 days), SP
KOSELUGO 10 MG CAP	2	QL (240 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
KOSELUGO 25 MG CAP	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
KRAZATI	2	QL (180 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>lapatinib ditosylate</i>	1	QL (180 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LUMAKRAS 120 MG TAB	2	QL (240 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LUMAKRAS 320 MG TAB	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
LYNPARZA	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
MEKINIST 0.05 MG/ML RECON SOLN	2	QL (1200 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
MEKINIST 0.5 MG TAB	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
MEKINIST 2 MG TAB	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
MEKTOVI	2	QL (180 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>nilotinib hcl 150 mg cap</i>	1	QL (112 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
<i>nilotinib hcl 200 mg cap</i>	1	QL (112 ea per 28 day(s)), SP
<i>nilotinib hcl 50 mg cap</i>	1	QL (120 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
NINLARO	2	QL (3 ea per 28 days), SP
<i>pazopanib hcl</i>	1	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
PHYRAGO (50 MG TAB, 70 MG TAB, 140 MG TAB)	2	QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
PHYRAGO 100 MG TAB	2	QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
PHYRAGO 20 MG TAB	2	QL (90 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
PIQRAY (200 MG DAILY DOSE)	2	QL (28 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
PIQRAY (250 MG DAILY DOSE)	2	QL (56 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
PIQRAY (300 MG DAILY DOSE)	2	QL (56 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
RETEVMO 40 MG CAP	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
RETEVMO 80 MG CAP	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ROMIDEPSIN	1	C (34 DAYS SUPPLY PER FILL), SP
<i>romidepsin</i>	1	SP
ROZLYTREK 100 MG CAP	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ROZLYTREK 200 MG CAP	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ROZLYTREK 50 MG PACKET	2	QL (336 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
RUBRACA	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
RYDAPT	2	QL (224 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
<i>sorafenib tosylate</i>	1	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
STIVARGA	2	QL (84 ea per 28 days), SP
<i>sunitinib malate</i>	1	QL (28 ea per 28 days), SP
TAFINLAR (50 MG CAP, 75 MG CAP)	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
TAFINLAR 10 MG TAB SOL	2	QL (900 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>temsirolimus</i>	1	C (34 DAYS SUPPLY PER FILL), SP
<i>torpenz</i>	1	QL (28 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	2	QL (64 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
TRUQAP (160 MG TAB, 200 MG TAB)	2	QL (64 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
VELCADE	2	SP
VITRAKVI 100 MG CAP	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
VITRAKVI 20 MG/ML SOLUTION	2	QL (300 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
VITRAKVI 25 MG CAP	2	QL (180 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
VOTRIENT	2	QL (120 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
XOSPATA	2	C (34 DAYS SUPPLY PER FILL), SP
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ZEJULA 100 MG CAP	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
ZOLINZA	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ZYDELIG	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ZYKADIA	2	QL (84 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
ANTINEOPLASTICS MISC.		
<i>arsenic trioxide</i>	1	SP
BESREMI	2	QL (2 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
<i>bexarotene 75 mg cap</i>	1	C (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
DACARBAZINE	1	
HYDREA	2	
<i>hydroxyurea</i>	1	
INTRON A	2	C (34 DAYS SUPPLY PER FILL)
MATULANE	2	LA, SP
TARGRETIN 75 MG CAP	3	SP
<i>tretinoin 10 mg cap</i>	1	SP
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	SP
LEDERLE LEUCOVORIN	1	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	1	
<i>levoleucovorin calcium</i>	1	SP
<i>levoleucovorin calcium pf (250 mg/25ml solution)</i>	1	
<i>levoleucovorin calcium pf 175 mg/17.5ml solution</i>	1	SP
<i>mesna 100 mg/ml solution</i>	1	
VYKOURA 500 MG/50ML SOLUTION	1	
MITOTIC INHIBITORS		
BEIZRAY 20 MG/ML CONC	1	SP
<i>docetaxel</i>	1	SP
<i>eribulin mesylate</i>	1	SP
<i>etoposide</i>	1	SP
ETOPOSIDE	1	SP
PACLITAXEL	1	SP
<i>paclitaxel protein-bound part</i>	1	
PACLITAXEL PROTEIN-BOUND PART	1	C (34 DAYS SUPPLY PER FILL), SP
<i>toposar</i>	1	SP
VINBLASTINE SULFATE	1	
<i>vincasar pfs</i>	1	SP
VINCRISTINE SULFATE	1	SP
<i>vinorelbine tartrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	C (34 DAYS SUPPLY PER FILL), SP
HYCAMTIN 4 MG RECON SOLN	2	
IRINOTECAN HCL	1	
TOPOTECAN HCL (4 MG RECON SOLN, 4 MG/4ML SOLUTION)	1	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN	3	
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	1	
<i>apomorphine hcl</i>	1	SP
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	1	
CARBIDOPA-LEVODOPA ER	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DHIVY	3	
INBRIJA	2	QL (300 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
KYNMOBI	2	QL (150 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
NEUPRO	2	
PARLODEL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<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	
RYTARY	2	
SINEMET	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	2	QL (1 ea per 1 days)
LATUDA	2	
<i>lurasidone hcl</i>	1	
VRAYLAR (1.5 & 3 MG CAP THPK, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	QL (1 ea per 1 days)
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
BENZISOXAZOLES		
<i>paliperidone er</i>	1	
PERSERIS	2	QL (1 ea per 28 days), SP
RISPERDAL (0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB)	3	
<i>risperidone (0.25 mg tab, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres er</i>	1	QL (2 ea per 28 day(s)), SP
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
DIBENZAPINES		
<i>asenapine maleate</i>	1	
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	1	
CLOZARIL	3	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
QUETIAPINE FUMARATE	1	
<i>quetiapine fumarate er</i>	1	
SEROQUEL	3	
ZYPREXA	3	
ZYPREXA ZYDIS	3	
DIHYDROINDOLONES		
MOLINDONE HCL	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
PROCHLORPERAZINE EDISYLATE	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA	2	QL (1 ea per 28 days), SP
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 30 mg tab)</i>	1	
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS (CONTINUED)		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE	1	
HYDROGEN PEROXIDE 30 % SOLUTION	1	
CHLORINE ANTISEPTICS		
CHLORHEXIDINE GLUCONATE	1	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<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	3	QL (3 ml per fill), C (\$0 copay for pre-exposure prophylaxis; 7 INJECTIONS IN 365 DAYS; 365 DAYS PER FILL)
<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)
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 ml per 28 days), C (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))
DESCOVY 120-15 MG TAB	2	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
DESCOVY 200-25 MG TAB	0	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)
EFAVIRENZ 200 MG CAP	1	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	1	QL (3 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	1	QL (1 ea per 1 days)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR	1	QL (1 ea per 1 day(s))
<i>efavirenz-lamivudine-tenofovir</i>	1	QL (1 ea per 1 days)
<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>	0	QL (1 ea per 1 days), C (\$0 copay for pre-exposure prophylaxis)
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
EMTRIVA 200 MG CAP	2	
EPZICOM	3	
<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 (100 MG TAB, 200 MG TAB)	2	
INTELENCE 25 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	2	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS HD	2	QL (2 ea per 1 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	1	QL (4 ea per 1 days)
<i>nevirapine</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)
NORVIR 100 MG TAB	2	QL (12 ea per 1 day(s))
NORVIR 80 MG/ML SOLUTION	2	QL (16 ml per 1 days)
ODEFSEY	2	QL (1 ea per 1 days)
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 600 MG TAB	2	QL (2 ea per 1 day(s))
PREZISTA 75 MG TAB	2	QL (2 ea per 1 days)
PREZISTA 800 MG TAB	2	QL (1 ea per 1 day(s))
RETROVIR (10 MG/ML SOLUTION, 50 MG/5ML SYRUP, 100 MG CAP)	2	
<i>ritonavir</i>	1	QL (12 ea per 1 day(s))
STAVUDINE	1	QL (2 ea per 1 days)
STRIBILD	2	QL (1 ea per 1 days)
SYMTUZA	2	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (1 ea per 1 days)
TIVICAY (25 MG TAB, 50 MG TAB)	2	QL (2 ea per 1 days)
TIVICAY 10 MG TAB	2	QL (8 ea per 1 days)
TIVICAY PD	2	QL (12 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ	2	QL (1 ea per 1 days)
TRIUMEQ PD	2	QL (6 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 ea per 1 days)
VIREAD 300 MG TAB	2	
VIREAD 40 MG/GM POWDER	2	QL (8 gm per 1 days)
<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)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	2	QL (20 ea per fill(s))
PAXLOVID (300/100)	2	QL (30 ea per fill(s))
CMV AGENTS		
<i>cidofovir</i>	1	
<i>foscarnet sodium</i>	1	
GANCICLOVIR	1	
GANCICLOVIR SODIUM	1	
<i>valganciclovir hcl</i>	1	C (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	1	SP
BARACLUDE (0.5 MG TAB, 1 MG TAB)	3	
BARACLUDE 0.05 MG/ML SOLUTION	3	SP
<i>entecavir</i>	1	
EPCLUSA 150-37.5 MG PACKET	2	QL (28 ea per 28 days), SP
EPCLUSA 200-50 MG PACKET	2	QL (56 ea per 28 days), SP
EPCLUSA 200-50 MG TAB	2	QL (2 ea per 1 day(s)), SP
EPCLUSA 400-100 MG TAB	2	QL (1 ea per 1 day(s)), SP
HARVONI 33.75-150 MG PACKET	2	QL (1 ea per 1 day(s)), SP
HARVONI 45-200 MG PACKET	2	QL (2 ea per 1 day(s)), SP
HARVONI 45-200 MG TAB	2	SP
HARVONI 90-400 MG TAB	2	SP
<i>lamivudine 100 mg tab</i>	1	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (2 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
PEGASYS 180 MCG/ML SOLUTION	2	QL (4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
RIBAVIRIN	1	SP
VEMLIDY	2	QL (1 ea per 1 days)
VOSEVI	2	QL (1 ea per 1 day(s)), SP
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)</i>	1	
<i>acyclovir sodium</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 ea per 180 days), C (2 fills of Tamiflu, Relenza, or Xofluza per season)
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 ea per 180 days), C (2 fills of Tamiflu, Relenza, or Xofluza per season)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 ml per 180 days), C (2 fills of Tamiflu, Relenza, or Xofluza per season)
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 ea per 180 days), C (2 fills of Tamiflu, Relenza, or Xofluza per season)
RELENZA DISKHALER	2	QL (60 ea per 180 days), C (2 fills of Tamiflu, Relenza, or Xofluza per season)
RIMANTADINE HCL	1	
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin</i>	1	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
COREG	3	
<i>labetalol hcl (5 mg/ml solution, 10 mg/2ml soln prsy, 20 mg/4ml soln prsy, 100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>esmolol hcl</i>	1	
<i>esmolol hcl-sodium chloride</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>metoprolol tartrate 5 mg/5ml solution</i>	1	
<i>nebivolol hcl</i>	1	
BETA BLOCKERS NON-SELECTIVE		
CORGARD	3	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (1 mg/ml solution, 10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
CALAN SR	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl (25 mg/5ml solution, 30 mg tab, 50 mg/10ml solution, 60 mg tab, 90 mg tab, 100 mg recon soln, 120 mg tab, 125 mg/25ml solution)</i>	1	
<i>diltiazem hcl er (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
LEVAMLODIPINE MALEATE	1	
NICARDIPINE HCL (2.5 MG/ML SOLUTION, 20 MG CAP, 30 MG CAP)	1	
<i>nicardipine hcl in nacl (1-0.9 mg/10ml-% soln prsyr, 20-0.9 mg/200ml-% solution, 40-0.9 mg/200ml-% solution)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine er</i>	1	
PROCARDIA XL	3	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
TIAZAC	3	
<i>verapamil hcl (2.5 mg/ml solution, 40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin (0.05 mg/ml solution, 0.25 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)</i>	1	
INOTROPES		
<i>dobutamine hcl</i>	1	
DOPAMINE HCL	1	

Drug Name	Drug Tier	Requirements/Limits
<i>milrinone lactate</i>	1	
<i>milrinone lactate in dextrose</i>	1	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIOPLEGIC SOLUTIONS		
<i>cardioplegic</i>	1	
CARDIOPLEGIC SOLN W/ LIDOCAINE	1	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
BIDIL	2	
CADUET	3	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	2	QL (8 ea per 1 day(s))
ENTRESTO 24-26 MG TAB	2	QL (6 ea per 1 days)
ENTRESTO 49-51 MG TAB	2	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	2	QL (2 ea per 1 days)
<i>isosorb dinitrate-hydralazine</i>	1	
<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))
IMPOTENCE AGENTS		
<i>avanafil (100 mg tab, 200 mg tab)</i>	1	QL (8 ea per 30 day(s))
<i>avanafil 50 mg tab</i>	1	
MUSE	2	
PHENYLEPHRINE HCL 2 MG/2ML SOLUTION	1	
<i>sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (8 ea per 30 day(s))
<i>tadalafil (10 mg tab, 20 mg tab)</i>	1	QL (8 ea per 30 day(s))
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	1	QL (1 ea per 1 day(s))
<i>tadalafil (pah)</i>	1	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>varденаfil hcl</i>	1	QL (8 ea per 30 day(s))

Drug Name	Drug Tier	Requirements/Limits
PERIPHERAL VASODILATORS		
ISOXSUPRINE HCL	1	
PAPAVERINE HCL	1	
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	1	C (34 DAYS SUPPLY PER FILL), SP
FOLAN	2	
ORENITRAM	2	SP
ORENITRAM MONTH 1	2	SP
ORENITRAM MONTH 2	2	SP
ORENITRAM MONTH 3	2	SP
<i>treprostinil</i>	1	C (34 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	1	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	1	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
OPSUMIT	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	1	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
REVATIO (10 MG/12.5ML SOLUTION, 10 MG/ML RECON SUSP)	3	SP
REVATIO 20 MG TAB	3	
<i>sildenafil citrate 10 mg/12.5ml solution</i>	1	SP
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	C (34 DAYS SUPPLY PER FILL), SP
<i>sildenafil citrate 20 mg tab</i>	1	C (34 DAYS SUPPLY PER FILL)
TADLIQ	2	QL (300 ml per 30 days), SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
UPTRAVI 1800 MCG RECON SOLN	2	QL (60 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
UPTRAVI 200 & 800 MCG TAB THPK	2	QL (200 ea per 180 days), C (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI 200 MCG TAB	2	QL (140 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	2	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
SEPTAL AGENTS		
<i>dehydrated alcohol</i>	1	
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	3	QL (2 ea per 1 days)
CORLANOR 5 MG/5ML SOLUTION	2	QL (20 ml per 1 days)
<i>ivabradine hcl</i>	1	QL (2 ea per 1 day(s))
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	2	QL (1 ea per 1 days)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cefazolin sodium (1 gm recon soln, 1 gm/10ml soln prsyr, 2 gm recon soln, 2 gm/20ml soln prsyr, 3 gm recon soln, 3 gm/30ml soln prsyr, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 gm recon soln)</i>	1	
CEFAZOLIN SODIUM-DEXTROSE (1-4 GM/50ML-% SOLUTION, 2-4 GM/100ML-% SOLUTION)	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)	1	
<i>cefotetan disodium (1 gm recon soln, 2 gm recon soln)</i>	1	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	1	
CEFOXITIN SODIUM-DEXTROSE	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
CEFOTAXIME SODIUM	1	
CEFPODOXIME PROXETIL	1	
CEFTAZIDIME	1	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 100 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	1	
SUPRAX (100 MG/5ML RECON SUSP, 400 MG CAP)	2	
<i>tazicef (1 gm recon soln, 1 gm/50ml solution, 6 gm recon soln)</i>	1	
CEPHALOSPORINS - 4TH GENERATION		
CEFEPIME HCL (1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN)	1	
CHEMICALS (CONTINUED)		
LIQUIDS		
ISOPROPYL ALCOHOL 70 % SOLUTION	1	
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette</i>	0	
BALCOLTRA	0	
<i>balziva</i>	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>brIELlyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
<i>cryselle</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>daysee</i>	0	
<i>delyla</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	
<i>dolishale</i>	0	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>feirza 1.5/30</i>	0	
<i>feirza 1/20</i>	1	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>galbriela</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<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	
LOSEASONIQUE	3	
<i>low-ogestrel</i>	0	
<i>luizza 1.5/30</i>	0	
<i>luizza 1/20</i>	0	
<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	
MIRCETTE	3	
<i>mono-linyah</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	

Drug Name	Drug Tier	Requirements/Limits
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	0	
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	1	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norgestim-eth estrad triphasic</i>	0	
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>nylia 7/7/7</i>	0	
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
<i>rosyrah</i>	0	
<i>setlakin</i>	0	
<i>simliya</i>	0	
<i>simpesse</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	
<i>taysofy</i>	0	
TAYTULLA	0	
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	1	
TYBLUME	0	
<i>tydemy</i>	0	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
VELIVET	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>viorele</i>	0	
<i>volnea</i>	0	
<i>vyfemla</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>vylibra</i>	0	
<i>wera</i>	0	
<i>wymzya fe</i>	0	
<i>xarah fe</i>	1	
<i>xelria fe</i>	0	
<i>zarah</i>	0	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	0	
<i>xulane</i>	0	
<i>zafemy</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	0	
<i>eluryng</i>	0	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>haloette</i>	0	
NUVARING	2	
COPPER CONTRACEPTIVES - IUD		
MIUDELLA INTRAUTERINE COPPER	0	
PARAGARD INTRAUTERINE COPPER	0	
EMERGENCY CONTRACEPTIVES		
ELLA	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA	2	
DEPO-SUBQ PROVERA 104	0	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	SP
MIRENA (52 MG)	0	SP
SKYLA	0	SP
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	0	
<i>deblitane</i>	0	
<i>emzahh</i>	1	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>lyleq</i>	1	
<i>lyza</i>	0	
<i>meleya</i>	1	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
OPILL	0	
<i>orquidea</i>	1	
<i>sharobel</i>	0	
SLYND	0	
<i>tulana</i>	0	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
<i>betamethasone sod phos & acet</i>	1	
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML SUSPENSION	1	
BETAMETHASONE SODIUM PHOSPHATE	1	
<i>budesonide 3 mg cp dr part</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CORTEF	3	
<i>decadron</i>	1	
<i>deflazacort (6 mg tab, 30 mg tab)</i>	1	QL (60 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>deflazacort 18 mg tab</i>	1	QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>deflazacort 22.75 mg/ml suspension</i>	1	LA, C (30 DAYS SUPPLY PER FILL), SP
<i>deflazacort 36 mg tab</i>	1	C (30 DAYS SUPPLY PER FILL), SP
DEXAMETH SOD PHOS (PF) +RFID	1	
DEXAMETH SOD PHOS-BUPIV-EPIN	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>dexamethasone 1.5 mg (21) tab thpk</i>	1	
DEXAMETHASONE SOD PHOS (PF)	1	
DEXAMETHASONE SOD PHOS +RFID	1	
DEXAMETHASONE SOD PHOS-BUPIV	1	
DEXAMETHASONE SOD PHOS-NAACL	1	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE (4 MG/ML SOLN PRSYR, 4 MG/ML SOLUTION, 10 MG/ML SOLUTION)	1	
<i>hidex 6-day</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>jaythari (6 mg tab, 30 mg tab)</i>	1	QL (60 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>jaythari 18 mg tab</i>	1	QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>jaythari 22.75 mg/ml suspension</i>	1	LA, C (30 DAYS SUPPLY PER FILL), SP
<i>jaythari 36 mg tab</i>	1	C (30 DAYS SUPPLY PER FILL), SP
<i>kymbee (6 mg tab, 30 mg tab)</i>	1	LA, QL (60 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>kymbee 18 mg tab</i>	1	LA, QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>kymbee 36 mg tab</i>	1	LA, C (30 DAYS SUPPLY PER FILL), SP
MEDROL (2 MG TAB, 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	1	
<i>methylprednisolone acetate (40 mg/ml suspension, 50 mg/ml suspension, 80 mg/ml suspension)</i>	1	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE	1	
PEDIAPRED	3	
<i>prednisolone</i>	1	
PREDNISOLONE SODIUM PHOSPHATE (6.7 (5 BASE) MG/5ML SOLUTION, 10 MG TAB DISP, 10 MG/5ML SOLUTION, 15 MG TAB DISP, 15 MG/5ML SOLUTION, 20 MG/5ML SOLUTION, 25 MG/5ML SOLUTION, 30 MG TAB DISP)	1	
PREDNISONE (1 MG TAB, 1 MG TAB DR, 2 MG TAB DR, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
<i>pyqui</i>	1	C (30 DAYS SUPPLY PER FILL), SP
TRIAMCINOLONE ACETONIDE (40 MG/ML SUSPENSION, 50 MG/ML SUSPENSION)	1	
UCERIS 9 MG TAB ER 24H	2	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate (100 mg cap, 150 mg cap, 200 mg cap)</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bromfed dm</i>	1	
<i>hydrocod poli-chlorphe poli er</i>	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenyleph-codeine</i>	1	
PROMETHAZINE-PHENYLEPHRINE	1	
<i>pseudoeph-bromphen-dm</i>	1	
EXPECTORANTS		
POTASSIUM IODIDE (EXPECTORANT)	1	
MISC. RESPIRATORY INHALANTS		
NEBUSAL	1	
PULMOSAL	1	
SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>acutane</i>	1	C (30 DAYS SUPPLY PER FILL)
ADAPALENE (0.1 % PAD, 0.1 % SOLUTION)	1	
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	2	
<i>amnesteam</i>	1	C (30 DAYS SUPPLY PER FILL)
ARAZLO	2	
AVAR CLEANSER	1	
AVAR-E EMOLLIENT	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	
BENZAC AC WASH	3	
BENZAMYCIN	3	
BENZEPRO (5.2 % FOAM, 5.3 % FOAM, 5.8 % MISC, 6.8 % LIQUID, 9.7 % FOAM)	1	
BENZEPRO CREAMY WASH	1	
BENZEPRO FOAMING CLOTHS	1	
BENZOYL PEROX-HYDROCORTISONE	1	

Drug Name	Drug Tier	Requirements/Limits
BENZOYL PEROXIDE (6.5 % GEL, 8 % GEL, 9.8 % FOAM)	1	
<i>benzoyl peroxide-erythromycin</i>	1	
BP 10-1	1	
BP CLEANSING WASH	1	
<i>claravis</i>	1	C (30 DAYS SUPPLY PER FILL)
<i>clindacin</i>	1	
<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, 1.2-2.5 % gel, 1.2-3.75 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % foam, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone (5 % gel, 7.5 % gel)</i>	1	
<i>enzoclear</i>	1	
EPIDUO	2	
EPIDUO FORTE	2	
EPSOLAY	1	
ERY	1	
ERYGEL	3	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	1	C (30 DAYS SUPPLY PER FILL)
<i>isotretinoin (25 mg cap, 35 mg cap)</i>	1	C (30 DAYS SUPPLY PER FILL)
KLARON	3	
<i>myorisan</i>	1	C (30 DAYS SUPPLY PER FILL)
<i>neuac</i>	1	
ONEXTON	2	
PR BENZOYL PEROXIDE	1	
PR BENZOYL PEROXIDE WASH	1	
RESORCINOL-SULFUR	1	

Drug Name	Drug Tier	Requirements/Limits
RETIN-A	3	
SSS 10-5 (10-5 % CREAM, 10-5 % FOAM)	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, 10-1 % EMULSION, 10-2 % CREAM, 10-2 % LIQUID, 10-4 % PAD, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION, 10-5 % SUSPENSION)	1	
SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SULFACLEANSE 8/4	1	
SULFAMEZ WASH	1	
TAZAROTENE	1	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	
TRETINOIN MICROSPHERE (0.04 % GEL, 0.08 % GEL, 0.1 % GEL)	1	
TRETINOIN MICROSPHERE PUMP	1	
TWYNEO	2	
WINLEVI	2	
ZACLIR CLEANSING	1	
<i>zenatane</i>	1	C (30 DAYS SUPPLY PER FILL)
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
REFISSA	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	1	QL (30 ea per 15 day(s))
<i>diclofenac sodium (1.5 % solution, 2 % solution)</i>	1	
<i>diclofenac sodium 1 % gel</i>	1	QL (10 gm per 1 days)
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - TOPICAL		
<i>ciclodan</i>	1	
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
CICLOPIROX TREATMENT	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate</i>	1	
<i>hydrocortisone-iodoquinol</i>	1	
IODOQUIMEZ-HC	1	
IODOQUINOL-HC-ALOE POLYSACCH	1	
IODOQUINOL-HYDROCORTISONE-ALOE	1	
<i>ketconazole (2 % cream, 2 % shampoo)</i>	1	
<i>ketconazole 2 % foam</i>	1	
<i>klayesta</i>	1	
LOPROX 1 % SHAMPOO	3	
LOTRIMIN AF	2	
LOTRIMIN AF JOCK ITCH	2	
MICONAZOLE-ZINC OXIDE-PETROLAT	1	
<i>naftifine hcl (1 % gel, 2 % cream, 2 % gel)</i>	1	
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	1	
SULCONAZOLE NITRATE (1 % CREAM, 1 % SOLUTION)	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	SP
<i>diclofenac sodium 3 % gel</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
TARGRETIN 1 % GEL	3	SP
TOLAK	2	
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl 5 % cream</i>	1	
ANTIPSORIATICS		
<i>acitretin</i>	1	C (34 DAYS SUPPLY PER FILL), SP
CALCIPOTRIENE (0.005 % CREAM, 0.005 % FOAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE)	2	QL (2 ml per 28 days), SP
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	QL (1 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
COSENTYX 125 MG/5ML SOLUTION	2	SP
COSENTYX SENSOREADY (300 MG)	2	QL (2 ml per 28 days), SP
COSENTYX SENSOREADY PEN	2	QL (1 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
COSENTYX UNOREADY	2	QL (2 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
ILUMYA	2	C (84 DAYS SUPPLY PER FILL), SP
METHOXSALLEN RAPID	1	C (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	2	QL (1 ea per 84 days), C (84 DAYS SUPPLY PER FILL), SP
SKYRIZI 150 MG/ML SOLN PRSYR	2	QL (1 ml per 84 days), C (84 DAYS SUPPLY PER FILL), SP
SKYRIZI PEN	2	QL (1 ml per 84 days), C (84 DAYS SUPPLY PER FILL), SP
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	QL (0.5 ml per 84 day(s)), C (The quantity limit and day supply is based on indication), SP
STELARA 90 MG/ML SOLN PRSYR	2	QL (1 ml per 56 day(s)), C (The quantity limit and day supply is based on indication), SP
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TREMFYA 100 MG/ML SOLN PRSYR	2	QL (1 ml per 56 days), SP
TREMFYA ONE-PRESS	2	QL (1 ml per 56 day(s)), SP
TREMFYA PEN 100 MG/ML SOLN A-INJ	2	QL (1 ml per 56 day(s)), SP
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	QL (0.5 ml per 84 day(s)), C (The quantity limit and day supply is based on indication), SP
USTEKINUMAB 90 MG/ML SOLN PRSYR	2	QL (1 ml per 56 day(s)), C (The quantity limit and day supply is based on indication), SP
VTAMA	2	
ZORYVE 0.3 % CREAM	2	QL (60 gm per 30 day(s)), C (30 DAYS SUPPLY PER FILL)
ANTISEBORRHEIC PRODUCTS		
PLEXION NS	1	
<i>selenium sulfide</i>	1	
SODIUM SULFACETAMIDE (9.8 % SHAMPOO, 10 % SHAMPOO)	1	
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	1	
SULFACETAMIDE SODIUM (CLEANS)	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
ZORYVE 0.3 % FOAM	2	QL (60 gm per 30 day(s)), C (30 DAYS SUPPLY PER FILL)
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	QL (5 gm per fill(s))
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	QL (5 gm per fill), C (1 DAY SUPPLY PER FILL)
BURN PRODUCTS		
<i>mafenide acetate</i>	1	
SILVADENE	2	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CAUTERIZING AGENTS		
GRAFCO SILVER NIT APPLICATOR	1	

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort</i>	1	
ALCLOMETASONE DIPROPIONATE (0.05 % CREAM, 0.05 % OINTMENT)	1	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	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	
BETAMETHASONE VALERATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.12 % FOAM)	1	
BRYHALI	2	
CAPEX	3	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
CLOBEX	2	
<i>clodan</i>	1	
DERMA-SMOOTH/FS BODY	3	
DERMA-SMOOTH/FS SCALP	3	
DESONIDE	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 % liquid, 0.25 % ointment)</i>	1	
ENSTILAR	2	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)</i>	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
LIDOCAINE-HYDROCORTISONE ACE 1-1 % CREAM	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>nutriarx creampak</i>	1	
PRAMOXINE-HC	1	
PREDNICARBATE	1	
PREPARATION H 1 % CREAM	1	
PREPARATION H SOOTHING RELIEF 1 % CREAM	1	
<i>sanadermr skin repair</i>	1	
TEMOVATE	2	
TEXACORT	2	
<i>triadime</i>	1	
<i>triadime-80</i>	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone acetonide 0.05 % ointment</i>	1	
<i>triamcinolone in absorbase</i>	1	
<i>triderm</i>	1	
<i>triheal-80</i>	1	
TRIVIX	1	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	2	QL (4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
ADBRY 300 MG/2ML SOLN A-INJ	2	QL (2 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
CIBINQO	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	QL (1.34 ml per 28 days), C (28 DAYS SUPPLY PER FILL)
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	QL (2.28 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	QL (2.28 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 300 MG/2ML SOLN A-INJ	2	QL (4 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
DUPIXENT 300 MG/2ML SOLN PRSYR	2	QL (4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
EBGLYSS 250 MG/2ML SOLN A-INJ	2	QL (2 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
OPZELURA	2	QL (240 gm per 28 days)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>cerovel</i>	1	
DERMACINRX UREA	1	
DERMACURE	1	
<i>umecta mousse</i>	1	
UREA (20 % CREAM, 35 % FOAM, 39 % CREAM, 39.5 % CREAM, 40 % CREAM, 40 % LOTION, 41 % CREAM, 45 % CREAM, 47 % CREAM)	1	
UREA HYDRATING	1	
<i>urea nail</i>	1	
UREDEB	1	
UREMEZ-40	1	
XUREA	1	
EMOLLIENTS		
<i>ammonium lactate</i>	1	
HAIR GROWTH AGENTS		
<i>bimatoprost</i>	1	
<i>finasteride 1 mg tab</i>	1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod (3.75 % cream, 5 % cream)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod pump</i>	1	
ZYCLARA	2	
ZYCLARA PUMP (2.5 % CREAM, 3.75 % CREAM)	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus</i>	1	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX	2	
KERALYT (6 % GEL, 6 % SHAMPOO)	1	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
SALICYLIC ACID (6 % FOAM, 6 % GEL, 6 % SHAMPOO, 26 % SOLUTION)	1	
SALICYLIC ACID 3 % OINTMENT	1	
SALICYLIC ACID ER	1	
SALICYLIC ACID WART REMOVER	1	
<i>salicylic acid-cleanser</i>	1	
ULTRASAL-ER	1	
LOCAL ANESTHETICS - TOPICAL		
<i>7t lido</i>	1	
AGONEAZE	1	
<i>anodyne lpt</i>	1	
<i>dermacinrx prizopak</i>	1	
ETHYL CHLORIDE	1	
<i>glydo</i>	1	
LIDO BDK	1	
LIDO-SORB	1	
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	1	C (34 DAYS SUPPLY PER FILL)
LIDOCAINE HCL (3 % CREAM, 3 % LOTION, 4 % SOLUTION)	1	
LIDOCAINE HCL 4.12 % CREAM	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	C (34 DAYS SUPPLY PER FILL)
LIDODERM	2	
LIDOPIN (3 % CREAM, 3.25 % CREAM)	1	
<i>lidopril</i>	1	
<i>lidopril xr</i>	1	
LIDOTHOL 4-1 % PATCH	1	
LIVIXIL PAK	1	
PREMIUM LIDOCAINE	1	
<i>prilolid</i>	1	
PRILOVIX	1	
<i>prilovix lite</i>	1	
<i>prilovix lite plus</i>	1	
PRILOVIX PLUS	1	
<i>prilovix ultralite</i>	1	
<i>prilovix ultralite plus</i>	1	
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
<i>tridacaine ii</i>	1	C (34 DAYS SUPPLY PER FILL)
<i>tridacaine iii</i>	1	C (34 DAYS SUPPLY PER FILL)
<i>vexatrol</i>	1	
ZERUVIA	1	
ZIONODIL	1	
ZIONODIL 100	1	
MISC. TOPICAL		
<i>benzoin compound</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	2	
ZORYVE 0.15 % CREAM	2	QL (60 gm per 30 day(s)), C (30 DAYS SUPPLY PER FILL)
PIGMENTING-DEPIGMENTING AGENTS		
BLANCHE	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroquinone</i>	1	
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	QL (30 gm per fill)
<i>doxycycline</i>	1	
FINACEA (15 % FOAM, 15 % GEL)	2	
<i>ivermectin 1 % cream</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
ORACEA	2	
RHOFADE	2	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	1	
SOOLANTRA	2	
SCABICIDES PEDICULICIDES		
CROTAN	1	
ELIMITE	3	
IVERMECTIN 0.5 % LOTION	1	
<i>malathion</i>	1	
OVIDE	2	
PERMETHRIN	3	
<i>permethrin</i>	1	
SPINOSAD	1	
SCAR TREATMENT PRODUCTS		
CELACYN	1	
TAR PRODUCTS		
COAL TAR	1	
WOUND CARE PRODUCTS		
SCARCARE GEL-PAD KIT/LARGE	1	

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC BIOLOGICALS		
CANDIDA ALBICANS SKN TST ANTGN SOLUTION	1	
DIAGNOSTIC DRUGS		
<i>adenosine (diagnostic)</i>	1	
<i>cosyntropin</i>	1	
DIPYRIDAMOLE	1	
INDIGO CARMINE	1	
INDOCYANINE GREEN	1	
<i>isosulfan blue</i>	1	
<i>regadenoson</i>	1	
DIAGNOSTIC PRODUCTS, MISC.		
ULTRASOUND GEL	1	
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIP	2	QL (200 ea per 30 day(s))
ACCU-CHEK GUIDE TEST	2	QL (200 ea per 30 day(s))
ACCU-CHEK SMARTVIEW	2	QL (200 ea per 30 day(s))
KROGER BLOOD GLUCOSE TEST	2	QL (200 ea per 30 day(s))
KROGER HEALTHPRO GLUCOSE TEST	2	QL (200 ea per 30 day(s))
KROGER PREMIUM GLUCOSE TEST	2	QL (200 ea per 30 day(s))
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))
MISCELLANEOUS CONTRAST MEDIA		
<i>clariscan</i>	1	
<i>gadobutrol</i>	1	
<i>gadoterate meglumine</i>	1	
RADIOGRAPHIC CONTRAST MEDIA		
<i>iodixanol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>iopamidol</i>	1	
<i>md-gastroview</i>	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS (CONTINUED)		
DIETARY MANAGEMENT PRODUCTS		
L-METHYLFOLATE	1	
L-METHYLFOLATE CALCIUM	1	
<i>westab max</i>	1	
NUTRITIONAL SUPPLEMENTS		
ASILNASALRMS	1	
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	2	
VIOKACE	2	
ZENPEP	2	
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>acetazolamide sodium 500 mg recon soln</i>	1	
<i>dichlorphenamide</i>	1	QL (136 ea per 34 days), SP
<i>methazolamide (25 mg tab, 50 mg tab)</i>	1	
<i>ormalvi</i>	1	QL (136 ea per 34 days), SP
DIURETIC COMBINATIONS		
ALDACTAZIDE (25-25 MG TAB, 50-50 MG TAB)	3	
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
MAXZIDE	3	
MAXZIDE-25	3	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LOOP DIURETICS		
<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
LASIX	3	
<i>toremide</i>	1	
OSMOTIC DIURETICS		
MANNITOL	1	
OSMITROL	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE	2	
<i>amiloride hcl 5 mg tab</i>	1	
<i>spironolactone (25 mg tab, 25 mg/5ml suspension, 50 mg tab, 100 mg tab)</i>	1	
<i>triamterene</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	
<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	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
ACTONEL	3	
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)</i>	1	
AELVIA	3	
BONIVA	3	
<i>calcitonin (salmon) 200 unit/act solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) 200 unit/ml solution</i>	1	SP
FORTEO	2	SP
FOSAMAX	3	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 ea per 30 days)
<i>ibandronate sodium 3 mg/3ml solution</i>	1	
PAMIDRONATE DISODIUM (6 MG/ML SOLUTION)	1	
PROLIA	2	SP
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)</i>	1	
TERIPARATIDE	1	QL (2.24 ml per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
<i>teriparatide</i>	1	SP
TYMLOS	2	QL (1.56 ml per 30 days), SP
ZOLEDRONIC ACID (4 MG/5ML CONC)	1	C (34 DAYS SUPPLY PER FILL), SP
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP
FERTILITY REGULATORS		
<i>clomid</i>	1	
CLOMIPHENE CITRATE	1	
<i>clomiphene citrate</i>	1	
FOLLISTIM AQ	2	C (34 DAYS SUPPLY PER FILL)
GONAL-F	2	C (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	2	C (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	2	C (34 DAYS SUPPLY PER FILL)
MENOPUR	2	
<i>milophene</i>	1	
OVIDREL	2	
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate</i>	1	C (34 DAYS SUPPLY PER FILL)
CETROTIDE	2	C (34 DAYS SUPPLY PER FILL)
<i>fyremadel</i>	1	
<i>ganirelix acetate</i>	1	
ORLISSA 150 MG TAB	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ORILISSA 200 MG TAB	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN	2	C (34 DAYS SUPPLY PER FILL), SP
GENOTROPIN MINIQUICK	2	C (34 DAYS SUPPLY PER FILL), SP
HUMATROPE	2	C (34 DAYS SUPPLY PER FILL), SP
NORDITROPIN FLEXPRO	2	C (34 DAYS SUPPLY PER FILL), SP
SOGROYA	2	C (34 DAYS SUPPLY PER FILL), SP
HORMONE RECEPTOR MODULATORS		
EVISTA	3	
<i>raloxifene hcl</i>	0	C (\$0 copay for women)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	2	QL (1 ea per 168 days), SP
LUPRON DEPOT-PED (1-MONTH)	2	SP
LUPRON DEPOT-PED (3-MONTH)	2	SP
LUPRON DEPOT-PED (6-MONTH)	2	SP
SUPPRELIN LA	2	SP
TRIPTODUR	2	SP
METABOLIC MODIFIERS		
<i>betaine</i>	1	SP
CALCITRIOL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	1	
<i>carglumic acid</i>	1	SP
<i>cinacalcet hcl</i>	1	
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP, 4 MCG/2ML SOLUTION)	1	
ELFABRIO	2	LA, C (28 DAYS SUPPLY PER FILL), SP
FABRAZYME	2	C (34 DAYS SUPPLY PER FILL), SP
GALAFOLD	2	QL (14 ea per 28 days), SP
<i>glycerol phenylbutyrate</i>	1	SP
<i>javygtor (100 mg tab, 500 mg packet)</i>	1	C (30 DAYS SUPPLY PER FILL), SP
<i>javygtor 100 mg packet</i>	1	SP

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (1 gm/10ml solution, 200 mg/ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
<i>nitisinone</i>	1	SP
ORFADIN (2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP)	2	SP
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	1	
PHEBURANE	2	LA, SP
ROCALTROL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION)	2	
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	1	C (30 DAYS SUPPLY PER FILL), SP
<i>sapropterin dihydrochloride 100 mg packet</i>	1	SP
<i>sod benz-sod phenylacet</i>	1	
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	1	SP
<i>zelvysia 100 mg packet</i>	1	SP
<i>zelvysia 500 mg packet</i>	1	C (30 DAYS SUPPLY PER FILL), SP
ZEMPLAR (1 MCG CAP, 2 MCG CAP, 2 MCG/ML SOLUTION, 5 MCG/ML SOLUTION)	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (10 MG TAB, 20 MG TAB)	2	
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
DESMOPRESSIN ACETATE	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
VASOPRESSIN (5 UNIT/5ML SOLN PRSYR, 20 UNIT/ML SOLUTION)	1	
<i>vasopressin +rfid</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOMATOSTATIC AGENTS		
<i>lanreotide acetate</i>	1	SP
LANREOTIDE ACETATE	1	SP
OCTREOTIDE ACETATE	1	SP
<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	C (34 DAYS SUPPLY PER FILL), SP
<i>octreotide acetate 10 mg kit</i>	1	SP
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	2	SP
SOMATULINE DEPOT 120 MG/0.5ML SOLUTION	2	SP
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	LA, QL (60 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>abigale</i>	0	
<i>abigale lo</i>	1	
<i>amabelz</i>	0	
CLIMARA PRO	2	
COMBIPATCH	2	
COVARYX	1	
COVARYX HS	1	
DUAVEE	2	
EEMT	1	
EEMT HS	1	
EST ESTROGENS-METHYLTEST	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	0	
<i>estratest f.s.</i>	1	
ESTRATEST H.S.	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv</i>	0	
<i>jinteli</i>	0	
<i>mimvey</i>	0	
MYFEMBREE	2	QL (28 ea per 28 days), C (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	0	
ORIAHNN	2	QL (56 ea per 28 days), C (28 DAYS SUPPLY PER FILL)
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
CLIMARA	3	
DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL)	2	
<i>dotti</i>	1	QL (8 ea per 28 day(s))
ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB)	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, 0.75 mg/1.25 gm (0.06%) gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	
<i>estradiol valerate</i>	1	
<i>estrogens conjugated</i>	1	
EVAMIST	2	
<i>lyllana</i>	1	QL (8 ea per 28 day(s))
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
CIPRO (250 MG TAB, 250 MG/5ML (5%) RECON SUSP, 500 MG TAB, 500 MG/5ML (10%) RECON SUSP)	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
CIPROFLOXACIN IN D5W	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin in d5w (250 mg/50ml solution, 500 mg/100ml solution, 750 mg/150ml solution)</i>	1	
MOXIFLOXACIN HCL (400 MG TAB, 400 MG/250ML SOLUTION)	1	
MOXIFLOXACIN HCL IN NAACL	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
5-HT4 RECEPTOR AGONISTS		
<i>prucalopride succinate</i>	1	
GALLSTONE SOLUBILIZING AGENTS		
URSO 250	2	
URSO FORTE	2	
URSODIOL	1	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 5 mg/ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
<i>metoclopramide hcl +rfd</i>	1	
REGLAN	3	
INFLAMMATORY BOWEL AGENTS		
ASACOL HD	2	
AVSOLA	2	SP
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide disodium</i>	1	
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
REMICADE	2	SP
ROWASA	3	
SKYRIZI 180 MG/1.2ML SOLN CART	2	QL (1.2 ml per 56 day(s)), SP
SKYRIZI 360 MG/2.4ML SOLN CART	2	QL (2.4 ml per 56 days), SP
SKYRIZI 600 MG/10ML SOLUTION	2	SP
STELARA 130 MG/26ML SOLUTION	2	C (56 DAYS SUPPLY PER FILL), SP
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	1	
USTEKINUMAB 130 MG/26ML SOLUTION	2	C (56 DAYS SUPPLY PER FILL), SP
VELSIPITY	2	QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alose tron hcl</i>	1	
LINZESS	2	QL (1 ea per 1 days)
VIBERZI	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan</i>	1	
MOVANTIK	2	QL (1 ea per 1 days)
SYMPROIC	2	
PHOSPHATE BINDER AGENTS		
AURYXIA	2	QL (408 ea per 34 days)
<i>calcium acetate</i>	1	
<i>calcium acetate (phos binder)</i>	1	
PHOSLYRA	2	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VELPHORO	2	
GENERAL ANESTHETICS (CONTINUED)		
ANESTHETICS - MISC.		
<i>etomidate</i>	1	
<i>fresenius propoven</i>	1	
KETAMINE HCL (0.6 MG/ML SOLUTION, 1 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG/2ML SOLN PRSYR, 30 MG/3ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR, 50 MG/ML SOLUTION, 100 MG TROCHE, 100 MG/100ML SOLUTION, 100 MG/2ML SOLN PRSYR, 100 MG/ML SOLUTION, 300 MG/30ML SOLN PRSYR)	1	
<i>propofol</i>	1	
<i>propofol-lipuro</i>	1	
VOLATILE ANESTHETICS		
<i>desflurane</i>	1	
<i>isoflurane</i>	1	
<i>sevoflurane</i>	1	
<i>terrell</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	1	
<i>pot & sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
POTASSIUM CITRATE-CITRIC ACID	1	
<i>sod citrate-citric acid</i>	1	
SODIUM CITRATE-CITRIC ACID	1	
TRICITRATES	1	
UROCIT-K 10	2	
UROCIT-K 15	2	
UROCIT-K 5	2	
GENITOURINARY IRRIGANTS		
<i>acetic acid 0.25 % solution</i>	1	
ARGYLE STERILE SALINE	1	

Drug Name	Drug Tier	Requirements/Limits
CURITY STERILE SALINE	1	
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic</i>	1	
NEOMYCIN-POLYMYXIN B GU	1	
SODIUM CHLORIDE 0.9 % SOLUTION	1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
AVODART	3	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride 5 mg tab</i>	1	
FLOMAX	3	
PROSCAR	3	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
URINARY ANALGESICS		
<i>phenazo 200 mg tab</i>	1	
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	1	
URINARY STONE AGENTS		
<i>tiopronin (100 mg tab, 100 mg tab dr)</i>	1	SP
<i>tiopronin 300 mg tab dr</i>	1	SP
<i>venxxiva 100 mg tab dr</i>	1	SP
<i>venxxiva 300 mg tab dr</i>	1	SP
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	
GOUT AGENTS		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	
<i>colchicine 0.6 mg cap</i>	1	QL (3 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	QL (1 ea per 1 days)
MITIGARE	2	QL (3 ea per 1 day(s))
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
ANTIHEMOPHILIC PRODUCTS		
ADVATE	2	C (34 DAYS SUPPLY PER FILL), SP
ADYNOVATE	2	SP
AFSTYLA	2	C (34 DAYS SUPPLY PER FILL), SP
ALPROLIX	2	SP
ELOCTATE	2	C (34 DAYS SUPPLY PER FILL), SP
ESPEROCT (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	C (34 DAYS SUPPLY PER FILL), SP
JIVI (500 RECON SOLN, 1000 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	C (34 DAYS SUPPLY PER FILL), SP
KOGENATE FS	2	C (34 DAYS SUPPLY PER FILL), SP
KOVALTRY	2	C (34 DAYS SUPPLY PER FILL), SP
NOVOEIGHT	2	C (34 DAYS SUPPLY PER FILL), SP
NOVOSEVEN RT	2	SP
NUWIQ	2	SP
REBINYN	2	SP
SEVENFACT (1 MG RECON SOLN, 5 MG RECON SOLN)	2	SP
XYNTHA	2	C (34 DAYS SUPPLY PER FILL), SP
XYNTHA SOLOFUSE	2	C (34 DAYS SUPPLY PER FILL), SP
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	1	QL (9 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>sajazir</i>	1	QL (9 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
COMPLEMENT INHIBITORS		
EMPAVELI	2	LA, C (28 DAYS SUPPLY PER FILL), SP

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

Drug Name	Drug Tier	Requirements/Limits
CEREZYME	2	SP
<i>miglustat 100 mg cap</i>	1	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>yargesa</i>	1	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
AGENTS FOR SICKLE CELL DISEASE		
ENDARI	2	QL (180 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>l-glutamine 5 gm packet</i>	1	QL (180 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
SIKLOS	2	C (34 DAYS SUPPLY PER FILL), SP
COBALAMINS		
<i>cyanocobalamin (500 mcg/0.1ml solution, 1000 mcg/ml solution)</i>	1	
<i>dodex</i>	1	
HYDROXOCOBALAMIN ACETATE	1	
FOLIC ACID/FOLATES		
<i>cvs folic acid</i>	0	
<i>folate</i>	0	
<i>folic acid (0.8 mg cap, 400 mcg tab, 800 mcg tab)</i>	0	
<i>folic acid (1 mg tab, 5 mg/ml solution)</i>	1	
<i>ft folic acid</i>	0	
<i>gnp folic acid</i>	0	
<i>hm folic acid</i>	0	
<i>kp folic acid 800 mcg tab</i>	0	
<i>px folic acid</i>	0	
<i>qc folic acid</i>	0	
<i>ra folic acid</i>	0	
<i>sm folic acid</i>	0	
<i>true folic acid 400 mcg tab</i>	0	
<i>yl folic acid</i>	0	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	2	C (34 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
DOPTELET	2	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	1	C (30 DAYS SUPPLY PER FILL), SP
FYLNETRA	2	QL (0.043 ml per 1 day(s)), C (14 DAYS SUPPLY PER FILL), SP
NIVESTYM	2	C (34 DAYS SUPPLY PER FILL), SP
NYVEPRIA	2	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	SP
PROCRIT 40000 UNIT/ML SOLUTION	2	SP
PROMACTA (12.5 MG PACKET, 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	2	C (30 DAYS SUPPLY PER FILL), SP
PROMACTA 25 MG PACKET	2	C (30 DAYS SUPPLY PER FILL), SP
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	C (34 DAYS SUPPLY PER FILL), SP
RETACRIT 40000 UNIT/ML SOLUTION	2	C (34 DAYS SUPPLY PER FILL), SP
ZIEXTENZO	2	QL (0.043 ml per 1 days), SP
HEMATOPOIETIC MIXTURES		
ABANEU-SL	1	
AIRAVITE	1	
CHROMAGEN	1	
CORVITA 150	1	
<i>fa-vitamin b-6-vitamin b-12</i>	1	
<i>fabb</i>	1	
<i>ferocon</i>	1	
FEROTRINSIC	1	
<i>ferrocite plus</i>	1	
<i>folbee</i>	1	
FOLPLEX 2.2	1	
FOLTRIN	1	
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hemocyte-f</i>	1	
<i>iferex 150 forte</i>	1	
K-TAN PLUS	1	
NUFOL	1	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
PUREVIT DUALFE PLUS	1	
SE-TAN PLUS	1	
TANDEM PLUS	1	
<i>tl-hem 150</i>	1	
TRICON	1	
TRIGELS-F FORTE	1	
<i>virt-gard</i>	1	
<i>westab mini</i>	1	
<i>westab one</i>	1	
IRON		
<i>ferrous sulfate 220 (44 fe) mg/5ml solution</i>	0	
<i>ferumoxytol</i>	1	C (34 DAYS SUPPLY PER FILL), SP
<i>iron sucrose</i>	1	SP
<i>na ferric gluc cplx in sucrose</i>	1	SP
STEM CELL MOBILIZERS		
MOZOBIL	2	C (34 DAYS SUPPLY PER FILL), SP
<i>plerixafor</i>	1	C (34 DAYS SUPPLY PER FILL), SP
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid (0.25 gm/ml solution, 250 mg/ml solution, 500 mg tab, 1000 mg tab)</i>	1	
<i>tranexamic acid (650 mg tab, 1000 mg/10ml solution)</i>	1	
<i>tranexamic acid-nacl</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>pentobarbital sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
PHENOBARBITAL SODIUM	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN	3	
AMBIEN CR	3	
DEXMEDETOMIDINE HCL (200 MCG/2ML SOLUTION, 400 MCG/4ML SOLUTION, 1000 MCG/10ML SOLUTION)	1	
DEXMEDETOMIDINE HCL IN NACL (20-0.9 MCG/5ML-% SOLN PRSYR, 40-0.9 MCG/10ML-% SOLN PRSYR, 80 MCG/20ML SOLUTION, 200 MCG/50ML SOLUTION, 400 MCG/100ML SOLUTION)	1	
DEXMEDETOMIDINE HCL-DEXTROSE	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
FLURAZEPAM HCL	1	
HALCION	3	
MIDAZOLAM (2 MG/2ML SOLN PRSYR, 3 MG/3ML SOLN PRSYR, 5 MG/5ML SOLN PRSYR, 25 MG/25ML SOLN PRSYR, 30 MG/30ML SOLN PRSYR, 50 MG/50ML SOLN PRSYR, 50 MG/50ML SOLUTION, 100 MG/100ML SOLUTION)	1	
MIDAZOLAM HCL (2 MG/2ML SOLUTION, 2 MG/ML SYRUP, 5 MG/5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/10ML SOLUTION, 10 MG/2ML SOLUTION, 25 MG/5ML SOLUTION, 50 MG/10ML SOLUTION, 150 MG/30ML SOLN PRSYR, 150 MG/30ML SOLUTION)	1	
<i>midazolam hcl (pf)</i>	1	
<i>midazolam hcl (pf) +rfid</i>	1	
MIDAZOLAM HCL-SODIUM CHLORIDE (30-0.9 MG/30ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLN PRSYR, 50-0.9 MG/50ML-% SOLUTION, 60-0.9 MG/30ML-% SOLN PRSYR)	1	
MIDAZOLAM HCL-SODIUM CHLORIDE 55-0.9 MG/55ML-% SOLN PRSYR	1	
MIDAZOLAM-SODIUM CHLORIDE	1	
MIDAZOLAM-SODIUM CHLORIDE (PF) 100-0.8 MG/100ML-% SOLUTION	1	QL (30 ml per 21 day(s))

Drug Name	Drug Tier	Requirements/Limits
RESTORIL	3	
<i>temazepam</i>	1	
<i>triazolam (0.125 mg tab, 0.25 mg tab)</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
<i>zolpidem tartrate er</i>	1	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	2	
DAYVIGO	2	
QUVIVIQ	2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	1	
<i>tasimelteon</i>	1	QL (30 ea per 30 days), SP
LAXATIVES (CONTINUED)		
BULK LAXATIVES		
<i>fiber 51.7 % powder</i>	1	
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	0	C (\$0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	0	C (\$0 copay for members age 45-75 years)
GAVILYTE-C	0	C (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	0	C (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	0	C (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	1	C (\$0 copay for members age 45-75 years)
NULYTELY LEMON-LIME	3	C (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	0	C (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	0	C (\$0 copay for members age 45-75 years)

Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes/ascorbat</i>	0	C (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	0	C (\$0 copay for members age 45-75 years)
PLENVU	0	C (\$0 copay for members age 45-75 years)
SUPREP BOWEL PREP KIT	0	
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
GIALAX	1	
<i>kristalose 10 gm packet</i>	1	
<i>lactulose (10 gm/15ml solution, 20 gm packet, 20 gm/30ml solution)</i>	1	
<i>lactulose 10 gm packet</i>	1	
LUBRICANT LAXATIVES		
MINERAL OIL HEAVY	1	
LOCAL ANESTHETICS-PARENTERAL (CONTINUED)		
LOCAL ANESTHETIC COMBINATIONS		
<i>articadent dental</i>	1	
<i>bupivacaine-epinephrine (0.25% solution, 0.5% solution)</i>	1	
<i>bupivacaine-epinephrine (pf) (0.25% solution, 0.5% solution)</i>	1	
<i>lidocaine-epinephrine (0.5 %-1:200000 solution, 1 %-1:100000 solution, 2 %-1:100000 solution, 2 %-1:200000 solution, 2 %-1:50000 solution)</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	
MARCAINE/EPINEPHRINE (MARCAINE/EPINEPHRINE, MARCAINE/EPINEPHRINE 0.5% -1:200000 SOLUTION)	1	
MARCAINE/EPINEPHRINE PF 0.5% -1:200000 SOLUTION	1	
ROPIV-CLONIDINE-KETOROLAC	1	
<i>sensorcaine-mpf/epinephrine (sensorcaine-mpf/epinephrine, sensorcaine-mpf/epinephrine 0.25% -1:200000 solution)</i>	1	
<i>sensorcaine/epinephrine</i>	1	
LOCAL ANESTHETICS - AMIDES		
<i>bupivacaine hcl (0.125 % (50 ml) soln prsyr, 0.125 % solution, 0.25 % (10 ml) soln prsyr, 0.25 % solution, 0.5 % solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupivacaine hcl (pf) (0.25 % solution, 0.5 % solution, 0.75 % solution)</i>	1	
BUPIVACAINE HCL-NACL	1	
<i>bupivacaine in dextrose</i>	1	
<i>bupivacaine spinal</i>	1	
LIDOCAINE HCL (0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION, 9 MG/ML SOLN PRSYR, 10 MG/ML SOLN PRSYR, 60 MG/3ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	1	
LIDOCAINE HCL (BUFFERED)	1	
<i>lidocaine hcl (pf)</i>	1	
POLOCAINE	1	
POLOCAINE-MPF	1	
<i>ropivacaine hcl (2 mg/ml solution, 5 mg/ml solution, 7.5 mg/ml solution, 10 mg/ml solution)</i>	1	
ROPIVACAINE HCL-NACL	1	
<i>sensorcaine</i>	1	
<i>sensorcaine-mpf</i>	1	
LOCAL ANESTHETICS - ESTERS		
<i>chloroprocaine hcl (pf)</i>	1	
<i>tetracaine hcl 1 % solution</i>	1	
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	1	
CLARITHROMYCIN		
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
E.E.S. 400	1	
<i>ery-tab</i>	1	
ERYTHROCIN LACTOBIONATE	1	
ERYTHROCIN STEARATE	1	

Drug Name	Drug Tier	Requirements/Limits
<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 tab, 400 mg/5ml recon susp)</i>	1	
<i>erythromycin lactobionate</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	2	QL (20 ea per fill(s))
DIFICID 40 MG/ML RECON SUSP	2	QL (150 ml per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
DIABETIC SUPPLIES		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK AVIVA	2	
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	QL (1 ea per 2 year(s))
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	2	QL (1 ea per 2 year(s))
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	QL (1 ea per 2 year(s))
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCUTREND GLUCOSE CONTROL	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCE MICRO-DRAW CONTROL	2	
ADVANCE MICRO-DRAW NORMAL	2	
ADVANCED MOBILE LANCET	2	

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 21G	3	
ADVOCATE SAFETY LANCETS 23G	3	
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE SAFETY LANCETS 28G	3	
AGAMATRIX CONTROL LEVEL 2	2	
AGAMATRIX CONTROL LEVEL 4	2	
AGAMATRIX CONTROL NORMAL/HIGH	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE 3 CONTROL	2	
ASSURE 4 CONTROL LEVEL 1 & 2	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE CONTROL SOLUTION 2/3	2	
ASSURE DOSE NORM/HIGH CONTROL	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 II CONTROL	2	
ASSURE II CONTROL LEVEL 1 & 2	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	

Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE PRISM CONTROL LEVEL 1&2	2	
ASSURE PRO CONTROL LEVEL 1 & 2	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE LANCING DEVICE	2	
AUTOLET LITE STARTER PACK	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD MICROTAINER LANCETS	2	
BLULINK CONTROL HIGH & LOW	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET SUPER THIN 30G	2	
CAREONE LANCET THIN 23G	2	
CARESENS CONTROL A	2	
CARESENS CONTROL SOLUTION A/B	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARESENS S CONTROL SOLN A/B	3	
CARETOUCH CONTROL SOL LEVEL 2	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	

Drug Name	Drug Tier	Requirements/Limits
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CHOSEN LANCING DEVICE	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	
CLEVER CHOICE COMFORT EZ MISC	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
COAGUCHEK LANCETS	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC	2	
COMFORT LANCETS	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR PLUS CONTROL SOLUTION	3	
COOL CONTROL A	2	
COOL CONTROL B	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
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), C (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	2	QL (0.1 ea per 1 day(s))
DIATHRIVE GLUCOSE CONTROL SOLN	2	
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET INSULIN SYRINGE (30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 1 ML MISC)	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
DUO-CARE CONTROL SOLUTION	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EASY COMFORT 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	

Drug Name	Drug Tier	Requirements/Limits
EASY MINI LANCING DEVICE	2	
EASY TOUCH CONTROL HIGH & LOW	2	
EASY TOUCH HEALTHPRO HIGH/LOW	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EASYMAX 15 LEVEL 2 CONTROL	2	
EASYMAX 15 LEVEL 2-3 CONTROL	2	
EASYMAX CONTROL NORMAL/HIGH	2	
ELEMENT COMPACT CONTROL 2	2	
ELEMENT COMPACT CONTROL 3	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE PRO GLUCOSE CONTROL	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	

Drug Name	Drug Tier	Requirements/Limits
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 CONTROL SOLUTION	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING KIT (BLUE)	2	
GENTEEL NOZZLES	2	
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	

Drug Name	Drug Tier	Requirements/Limits
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCARD 01 CONTROL LIQUID	2	
GLUCOCARD EXPRESSION CONTROL	2	
GLUCOCARD SHINE CONTROL	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOSE CONTROL SOLUTION	2	
GNP EASY TOUCH CONT HIGH/LOW	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE LANCING DEVICE	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHY ACCENTS LANCING DEVICE	2	
HEALTHY ACCENTS UNILET LANCETS	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
HYPOLANCE AST LANCING	2	
IHEALTH CONTROL SOLUTION	2	
IHEALTH LANCING DEVICE	2	
IN TOUCH GLUCOSE CONTROL	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO CONTROL HI/LO	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	

Drug Name	Drug Tier	Requirements/Limits
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 GLUCOSE CONTROL MID	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	
LIVE BETTER ADV LANCING DEVICE	2	
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LONGS LANCETS STANDARD	2	

Drug Name	Drug Tier	Requirements/Limits
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDISENSE GLUCOSE KETONE CONTR	2	
MEDISENSE HI/MID/LOW CONTROL	2	
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	
MICRODOT CONTROL HIGH/LOW	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	
MODD1 PATIENT WELCOME KIT	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH CONTROL	2	
MYGLUCOHEALTH LANCETS 30G	2	
NEUTEK 2TEK CONTROL	2	
NOVA MAX PLUS GLU/KET CONTROL	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
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 SOLUTIONS STARTER KIT	2	QL (1 ea per 730 day(s))
ONETOUCH SURESOFT LANCING DEV	2	

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA 2	2	QL (1 ea per 2 year(s))
ONETOUCH ULTRA CONTROL	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH VERIO LIQUID	2	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	2	QL (1 ea per 2 year(s))
ONETOUCH VERIO REFLECT	2	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	3	
PHARMACIST CHOICE LANCETS	2	
PHARMACY COUNTER LANCETS	2	
PIP GLUCOSE CONTROL SOLUTION	3	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
POCKETCHEM EZ CONTROL	2	
PRECISION GLUCOSE KETONE CONTR	2	
PRECISION THINS GP LANCETS	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PSS SELECT GP LANCETS	2	
PSS SELECT PLATFORMS	2	
PSS SELECT SAFETY LANCETS	2	

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT LANCETS 30G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS MICROTHIN 33G	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
QUICKTEK CONTROL SOLUTION	2	
QUINTET CONTROL HIGH/NORMAL	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
REFUAH PLUS GLUCOSE CONTROL	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTTEST ALTERNATE SITE ADAPT	2	

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	2	
SAPS HEALTH PLUS LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS	2	
SELECT-LITE LANCING DEVICE	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNILET LANCETS 28G	2	
SHOPKO UNILET LANCETS 30G	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMARTEST CONTROL MEDIUM	2	

Drug Name	Drug Tier	Requirements/Limits
SMARTEST LANCETS 28G	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SUPREME II HIGH/LOW CONTROL	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	3	
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	

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT TWIST TOP LANCETS	2	
TRUECONTROL GLUCOSE CONT LEV 0	2	
TRUECONTROL GLUCOSE CONT LEV 1	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TWIST TOP LANCETS 30G	2	
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	

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	

Drug Name	Drug Tier	Requirements/Limits
VERASENS GLUCOSE CONTROL	2	
VERIFINE INSULIN SYRINGE (X 1/2" 1 ML MISC, X 5/16" 1 ML MISC)	2	
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML MISC	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD INO CONTROL SOLUTION	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
ZEV RX TWIST TOP LANCETS 30G	2	
PARENTERAL THERAPY SUPPLIES		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
ABOUTTIME PEN NEEDLE	2	
ADVOCATE INSULIN PEN NEEDLE	2	

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN PEN NEEDLES (31G X 5 MISC, 31G X 8 MISC, 33G X 4 MISC)	2	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM MISC	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
ADVOCATE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
AQ INSULIN SYRINGE	2	
ASSURE ID INSULIN SAFETY SYR	2	
ASSURE ID SAFETY PEN NEEDLES	2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM MISC	2	
AUM MINI INSULIN PEN NEEDLE (32G X 4 MISC, 32G X 5 MISC, 32G X 6 MISC, 33G X 4 MISC, 33G X 5 MISC, 33G X 6 MISC)	2	
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM MISC	2	
AUM PEN NEEDLE (32G X 4 MISC, 32G X 6 MISC, 33G X 4 MISC)	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA PEN NEEDLES	2	
AURORA UNIFINE PENTIPS	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, U-100 1 ML MISC)	2	
BD INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE HALF-UNIT	2	
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC)	2	
BD INSULIN SYRINGE ULTRAFINE (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
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 (29G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE	2	
CAREFINE PEN NEEDLES	2	
CAREONE INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC	2	
CAREONE UNIFINE PENTIPS	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CARETOUCH INSULIN SYRINGE (28G X 5/16" 1 ML MISC, 29G X 5/16" 1 ML MISC)	2	
CARETOUCH INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
CARETOUCH PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC)	2	
CLEVER CHOICE COMFORT EZ (29G X 12MM MISC, 33G X 4 MM MISC)	2	
CLICKFINE PEN NEEDLES	2	
COMFORT ASSIST INSULIN SYRINGE	2	
COMFORT EZ INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
COMFORT EZ INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

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

Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE PEN NEEDLES	2	
EASY TOUCH FLIPLOCK INSULIN SY	2	
EASY TOUCH INSULIN SAFETY SYR	2	
EASY TOUCH INSULIN SYRINGE (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 27G X 5/8" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EASY TOUCH INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EASY TOUCH PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC)	2	
EASY TOUCH PEN NEEDLES 30G X 6 MM MISC	2	
EASY TOUCH SAFETY PEN NEEDLES (X 5MM MISC, X 8MM MISC)	2	
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM MISC	2	
EASY TOUCH SHEATHLOCK SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 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)	2	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC	2	
EMBECTA PEN NEEDLE U/F	2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM MISC	2	
EMBRACE PEN NEEDLES	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EQL INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
EXEL COMFORT POINT INSULIN SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
EXEL COMFORT POINT PEN NEEDLE	2	
FIFTY50 PEN NEEDLES	2	
FIFTY50 SUPERIOR COMFORT SYR	2	
FREDS PHARMACY UNIFINE PENTIP+	2	
FREDS PHARMACY UNIFINE PENTIPS	2	
GLOBAL EASE INJECT PEN NEEDLES	2	
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL EASY GLIDE PEN NEEDLES	2	
GLOBAL INJECT EASE INSULIN SYR (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GLOBAL INJECT EASE INSULIN SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLOBAL INSULIN SYRINGES	2	
GLUCOPRO INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GLUCOPRO INSULIN SYRINGE (X 1/2" 0.3 ML MISC, X 5/16" 0.3 ML MISC)	2	
GNP CLICKFINE PEN NEEDLES	2	
GNP INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
GNP INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
GNP INSULIN SYRINGES	2	
GNP INSULIN SYRINGES 28GX1/2"	2	
GNP INSULIN SYRINGES 29GX1/2"	2	
GNP INSULIN SYRINGES 30GX5/16"	2	

Drug Name	Drug Tier	Requirements/Limits
GNP INSULIN SYRINGES 31GX5/16"	2	
GNP ULTICARE PEN NEEDLES	2	
GNP ULTIGUARD SAFEPACK NEEDLE	2	
GNP ULTRA COM INSULIN SYRINGE	2	
GOODSENSE CLICKFINE PEN NEEDLE	2	
GOODSENSE PEN NEEDLE PENFINE	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HEALTHWISE INSULIN SYR/NEEDLE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML MISC	2	
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE MINI PEN NEEDLES	2	
HEALTHWISE PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
HEALTHWISE UNIFINE PENTIPS	2	
HEALTHY ACCENTS UNIFINE PENTIP	2	
HM ULTICARE INSULIN SYRINGE	2	
HM ULTICARE MINI PEN NEEDLES	2	
HM ULTICARE SHORT PEN NEEDLES	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	
INSULIN SYRINGE-NEEDLE U-100 (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
INSULIN SYRINGE/NEEDLE	2	

Drug Name	Drug Tier	Requirements/Limits
INSUPEN PEN NEEDLES	2	
INSUPEN SENSITIVE 32G X 6 MM MISC	2	
INSUPEN SENSITIVE 32G X 8 MM MISC	2	
INSUPEN ULTRAFIN	2	
KINRAY INSULIN SYRINGE	2	
KMART VALU INSULIN SYRINGE 29G	2	
KMART VALU INSULIN SYRINGE 30G	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
KROGER INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
KROGER PEN NEEDLES	2	
LEADER INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
LEADER INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LEADER UNIFINE PENTIPS	2	
LEADER UNIFINE PENTIPS PLUS	2	
LITETOUCH INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
LITETOUCH INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
LITETOUCH PEN NEEDLES (31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
LITETOUCH PEN NEEDLES 29G X 12.7MM MISC	2	
LONGS INSULIN SYRINGE	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
MAXI-COMFORT INSULIN SYRINGE	2	

Drug Name	Drug Tier	Requirements/Limits
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
MEDICINE SHOPPE PEN NEEDLES	2	
MEIJER PEN NEEDLES	2	
MICRODOT PEN NEEDLE	2	
MM INSULIN SYRINGE/NEEDLE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML MISC	2	
MM PEN NEEDLES	2	
MONOJECT INSULIN SYRINGE (25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, U-100 1 ML MISC)	2	
MONOJECT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC)	2	
MS INSULIN SYRINGE	2	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST PEN NEEDLE	2	
PC UNIFINE PENTIPS	2	
PEN NEEDLES	2	
PEN NEEDLES 5/16"	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	

Drug Name	Drug Tier	Requirements/Limits
PENTIPS GENERIC PEN NEEDLES	2	
PRECISION SURE-DOSE SYRINGE	2	
PREFERRED PLUS INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
PREFERRED PLUS INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT PEN NEEDLES (X 5 MISC, X 6 MISC, X 8 MISC)	2	
PRODIGY INSULIN SYRINGE (X 5/16" 0.3 ML MISC, X 5/16" 0.5 ML MISC)	2	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML MISC	2	
PURE COMFORT PEN NEEDLE (X 4 MISC, X 5 MISC, X 6 MISC)	2	
PURE COMFORT PEN NEEDLE 32G X 8 MM MISC	2	
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC	2	
PX EXTRA SHORT PEN NEEDLES	2	
PX INSULIN SYRINGE	2	
PX MINI PEN NEEDLES	2	
PX PEN NEEDLE	2	
PX SHORTLENGTH PEN NEEDLES	2	
QC PEN NEEDLES	2	
QC UNIFINE PENTIPS	2	
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 32G X 8 MM MISC, 33G X 8 MM MISC)	2	
RA INSULIN SYRINGE	2	
RA PEN NEEDLES	2	
REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
REALITY INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
RELION INSULIN SYRINGE	2	
RELION MINI PEN NEEDLES	2	
RELION PEN NEEDLES	2	
RELION SHORT PEN NEEDLES	2	
SAFETY INSULIN SYRINGES (29G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
SAFETY PEN NEEDLES	2	
SB INSULIN SYRINGE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SHOPKO UNIFINE PENTIPS	2	
SHOPKO UNIFINE PENTIPS PLUS	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC)	2	
SURE COMFORT INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
SURE COMFORT PEN NEEDLES (30G X 8 MISC, 31G X 5 MISC, 31G X 6 MISC, 31G X 8 MISC, 32G X 4 MISC, 32G X 6 MISC)	2	
SURE COMFORT PEN NEEDLES 29G X 12.7MM MISC	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 30G X 5/16" 0.3 ML MISC)	2	
TECHLITE INSULIN SYRINGE (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
TECHLITE PEN NEEDLES (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	2	
TECHLITE PEN NEEDLES 29G X 10MM MISC	2	
TECHLITE PLUS PEN NEEDLES	2	
TODAYS HEALTH MINI PEN NEEDLES	2	
TODAYS HEALTH PEN NEEDLES	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	2	
ULTRACARE PEN NEEDLES	2	
UNIFINE PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE SAFECONTROL PEN NEEDLE (30G X 5 MISC, 30G X 8 MISC, 32G X 4 MISC)	2	
UNIFINE ULTRA PEN NEEDLE	2	
VALUE HEALTH INSULIN SYRINGE	2	
VALUMARK PEN NEEDLES	2	
VANISHPOINT INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	
VANISHPOINT INSULIN SYRINGE (29G X 5/16" 1 ML MISC, 30G X 3/16" 0.5 ML MISC, 30G X 3/16" 1 ML MISC)	2	
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	2	
VIDA MIA UNIFINE PENTIPS	2	
VP INSULIN SYRINGE	2	
WEGMANS UNIFINE PENTIPS PLUS	2	
ZEV RX INSULIN SYRINGE	2	
ZEV RX PEN NEEDLES	2	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	QL (1 ml per 28 days)
AJOVY	2	QL (1.5 ml per 28 days)
EMGALITY	2	QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	2	QL (3 ml per 28 days)
NURTEC	2	QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	2	QL (60 ea per 30 days)
QULIPTA 10 MG TAB	2	QL (30 ea per 30 days)
UBRELVY	2	QL (16 ea per 30 days), C (30 DAYS SUPPLY PER FILL)
MIGRAINE PRODUCTS		
D.H.E. 45	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)</i>	1	
MIGRAINE PRODUCTS - NSAIDS		
<i>diclofenac potassium(migraine)</i>	1	
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	1	QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	1	QL (16 ea per 28 days)
IMITREX	3	QL (16 ea per 28 days)
IMITREX STATDOSE REFILL	3	QL (8 ml per 28 day(s))
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	3	QL (8 ml per 28 day(s))
IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ	3	QL (8 ml per 28 days)
<i>naratriptan hcl</i>	1	QL (16 ea per 28 days)
ONZETRA XSAIL	2	QL (16 ea per 28 day(s))
RELPAK	3	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)
SUMATRIPTAN SUCCINATE	1	
<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	2	QL (8 ml per 28 days), C (28 DAYS SUPPLY PER FILL)
ZOLMITRIPTAN (2.5 MG TAB, 2.5 MG TAB DISP, 5 MG SOLUTION, 5 MG TAB, 5 MG TAB DISP)	1	QL (16 ea per 28 days)
ZOMIG (2.5 MG SOLUTION, 2.5 MG TAB, 5 MG TAB)	2	QL (16 ea per 28 days)
MINERALS ELECTROLYTES (CONTINUED)		
BICARBONATES		
SODIUM ACETATE	1	
SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION, 8.4 % SOLUTION)	1	
<i>tromethamine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM		
<i>calcium chloride</i>	1	
<i>calcium gluconate (10 % solution, 1000 mg/10ml soln prsyr)</i>	1	
CALCIUM GLUCONATE-NACL (1-0.675 GM/50ML-% SOLUTION, 1-0.8 GM/100ML-% SOLUTION, 1-0.9 GM/100ML-% SOLUTION, 2-0.675 GM/100ML-% SOLUTION, 2-0.9 GM/100ML-% SOLUTION)	1	
ELECTROLYTE MIXTURES		
<i>dextrose in lactated ringers</i>	1	
DEXTROSE-NACL	1	
DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION, 5-0.33 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION, 10-0.45 % SOLUTION)	1	
HYPERLYTE-CR	1	
KCL (0.149%) IN NACL	1	
KCL (0.298%) IN NACL	1	
KCL (IN NACL 0.9%)	1	
<i>kcl in dextrose-nacl (10-5-0.45 meq/l-%- solution, 20-5-0.2 meq/l-%- solution, 20-5-0.225 meq/l-%- solution, 20-5-0.45 meq/l-%- solution, 20-5-0.9 meq/l-%- solution, 30-5-0.45 meq/l-%- solution, 40-5-0.45 meq/l-%- solution, 40-5-0.9 meq/l-%- solution)</i>	1	
KCL-LACTATED RINGERS-D5W	1	
<i>lactated ringers</i>	1	
MULTIPLE ELECTRO TYPE 1 PH 5.5	1	
<i>multiple electro type 1 ph 7.4</i>	1	
POTASSIUM CHLORIDE IN DEXTROSE	1	
POTASSIUM CHLORIDE IN NACL (20 MEQ/250ML SOLUTION, 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION)	1	
POTASSIUM CL IN DEXTROSE 5%	1	
<i>ringers</i>	1	
FLUORIDE		
<i>fluoritab</i>	1	
<i>nafrinse</i>	1	C (\$0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
NAFRINSE DROPS	1	
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB)	0	C (\$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)</i>	0	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (1.1 (0.5 F) MG TAB, 2.2 (1 F) MG TAB)	1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	0	C (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	1	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB	1	C (\$0 Copay for 6 months through 16 years of age)
IODINE PRODUCTS		
IODINE STRONG	1	
MAGNESIUM		
MAGNESIUM CHLORIDE 200 MG/ML SOLUTION	1	
MAGNESIUM SULFATE (2 GM/50ML SOLUTION, 4 GM/100ML SOLUTION, 4 GM/50ML SOLUTION, 20 GM/500ML SOLUTION, 40 GM/1000ML SOLUTION, 50 % SOLUTION)	1	
<i>magnesium sulfate in d5w</i>	1	
MANGANESE		
MANGANESE CHLORIDE	1	
PHOSPHATE		
PHOSPHA 250 NEUTRAL	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
PHOSPHOROUS	1	
POTASSIUM PHOSPHATES	1	
<i>potassium phosphates(66 meq k)</i>	1	
POTASSIUM PHOSPHATES(71 MEQ K)	1	
<i>sodium phosphates (15 mmole/5ml solution, 45 mmole/15ml solution, 150 mmole/50ml solution)</i>	1	
<i>virt-phos 250 neutral</i>	1	
WES-PHOS 250 NEUTRAL	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM		
EFFER-K (10 EFFER TAB, 20 EFFER TAB, 25 EFFER TAB)	1	
<i>k-prime</i>	1	
K-TAB	3	
KLOR-CON	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	
POTASSIUM ACETATE	1	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 % SOLUTION, 10 MEQ/100ML SOLUTION, 10 MEQ/50ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 20 MEQ/15ML (10%) SOLUTION, 20 MEQ/50ML SOLUTION, 40 MEQ/100ML SOLUTION, 40 MEQ/15ML (20%) SOLUTION, 100 MEQ/50ML SOLN PRSYR)	1	
<i>potassium chloride crys er</i>	1	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 20 TAB ER)	1	
SODIUM		
AQUASTAT	1	
AQUASTAT SFR	1	
BD POSIFLUSH	1	
BD POSIFLUSH SAFESCRUB	1	
MONOJECT FLUSH SYRINGE	1	
MONOJECT SODIUM CHLORIDE FLUSH	1	
NORMAL SALINE FLUSH	1	
SALINE FLUSH	1	
<i>sodium chloride (0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution)</i>	1	
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride flush</i>	1	
TRACE MINERALS		
<i>chromic chloride</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cupric chloride</i>	1	
<i>selenious acid (40 mcg/ml solution)</i>	1	
ZINC		
<i>zinc chloride</i>	1	
<i>zinc sulfate (1 mg/ml solution, 3 mg/ml solution, 5 mg/ml solution)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine</i>	1	C (MAX 34 DAY SUPPLY)
<i>trientine hcl</i>	1	SP
IMMUNOMODULATORS		
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (21 ea per 28 days), SP
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (28 ea per 28 days), SP
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	2	QL (21 ea per 28 days), SP
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	2	QL (28 ea per 28 days), SP
THALOMID (150 MG CAP, 200 MG CAP)	2	C (34 DAYS SUPPLY PER FILL), SP
THALOMID (50 MG CAP, 100 MG CAP)	2	SP
IMMUNOSUPPRESSIVE AGENTS		
<i>azasan</i>	1	
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
AZATHIOPRINE SODIUM	1	
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	1	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
ENSPRYNG	2	QL (1 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	1	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
IMURAN	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg recon soln, 500 mg tab)</i>	1	
<i>mycophenolate mofetil hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER	1	
PHYSIOLYTE	1	
<i>physiosol irrigation</i>	1	
RINGERS IRRIGATION	1	
STERILE WATER FOR IRRIGATION	1	
<i>tis-u-sol</i>	1	
<i>water for irrigation, sterile</i>	1	
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	1	
LOKELMA 10 GM PACKET	2	QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	2	QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	
<i>sps (sodium polystyrene sulf)</i>	1	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	2	QL (1 ea per 1 days)
PROSTAGLANDINS		
<i>alprostadil</i>	1	
SCLEROSING AGENTS		
<i>sodium tetradecyl sulfate</i>	1	
SOTRADECOL	1	
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (100000 unit/ml suspension)</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard</i>	1	
DENTAL PRODUCTS		
CLINPRO 5000	1	C (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	1	C (\$0 Copay for 6 months through 16 years of age)
DENTA 5000 PLUS	1	C (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	1	C (\$0 Copay for 6 months through 16 years of age)
DENTAGEL	1	C (\$0 Copay for 6 months through 16 years of age)
EASYGEL	1	
<i>fluoridex</i>	1	C (\$0 Copay for 6 months through 16 years of age)
FLUORIDEX DAILY RENEWAL	1	
FLUORIDEX ENHANCED WHITENING	1	C (\$0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000	1	C (\$0 Copay for 6 months through 16 years of age)
FRAICHE 5000 DENTAL	1	C (\$0 Copay for 6 months through 16 years of age)
JUST RIGHT 5000	1	C (\$0 Copay for 6 months through 16 years of age)
<i>just right 5000</i>	1	C (\$0 Copay for 6 months through 16 years of age)
SF	0	C (\$0 Copay for 6 months through 16 years of age)
SF 5000 PLUS	0	C (\$0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE	1	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL)	1	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 0.2 % SOLUTION	1	C (\$0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE 5000 ENAMEL	1	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PLUS	1	C (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm</i>	1	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM 1.1 % PASTE	1	C (\$0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE	1	C (\$0 Copay for 6 months through 16 years of age)
STERIODS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl</i>	1	
EPISIL	2	
EVOXAC	2	
MUGARD	2	LA, SP
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
SALAGEN	2	
MULTIVITAMINS (CONTINUED)		
B-COMPLEX VITAMINS		
<i>vitamin b complex 100</i>	1	
VITAMIN B-COMPLEX 100	1	
B-COMPLEX W/ FOLIC ACID		
B-PLEX	1	
DIALYVITE	1	
FOLBEE PLUS	1	
FOLBEE PLUS CZ	1	
MYNEPHRON	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nephronex</i>	1	
RENAL	1	
RENO CAPS	1	
TM-VITE RX	1	
TRIPHROCAPS	1	
<i>virt-caps</i>	1	
<i>vp-vite rx</i>	1	
WESCAPS	1	
IRON W/ VITAMINS		
<i>vitafol</i>	1	
MULTIPLE VITAMINS W/ MINERALS		
B-PLEX PLUS	1	
BIOCEL	1	
CORVITA	1	
LYSIPLEX PLUS TAB	1	
NUTRIFAC ZX	1	
V-C FORTE	1	
VIC-FORTE	1	
VITA S FORTE	1	
VITACEL	1	
MULTIVITAMINS		
NOVITE	1	
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON	1	
PED MULTIPLE VITAMINS W/ MINERALS		
LIVITA CHILDREN	1	
PED MV W/ FLUORIDE		
MULTI-VITAMIN/FLUORIDE	1	
MULTIVITAMIN W/FLUORIDE	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	

Drug Name	Drug Tier	Requirements/Limits
TRI-VITE/FLUORIDE	1	
VITAMINS ACD-FLUORIDE	1	
PRENATAL VITAMINS		
ELITE-OB	1	
INATAL GT	1	
NEO-VITAL RX	3	
NEONATAL + DHA	1	
PNV-DHA	1	
PNV-SELECT	1	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	1	
TRINATE	1	
VITAFOL-OB+DHA	1	
SPECIALTY VITAMINS PRODUCTS		
<i>urosex</i>	1	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (40 mg/20ml solution, 20000 mcg/20ml solution, 40000 mcg/20ml solution)</i>	1	SP
<i>baclofen (5 mg tab, 10 mg tab, 10 mg/5ml solution, 20 mg tab, 25 mg/5ml suspension)</i>	1	
<i>baclofen 10 mg/20ml solution</i>	1	SP
<i>baclofen 5 mg/5ml solution</i>	1	QL (16 ml per 1 days), SP
BACLOFEN 5 MG/5ML SOLUTION	1	QL (16 ml per 1 day(s))
BACLOFEN 50 MCG/ML SOLN PRSYR	1	
<i>carisoprodol 250 mg tab</i>	1	
<i>carisoprodol 350 mg tab</i>	1	
<i>chlorzoxazone (250 mg tab, 500 mg tab)</i>	1	
<i>chlorzoxazone (375 mg tab, 750 mg tab)</i>	1	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	1	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	
<i>cyclobenzaprine hcl er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LYVISPAH	2	
<i>metaxalone (400 mg tab, 800 mg tab)</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab, 1000 mg tab, 1000 mg/10ml solution)</i>	1	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine citrate er</i>	1	
SKELAXIN	2	
<i>tizanidine hcl (2 mg cap, 2 mg tab, 4 mg cap, 4 mg tab, 6 mg cap)</i>	1	
ZANAFLEX (2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP)	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM (25 MG CAP, 50 MG CAP)	2	
<i>dantrolene sodium (20 mg recon soln, 25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>revonto</i>	1	
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE	1	
VISCOSUPPLEMENTS		
DUROLANE	2	QL (6 ml per 180 day(s)), C (180 DAYS SUPPLY PER FILL), SP
EUFLEXXA	2	QL (12 ml per 180 day(s)), C (180 DAYS SUPPLY PER FILL), SP
GELSYN-3	2	QL (12 ml per 180 day(s)), C (180 DAYS SUPPLY PER FILL), SP
SUPARTZ FX	2	QL (25 ml per 180 day(s)), C (180 DAYS SUPPLY PER FILL), SP
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone</i>	1	
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	
PATANASE	3	

Drug Name	Drug Tier	Requirements/Limits
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
XHANCE	1	
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl (nasal)</i>	1	
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
<i>edaravone</i>	1	SP
RADICAVA ORS	2	QL (50 ml per 28 day(s)), C (28 DAY SUPPLY IN 180 DAYS), SP
RADICAVA ORS STARTER KIT	2	QL (70 ml per 28 day(s)), C (28 DAY SUPPLY IN 180 DAYS), SP
<i>riluzole</i>	1	C (34 DAYS SUPPLY PER FILL)
DEPOLARIZING MUSCLE RELAXANTS		
SUCCINYLCHOLINE CHLORIDE (20 MG/ML SOLUTION, 100 MG/5ML SOLN PRSYR, 140 MG/7ML SOLN PRSYR, 200 MG/10ML SOLN PRSYR)	1	
SUCCINYLCHOLINE CL +RFID	1	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DYSPORT	2	C (90 DAYS SUPPLY PER FILL), SP
XEOMIN	2	C (90 DAYS SUPPLY PER FILL), SP
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate</i>	1	
<i>cisatracurium besylate</i>	1	
<i>cisatracurium besylate (pf)</i>	1	
ROCURONIUM BROMIDE (50 MG/5ML SOLN PRSYR, 75 MG/7.5ML SOLN PRSYR, 100 MG/10ML SOLN PRSYR)	1	
ROCURONIUM BROMIDE +RFID 100 MG/10ML SOLN PRSYR	1	

Drug Name	Drug Tier	Requirements/Limits
VECURONIUM BROMIDE	1	
NUTRIENTS (CONTINUED)		
CARBOHYDRATES		
DEXTROSE (5 % SOLUTION, 10 % SOLUTION, 50 % SOLUTION, 70 % SOLUTION, 250 MG/ML SOLUTION)	1	
GLUCOSE (DEXTROSE)	1	
PROTEINS		
AMINOAMRMS	1	
AMINORELIEFRMS	1	
AMINOSYN II	1	
<i>aminosyn ii</i>	1	
<i>clinisol sf</i>	1	
GLYCINE	1	
<i>plenamine</i>	1	
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL (0.5 % SOLUTION)	1	
BETOPTIC-S	2	
<i>brimonidine tartrate-timolol</i>	1	
CARTEOLOL HCL	1	
COMBIGAN	2	
DORZOLAMIDE HCL-TIMOLOL MAL	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN	1	

Drug Name	Drug Tier	Requirements/Limits
ATROPINE SULFATE (0.01 % SOLUTION, 0.025 % SOLUTION, 0.05 % SOLUTION, 1 % OINTMENT, 1 % SOLUTION)	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>cyclopentolate hcl</i>	1	
HOMATROPAIRE	1	
<i>phenylephrine hcl (1.5 % soln prsy, 2.5 % solution, 10 % solution)</i>	1	
<i>tropicamide</i>	1	
MIOTICS		
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BYOOVIZ	2	SP
CIMERLI	2	QL (0.1 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
EYLEA	2	QL (0.1 ml per 25 days), SP
EYLEA HD	2	QL (0.14 ml per 21 days), SP
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	2	QL (0.1 ml per 28 days), SP
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	2	QL (0.1 ml per 28 days)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P	2	
APRACLONIDINE HCL	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	
BACITRACIN 500 UNIT/GM OINTMENT	1	
BACITRACIN-POLYMYXIN B	1	
BESIVANCE	2	
BLEPH-10	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>gatifloxacin</i>	1	
GENTAK	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin (0.5 % solution, 1.5 % solution)</i>	1	
MOXIFLOXACIN HCL (0.16 % SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR, 0.5 % SOLN PRSYR, 0.5 % SOLUTION, 1 MG/ML SOLUTION, 5 MG/ML SOLUTION)	1	
MOXIFLOXACIN HCL (2X DAY)	1	
MOXIFLOXACIN HCL-BSS	1	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
OCUFLOX	3	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	1	
<i>tobramycin 0.3 % solution</i>	1	
TOBREX	3	
TRIFLURIDINE	1	
VANCOMYCIN HCL 10 MG/ML SOLN PRSYR	1	
VIGAMOX	3	
XDEMVY	2	QL (10 ml per 42 days), C (42 DAYS SUPPLY PER FILL), SP
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE 0.05 % EMULSION	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	2	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA	2	
ROCKLATAN	2	
OPHTHALMIC LOCAL ANESTHETICS		
ALTACAINE	1	
<i>proparacaine hcl</i>	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
OPHTHALMIC STEROIDS		
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>difluprednate</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate (0.2 % suspension, 0.5 % gel, 0.5 % suspension)</i>	1	
MAXITROL (0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION)	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC	1	
PREDNISOLON-GATIFLOX-BROMFENAC 1-0.5-0.075 % SOLUTION	1	
PREDNISOLON-MOXIFLOX-BROMFENAC	1	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
PREDNISOLONE-BROMFENAC 1-0.075 % SOLUTION	1	
PREDNISOLONE-MOXIFLOXACIN	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX (0.3-0.1 % OINTMENT, 0.3-0.1 % SUSPENSION)	2	
<i>tobramycin-dexamethasone</i>	1	
OPHTHALMICS - MISC.		
ACULAR	3	

Drug Name	Drug Tier	Requirements/Limits
ACULAR LS	3	
AK-FLUOR	1	
ALTAFLUOR BENOX	1	
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate</i>	1	
BIO GLO	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium (0.07 % solution, 0.075 % solution)</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
CROMOLYN SODIUM (4 % SOLUTION)	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
DORZOLAMIDE HCL	1	
<i>epinastine hcl</i>	1	
FLUCAINE	1	
FLUOR-I-STRIPS A.T.	1	
<i>fluorescein</i>	1	
FLUORESCEIN SODIUM (1 MG STRIP, 25 % SOLUTION)	1	
FLUORESCEIN-BENOXINATE	1	
FLURBIPROFEN SODIUM	1	
FUL-GLO	1	
GLOSTRIPS 1 MG STRIP	1	
ILEVRO	2	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
PROLENSA	2	
PROPARACAINE-FLUORESCEIN	1	
PROSTAGLANDINS - OPHTHALMIC		
BIMATOPROST	2	
LATANOPROST	1	
LUMIGAN	2	
<i>tafluprost (pf)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost (bak free)</i>	1	
ZIOPTAN	2	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl 0.2 % solution</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
OXYTOCICS (CONTINUED)		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>carboprost tromethamine</i>	1	
OXYTOCICS		
<i>methergine</i>	1	
<i>methylergonovine maleate (0.2 mg tab, 0.2 mg/ml solution)</i>	1	
OXYTOCIN	1	
<i>oxytocin +rfid</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
CUTAQUIG (1 GM/6ML SOLUTION, 2 GM/12ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	2	C (34 DAYS SUPPLY PER FILL), SP
CUTAQUIG (1.65 GM/10ML SOLUTION, 3.3 GM/20ML SOLUTION)	2	SP
VARIZIG 125 UNIT/1.2ML SOLUTION	0	SP
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
NATURAL PENICILLINS		
<i>penicillin g potassium</i>	1	
PENICILLIN G SODIUM	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen</i>	1	
PENICILLIN COMBINATIONS		
<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	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>ampicillin-sulbactam sodium</i>	1	
AUGMENTIN (125-31.25 MG/5ML RECON SUSP, 500-125 MG TAB)	3	
AUGMENTIN ES-600	3	
<i>piperacillin sod-tazobactam so</i>	1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
<i>oxacillin sodium</i>	1	
OXACILLIN SODIUM IN DEXTROSE	1	
PHARMACEUTICAL ADJUVANTS (CONTINUED)		
LIQUID VEHICLES		
DILUENT FOR TREPROSTINIL	1	
SALINE BACTERIOSTATIC	1	
SODIUM CHLORIDE BACTERIOSTATIC	1	
<i>sterile diluent/epoprostenol</i>	1	
STERILE WATER FOR INJECTION	1	
SEMI SOLID VEHICLES		
PETROLATUM WHITE	1	

Drug Name	Drug Tier	Requirements/Limits
WHITE PETROLATUM OINTMENT	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
AYGESTIN	3	
<i>gallifrey</i>	1	
<i>hydroxyprogesterone caproate</i>	1	
LILETTA (52 MG)	0	SP
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
MEGESTROL ACETATE (625 MG/5ML SUSPENSION)	1	
NEXPLANON	0	SP
<i>norethindrone acetate</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PROVERA	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	1	QL (112 ea per 7 day(s))
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	2	QL (270 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
XYWAV	2	LA, QL (540 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ANTIDEMENTIA AGENTS		
ARICEPT	3	
<i>donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)</i>	1	
EXELON	3	
<i>galantamine hydrobromide</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	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl er</i>	1	
<i>memantine hcl-donepezil hcl</i>	1	
NAMZARIC (7 & 14 & 21 & 28 -10 MG CP24 THPK, 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H)	2	
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
<i>olanzapine-fluoxetine hcl</i>	1	
PERPHENAZINE-AMITRIPTYLINE	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO (9 MG TAB, 12 MG TAB)	2	QL (120 ea per 30 days), SP
AUSTEDO 6 MG TAB	2	QL (60 ea per 30 days), SP
AUSTEDO XR	2	SP
AUSTEDO XR PATIENT TITRATION	2	SP
INGREZZA (40 MG CAP SPRINK, 60 MG CAP SPRINK, 80 MG CAP SPRINK)	2	QL (30 ea per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	2	QL (30 ea per 30 days), SP
INGREZZA 40 & 80 MG CAP THPK	2	QL (28 ea per 28 days), SP
<i>tetrabenazine 12.5 mg tab</i>	1	QL (102 ea per 34 days), C (34 DAYS SUPPLY PER FILL), SP
<i>tetrabenazine 25 mg tab</i>	1	QL (136 ea per 34 days), C (34 DAYS SUPPLY PER FILL), SP
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
AVONEX PEN	2	QL (1 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
AVONEX PREFILLED	2	QL (1 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
BETASERON	2	QL (14 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP
<i>cladribine (10 tabs)</i>	1	QL (10 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine (4 tabs)</i>	1	QL (4 ea per 27 day(s)), C (27 DAYS SUPPLY PER FILL), SP
<i>cladribine (5 tabs)</i>	1	QL (5 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
<i>cladribine (6 tabs)</i>	1	QL (6 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
<i>cladribine (7 tabs)</i>	1	QL (7 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
<i>cladribine (8 tabs)</i>	1	QL (8 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
<i>cladribine (9 tabs)</i>	1	QL (9 ea per 28 day(s)), C (28 DAYS SUPPLY PER FILL), SP
COPAXONE 20 MG/ML SOLN PRSYR	2	QL (30 ml per 30 days), C (30 DAYS SUPPLY PER FILL), SP
COPAXONE 40 MG/ML SOLN PRSYR	2	QL (12 ml per 28 days), SP
<i>dalfampridine er</i>	1	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 ea per 7 days), C (7 DAYS SUPPLY PER FILL), SP
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<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), C (30 DAYS SUPPLY PER FILL), SP
GILENYA 0.25 MG CAP	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
GILENYA 0.5 MG CAP	2	QL (30 ea per 30 day(s)), SP
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL (30 ml per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL (12 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
<i>glatopa 20 mg/ml soln prsyr</i>	1	QL (30 ml per 30 day(s)), C (30 DAYS SUPPLY PER FILL), SP
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL (12 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
KESIMPTA	2	QL (0.4 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
MAYZENT (1 MG TAB, 2 MG TAB)	2	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
MAYZENT 0.25 MG TAB	2	QL (140 ea per 28 days), C (28 DAYS SUPPLY PER FILL), SP

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL (12 ea per 5 day(s)), C (5 DAYS SUPPLY IN 180 DAYS), SP
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	QL (7 ea per 4 day(s)), C (4 DAYS SUPPLY IN 180 DAYS), SP
OCREVUS	2	QL (20 ml per 180 days), C (TWO 180 DAY SUPPLIES IN 365 DAYS), SP
REBIF	2	QL (6 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
REBIF REBIDOSE	2	QL (6 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
REBIF REBIDOSE TITRATION PACK	2	QL (4.2 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
REBIF TITRATION PACK	2	QL (4.2 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
<i>teriflunomide</i>	1	QL (30 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
TYSABRI	2	SP
VUMERITY	2	QL (120 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
ZEPOSIA	2	QL (30 ea per 30 days), C (PA REQUIRED FOR ULCERATIVE COLITIS; 30 DAYS SUPPLY PER FILL), SP
ZEPOSIA 7-DAY STARTER PACK	2	QL (7 ea per 7 day(s)), C (PA REQUIRED FOR ULCERATIVE COLITIS; 7 DAYS SUPPLY IN 180 DAYS), SP
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	QL (37 ea per 37 days), C (37 DAY SUPPLY IN 180 DAYS), SP
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	QL (28 ea per 28 days), C (PA REQUIRED FOR ULCERATIVE COLITIS; 28 DAYS SUPPLY PER FILL), SP
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) (300 mg tab, 600 mg tab)</i>	1	
GRALISE (300 MG TAB, 450 MG TAB, 600 MG TAB, 750 MG TAB, 900 MG TAB)	2	
<i>pregabalin er</i>	1	
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	1	

Drug Name	Drug Tier	Requirements/Limits
PIMOZIDE	1	
SMOKING DETERRENTS		
CHANTIX	2	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	2	QL (2 ea per 1 days)
<i>nicoderm cq</i>	2	
NICOTROL	0	
NICOTROL NS	0	
<i>varenicline tartrate</i>	1	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	1	QL (53 ea per 30 day(s)), C (30 DAYS SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	1	QL (2 ea per 1 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI	2	LA, QL (6 ml per 28 days), C (28 DAYS SUPPLY PER FILL), SP
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C 1000 MG RECON SOLN	2	LA, C (34 DAYS SUPPLY PER FILL), SP
PROLASTIN-C 1000 MG/20ML SOLUTION	2	LA, SP
ZEMAIRA (4000 MG RECON SOLN, 5000 MG RECON SOLN)	2	SP
ZEMAIRA 1000 MG RECON SOLN	2	C (34 DAYS SUPPLY PER FILL), SP
CYSTIC FIBROSIS AGENTS		
PULMOZYME	2	C (30 DAYS SUPPLY PER FILL), SP
PULMONARY FIBROSIS AGENTS		
ESBRIET	2	QL (270 ea per 30 days), SP
OFEV	2	LA, QL (60 ea per 30 days), SP
PIRFENIDONE	1	SP
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	1	QL (270 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
<i>pirfenidone 801 mg tab</i>	1	QL (90 ea per 30 days), C (30 DAYS SUPPLY PER FILL), SP
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES (CONTINUED)		
GLYCYLCYCLINES		
TIGECYCLINE	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg recon soln, 150 mg tab)</i>	1	
<i>doxycycline hyclate (50 mg tab, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg cap, 150 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er (45 mg cap er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg cap er 24h, 105 mg tab er 24h, 115 mg tab er 24h, 135 mg cap er 24h)</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	
<i>mondoxyne nl</i>	1	
TETRACYCLINE HCL	1	
VIBRAMYCIN (25 MG/5ML RECON SUSP, 100 MG CAP)	2	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 100 MCG RECON SOLN, 100 MCG/5ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP, 200 MCG RECON SOLN, 200 MCG/5ML SOLUTION, 500 MCG RECON SOLN, 500 MCG/5ML SOLUTION)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyol</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium</i>	1	
NP THYROID	1	
SYNTHROID	2	
<i>unithroid</i>	1	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	0	
DAPTACEL	0	
DIPHThERIA-TETANUS TOXOIDS DT	0	
INFANRIX	0	
KINRIX	0	
PEDIARIX	0	
QUADRACEL	0	
TDVAX	0	
TETANUS-DIPHThERIA TOXOIDS TD	0	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
ANASPAZ	3	
ATROPINE SULFATE (0.25 MG/5ML SOLN PRSYR, 0.4 MG/ML SOLUTION, 0.5 MG/5ML SOLN PRSYR, 0.8 MG/2ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/2.5ML SOLN PRSYR, 1 MG/ML SOLUTION, 1.2 MG/3ML SOLN PRSYR, 8 MG/20ML SOLUTION)	1	
ATROPINE SULFATE (PF)	1	
CHLORDIAZEPOXIDE-CLIDINIUM (5-2.5 MG CAP)	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 10 mg/ml solution, 20 mg tab)</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (0.2 mg/ml solution, 0.4 mg/2ml solution, 0.6 mg/3ml soln prsy, 1 mg tab, 1 mg/5ml soln prsy, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution)</i>	1	
GLYCOPYRROLATE (PF)	1	

Drug Name	Drug Tier	Requirements/Limits
GLYCOPYRROLATE 1.5 MG TAB	1	
<i>glycopyrrolate pf</i>	1	
<i>glycopyrrolate pf +rfid</i>	1	
GLYCOPYRROLATE PF 0.6 MG/3ML SOLN PRSYR	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution, 0.5 mg/ml solution)</i>	1	
HYOSCYAMINE SULFATE SL	1	
HYOSYNE	1	
LEVSIN 0.125 MG TAB	2	
LEVSIN/SL	2	
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN	1	
PB-HYOSCY-ATROPINE-SCOPOLAMINE (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
PHENOHYTRO (16.2 MG TAB, 16.2 MG/5ML ELIXIR)	1	
H-2 ANTAGONISTS		
<i>cimetidine</i>	1	
CIMETIDINE HCL	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution)</i>	1	
<i>famotidine (pf)</i>	1	
FAMOTIDINE PREMIXED	1	
<i>nizatidine (300 mg cap)</i>	1	QL (2 ea per 1 day(s))
NIZATIDINE 15 MG/ML SOLUTION	1	
PEPCID	3	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (5 mg packet, 10 mg packet, 20 mg cap dr, 20 mg packet, 40 mg cap dr, 40 mg packet)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole sodium</i>	1	
<i>lansoprazole</i>	1	
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg packet, 40 mg recon soln, 40 mg tab dr)</i>	1	
<i>rabeprazole sodium</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC	2	
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
<i>omeprazole-sodium bicarbonate</i>	1	
PYLERA	2	
TALICIA	2	QL (168 ea per 14 days)
UNCATEGORIZED (CONTINUED)		
UNCLASSIFIED		
AXTLE	1	
LORAZEPAM 2 MG/ML SOLN PRSYR	1	
PENMENVY	0	QL (1 ml per 999 day(s)), AL (10 to 25 yrs old)
PYZCHIVA 45 MG/0.5ML SOLUTION	2	QL (0.5 ml per 84 day(s)), SP
USTEKINUMAB-TTWE 45 MG/0.5ML SOLUTION	2	QL (0.5 ml per 84 day(s)), SP
WEGOVY (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB)	2	
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	
DETROL	3	
DITROPAN XL	3	
<i>fesoterodine fumarate er</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	2	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA	2	
<i>mirabegron er</i>	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	0	
BEXSERO	0	
CAPVAXIVE	0	QL (0.5 ml per lifetime), C (Not Covered for members outside of age limit)
HIBERIX	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO (RECON SOLN, SOLUTION)	0	
PEDVAX HIB	0	
PENBRAYA	0	QL (2 ea per lifetime)
PREVNAR 13	0	
PREVNAR 20	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
TRUMENBA	0	

Drug Name	Drug Tier	Requirements/Limits
VAXNEUVANCE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIRAL VACCINES		
ABRYSVO	0	AL (60 to 999 yrs old)
ACAM2000	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR	0	
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old), C (Publishing Note (C0))
COMIRNATY	0	
COMIRNATY 5-11 YEARS	0	
ENGERIX-B	0	
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST	0	
FLUMIST QUADRIVALENT	0	
FLUZONE	0	
FLUZONE HIGH-DOSE	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION	0	
GARDASIL 9	0	AL (Up to 45 yrs old)

Drug Name	Drug Tier	Requirements/Limits
HAVRIX 1440 EL U/ML SUSP PRSYR	0	AL (19 to 999 yrs old)
HAVRIX 720 EL U/0.5ML SUSP PRSYR	0	AL (0 to 18 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	
IPOL	0	
JANSSEN COVID-19 VACCINE	0	
JYNNEOS	0	AL (18 to 999 yrs old)
M-M-R II	0	
MNEXSPIKE	0	
MODERNA COVID-19 BIVAL 6M-5Y	0	
MODERNA COVID-19 BIVAL BOOSTER	0	
MODERNA COVID-19 BIVALENT	0	
MODERNA COVID-19 VAC (BOOSTER)	0	
MODERNA COVID-19 VAC 6M-11Y	0	
MODERNA COVID-19 VACC 6-11Y	0	
MODERNA COVID-19 VACC 6M-5Y	0	
MODERNA COVID-19 VACCINE	0	
MRESVIA	0	QL (0.5 ml per lifetime), AL (60 to 999 yrs old), C (Not Covered for members outside of age limit)
NOVAVAX COVID-19 VACCINE	0	
NUVAXOVID COVID-19 VACCINE	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0	
PFIZER COVID-19 VAC BIVAL 5-11	0	
PFIZER COVID-19 VAC BIVALENT	0	
PFIZER COVID-19 VAC-TRIS 5-11Y	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PFIZER-BIONTECH COVID-19 VACC	0	
PREHEVBRIO	0	
PRIORIX	0	
PROQUAD	0	

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB	0	
SANOFI COVID-19 VAC (BOOSTER)	0	
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	QL (2 ea per lifetime), AL (18 to 999 yrs old)
SPIKEVAX	0	
SPIKEVAX 6M-11Y	0	
SPIKEVAX COVID-19 VACCINE	0	
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	0	
TWINRIX	0	AL (18 to 999 yrs old)
VAQTA 25 UNIT/0.5ML SUSP PRSYR	0	AL (0 to 18 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSP PRSYR	0	AL (19 to 999 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 999 yrs old)
VARIVAX	0	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
VAGINAL ANTI-INFECTIVES		
CLEOCIN (2 % CREAM, 100 MG SUPPOS)	2	
<i>clindamycin phosphate 2 % cream</i>	1	
MICONAZOLE 3	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX	0	
PHEXXI	0	
VAGINAL ESTROGENS		
ESTRACE 0.01 % CREAM	3	
<i>estradiol 0.01 % cream</i>	1	
<i>estradiol 10 mcg tab</i>	1	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
VAGIFEM	2	
VAGINAL PROGESTINS		
CRINONE	2	

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIN	2	
<i>progesterone 100 mg insert</i>	1	
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	QL (2 ea per fill)
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ	1	QL (2 ea per fill)
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	2	QL (2 ea per fill(s))
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln prsyr)</i>	1	QL (2 ea per fill)
<i>epinephrine (anaphylaxis)</i>	1	
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QL (2 ea per fill(s))
EPIPEN 2-PAK	2	QL (2 ea per fill(s))
EPIPEN JR 2-PAK	2	QL (2 ea per fill(s))
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa</i>	1	C (MAX 34 DAY SUPPLY)
EPHEDRINE SULFATE	1	
EPHEDRINE SULFATE (PRESSORS) (5 MG/ML SOLUTION, 25 MG/5ML SOLN PRSYR)	1	
EPHEDRINE SULFATE (PRESSORS) (50 MG/10ML SOLN PRSYR, 50 MG/5ML SOLN PRSYR, 50 MG/ML SOLUTION)	1	
EPINEPHRINE (0.1 MG/10ML SOLN PRSYR, 0.2 MG/0.2ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 1 MG/10ML SOLUTION, 1 MG/ML SOLN PRSYR, 1 MG/ML SOLUTION)	1	
EPINEPHRINE PF	1	
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate</i>	1	
NOREPINEPHRINE-DEXTROSE	1	
NOREPINEPHRINE-SODIUM CHLORIDE (4-0.9 MG/250ML-% SOLUTION, 8-0.9 MG/250ML-% SOLUTION, 8-0.9 MG/500ML-% SOLUTION, 16-0.9 MG/250ML-% SOLUTION)	1	
PHENYLEPHRINE HCL (0.4 MG/10ML SOLN PRSYR, 0.8 MG/10ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR, 10 MG/ML SOLUTION)	1	
PHENYLEPHRINE HCL (1 MG/10ML SOLUTION, 10 MG/ML SOLUTION)	1	

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

Appendix

1

1ST TIER UNIFINE PENTIPS	140
1ST TIER UNIFINE PENTIPS PLUS	140
1ST TIER UNILET COMFORTOUCH	122

7

7t lido	98
-------------------	----

A

abacavir sulfate	68
abacavir sulfate-lamivudine	68
ABANEU-SL	116
abigale	107
abigale lo	107
ABILIFY MAINTENA	68
abiraterone acetate	57,58
abirtega	58
ABOUTTIME PEN NEEDLE	140
ABRYSVO	183
ACAM2000	183
acamprostate calcium	173
acarbose	40
ACCU-CHEK AVIVA	122
ACCU-CHEK AVIVA PLUS	101,122
ACCU-CHEK FASTCLIX LANCET	122
ACCU-CHEK FASTCLIX LANCETS	122
ACCU-CHEK GUIDE	122
ACCU-CHEK GUIDE CONTROL	122
ACCU-CHEK GUIDE ME	122
ACCU-CHEK GUIDE TEST	101
ACCU-CHEK SAFE-T PRO LANCETS	122
ACCU-CHEK SMARTVIEW	101
ACCU-CHEK SMARTVIEW CONTROL	122
ACCU-CHEK SOFTCLIX LANCET DEV	122
ACCU-CHEK SOFTCLIX LANCETS	122
ACCPRIL	50
ACCURETIC	52
accutane	89
ACCUTREND GLUCOSE CONTROL	122
acebutolol hcl	72

acetaminophen	19
acetaminophen-codeine	23
acetazolamide	102
acetazolamide er	102
acetazolamide sodium	102
acetic acid	111,171
acetylcysteine	45,89
acitretin	93
ACTHIB	182
ACTI-LANCE 28G	122
ACTI-LANCE LITE LANCETS 28G	122
ACTI-LANCE SPECIAL LANCETS 17G	122
ACTI-LANCE UNIVERSAL 23G	122
ACTONEL	103
ACTOPLUS MET	41
ACULAR	169
ACULAR LS	170
acyclovir	72,94
acyclovir sodium	72
ADACEL	179
ADALIMUMAB-ADAZ	15
ADAPALENE	89
adapalene-benzoyl peroxide	89
ADBRY	96
ADDERALL XR	12
adefovir dipivoxil	71
ADEMPAS	77
adenosine	30
adenosine (diagnostic)	101
ADJUSTABLE LANCING DEVICE	122
adriamycin	59
adult aspirin regimen	19
ADVAIR DISKUS	32
ADVAIR HFA	32
ADVANCE MICRO-DRAW CONTROL	122
ADVANCE MICRO-DRAW NORMAL	122
ADVANCED MOBILE LANCET	122
ADVATE	113
ADVOCATE INSULIN PEN NEEDLE	140
ADVOCATE INSULIN PEN NEEDLES	141
ADVOCATE INSULIN SYRINGE	141

ADVOCATE LANCETS	123	aliskiren fumarate	53
ADVOCATE LANCETS 30G	123	ALKERAN	54
ADVOCATE LANCING DEVICE	123	allopurinol	112
ADVOCATE RAPID-SAFE LANCING	123	allopurinol sodium	112
ADVOCATE SAFETY LANCETS	123	almotriptan malate	154
ADVOCATE SAFETY LANCETS 21G	123	alose tron hcl	110
ADVOCATE SAFETY LANCETS 23G	123	ALPHAGAN P	167
ADVOCATE SAFETY LANCETS 26G	123	alprazolam	30
ADVOCATE SAFETY LANCETS 28G	123	alprazolam er	30
ADYNOVATE	113	alprazolam xr	30
afirmelle	78	ALPROLIX	113
AFLURIA	183	alprostadil	159
AFLURIA PRESERVATIVE FREE	183	ALTACAINE	169
AFLURIA QUADRIVALENT	183	ALTACE	50
AFSTYLA	113	ALTAFLUOR BENOX	170
AGAMATRIX CONTROL LEVEL 2	123	ALTAFRIN	166
AGAMATRIX CONTROL LEVEL 4	123	altavera	78
AGAMATRIX CONTROL NORMAL/HIGH	123	ALUNBRIG	60
AGAMATRIX ULTRA-THIN LANCETS	123	alvimopan	110
AGONEAZE	98	alyacen 1/35	78
AGRYLIN	114	alyacen 7/7/7	78
AIMOVIG	153	alyq	76
AIMSCO TWIST LANCETS 32G	123	amabelz	107
AIMSCO TWIST LANCETS 33G	123	amantadine hcl	65
AIRAVITE	116	AMARYL	44
AIRSUPRA	32	AMBIEN	118
AJOVY	153	AMBIEN CR	118
AK-FLUOR	170	ambrisentan	76
ak-poly-bac	167	AMCINONIDE	95
AKLIEF	89	amethia	78
ala-cort	95	amethyst	78
albendazole	26	amikacin sulfate	14
albuterol sulfate	32	amiloride hcl	103
ALBUTEROL SULFATE ER	32	AMILORIDE-HYDROCHLOROTHIAZIDE	102
albuterol sulfate hfa	33	AMINOAMRMS	166
ALCLOMETASONE DIPROPIONATE	95	aminocaproic acid	117
ALDACTAZIDE	102	AMINOPHYLLINE	33
ALDACTONE	103	AMINORELIEFRMS	166
ALECENSA	60	AMINOSYN II	166
alendronate sodium	103	aminosyn ii	166
alfuzosin hcl er	112	amiodarone hcl	31

amitriptyline hcl	40	apri	78
amlodipine besy-benazepril hcl	52	APTIOM	35
amlodipine besylate	73	AQ INSULIN SYRINGE	141
amlodipine besylate-valsartan	52	AQUALANCE LANCETS 30G	123
amlodipine-atorvastatin	75	AQUASTAT	157
amlodipine-olmesartan	52	AQUASTAT SFR	157
amlodipine-valsartan-hctz	52	ARANELLE	78
ammonium lactate	97	ARANESP (ALBUMIN FREE)	115
amnesteam	89	ARAVA	18
amoxapine	40	ARAZLO	89
amoxicill-clarithro-lansopraz	181	AREXVY	183
amoxicillin	171	arformoterol tartrate	33
amoxicillin-pot clavulanate	172	argatroban	34
amoxicillin-pot clavulanate er	172	ARGYLE STERILE SALINE	111
amphet-dextroamphet 3-bead er	12	ARGYLE STERILE WATER	159
amphetamine sulfate	12	ARICEPT	173
amphetamine-dextroamphet er	12	ARIMIDEX	58
amphetamine-dextroamphetamine	12	aripiprazole	68
AMPHOTERICIN B	46	ARIXTRA	34
amphotericin b liposome	46	armodafinil	13
ampicillin	172	ARNUITY ELLIPTA	32
ampicillin sodium	172	AROMASIN	58
ampicillin-sulbactam sodium	172	arsenic trioxide	63
ANA-LEX	25	articadent dental	120
ANAFRANIL	40	ASACOL HD	109
anagrelide hcl	114	ascomp-codeine	23
ANAPROX DS	17	ascorbic acid	187
ANASPAZ	179	asenapine maleate	67
anastrozole	58	ashlyna	79
ANDRODERM	24	ASILNASALRMS	102
ANNOVERA	85	aspirin	19
anodyne lpt	98	aspirin 81	19
ANORO ELLIPTA	33	aspirin adult low dose	19
ANTIVERT	46	aspirin adult low strength	19
ANUCORT-HC	25	aspirin childrens	19
ANUSOL-HC	25	aspirin ec adult low dose	19
APAP-CAFF-DIHYDROCODEINE	23	aspirin ec low dose	19
apomorphine hcl	65	aspirin ec low strength	20
APRACLONIDINE HCL	167	aspirin low dose	20
aprepitant	46	aspirin regimen	20
APRETUDE	68	aspirin-dipyridamole er	114

ASSURE 3 CONTROL	123	AUM READYGARD DUO PEN NEEDLE	141
ASSURE 4 CONTROL LEVEL 1 & 2	123	AUM SAFETY PEN NEEDLE	141
ASSURE COMFORT LANCETS 28G	123	AURORA LANCET SUPER THIN 30G	124
ASSURE CONTROL SOLUTION 2/3	123	AURORA LANCET THIN 23G	124
ASSURE DOSE NORM/HIGH CONTROL	123	AURORA PEN NEEDLES	141
ASSURE HAEMOLANCE PLUS HIGH	123	AURORA UNIFINE PENTIPS	141
ASSURE HAEMOLANCE PLUS LOW	123	aurovela 1.5/30	79
ASSURE HAEMOLANCE PLUS MICRO	123	aurovela 1/20	79
ASSURE HAEMOLANCE PLUS NORMAL	123	aurovela 24 fe	79
ASSURE HAEMOLANCE PLUS PED	123	aurovela fe 1.5/30	79
ASSURE ID INSULIN SAFETY SYR	141	aurovela fe 1/20	79
ASSURE ID SAFETY PEN NEEDLES	141	AURYXIA	110
ASSURE II CONTROL	123	AUSTEDO	174
ASSURE II CONTROL LEVEL 1 & 2	123	AUSTEDO XR	174
ASSURE LANCE LANCETS	123	AUSTEDO XR PATIENT TITRATION	174
ASSURE LANCE LANCETS 21G	123	AUTO-LANCET	124
ASSURE LANCE PLUS SAFETY 25G	123	AUTO-LANCET MINI	124
ASSURE LANCE PLUS SAFETY 30G	124	AUTOLET II CLINISAFE	124
ASSURE LANCE SAFETY LANCET 28G	124	AUTOLET LANCING DEVICE	124
ASSURE PRISM CONTROL LEVEL 1&2	124	AUTOLET LITE CLINISAFE	124
ASSURE PRO CONTROL LEVEL 1 & 2	124	AUTOLET LITE LANCING DEVICE	124
atazanavir sulfate	68	AUTOLET LITE STARTER PACK	124
ATELVIA	103	AUTOLET MINI	124
atenolol	73	AUTOLET PLATFORMS	124
atenolol-chlorthalidone	52	AUTOLET PLUS	124
atomoxetine hcl	13	AUVI-Q	186
atorvastatin calcium	49	avanafil	75
atovaquone	27	AVAR CLEANSER	89
atovaquone-proguanil hcl	53	AVAR-E EMOLLIENT	89
atracurium besylate	165	avar-e green	89
ATROPINE SULFATE	167,179	aviane	79
ATROPINE SULFATE (PF)	179	avidoxy	178
AUBAGIO	174	avita	89
aubra	79	AVODART	112
aubra eq	79	AVONEX PEN	174
AUGMENTIN	172	AVONEX PREFILLED	174
AUGMENTIN ES-600	172	AVSOLA	109
AUGTYRO	60	AXTLE	181
AUM INSULIN SAFETY PEN NEEDLE	141	AYGESTIN	173
AUM MINI INSULIN PEN NEEDLE	141	ayuna	79
AUM PEN NEEDLE	141	azacitidine	55

azasan	158
azathioprine	158
AZATHIOPRINE SODIUM	158
azelaic acid	100
azelastine hcl	164,170
azelastine-fluticasone	164
azithromycin	121
AZSTARYS	13
aztreonam	28
AZULFIDINE	109
AZULFIDINE EN-TABS	109
azurette	79

B

B-PLEX	161
B-PLEX PLUS	162
bac (butalbital-acetamin-caff)	19
BACITRA-NEOMYCIN-POLYMYXIN-HC	169
BACITRACIN	26,167
BACITRACIN-POLYMYXIN B	167
baclofen	163
BACLOFEN	163
BALCOLTRA	79
balsalazide disodium	109
balziva	79
BAQSIMI ONE PACK	42
BAQSIMI TWO PACK	42
BARACLUDE	71
BASAGLAR KWIKPEN	43
bayer aspirin ec low dose	20
bayer low dose	20
BD AUTOSHIELD DUO	141
BD HEPARIN POSIFLUSH	34
BD INSULIN SYR ULTRAFINE II	141
BD INSULIN SYRINGE	141
BD INSULIN SYRINGE HALF-UNIT	141
BD INSULIN SYRINGE MICROFINE	141
BD INSULIN SYRINGE U-500	141
BD INSULIN SYRINGE U/F	141
BD INSULIN SYRINGE U/F 1/2UNIT	141
BD INSULIN SYRINGE ULTRAFINE	141
BD MICROTAINER LANCETS	124
BD PEN NEEDLE MICRO ULTRAFINE	142
BD PEN NEEDLE MINI ULTRAFINE	142
BD PEN NEEDLE NANO 2ND GEN	142
BD PEN NEEDLE NANO ULTRAFINE	142
BD PEN NEEDLE ORIG ULTRAFINE	142
BD PEN NEEDLE SHORT ULTRAFINE	142
BD POSIFLUSH	157
BD POSIFLUSH SAFESCRUB	157
BD SAFETYGLIDE INSULIN SYRINGE	142
BD VEO INSULIN SYR U/F 1/2UNIT	142
BD VEO INSULIN SYR ULTRAFINE	142
BEIZRAY	64
BELBUCA	24
BELSOMRA	119
benazepril hcl	50
benazepril-hydrochlorothiazide	52
BENDAMUSTINE HCL	54
bendamustine hcl	54
BENZAC AC WASH	89
BENZAMYCIN	89
BENZEPRO	89
BENZEPRO CREAMY WASH	89
BENZEPRO FOAMING CLOTHS	89
benzoin compound	99
benzonatate	88
BENZOYL PEROX-HYDROCORTISONE	89
BENZOYL PEROXIDE	90
benzoyl peroxide-erythromycin	90
benzphetamine hcl	12
benztropine mesylate	65
bepotastine besilate	170
BESIVANCE	167
BESREMI	63
betaine	105
betamethasone dipropionate	95
betamethasone dipropionate aug	95
betamethasone sod phos & acet	86
BETAMETHASONE SOD PHOS & ACET	86
BETAMETHASONE SODIUM PHOSPHATE	86
BETAMETHASONE VALERATE	95

BETASERON	174	brinzolamide	170
betaxolol hcl	73	bromfed dm	88
BETAXOLOL HCL	166	bromfenac sodium	170
bethanechol chloride	182	bromfenac sodium (once-daily)	170
BETHKIS	14	bromocriptine mesylate	65
BETOPTIC-S	166	BRUKINSA	60
bexarotene	63,92	BRYHALI	95
BEXSERO	182	budesonide	25,32,86
bicalutamide	58	bumetanide	103
BIDIL	75	bupivacaine hcl	120
BIKTARVY	68	bupivacaine hcl (pf)	121
bimatoprost	97	BUPIVACAINE HCL-NACL	121
BIMATOPROST	170	bupivacaine in dextrose	121
BIO GLO	170	bupivacaine spinal	121
BIOCEL	162	bupivacaine-epinephrine	120
bis subcit-metronid-tetracyc	181	bupivacaine-epinephrine (pf)	120
bismuth/metronidaz/tetracyclin	181	buprenorphine	24
bisoprolol fumarate	73	buprenorphine hcl	24
bisoprolol-hydrochlorothiazide	52	buprenorphine hcl-naloxone hcl	24
BIVALIRUDIN TRIFLUOROACETATE	35	bupropion hcl	38
BLANCHE	99	bupropion hcl er (smoking det)	38
bleomycin sulfate	59	bupropion hcl er (sr)	39
BLEPH-10	167	bupropion hcl er (xl)	39
blisovi 24 fe	79	BUPROPION HCL ER (XL)	39
blisovi fe 1.5/30	79	buspironone hcl	29
blisovi fe 1/20	79	busulfan	54
BLOXIVERZ	54	butalbital-acetaminophen	19
BLULINK CONTROL HIGH & LOW	124	butalbital-apap-caff-cod	23
BONIVA	103	butalbital-apap-caffeine	19
BORTEZOMIB	60	butalbital-asa-caff-codeine	24
bosentan	76	butalbital-aspirin-caffeine	19
BOSULIF	60	butorphanol tartrate	24
BP 10-1	90	BYOOVIZ	167
BP CLEANSING WASH	90		
BRAFTOVI	60	C	
BREO ELLIPTA	33	CABENUVA	68
BREZTRI AEROSPHERE	33	cabergoline	106
briellyn	79	CABOMETYX	60
BRILINTA	114	CADUET	75
brimonidine tartrate	100,167	caffeine citrate	12
brimonidine tartrate-timolol	166	CAFFEINE-SODIUM BENZOATE	12

CALAN SR	73	CAREONE INSULIN SYRINGE	142
CALCIPOTRIENE	93	CAREONE LANCET SUPER THIN 30G	124
calcitonin (salmon)	103,104	CAREONE LANCET THIN 23G	124
calcitrene	93	CAREONE UNIFINE PENTIPS	142
CALCITRIOL	93,105	CAREONE UNIFINE PENTIPS PLUS	142
calcium acetate	110	CARESENS CONTROL A	124
calcium acetate (phos binder)	110	CARESENS CONTROL SOLUTION A/B	124
calcium chloride	155	CARESENS LANCETS	124
calcium gluconate	155	CARESENS LANCETS 30G	124
CALCIUM GLUCONATE-NACL	155	CARESENS S CONTROL SOLN A/B	124
CALQUENCE	60	CARETOUCH CONTROL SOL LEVEL 2	124
camila	86	CARETOUCH INSULIN SYRINGE	142
camrese	79	CARETOUCH LANCING/EJECTOR	124
camrese lo	79	CARETOUCH PEN NEEDLES	142
candesartan cilexetil	51	CARETOUCH SAFETY LANCETS	124
candesartan cilexetil-hctz	52	CARETOUCH SAFETY LANCETS 26G	124
CANDIDA ALBICANS SKN TST ANTGN	101	CARETOUCH TWIST LANCETS 28G	125
capecitabine	55	CARETOUCH TWIST LANCETS 30G	125
CAPEX	95	CARETOUCH TWIST LANCETS 33G	125
CAPLYTA	66	CARETOUCH TWIST MC LANCETS 30G	125
captopril	50	carglumic acid	105
CAPTOPRIL-HYDROCHLOROTHIAZIDE	52	carisoprodol	163
CAPVAXIVE	182	CARISOPRODOL-ASPIRIN-CODEINE	164
carbamazepine	35	CARMUSTINE	54
carbamazepine er	35	carmustine	55
CARBATROL	35	CARTEOLOL HCL	166
carbidopa	65	cartia xt	73
carbidopa-levodopa	65	carvedilol	72
CARBIDOPA-LEVODOPA ER	65	carvedilol phosphate er	72
carbidopa-levodopa-entacapone	65	CASODEX	58
carbinoxamine maleate	47	casprofungin acetate	46
CARBINOXAMINE MALEATE ER	47	cataflam	17
carboplatin	54	CATAPRES-TTS-1	51
carboprost tromethamine	171	CATAPRES-TTS-2	51
CARBZAH	47	CATAPRES-TTS-3	51
CARDIOCOM LANCING DEVICE	124	caziant	79
cardioplegic	75	CEFACLOR	77
CARDIOPLEGIC SOLN W/ LIDOCAINE	75	cefadroxil	77
CARDURA	51	cefazolin sodium	77
CAREFINE PEN NEEDLES	142	CEFAZOLIN SODIUM-DEXTROSE	77
CAREONE ADVANCED LANCING DEV	124	cefdinir	78

CEFEPIME HCL	78	chlorzoxazone	163
cefixime	78	cholestyramine	48
CEFOTAXIME SODIUM	78	cholestyramine light	48
cefotetan disodium	77	CHOSEN LANCING DEVICE	125
cefoxitin sodium	77	CHROMAGEN	116
CEFOXITIN SODIUM-DEXTROSE	77	chromic chloride	157
CEFPODOXIME PROXETIL	78	CIBINQO	97
cefprozil	77	ciclodan	92
CEFTAZIDIME	78	ciclopirox	92
ceftriaxone sodium	78	ciclopirox olamine	92
CEFTRIAZONE SODIUM IN DEXTROSE	78	CICLOPIROX TREATMENT	92
cefuroxime axetil	78	cidofovir	71
cefuroxime sodium	78	cilostazol	114
CELACYN	100	CIMDUO	68
celecoxib	17	CIMERLI	167
CELEXA	39	cimetidine	180
cephalexin	77	CIMETIDINE HCL	180
CERDELGA	114	cinacalcet hcl	105
CEREZYME	115	CIPRO	108
cerovel	97	ciprofloxacin	108
cetirizine hcl	47	ciprofloxacin hcl	108,167,171
cetorelix acetate	104	CIPROFLOXACIN IN D5W	108
CETROTIDE	104	ciprofloxacin-dexamethasone	171
cevimeline hcl	161	cisatracurium besylate	165
CHANTIX	177	cisatracurium besylate (pf)	165
CHANTIX CONTINUING MONTH PAK	177	cisplatin	55
charlotte 24 fe	79	CISPLATIN	55
chateal	79	CITALOPRAM HYDROBROMIDE	39
chateal eq	79	citalopram hydrobromide	39
childrens aspirin	20	cladribine	55
CHLORAMPHENICOL SOD SUCCINATE	27	cladribine (10 tabs)	174
chlordiazepoxide hcl	30	cladribine (4 tabs)	175
CHLORDIAZEPOXIDE-AMITRIPTYLINE	174	cladribine (5 tabs)	175
CHLORDIAZEPOXIDE-CLIDINIUM	179	cladribine (6 tabs)	175
CHLORHEXIDINE GLUCONATE	68	cladribine (7 tabs)	175
chlorhexidine gluconate	160	cladribine (8 tabs)	175
chloroprocaine hcl (pf)	121	cladribine (9 tabs)	175
CHLOROQUINE PHOSPHATE	53	claravis	90
chlorothiazide sodium	103	clariscan	101
chlorpromazine hcl	67	clarithromycin	121
chlorthalidone	103	clarithromycin er	121

CLEANLET LANCETS 28G	125	CLONIDINE ER	51
CLEMASTINE FUMARATE	47	clonidine hcl	51
CLEMASZ	47	CLONIDINE HCL (ANALGESIA)	19
CLEMSZA	47	clonidine hcl er	13
CLENPIQ	119	clopidogrel bisulfate	114
CLEOCIN	28,185	clorazepate dipotassium	30
CLEVER CHEK LANCETS	125	clotrimazole	92,159
CLEVER CHOICE COMFORT EZ	125,142	clotrimazole-betamethasone	92
CLEVER CHOICE LANCETS 21G	125	clozapine	67
CLEVER CHOICE LANCETS 23G	125	CLOZARIL	67
CLEVER CHOICE LANCETS 28G	125	COAGUCHEK LANCETS	125
CLICKFINE PEN NEEDLES	142	COAL TAR	100
CLIMARA	108	codeine sulfate	21
CLIMARA PRO	107	colchicine	112,113
clindacin	90	colchicine-probenecid	112
clindacin etz	90	colesevelam hcl	48
clindacin-p	90	COLESTID	48
clindamycin hcl	28	COLESTID FLAVORED	48
clindamycin palmitate hcl	28	colestipol hcl	48
clindamycin phos (once-daily)	90	colistimethate sodium (cba)	28
clindamycin phos (twice-daily)	90	COMBIGAN	166
clindamycin phos-benzoyl perox	90	COMBIPATCH	107
clindamycin phosphate	28,90,185	COMFORT ASSIST INSULIN SYRINGE	142
clindamycin phosphate in d5w	28	COMFORT ASSURED LANCETS 28G	125
clindamycin-tretinoin	90	COMFORT ASSURED LANCETS 33G	125
clinisol sf	166	COMFORT EZ INSULIN SYRINGE	125,142
CLINPRO 5000	160	COMFORT EZ MICRO PEN NEEDLES	143
clobazam	35	COMFORT EZ PEN NEEDLES	143
clobetasol prop emollient base	95	COMFORT EZ PRO PEN NEEDLES	143
clobetasol propionate	95	COMFORT EZ SHORT PEN NEEDLES	143
clobetasol propionate e	95	COMFORT LANCETS	125
clobetasol propionate emulsion	95	COMFORT TOUCH INSULIN PEN NEED	143
CLOBEX	95	COMFORT TOUCH LANCETS 31G	125
clodan	95	COMFORT TOUCH PLUS LANCETS 28G	125
clofarabine	55	COMFORT TOUCH PLUS LANCETS 30G	125
clomid	104	COMFORT TOUCH TWIST LANCET 30G	125
CLOMIPHENE CITRATE	104	COMIRNATY	183
clomiphene citrate	104	COMIRNATY 5-11 YEARS	183
clomipramine hcl	40	compro	67
clonazepam	35	COMTAN	65
clonidine	51	CONCERTA	13

CONDYLOX	98	CVS LANCETS MICRO THIN 33G	125
constulose	120	CVS LANCETS ORIGINAL	125
CONTOUR PLUS CONTROL SOLUTION	125	CVS LANCETS THIN 26G	125
COOL CONTROL A	125	CVS LANCETS ULTRA THIN 30G	125
COOL CONTROL B	125	CVS LANCETS ULTRA-THIN 30G	125
COPAXONE	175	CVS LANCING DEVICE	125
COPIKTRA	60	CVS ULTRA THIN LANCETS	125
COREG	72	cyanocobalamin	115
CORGARD	73	cyclafem 1/35	79
CORLANOR	77	cyclafem 7/7/7	79
CORTEF	87	cyclobenzaprine hcl	163
CORTENEMA	25	cyclobenzaprine hcl er	163
CORTIFOAM	25	cyclopentolate hcl	167
CORVITA	162	cyclophosphamide	55
CORVITA 150	116	CYCLOPHOSPHAMIDE	55
COSENTYX	93	CYCLOSERINE	54
COSENTYX (300 MG DOSE)	93	cyclosporine	158,168
COSENTYX SENSOREADY (300 MG)	93	cyclosporine modified	158
COSENTYX SENSOREADY PEN	93	cyproheptadine hcl	48
COSENTYX UNOREADY	93	cyred	79
cosyntropin	101	cyred eq	79
COVARYX	107	CYTARABINE	55
COVARYX HS	107	cytarabine (pf)	56
COXANTO	17	CYTOTEC	181
CREON	102	CYTRA K CRYSTALS	111
CRINONE	185		
cromolyn sodium	31,109	D	
CROMOLYN SODIUM	170	D.H.E. 45	153
CROTAN	100	dabigatran etexilate mesylate	35
cryselle	79	DACARBAZINE	64
cryselle-28	79	dactinomycin	59
cupric chloride	158	dalbavancin hcl	27
CURITY STERILE SALINE	112	dalfampridine er	175
CUTAQUIG	171	DALIRESP	32
cvs aspirin adult low dose	20	danazol	24
cvs aspirin adult low strength	20	DANTRIUM	164
cvs aspirin ec	20	dantrolene sodium	164
cvs aspirin low dose	20	dapsone	28,90
cvs aspirin low strength	20	DAPTACEL	179
cvs folic acid	115	daptomycin	27
CVS LANCETS 21G	125	DAPTOMYCIN	27

darifenacin hydrobromide er	181	desmopressin acetate pf	106
darunavir	68	desmopressin acetate spray	106
dasatinib	60	desogestrel-ethinyl estradiol	80
dasetta 1/35	79	DESONIDE	95
dasetta 7/7/7	79	desonide	95
DAUNORUBICIN HCL	59	desoximetasone	95
daysee	80	DESVENLAFAXINE ER	40
DAYVIGO	119	desvenlafaxine succinate er	40
deblitane	86	DETROL	181
decadron	87	DEXAMETH SOD PHOS (PF) +RFID	87
decitabine	56	DEXAMETH SOD PHOS-BUPIV-EPIN	87
deferasirox	44	dexamethasone	87
deferasirox granules	45	DEXAMETHASONE SOD PHOS (PF)	87
deferiprone	45	DEXAMETHASONE SOD PHOS +RFID	87
deferoxamine mesylate	45	DEXAMETHASONE SOD PHOS-BUPIV	87
deflazacort	87	DEXAMETHASONE SOD PHOS-NACL	87
dehydrated alcohol	77	dexamethasone sod phosphate pf	87
delyla	80	DEXAMETHASONE SODIUM PHOSPHATE	87,169
demeclocycline hcl	178	DEXCOM G6 RECEIVER	126
denta 5000 plus	160	DEXCOM G6 SENSOR	126
DENTA 5000 PLUS	160	DEXCOM G6 TRANSMITTER	126
dentagel	160	DEXCOM G7 RECEIVER	126
DENTAGEL	160	DEXCOM G7 SENSOR	126
DEPAKOTE	38	DEXEDRINE	12
DEPAKOTE ER	38	DEXMEDETOMIDINE HCL	118
DEPAKOTE SPRINKLES	38	DEXMEDETOMIDINE HCL IN NACL	118
DEPO-PROVERA	85	DEXMEDETOMIDINE HCL-DEXTROSE	118
DEPO-SUBQ PROVERA 104	85	dexmethylphenidate hcl	14
depo-testosterone	24	dexmethylphenidate hcl er	14
DERMA-SMOOTH/FS BODY	95	dexrazoxane hcl	64
DERMA-SMOOTH/FS SCALP	95	dextroamphetamine sulfate	12
dermacinrx prizopak	98	dextroamphetamine sulfate er	12
DERMACINRX UREA	97	DEXTROSE	166
DERMACURE	97	dextrose in lactated ringers	155
DESCOVY	68,69	DEXTROSE-NACL	155
desflurane	111	DEXTROSE-SODIUM CHLORIDE	155
desipramine hcl	40	DHIVY	65
desloratadine	47	DIALYVITE	161
desmopressin ace spray refrig	106	DIASTAT ACUDIAL	35
DESMOPRESSIN ACETATE	106	DIASTAT PEDIATRIC	35
desmopressin acetate	106	DIATHRIVE GLUCOSE CONTROL SOLN	126

DIATHRIVE LANCET ULTRA THIN 30	126	dipyridamole	114
DIATHRIVE LANCETS	126	DISKETS	21
DIATHRIVE LANCING DEVICE	126	disopyramide phosphate	30
DIATHRIVE PEN NEEDLE	143	disulfiram	173
diazepam	30,35	DITROPAN XL	181
diazepam intensol	30	divalproex sodium	38
diazoxide	42	divalproex sodium er	38
dichlorphenamide	102	DIVIGEL	108
DICLOFENAC EPOLAMINE	91	dobutamine hcl	74
diclofenac potassium	17	docetaxel	64
diclofenac potassium(migraine)	154	dodex	115
diclofenac sodium	17,91,92,170	dofetilide	31
diclofenac sodium er	17	dolishale	80
diclofenac-misoprostol	17	donepezil hcl	173
dicloxacillin sodium	172	DOPAMINE HCL	74
dicyclomine hcl	179	DOPTLET	116
diethylpropion hcl	12	DORZOLAMIDE HCL	170
DIETHYLPROPION HCL ER	12	DORZOLAMIDE HCL-TIMOLOL MAL	166
DIFICID	122	dorzolamide hcl-timolol mal pf	166
DIFLUCAN	46	dotti	108
diflunisal	20	DOVATO	69
difluprednate	169	doxazosin mesylate	51
digitek	74	doxepin hcl	40,93,118
digox	74	DOXERCALCIFEROL	105
digoxin	74	doxorubicin hcl	59
dihydroergotamine mesylate	154	doxorubicin hcl liposomal	59
DILANTIN	37	doxy 100	178
DILANTIN INFATABS	38	doxycycline	100
DILANTIN-125	38	doxycycline hyclate	178
dilt-xr	73	doxycycline monohydrate	178
diltiazem hcl	73	doxylamine-pyridoxine	46
diltiazem hcl er	73	dronabinol	46
diltiazem hcl er beads	74	droperidol	29
diltiazem hcl er coated beads	74	DROPLET GENTEEL LANCING DEVICE	126
DILUENT FOR TREPROSTINIL	172	DROPLET INSULIN SYRINGE	126,143
dimethyl fumarate	175	DROPLET LANCETS ULTRA THIN 30G	126
dimethyl fumarate starter pack	175	DROPLET LANCING DEVICE	126
diphenhydramine hcl	47	DROPLET MICRON	143
DIPHENOXYLATE-ATROPINE	44	DROPLET PEN NEEDLES	143
DIPHThERIA-TETANUS TOXOIDS DT	179	DROPLET PERSONAL LANCETS 30G	126
DIPYRIDAMOLE	101	DROPSAFE SAFETY PEN NEEDLES	143

drospiren-eth estrad-levomefol	80	EASY TOUCH LANCETS 21G	127
drospirenone-ethinyl estradiol	80	EASY TOUCH LANCETS 23G	127
droxidopa	186	EASY TOUCH LANCETS 26G	127
DRUG MART LANCETS THIN 26G	126	EASY TOUCH LANCETS 28G	127
DRUG MART LANCING DEVICE	126	EASY TOUCH LANCETS 28G/TWIST	127
DRUG MART ON-THE-GO LANCET 30G	126	EASY TOUCH LANCETS 30G	127
DRUG MART UNIFINE PENTIPS	143	EASY TOUCH LANCETS 30G/TWIST	127
DRUG MART UNIFINE PENTIPS PLUS	143	EASY TOUCH LANCETS 32G	127
DRUG MART UNILET LANCETS 28G	126	EASY TOUCH LANCETS 32G/TWIST	127
DRUG MART UNILET LANCETS 30G	126	EASY TOUCH LANCETS 33G/TWIST	127
DRUG MART UNILET LANCETS 33G	126	EASY TOUCH LANCING DEVICE	127
DUAVEE	107	EASY TOUCH PEN NEEDLES	144
DUETACT	41	EASY TOUCH SAFETY LANCETS 21G	127
duloxetine hcl	40	EASY TOUCH SAFETY LANCETS 23G	127
DUO-CARE CONTROL SOLUTION	126	EASY TOUCH SAFETY LANCETS 26G	127
DUPIXENT	97	EASY TOUCH SAFETY LANCETS 28G	127
DURAMORPH	21	EASY TOUCH SAFETY PEN NEEDLES	144
DUROLANE	164	EASY TOUCH SHEATHLOCK SYRINGE	144
dutasteride	112	EASYGEL	160
dutasteride-tamsulosin hcl	112	EASYMAX 15 LEVEL 2 CONTROL	127
DYSPORT	165	EASYMAX 15 LEVEL 2-3 CONTROL	127
		EASYMAX CONTROL NORMAL/HIGH	127
		EBGLYSS	97
E		ec-naproxen	17
E-Z JECT LANCET MICRO-THIN 33G	126	econazole nitrate	92
E-Z JECT LANCET SUPER THIN 30G	126	ecotrin low strength	20
E-Z JECT LANCETS	126	ed-spaz	179
E-Z JECT LANCETS 21G	126	edaravone	165
E-Z JECT LANCETS THIN 26G	126	EDURANT	69
E.E.S. 400	121	EEMT	107
EASY COMFORT INSULIN SYRINGE	126,143	EEMT HS	107
EASY COMFORT LANCETS	126	efavirenz	69
EASY COMFORT LANCETS TWIST TOP	126	EFAVIRENZ	69
EASY COMFORT PEN NEEDLES	143	efavirenz-emtricitab-tenofo df	69
EASY GLIDE PEN NEEDLES	144	EFAVIRENZ-LAMIVUDINE-TENOFOVIR	69
EASY MINI EJECT LANCING DEVICE	126	efavirenz-lamivudine-tenofovir	69
EASY MINI LANCING DEVICE	127	EFFER-K	157
EASY TOUCH CONTROL HIGH & LOW	127	ELEMENT COMPACT CONTROL 2	127
EASY TOUCH FLIPLOCK INSULIN SY	144	ELEMENT COMPACT CONTROL 3	127
EASY TOUCH HEALTHPRO HIGH/LOW	127	eletriptan hydrobromide	154
EASY TOUCH INSULIN SAFETY SYR	144	ELFABRIO	105
EASY TOUCH INSULIN SYRINGE	144		

ELIGARD	58	ENDARI	115
ELIMITE	100	endocet	24
elinest	80	ENDOMETRIN	186
ELIQUIS	34	ENGERIX-B	183
ELIQUIS DVT/PE STARTER PACK	34	enilloring	85
ELITE-OB	163	enoxaparin sodium	34
elixophyllin	33	enpresse-28	80
ELLA	85	enskyce	80
ELOCTATE	113	ENSPRYNG	158
eltrombopag olamine	116	ENSTILAR	95
eluryng	85	entacapone	65
EMBECTA INS SYR U/F 1/2 UNIT	144	entecavir	71
EMBECTA INSULIN SYRINGE	144	ENTRESTO	75
EMBECTA INSULIN SYRINGE U-100	144	enulose	110
EMBECTA INSULIN SYRINGE U-500	144	enzoclear	90
EMBECTA INSULIN SYRINGE U/F	144	EPCLUSA	71
EMBECTA PEN NEEDLE U/F	144	EPHEDRINE SULFATE	186
EMBECTA PEN NEEDLE ULTRAFINE	144	EPHEDRINE SULFATE (PRESSORS)	186
EMBRACE LANCETS ULTRA THIN 30G	127	EPIDUO	90
EMBRACE LANCING DEVICE/EJECTOR	127	EPIDUO FORTE	90
EMBRACE PEN NEEDLES	144	epinastine hcl	170
EMBRACE PRESSURE ACTIVATED 21G	127	epinephrine	186
EMBRACE PRESSURE ACTIVATED 28G	127	EPINEPHRINE	186
EMBRACE PRO GLUCOSE CONTROL	127	epinephrine (anaphylaxis)	186
EMCYT	58	epinephrine hcl (nasal)	165
EMGALITY	153	EPINEPHRINE PF	186
EMGALITY (300 MG DOSE)	153	EPIPEN 2-PAK	186
emoquette	80	EPIPEN JR 2-PAK	186
EMPAVELI	113	EPISIL	161
emtricitab-rilpivir-tenofovir df	69	epitol	35
emtricitabine	69	eplerenone	53
emtricitabine-tenofovir df	69	epoprostenol sodium	76
EMTRIVA	69	EPSOLAY	90
EMVERM	26	eptifibatide	114
emzahh	86	EPZICOM	69
enalapril maleate	50	eq aspirin adult low dose	20
enalapril-hydrochlorothiazide	52	eq aspirin low dose	20
enalaprilat	50	eql aspirin low dose	20
ENBREL	19	EQL COLOR LANCETS 21G	127
ENBREL MINI	19	EQL COLOR LANCETS MICRO 33G	127
ENBREL SURECLICK	19	EQL INSULIN SYRINGE	144

EQL SUPER THIN LANCETS 30G	127	ethacrynic acid	103
EQL THIN LANCETS 26G	128	ethambutol hcl	54
ergocalciferol	187	ethosuximide	38
ERGOLOID MESYLATES	176	ETHYL CHLORIDE	98
eribulin mesylate	64	ethynodiol diac-eth estradiol	80
ERIVEDGE	57	etodolac	17
ERLEADA	58	etodolac er	17
erlotinib hcl	57	etomidate	111
errin	86	etonogestrel-ethinyl estradiol	85
ertapenem sodium	27	etoposide	64
ERY	90	ETOPOSIDE	64
ery-tab	121	etravirine	69
ERYGEL	90	EUCRISA	99
ERYTHROCIN LACTOBIONATE	121	EUFLEXXA	164
ERYTHROCIN STEARATE	121	euthyrox	178
erythromycin	90,122	EVAMIST	108
ERYTHROMYCIN	168	everolimus	60,158
erythromycin base	122	EVISTA	105
erythromycin ethylsuccinate	122	EVOTAZ	69
erythromycin lactobionate	122	EVOXAC	161
ESBRIET	177	EXEL COMFORT POINT INSULIN SYR	145
escitalopram oxalate	39	EXEL COMFORT POINT PEN NEEDLE	145
esmolol hcl	73	EXELON	173
esmolol hcl-sodium chloride	73	exemestane	58
esomeprazole magnesium	180	EYLEA	167
esomeprazole sodium	181	EYLEA HD	167
ESPEROCT	113	EZ-LETS LANCETS 21G	128
EST ESTROGENS-METHYLTEST	107	EZ-LETS LANCETS 26G	128
est estrogens-methyltest ds	107	EZ-LETS LANCETS 28G	128
est estrogens-methyltest hs	107	EZ-LETS LANCETS 30G	128
estarylla	80	ezetimibe	50
estazolam	118	ezetimibe-simvastatin	48
ESTRACE	108,185		
estradiol	108,185	F	
estradiol valerate	108	fa-vitamin b-6-vitamin b-12	116
estradiol-norethindrone acet	107	fabb	116
estratest f.s	107	FABRAZYME	105
ESTRATEST H.S	107	falmina	80
estrogens conjugated	108	famciclovir	72
eszopiclone	118	famotidine	180
ethacrynate sodium	103	famotidine (pf)	180

FAMOTIDINE PREMIXED	180	finzala	80
FARXIGA	44	FIRMAGON	58
FASENRA	31	FIRMAGON (240 MG DOSE)	58
FASENRA PEN	31	flac	171
fayosim	80	flavoxate hcl	182
febuxostat	113	flecainide acetate	31
feirza 1.5/30	80	flexipak	17
feirza 1/20	80	FLOLAN	76
felbamate	37	FLOMAX	112
felodipine er	74	FLOVENT DISKUS	32
FEMARA	58	FLOVENT HFA	32
femynor	80	FLOXURIDINE	56
FENOFIBRATE	48	FLUAD	183
fenofibrate micronized	48	FLUAD QUADRIVALENT	183
fenofibric acid	49	FLUARIX	183
fenopropfen calcium	17	FLUARIX QUADRIVALENT	183
FENSOLVI (6 MONTH)	105	FLUBLOK	183
fentanyl	21	FLUBLOK QUADRIVALENT	183
FENTANYL CITRATE	21	FLUCAINE	170
fentanyl citrate	22	FLUCELVAX	183
fentanyl citrate (pf)	22	FLUCELVAX QUADRIVALENT	183
FENTANYL CITRATE-NACL	22	fluconazole	46
ferocon	116	fluconazole in sodium chloride	47
FEROTRINSIC	116	flucytosine	46
ferrocite plus	116	fludarabine phosphate	56
ferrous sulfate	117	FLUDARABINE PHOSPHATE	56
ferumoxytol	117	fludrocortisone acetate	88
fesoterodine fumarate er	181	FLULAVAL	183
FIASP	43	FLULAVAL QUADRIVALENT	183
FIASP FLEXTOUCH	43	flumazenil	45
FIASP PENFILL	43	FLUMIST	183
fiber	119	FLUMIST QUADRIVALENT	183
FIFTY50 PEN NEEDLES	145	flunisolide	165
FIFTY50 SAFETY SEAL LANCETS	128	fluocinolone acetonide	95,171
FIFTY50 SUPERIOR COMFORT SYR	145	fluocinolone acetonide body	95
FIFTY50 UNILET LANCETS 33G	128	fluocinolone acetonide scalp	95
FINACEA	100	fluocinonide	95
finasteride	97,112	fluocinonide emulsified base	95
FINE 30	128	FLUOR-I-STRIPS A.T.	170
FINGERSTIX LANCETS	128	fluorescein	170
fingolimod hcl	175	FLUORESCEIN SODIUM	170

FLUORESCEIN-BENOXINATE	170	FONDCIRCLE LANCING DEVICE	128
fluoridex	160	FONDCIRCLE SINGLE USE LANCETS	128
FLUORIDEX DAILY RENEWAL	160	FORA LANCETS	128
FLUORIDEX ENHANCED WHITENING	160	FORA LANCING DEVICE	128
FLUORIMAX 5000	160	FORMALDEHYDE	68
fluoritab	155	formoterol fumarate	33
fluorometholone	169	FORTEO	104
fluorouracil	56	FOSAMAX	104
FLUOROURACIL	93	fosamprenavir calcium	69
fluoxetine hcl	39	FOSAPREPITANT DIMEGLUMINE	46
FLUOXETINE HCL	39	foscarnet sodium	71
FLUOXETINE HCL (PMDD)	176	fosfomycin tromethamine	29
fluphenazine decanoate	67	fosinopril sodium	50
fluphenazine hcl	67	fosinopril sodium-hctz	52
FLURAZEPAM HCL	118	fosphenytoin sodium	38
flurbiprofen	17	FRAGMIN	34
FLURBIPROFEN SODIUM	170	FRAICHE 5000 DENTAL	160
FLUTAMIDE	58	FREDS PHARMACY AUTOLET LANCING	128
FLUTICASONE FUROATE ELLIPTA	32	FREDS PHARMACY UNIFINE PENTIP+	145
FLUTICASONE FUROATE-VILANTEROL	33	FREDS PHARMACY UNIFINE PENTIPS	145
fluticasone propionate	96,165	FREDS PHARMACY UNILET LANC 28G	128
fluticasone-salmeterol	33	FREDS PHARMACY UNILET LANC 30G	128
FLUTICASONE-SALMETEROL	33	FREESTYLE CONTROL SOLUTION	128
fluvastatin sodium	49	FREESTYLE LANCETS	128
fluvastatin sodium er	49	FREESTYLE UNISTICK II LANCETS	128
fluvoxamine maleate	39	fresenius propoven	111
fluvoxamine maleate er	39	FRINDOVYX	55
FLUZONE	183	frovatriptan succinate	154
FLUZONE HIGH-DOSE	183	ft aspirin	20
FLUZONE QUADRIVALENT	183	ft aspirin low dose	20
FOCALIN	14	ft folic acid	115
folate	115	FUL-GLO	170
folbee	116	FULVESTRANT	58
FOLBEE PLUS	161	fulvestrant	58
FOLBEE PLUS CZ	161	furosemide	103
folic acid	115	FUZEON	69
FOLLISTIM AQ	104	fyavolv	108
FOLPLEX 2.2	116	FYCOMPA	35
FOLTRIN	116	FYLNETRA	116
fomepizole	45	fyremadel	104
fondaparinux sodium	34		

G

gabapentin	35	GENTEEL LANCING KIT (BLUE)	128
gabapentin (once-daily)	176	GENTEEL NOZZLES	128
gadobutrol	101	GENTEEL PLUS LANCING (BLACK)	128
gadoterate meglumine	101	GENTEEL PLUS LANCING (PURPLE)	128
GALAFOLD	105	GENTEEL PLUS LANCING (WHITE)	129
galantamine hydrobromide	173	GENTEEL PLUS LANCING DEV(BLUE)	129
galantamine hydrobromide er	173	GENTEEL PLUS LANCING DEV(PINK)	129
galbriela	80	GENTLE-LET GP LANCETS	129
gallifrey	173	GENTLE-LET LANCETS	129
GANCICLOVIR	71	GENTLE-LET PLATFORMS	129
GANCICLOVIR SODIUM	71	GENVOYA	69
ganirelix acetate	104	GIALAX	120
GARDASIL 9	183	GILENYA	175
gatifloxacin	168	glatiramer acetate	175
GAVILYTE-C	119	glatopa	175
gavilyte-g	119	glimepiride	44
gavilyte-n with flavor pack	119	GLIPIZIDE	44
GAVRETO	61	glipizide	44
gefitinib	57	glipizide er	44
GELSYN-3	164	glipizide xl	44
GEMCITABINE HCL	56	glipizide-metformin hcl	41
gemfibrozil	49	GLOBAL EASE INJECT PEN NEEDLES	145
gemmily	80	GLOBAL EASY GLIDE INSULIN SYR	145
GEMTESA	182	GLOBAL EASY GLIDE PEN NEEDLES	145
generlac	110	GLOBAL INJECT EASE INSULIN SYR	145
gengraf	158	GLOBAL INJECT EASE LANCETS 28G	129
GENOTROPIN	105	GLOBAL INJECT EASE LANCETS 30G	129
GENOTROPIN MINIQUICK	105	GLOBAL INSULIN SYRINGES	145
GENTAK	168	GLOBAL LANCING DEVICE	129
GENTAMICIN IN SALINE	15	GLOSTRIPS	170
gentamicin sulfate	15,91,168	GLUCAGON EMERGENCY	42
GENTEEL BUTTERFLY TOUCH LANCET	128	GLUCOCARD 01 CONTROL	129
GENTEEL CONTACT TIPS (BLUE)	128	GLUCOCARD EXPRESSION CONTROL	129
GENTEEL CONTACT TIPS (CLEAR)	128	GLUCOCARD SHINE CONTROL	129
GENTEEL CONTACT TIPS (GREEN)	128	GLUCOCOM LANCETS 28G	129
GENTEEL CONTACT TIPS (ORANGE)	128	GLUCOCOM LANCETS 30G	129
GENTEEL CONTACT TIPS (RAINBOW)	128	GLUCOCOM LANCETS 33G	129
GENTEEL CONTACT TIPS (VIOLET)	128	GLUCOPRO INSULIN SYRINGE	145
GENTEEL CONTACT TIPS (YELLOW)	128	GLUCOSE (DEXTROSE)	166
		GLUCOSE CONTROL	129
		glyburide	44

GLYBURIDE MICRONIZED	44	goodsense aspirin adult low st.	20
glyburide-metformin	41	goodsense aspirin low dose	20
glycerol phenylbutyrate	105	GOODSENSE CLICKFINE PEN NEEDLE	146
glycine	112	GOODSENSE COLOR LANCETS 33G	129
GLYCINE	166	GOODSENSE LANCETS 26G UNIV	129
glycine urologic	112	GOODSENSE LANCETS 30G	129
glycopyrrolate	179	GOODSENSE LANCETS 30G UNIV	129
GLYCOPYRROLATE	180	GOODSENSE LANCETS 33G	129
GLYCOPYRROLATE (PF)	179	GOODSENSE LANCETS 33G UNIV	129
glycopyrrolate pf	180	GOODSENSE LANCING DEVICE	130
GLYCOPYRROLATE PF	180	GOODSENSE PEN NEEDLE PENFINE	146
glycopyrrolate pf +rfid	180	GRAFCO SILVER NIT APPLICATOR	94
glydo	98	GRALISE	176
GLYXAMBI	41	granisetron hcl	45
gnp adult aspirin low strength	20	GRASTEK	14
gnp aspirin	20	griseofulvin microsize	46
gnp aspirin low dose	20	griseofulvin ultramicrosize	46
GNP CLICKFINE PEN NEEDLES	145	guanfacine hcl	51
GNP EASY TOUCH CONT HIGH/LOW	129	guanfacine hcl er	13
gnp folic acid	115	GVOKE HYPOPEN 1-PACK	42
GNP INSULIN SYRINGE	145	GVOKE HYPOPEN 2-PACK	42
GNP INSULIN SYRINGES	145	GVOKE KIT	42
GNP INSULIN SYRINGES 28GX1/2"	145	GVOKE PFS	42
GNP INSULIN SYRINGES 29GX1/2"	145		
GNP INSULIN SYRINGES 30GX5/16"	145	H	
GNP INSULIN SYRINGES 31GX5/16"	146	h-e-b aspirin	20
GNP LANCETS 21G	129	H-E-B INCONTROL ADV LANCING	130
GNP LANCETS THIN 26G	129	H-E-B INCONTROL LANCETS 28G	130
GNP LANCING SYSTEM DEVICE	129	H-E-B INCONTROL LANCETS 30G	130
GNP STERILE LANCETS 28G	129	H-E-B INCONTROL LANCETS 33G	130
GNP STERILE LANCETS 30G	129	H-E-B INCONTROL PEN NEEDLES	146
GNP STERILE LANCETS 33G	129	H-E-B INCONTROL UNIFINE PENTIP	146
GNP ULTICARE PEN NEEDLES	146	HAEMOLANCE	130
GNP ULTIGUARD SAFEPACK NEEDLE	146	HAEMOLANCE LOW FLOW LANCETS	130
GNP ULTRA COM INSULIN SYRINGE	146	HAEMOLANCE PLUS	130
GOJJI LANCING DEVICE/CLEAR CAP	129	HAEMOLANCE PLUS HIGH FLOW	130
GOJJI STERILE LANCETS	129	HAEMOLANCE PLUS LOW FLOW	130
GONAL-F	104	HAEMOLANCE PLUS MAX FLOW	130
GONAL-F RFF	104	HAEMOLANCE PLUS PEDIATRIC FLOW	130
GONAL-F RFF REDIRECT	104	hailey 1.5/30	80
goodsense aspirin	20	hailey 24 fe	80

hailey fe 1.5/30	80	HM ULTICARE SHORT PEN NEEDLES	146
hailey fe 1/20	80	HOMATROPAIRE	167
HALCION	118	HUMATROPE	105
halobetasol propionate	96	HUMIRA	15
haloette	85	HUMIRA (1 PEN)	15
haloperidol	67	HUMIRA (2 PEN)	15
haloperidol decanoate	67	HUMIRA (2 SYRINGE)	15
haloperidol lactate	67	HUMIRA-CD/UC/HS STARTER	15
HARVONI	71	HUMIRA-PED<40KG CROHNS STARTER	15
HAVRIX	184	HUMIRA-PED>/=40KG CROHNS START	15
HEALTH CARE LANCING DEVICE	130	HUMIRA-PED>/=40KG UC STARTER	15
HEALTHWISE INSULIN SYR/NEEDLE	146	HUMIRA-PS/UV/ADOL HS STARTER	16
HEALTHWISE MICRON PEN NEEDLES	146	HUMIRA-PSORIASIS/UEVEIT STARTER	16
HEALTHWISE MINI PEN NEEDLES	146	HUMULIN R	43
HEALTHWISE PEN NEEDLES	146	HUMULIN R U-500 (CONCENTRATED)	43
HEALTHWISE SHORT PEN NEEDLES	146	HUMULIN R U-500 KWIKPEN	43
HEALTHWISE UNIFINE PENTIPS	146	HY-VEE LANCETS	130
HEALTHY ACCENTS LANCING DEVICE	130	HY-VEE THIN LANCETS	130
HEALTHY ACCENTS UNIFINE PENTIP	146	HYCAMTIN	65
HEALTHY ACCENTS UNILET LANCETS	130	hydralazine hcl	53
heather	86	HYDREA	64
HEMATINIC PLUS VIT/MINERALS	116	hydrochlorothiazide	103
HEMATINIC/FOLIC ACID	116	hydrocod poli-chlorphe poli er	88
HEMMOREX-HC	25	hydrocodone bit-homatrop mbr	88
hemocyte-f	117	hydrocodone bitartrate er	22
HEPARIN (PORCINE) IN NAACL	34	hydrocodone-acetaminophen	24
HEPARIN NA (PORK) LOCK FLSH PF	34	HYDROCODONE-IBUPROFEN	24
HEPARIN SOD (PORK) LOCK FLUSH	34	HYDROCORT-PRAMOXINE (PERIANAL)	25
heparin sodium (porcine)	34	hydrocortisone	25,87,96
heparin sodium (porcine) +rfid	34	hydrocortisone (perianal)	25
HEPARIN SODIUM (PORCINE) PF	34	HYDROCORTISONE ACE-PRAMOXINE	25,96
HEPLISAV-B	184	hydrocortisone acetate	25
HERZUMA	57	HYDROCORTISONE BUTYRATE	96
HETASTARCH-NAACL	114	hydrocortisone valerate	96
HIBERIX	182	hydrocortisone-acetic acid	171
hidex 6-day	87	hydrocortisone-iodoquinol	92
hm aspirin	20	HYDROGEN PEROXIDE	68
hm aspirin ec low dose	20	hydromet	88
hm folic acid	115	HYDROMORPHONE HCL	22
HM ULTICARE INSULIN SYRINGE	146	hydromorphone hcl er	22
HM ULTICARE MINI PEN NEEDLES	146	HYDROMORPHONE HCL PF	22

HYDROMORPHONE HCL-NACL	22	ILUMYA	93
hydroquinone	100	imatinib mesylate	61
HYDROXOCOBALAMIN ACETATE	115	IMBRUVICA	61
hydroxychloroquine sulfate	53	imipenem-cilastatin	27
HYDROXYPROGESTERONE CAPROATE	58	imipramine hcl	40
hydroxyprogesterone caproate	173	imipramine pamoate	40
hydroxyurea	64	imiquimod	97
hydroxyzine hcl	29	imiquimod pump	98
HYDROXYZINE PAMOATE	30	IMITREX	154
HYOPHEN	26	IMITREX STATDOSE REFILL	154
hyoscyamine sulfate	180	IMITREX STATDOSE SYSTEM	154
HYOSCYAMINE SULFATE SL	180	IMURAN	158
HYOSYNE	180	IMVEXXY MAINTENANCE PACK	185
HYPERLYTE-CR	155	IMVEXXY STARTER PACK	185
HYPOLANCE AST LANCING	130	IN TOUCH GLUCOSE CONTROL	130
HYRIMOZ	16	IN TOUCH LANCING DEVICE	130
HYRIMOZ-CROHNS/UC STARTER	16	IN TOUCH STERILE LANCETS 30G	130
HYRIMOZ-CROHNS/UC STARTER PACK	16	INATAL GT	163
HYRIMOZ-PED CROHNS STARTER	16	INBRIJA	65
HYRIMOZ-PLAQ PSOR/UEVIT START	16	incassia	86
HYRIMOZ-PLAQUE PSORIASIS START	16	INCONTROL ULTICARE PEN NEEDLES	146
		indapamide	103
I		INDIGO CARMINE	101
ibandronate sodium	104	INDOCYANINE GREEN	101
IBRANCE	61	indomethacin	17
ibu	17	indomethacin er	17
ibuprofen	17	indomethacin sodium	17
ibuprofen lysine	17	INFANRIX	179
ibuprofen-famotidine	17	INGREZZA	174
ibutilide fumarate	31	INLYTA	56
icatibant acetate	113	INSPRA	53
iclevia	80	INSULIN SYRINGE	146
icosapent ethyl	48	INSULIN SYRINGE-NEEDLE U-100	146
idarubicin hcl	59	INSULIN SYRINGE/NEEDLE	146
iferex 150 forte	117	INSUPEN PEN NEEDLES	147
ifosfamide	55	INSUPEN SENSITIVE	147
IFOSFAMIDE	55	INSUPEN ULTRAFIN	147
IHEALTH CONTROL SOLUTION	130	INTELENCE	69
IHEALTH LANCING DEVICE	130	INTRON A	64
ILARIS	17	introvale	80
ILEVRO	170	IODINE STRONG	156

iodixanol	101
IDOQUIMEZ-HC	92
IDOQUINOL-HC-ALOE POLYSACCH	92
IDOQUINOL-HYDROCORTISONE-ALOE	92
iopamidol	102
IPOL	184
ipratropium bromide	32,165
ipratropium-albuterol	33
irbesartan	51
irbesartan-hydrochlorothiazide	52
IRINOTECAN HCL	65
iron sucrose	117
ISENTRESS	69
ISENTRESS HD	69
isibloom	80
isoflurane	111
isoniazid	54
ISOPROPYL ALCOHOL	78
isoproterenol hcl	33
ISOPROTERENOL-SODIUM CHLORIDE	33
isosorb dinitrate-hydralazine	75
isosorbide dinitrate	29
isosorbide mononitrate	29
isosorbide mononitrate er	29
isosulfan blue	101
isotretinoin	90
ISOXSUPRINE HCL	76
isradipine	74
itraconazole	47
ivabradine hcl	77
ivermectin	26,100
IVERMECTIN	100

J

jaimiess	80
JANSSEN COVID-19 VACCINE	184
jantoven	33
JANUMET	41
JANUMET XR	41
JANUVIA	42
JARDIANCE	44

jasmiel	80
javygtor	105
jaythari	87
jencycla	86
jinteli	108
JIVI	113
jolessa	80
JORNAY PM	14
joyeaux	81
juleber	81
junel 1.5/30	81
junel 1/20	81
junel fe 1.5/30	81
junel fe 1/20	81
junel fe 24	81
JUST RIGHT 5000	160
just right 5000	160
JYNNEOS	184

K

k-prime	157
K-TAB	157
K-TAN PLUS	117
kaitlib fe	81
kalliga	81
KANJINTI	57
kariva	81
KCL (0.149%) IN NACL	155
KCL (0.298%) IN NACL	155
KCL (IN NACL 0.9%)	155
kcl in dextrose-nacl	155
KCL-LACTATED RINGERS-D5W	155
kelnor 1/35	81
kelnor 1/50	81
KEMOPLAT	55
KERALYT	98
KERENDIA	106
KESIMPTA	175
KETAMINE HCL	111
ketoconazole	47,92
KETOPROFEN	17

ketorolac tromethamine	18,170	KROGER LANCETS MICRO THIN 33G	130
ketorolac tromethamine +rfid	18	KROGER LANCETS SUPER THIN	131
KEVZARA	17	KROGER LANCETS THIN	131
KINNEY LANCETS	130	KROGER LANCETS THIN 26G	131
KINNEY THIN LANCETS	130	KROGER LANCETS ULTRATHIN 30G	131
KINRAY INSULIN SYRINGE	147	KROGER LANCING DEVICE	131
KINRIX	179	KROGER PEN NEEDLES	147
kionex	159	KROGER PREMIUM GLUCOSE TEST	101
KISQALI (200 MG DOSE)	61	kurvelo	81
KISQALI (400 MG DOSE)	61	KYLEENA	86
KISQALI (600 MG DOSE)	61	kymbee	87
KISQALI FEMARA (200 MG DOSE)	59	KYNMOBI	65
KISQALI FEMARA (400 MG DOSE)	59		
KISQALI FEMARA (600 MG DOSE)	60	L	
KLARON	90	l-glutamine	115
klayesta	92	L-METHYLFOLATE	102
KLOR-CON	157	L-METHYLFOLATE CALCIUM	102
klor-con 10	157	labetalol hcl	72
klor-con m10	157	lacosamide	36
klor-con m15	157	lactated ringers	155
klor-con m20	157	lactulose	120
klor-con/ef	157	lactulose encephalopathy	110
kls aspirin low dose	20	lamivudine	69,70,71
KMART VALU INSULIN SYRINGE 29G	147	lamivudine-zidovudine	70
KMART VALU INSULIN SYRINGE 30G	147	lamotrigine	36
KOGENATE FS	113	lamotrigine er	36
KOSELUGO	61	lamotrigine starter kit-blue	36
kourzeq	161	lamotrigine starter kit-green	36
KOVALTRY	113	lamotrigine starter kit-orange	36
kp aspirin	20	LANCET DEVICE	131
kp folic acid	115	LANCET DEVICE WITH EJECTOR	131
KRAZATI	61	LANCET TRANSPORTER CASE	131
kristalose	120	LANCETS	131
KROGER AUTOLET LANCING DEVICE	130	LANCETS 28G THIN	131
KROGER BLOOD GLUCOSE TEST	101	LANCETS 30G	131
KROGER HEALTHPRO CONTROL HI/LO	130	LANCETS 33G	131
KROGER HEALTHPRO GLUCOSE TEST	101	LANCETS MICRO THIN 33G	131
KROGER HEALTHPRO LANCET 26G	130	LANCETS SUPER THIN	131
KROGER INSULIN SYRINGE	147	LANCETS SUPER THIN 28G	131
KROGER LANCETS	130	LANCETS THIN	131
KROGER LANCETS 21G	130	LANCETS ULTRA THIN	131

LANCETS ULTRA THIN 30G	131	LEVAMLODIPINE MALEATE	74
LANCING DEVICE	131	LEVEMIR	43
lanreotide acetate	107	LEVEMIR FLEXPEN	43
LANREOTIDE ACETATE	107	LEVEMIR FLEXTOUCH	43
lansoprazole	181	levetiracetam	36
LANZO	131	levetiracetam er	36
lapatinib ditosylate	61	LEVETIRACETAM IN NAACL	36
larin 1.5/30	81	levo-t	178
larin 1/20	81	LEVOBUNOLOL HCL	166
larin 24 fe	81	levocarnitine	106
larin fe 1.5/30	81	levocarnitine sf	106
larin fe 1/20	81	levocetirizine dihydrochloride	47
larissia	81	levofloxacin	109,168
LASIX	103	levofloxacin in d5w	109
LATANOPROST	170	levoleucovorin calcium	64
LATUDA	66	levoleucovorin calcium pf	64
layolis fe	81	levonest	81
LEADER ADVANCED LANCING DEVICE	131	levonorg-eth estrad triphasic	81
LEADER INSULIN SYRINGE	147	levonorgest-eth est & eth est	81
LEADER UNIFINE PENTIPS	147	levonorgest-eth estrad 91-day	81
LEADER UNIFINE PENTIPS PLUS	147	levonorgest-eth estradiol-iron	81
LEDERLE LEUCOVORIN	64	levonorgestrel-ethinyl estrad	81
leena	81	levora 0.15/30 (28)	81
leflunomide	19	LEVOTHYROXINE SODIUM	178
lenalidomide	158	levoxyl	179
LENVIMA (10 MG DAILY DOSE)	56	LEVSIN	180
LENVIMA (12 MG DAILY DOSE)	56	LEVSIN/SL	180
LENVIMA (14 MG DAILY DOSE)	56	LIBERTY GLUCOSE CONTROL MID	131
LENVIMA (18 MG DAILY DOSE)	57	LIBERTY MEDICAL LANCETS	131
LENVIMA (20 MG DAILY DOSE)	57	LIBERTY MINI LANCING DEVICE	131
LENVIMA (24 MG DAILY DOSE)	57	LIDO BDK	98
LENVIMA (4 MG DAILY DOSE)	57	LIDO-SORB	98
LENVIMA (8 MG DAILY DOSE)	57	lidocaine	98
lessina	81	LIDOCAINE HCL	30,98,121,159
letrozole	58	LIDOCAINE HCL (BUFFERED)	121
leucovorin calcium	64	LIDOCAINE HCL (CARDIAC)	30
LEUKERAN	55	LIDOCAINE HCL (CARDIAC) PF	30
leuprolide acetate	58	lidocaine hcl (pf)	121
LEUPROLIDE ACETATE (3 MONTH)	58	lidocaine hcl urethral/mucosal	98
levalbuterol hcl	33	lidocaine in d5w	30
LEVALBUTEROL TARTRATE	33	lidocaine viscous hcl	159

lidocaine-epinephrine	120	lo-zumandimine	82
lidocaine-epinephrine (pf)	120	loestrin 1.5/30 (21)	82
lidocaine-hydrocort (perianal)	25	loestrin 1/20 (21)	82
LIDOCAINE-HYDROCORTISONE ACE	25,96	loestrin fe 1.5/30	82
lidocaine-prilocaine	99	loestrin fe 1/20	82
lidocan	99	lofexidine hcl	173
LIDODERM	99	lojaimiess	82
LIDOPIN	99	LOKELMA	159
lidopril	99	LOMOTIL	44
lidopril xr	99	LONGS INSULIN SYRINGE	147
LIDOTHOL	99	LONGS LANCETS STANDARD	131
LILETTA (52 MG)	173	LONGS LANCETS THIN	132
lillow	82	LONGS LANCETS ULTRA THIN	132
lincomycin hcl	28	LONSURF	60
linezolid	28	loperamide hcl	44
LINEZOLID IN SODIUM CHLORIDE	28	LOPID	49
LINZESS	110	lopinavir-ritonavir	70
liomny	179	LOPROX	92
liothyronine sodium	179	lorazepam	30
liraglutide	42	LORAZEPAM	181
liraglutide -weight management	13	lorazepam intensol	30
lisdexamphetamine dimesylate	12	loryna	82
lisinopril	50	losartan potassium	51
lisinopril-hydrochlorothiazide	52	losartan potassium-hctz	52
LITE TOUCH LANCETS	131	LOSEASONIQUE	82
LITE TOUCH LANCING PEN	131	LOTENSIN	51
LITETOUCH INSULIN SYRINGE	147	LOTENSIN HCT	52
LITETOUCH LANCETS	131	loteprednol etabonate	169
LITETOUCH PEN NEEDLES	147	LOTREL	52
lithium	66	LOTRIMIN AF	92
lithium carbonate	66	LOTRIMIN AF JOCK ITCH	92
lithium carbonate er	66	lovastatin	49
LITHOBID	66	LOVAZA	48
LIVE BETTER ADV LANCING DEVICE	131	low-ogestrel	82
LIVE BETTER LANCET SUPER THIN	131	loxapine succinate	67
LIVE BETTER LANCET ULTRA THIN	131	lubiprostone	109
LIVITA CHILDREN	162	LUCENTIS	167
LIVIXIL PAK	99	luizza 1.5/30	82
LMD IN D5W	114	luizza 1/20	82
LMD IN NACL	114	LUMAKRAS	61
LO LOESTRIN FE	82	LUMIGAN	170

LUMRYZ	173	MAXZIDE-25	102
LUPRON DEPOT (6-MONTH)	58	MAYZENT	175
LUPRON DEPOT-PED (1-MONTH)	105	MAYZENT STARTER PACK	176
LUPRON DEPOT-PED (3-MONTH)	105	MB CAPS	26
LUPRON DEPOT-PED (6-MONTH)	105	md-gastroview	102
lurasidone hcl	66	ME/NAPHOS/MB/HYO1	26
LURBIPR	18	meclizine hcl	46
lutera	82	MECLOFENAMATE SODIUM	18
LUTRATE DEPOT	58	MEDIC INSULIN SYRINGE	148
lyleq	86	MEDICHOICE SAFETY LANCET	132
lyllana	108	MEDICHOICE SAFETY LANCET EXTRA	132
LYNPARZA	61	MEDICHOICE SAFETY LANCET NORM	132
LYSIPLEX PLUS	162	MEDICINE SHOPPE PEN NEEDLES	148
LYSODREN	58	MEDISENSE GLUCOSE KETONE CONTR	132
LYVISPAH	164	MEDISENSE HI/MID/LOW CONTROL	132
lyza	86	MEDLANCE EXTRA 21G	132
M		MEDLANCE LITE 25G	132
M-M-R II	184	MEDLANCE PLUS EXTRA 21G	132
MACROBID	29	MEDLANCE PLUS LANCETS	132
mafenide acetate	94	MEDLANCE PLUS LITE 25G	132
MAGELLAN INSULIN SAFETY SYR	147	MEDLANCE PLUS SPECIAL 0.8MM	132
MAGNESIUM CHLORIDE	156	MEDLANCE PLUS SUPERLITE 30G	132
MAGNESIUM SULFATE	156	MEDLANCE PLUS UNIVERSAL 21G	132
magnesium sulfate in d5w	156	MEDLANCE UNIVERSAL 21G	132
MALARONE	53	MEDROL	87
malathion	100	medroxyprogesterone acetate	85,173
MANGANESE CHLORIDE	156	mefenamic acid	18
MANNITOL	103	mefloquine hcl	53
maraviroc	70	megestrol acetate	58
MARCAINE/EPINEPHRINE	120	MEGESTROL ACETATE	173
MARCAINE/EPINEPHRINE PF	120	MEIJER LANCETS	132
MARINOL	46	MEIJER LANCETS THIN	132
marlissa	82	MEIJER LANCETS UNIVERSAL 21G	132
MATULANE	64	MEIJER LANCETS UNIVERSAL 30G	132
MAXI-COMFORT INSULIN SYRINGE	147	MEIJER LANCETS UNIVERSAL 33G	132
MAXI-COMFORT SAFETY PEN NEEDLE	148	MEIJER PEN NEEDLES	148
MAXICOMFORT II PEN NEEDLE	148	MEIJER SUPER THIN LANCETS	132
MAXICOMFORT SYR 27G X 1/2"	148	MEKINIST	61
MAXITROL	169	MEKTOVI	61
MAXZIDE	102	melatol pediatric sleep/calm	14
		meleya	86

MELOXICAM	18	METHYLDOPA-HYDROCHLOROTHIAZIDE	52
MELPHALAN	55	METHYLENE BLUE	45
melphalan hcl	55	methylene blue (antidote)	45
memantine hcl	173	methylergonovine maleate	171
memantine hcl er	174	METHYLIN	14
memantine hcl-donepezil hcl	174	methylphenidate	14
MENACTRA	182	methylphenidate hcl	14
MENOPUR	104	methylphenidate hcl er	14
MENQUADFI	182	methylphenidate hcl er (cd)	14
MENVEO	182	methylphenidate hcl er (la)	14
mepiridine hcl	22	methylphenidate hcl er (osm)	14
meprobamate	30	methylphenidate hcl er (xr)	14
mercaptopurine	56	methylprednisolone	88
meropenem	27	methylprednisolone acetate	88
merzee	82	methylprednisolone sodium succ	88
mesalamine	109	METHYLPREDNISOLONE-BUPIVACAINE	88
mesalamine er	110	methyltestosterone	24
mesalamine-cleanser	110	metoclopramide hcl	109
mesna	64	metoclopramide hcl +rfid	109
metaxalone	164	metolazone	103
metformin hcl	41	metoprolol succinate er	73
metformin hcl er	41	metoprolol tartrate	73
metformin hcl er (mod)	41	metoprolol-hydrochlorothiazide	52
metformin hcl er (osm)	41	METROCREAM	100
METHADONE HCL	22	METROGEL	100
methadone hcl intensol	22	METROLOTION	100
METHADOSE	22	metronidazole	26,100
methadose	22	metyrosine	51
methamphetamine hcl	12	mexiletine hcl	31
methazolamide	102	mibelas 24 fe	82
methenamine hippurate	29	MICAFUNGIN SODIUM	46
METHENAMINE MANDELATE	29	MICONAZOLE 3	185
methergine	171	MICONAZOLE-ZINC OXIDE-PETROLAT	92
methimazole	178	MICRODOT CONTROL HIGH/LOW	132
methocarbamol	164	MICRODOT PEN NEEDLE	148
METHOTREXATE SODIUM	56	microgestin 1.5/30	82
methotrexate sodium (pf)	56	microgestin 1/20	82
METHOXSALEN RAPID	93	microgestin 24 fe	82
methscopolamine bromide	180	microgestin fe 1.5/30	82
methsuximide	38	microgestin fe 1/20	82
METHYLDOPA	51	MICROLET LANCETS	132

MICROLET NEXT LANCING DEVICE	132	MODERNA COVID-19 BIVAL BOOSTER	184
MIDAZOLAM	118	MODERNA COVID-19 BIVALENT	184
MIDAZOLAM HCL	118	MODERNA COVID-19 VAC (BOOSTER)	184
midazolam hcl (pf)	118	MODERNA COVID-19 VAC 6M-11Y	184
midazolam hcl (pf) +rfid	118	MODERNA COVID-19 VACC 6-11Y	184
MIDAZOLAM HCL-SODIUM CHLORIDE	118	MODERNA COVID-19 VACC 6M-5Y	184
MIDAZOLAM-SODIUM CHLORIDE	118	MODERNA COVID-19 VACCINE	184
MIDAZOLAM-SODIUM CHLORIDE (PF)	118	moexipril hcl	51
midodrine hcl	186	MOLINDONE HCL	67
mifepristone	42,106	mometasone furoate	96,165
MIGLITOL	40	mondoxyne nl	178
miglustat	115	mono-linyah	82
mili	82	MONOJECT FLUSH SYRINGE	157
milophene	104	MONOJECT INSULIN SYRINGE	148
milrinone lactate	75	MONOJECT SODIUM CHLORIDE FLUSH	157
milrinone lactate in dextrose	75	MONOJECT ULTRA COMFORT SYRINGE	148
mimvey	108	MONOLET LANCETS	132
MINERAL OIL HEAVY	120	MONOLET OPD LANCETS	132
MINI LANCING DEVICE	132	MONOLETTOR SAFETY LANCETS	133
minocycline hcl	178	montelukast sodium	32
minocycline hcl er	178	morphine sulfate	22
minoxidil	53	MORPHINE SULFATE (CONCENTRATE)	23
mirabegron er	182	MORPHINE SULFATE (PF)	23
MIRCETTE	82	morphine sulfate er	23
MIRENA (52 MG)	86	MORPHINE SULFATE ER BEADS	23
mirtazapine	38	MOUNJARO	42
misoprostol	181	MOVANTIK	110
MITIGARE	113	MOXIFLOXACIN HCL	109,168
mitigo	22	MOXIFLOXACIN HCL (2X DAY)	168
mitomycin	59	MOXIFLOXACIN HCL IN NACL	109
mitoxantrone hcl	59	MOXIFLOXACIN HCL-BSS	168
MIUDELLA INTRAUTERINE COPPER	85	MOZOBIL	117
mm aspirin	20	MPD SAFETY LANCET 21G	133
MM INSULIN SYRINGE/NEEDLE	148	MPD SAFETY LANCET 23G	133
MM LANCING DEVICE	132	MPD SAFETY LANCET 28G	133
MM PEN NEEDLES	148	MPD SAFETY LANCET 30G	133
MM TWIST LANCETS	132	MRESVIA	184
MNEXSPIKE	184	MS INSULIN SYRINGE	148
modafinil	14	MUGARD	161
MODD1 PATIENT WELCOME KIT	132	MULTAQ	31
MODERNA COVID-19 BIVAL 6M-5Y	184	MULTI-LANCET DEVICE	133

MULTI-LANCET DEVICE 2	133	naproxen sodium	18
MULTI-VITAMIN/FLUORIDE	162	naproxen sodium er	18
MULTI-VITAMIN/FLUORIDE/IRON	162	naratriptan hcl	154
MULTIPLE ELECTRO TYPE 1 PH 5.5	155	NARCAN	45
multiple electro type 1 ph 7.4	155	NARDIL	39
MULTIVITAMIN W/FLUORIDE	162	NATAZIA	82
MULTIVITAMIN/FLUORIDE	162	nateglinide	44
mupirocin	91	NATESTO	24
mupirocin calcium	91	NAYZILAM	35
MUSE	75	nebivolol hcl	73
mutamycin	59	NEBUSAL	89
MYAMBUTOL	54	necon 0.5/35 (28)	82
mycophenolate mofetil	158	NEFAZODONE HCL	39
mycophenolate mofetil hcl	158	nelarabine	56
mycophenolate sodium	159	neo-polycin	168
mycophenolic acid	159	neo-polycin hc	169
MYDAYIS	12	NEO-VITAL RX	163
MYFEMBREE	108	neomycin sulfate	15
MYGLUCOHEALTH CONTROL	133	neomycin-bacitracin zn-polymyx	168
MYGLUCOHEALTH LANCETS 30G	133	NEOMYCIN-POLYMYXIN B GU	112
MYLERAN	55	neomycin-polymyxin-dexameth	169
MYNEPHRON	161	NEOMYCIN-POLYMYXIN-GRAMICIDIN	168
myorisan	90	NEOMYCIN-POLYMYXIN-HC	169
MYSOLINE	36	neomycin-polymyxin-hc	171
N		NEONATAL + DHA	163
na ferric gluc cplx in sucrose	117	NEOSTIGMINE METHYLSULFATE	54
na sulfate-k sulfate-mg sulf	119	NEOSTIGMINE METHYLSULFATE RFID	54
nabumetone	18	nephronex	162
nadolol	73	neuac	90
nafcillin sodium	172	NEUPRO	65
nafrinse	155	NEURONTIN	36
NAFRINSE DROPS	156	NEUTEK 2TEK CONTROL	133
naftifine hcl	92	nevirapine	70
NAFTIN	92	NEVIRAPINE	70
nalbuphine hcl	24	nevirapine er	70
naloxone hcl	45	NEVIRAPINE ER	70
naltrexone hcl	45	NEXAVAR	62
NAMZARIC	174	NEXLETOL	48
naproxen	18	NEXLIZET	48
naproxen dr	18	NEXPLANON	173
		NEXTSTELLIS	82

niacin er (antihyperlipidemic)	50	norethindrone	86
NIASPAN	50	norethindrone acet-ethinyl est	83
NICARDIPINE HCL	74	norethindrone acetate	173
nicardipine hcl in nacl	74	norethindrone-eth estradiol	108
nicoderm cq	177	norgestim-eth estrad triphasic	83
NICOTROL	177	norgestimate-eth estradiol	83
NICOTROL NS	177	norlyda	86
nifedipine	74	norlyroc	86
nifedipine er	74	NORMAL SALINE FLUSH	157
nifedipine er osmotic release	74	NORPACE CR	30
nikki	82	NORPRAMIN	40
nilotinib hcl	62	nortrel 0.5/35 (28)	83
nilutamide	59	nortrel 1/35 (21)	83
nimodipine	74	nortrel 1/35 (28)	83
NINLARO	62	nortrel 7/7/7	83
nisoldipine er	74	nortriptyline hcl	40
nitazoxanide	27	NORVIR	70
nitisinone	106	NOVA MAX PLUS GLU/KET CONTROL	133
NITRO-DUR	29	NOVA SAFETY LANCETS 23G	133
NITRO-TIME	29	NOVA SAFETY LANCETS 28G	133
NITROFURANTOIN	29	NOVA SUREFLEX LANCETS	133
nitrofurantoin macrocrystal	29	NOVA SUREFLEX LANCING DEVICE	133
nitrofurantoin monohyd macro	29	NOVAVAX COVID-19 VACCINE	184
nitroglycerin	26,29	NOVITE	162
NITROGLYCERIN IN D5W	29	NOVOEIGHT	113
NITROLINGUAL	29	NOVOFINE AUTOCOVER PEN NEEDLE	148
nitroprusside sodium	53	NOVOFINE PEN NEEDLE	148
nitroprusside sodium-nacl	53	NOVOFINE PLUS PEN NEEDLE	148
NITROSTAT	29	NOVOLIN 70/30	43
NIVESTYM	116	NOVOLIN 70/30 FLEXPEN	43
nizatidine	180	NOVOLIN 70/30 FLEXPEN RELION	43
NIZATIDINE	180	NOVOLIN N	43
nora-be	86	NOVOLIN N FLEXPEN	43
NORDITROPIN FLEXPRO	105	NOVOLIN R	43
norelgestromin-eth estradiol	85	NOVOLIN R FLEXPEN	43
norepinephrine bitartrate	186	NOVOLOG	43
NOREPINEPHRINE-DEXTROSE	186	NOVOLOG 70/30 FLEXPEN RELION	43
NOREPINEPHRINE-SODIUM CHLORIDE	186	NOVOLOG FLEXPEN	43
norethin ace-eth estrad-fe	82	NOVOLOG MIX 70/30	43
norethin-eth estradiol-fe	83	NOVOLOG MIX 70/30 FLEXPEN	43
norethindron-ethinyl estrad-fe	83	NOVOLOG PENFILL	43

NOVOSEVEN RT	113	olmesartan-amlodipine-hctz	52
NOVOTWIST PEN NEEDLE	148	olopatadine hcl	164,170
NP THYROID	179	omega-3-acid ethyl esters	48
NUBEQA	59	omeprazole	181
NUCALA	31	omeprazole-sodium bicarbonate	181
NUCYNTA	23	OMNIPOD 5 DEXG7G6 PODS GEN 5	133
NUCYNTA ER	23	OMNIPOD 5 G6 INTRO (GEN 5)	133
NUFOL	117	OMNIPOD 5 G6 PODS (GEN 5)	133
NULEV	180	OMNIPOD 5 G7 INTRO (GEN 5)	133
NULYTELY LEMON-LIME	119	OMNIPOD 5 G7 PODS (GEN 5)	133
NURTEC	153	OMNIPOD CLASSIC PDM (GEN 3)	133
nutriarx creampak	96	OMNIPOD CLASSIC PODS (GEN 3)	133
NUTRIFAC ZX	162	OMNIPOD DASH INTRO (GEN 4)	133
NUVARING	85	OMNIPOD DASH PDM (GEN 4)	133
NUVAXOVID COVID-19 VACCINE	184	OMNIPOD DASH PODS (GEN 4)	133
NUWIQ	113	ondansetron	45
nyamyc	92	ondansetron hcl	45
nylia 1/35	83	ONDANSETRON HCL +RFID	45
nylia 7/7/7	83	ONETOUCH DELICA PLUS LANCET30G	133
nymyo	83	ONETOUCH DELICA PLUS LANCET33G	133
nystatin	46,92,160	ONETOUCH DELICA PLUS LANCING	133
nystatin-triamcinolone	92	ONETOUCH DELICA SAFETY LANCING	133
nystop	92	ONETOUCH SOLUTIONS STARTER KIT	133
NYVEPRIA	116	ONETOUCH SURESOFT LANCING DEV	133
O		ONETOUCH ULTRA	101
ocella	83	ONETOUCH ULTRA 2	134
OCREVUS	176	ONETOUCH ULTRA BLUE TEST	101
OCTREOTIDE ACETATE	107	ONETOUCH ULTRA CONTROL	134
octreotide acetate	107	ONETOUCH ULTRA TEST	101
OCUFLOX	168	ONETOUCH ULTRASOFT 2 LANCETS	134
ODEFSEY	70	ONETOUCH ULTRASOFT LANCETS	134
ODOMZO	57	ONETOUCH VERIO	101,134
OFEV	177	ONETOUCH VERIO FLEX SYSTEM	134
OFLOXACIN	109	ONETOUCH VERIO REFLECT	134
ofloxacin	168	ONEXTON	90
OGIVRI	57	ONZETRA XSAIL	154
olanzapine	67	OPILL	86
olanzapine-fluoxetine hcl	174	OPIUM	44
olmesartan medoxomil	51	OPSUMIT	76
olmesartan medoxomil-hctz	52	OPZELURA	97
		ORACEA	100

ORALAIR	14
ORALAIR ADULT STARTER PACK	14
oralone	161
ORENITRAM	76
ORENITRAM MONTH 1	76
ORENITRAM MONTH 2	76
ORENITRAM MONTH 3	76
ORFADIN	106
ORIAHNN	108
ORLISSA	104,105
ORLADEYO	114
ORLISTAT	13
ormalvi	102
orphenadrine citrate	164
orphenadrine citrate er	164
orquidea	86
orsythia	83
ORUDIS	18
OSCIMIN	180
oseltamivir phosphate	72
OSMITROL	103
OTEZLA	18
OVIDE	100
OVIDREL	104
oxacillin sodium	172
OXACILLIN SODIUM IN DEXTROSE	172
OXALIPLATIN	55
oxandrolone	24
OXAPROZIN	18
oxaprozin	18
oxazepam	30
oxcarbazepine	36
oxcarbazepine er	36
oxiconazole nitrate	92
OXTELLAR XR	36
oxybutynin chloride	182
oxybutynin chloride er	182
oxycodone hcl	23
OXYCODONE HCL ER	23
OXYCODONE-ACETAMINOPHEN	24
oxycodone-acetaminophen	24

oxymorphone hcl	23
OXYMORPHONE HCL ER	23
OXYTOCIN	171
oxytocin +rfid	171
OZEMPIC (0.25 OR 0.5 MG/DOSE)	42
OZEMPIC (1 MG/DOSE)	42
OZEMPIC (2 MG/DOSE)	43

P

pacerone	31
PACLITAXEL	64
paclitaxel protein-bound part	64
PACLITAXEL PROTEIN-BOUND PART	64
paliperidone er	66
PALONOSETRON HCL	45
PAMELOR	40
PAMIDRONATE DISODIUM	104
pantoprazole sodium	181
PAPAVERINE HCL	76
PARAGARD INTRAUTERINE COPPER	85
paraplatin	55
paricalcitol	106
PARLODEL	65
PARNATE	39
PAROXETINE HCL	39
paroxetine hcl er	39
PATANASE	164
PAXLOVID (150/100)	71
PAXLOVID (300/100)	71
pazopanib hcl	62
PB-HYOSCY-ATROPINE-SCOPOLAMINE	180
PC LANCETS SUPER THIN 30G	134
PC UNIFINE PENTIPS	148
PEDIAPRED	88
PEDIARIX	179
PEDVAX HIB	182
peg 3350-kcl-na bicarb-nacl	119
peg-3350/electrolytes	119
peg-3350/electrolytes/ascorbat	120
peg-kcl-nacl-nasulf-na asc-c	120
PEGASYS	72

PEMETREXED	56	PHARMACIST CHOICE LANCETS	134
PEMETREXED DISODIUM	56	PHARMACY COUNTER LANCETS	134
PEMETREXED DITROMETHAMINE	56	PHEBURANE	106
PEN NEEDLES	148	phenazo	112
PEN NEEDLES 5/16"	148	PHENAZOPYRIDINE HCL	112
PENBRAYA	182	phendimetrazine tartrate	12
penciclovir	94	PHENDIMETRAZINE TARTRATE ER	12
penicillamine	158	PHENELZINE SULFATE	39
penicillin g potassium	172	phenobarbital	118
PENICILLIN G SODIUM	172	PHENOBARBITAL SODIUM	118
penicillin v potassium	172	phenobarbital-belladonna alk	180
PENMENVY	181	PHENOHYTRO	180
pentamidine isethionate	26	phenoxybenzamine hcl	51
pentazocine-naloxone hcl	24	phentermine hcl	12
PENTIPS	148	phentolamine mesylate	51
PENTIPS GENERIC PEN NEEDLES	149	PHENYLEPHRINE HCL	75,186
pentobarbital sodium	117	phenylephrine hcl	167
pentoxifylline er	114	PHENYLEPHRINE HCL (PRESSORS)	187
PEPCID	180	PHENYLEPHRINE HCL-NACL	187
perampanel	35	phenytek	38
PERFECT LANCETS 28G	134	phenytoin	38
PERFECT LANCETS 30G	134	phenytoin infatabs	38
PERFECT POINT SAFETY LANCETS	134	phenytoin sodium	38
PERFOROMIST	33	phenytoin sodium extended	38
PERINDOPRIL ERBUMINE	51	PHESGO	60
periogard	160	PHEXX	185
PERJETA	57	PHEXXI	185
PERMETHRIN	100	philith	83
permethrin	100	PHOSLYRA	110
perphenazine	67	PHOSPHA 250 NEUTRAL	156
PERPHENAZINE-AMITRIPTYLINE	174	phosphasal	26
PERSERIS	66	PHOSPHO-TRIN 250 NEUTRAL	156
PETROLATUM WHITE	172	PHOSPHO-TRIN K500	156
PFIZER COVID-19 BIVAL 6MO-4YR	184	PHOSPHOROUS	156
PFIZER COVID-19 VAC BIVAL 5-11	184	PHYRAGO	62
PFIZER COVID-19 VAC BIVALENT	184	PHYSIOLYTE	159
PFIZER COVID-19 VAC-TRIS 5-11Y	184	physiosol irrigation	159
PFIZER COVID-19 VAC-TRIS 6M-4Y	184	phytonadione	187
PFIZER-BIONT COVID-19 VAC-TRIS	184	pilocarpine hcl	161,167
PFIZER-BIONTECH COVID-19 VACC	184	pimecrolimus	98
pfizerpen	172	PIMOZIDE	177

pimtrex . . . . .	.83	potassium chloride crys er	157
pindolol . . . . .	.73	POTASSIUM CHLORIDE ER	157
pioglitazone hcl . . . . .	.44	POTASSIUM CHLORIDE IN DEXTROSE	155
pioglitazone hcl-glimepiride . . . . .	.41	POTASSIUM CHLORIDE IN NACL	155
pioglitazone hcl-metformin hcl . . . . .	.41	potassium citrate er	111
PIP GLUCOSE CONTROL SOLUTION . . . . .	.134	POTASSIUM CITRATE-CITRIC ACID	111
PIP LANCETS 28G	134	POTASSIUM CL IN DEXTROSE 5%	155
PIP LANCETS 30G	134	POTASSIUM IODIDE (EXPECTORANT)	89
piperacillin sod-tazobactam so . . . . .	.172	POTASSIUM PHOSPHATES	156
PIQRAY (200 MG DAILY DOSE) . . . . .	.62	potassium phosphates(66 meq k)	156
PIQRAY (250 MG DAILY DOSE) . . . . .	.62	POTASSIUM PHOSPHATES(71 MEQ K)	156
PIQRAY (300 MG DAILY DOSE) . . . . .	.62	PR BENZOYL PEROXIDE . . . . .	.90
PIRFENIDONE . . . . .	.177	PR BENZOYL PEROXIDE WASH . . . . .	.90
pirfenidone . . . . .	.177	PRALATREXATE . . . . .	.56
pirmella 1/35 . . . . .	.83	PRALUENT . . . . .	.50
pirmella 7/7/7 . . . . .	.83	pramipexole dihydrochloride . . . . .	.66
piroxicam . . . . .	.18	pramipexole dihydrochloride er . . . . .	.66
pitavastatin calcium . . . . .	.49	PRAMOXINE-HC . . . . .	.96
PLAQUENIL . . . . .	.53	prasugrel hcl . . . . .	.114
plenamine . . . . .	.166	pravastatin sodium . . . . .	.49
PLENVU . . . . .	.120	praziquantel . . . . .	.26
plerixafor . . . . .	.117	prazosin hcl . . . . .	.51
PLEXION NS . . . . .	.94	PRECISION GLUCOSE KETONE CONTR . . . . .	.134
PNV-DHA . . . . .	.163	PRECISION SURE-DOSE SYRINGE . . . . .	.149
PNV-SELECT . . . . .	.163	PRECISION THINS GP LANCETS . . . . .	.134
POCKETCHEM EZ CONTROL . . . . .	.134	PRECOSE . . . . .	.40
podofilox . . . . .	.98	PREDNICARBATE . . . . .	.96
POLOCAINE . . . . .	.121	PREDNISOLON-GATIFLOX-BROMFENAC . . . . .	.169
POLOCAINE-MPF . . . . .	.121	PREDNISOLON-MOXIFLOX-BROMFENAC . . . . .	.169
POLY-IRON 150 FORTE . . . . .	.117	prednisolone . . . . .	.88
polycin . . . . .	.168	prednisolone acetate . . . . .	.169
polymyxin b sulfate . . . . .	.29	PREDNISOLONE SODIUM PHOSPHATE . . . . .	.88,169
polymyxin b-trimethoprim . . . . .	.168	PREDNISOLONE-BROMFENAC . . . . .	.169
POLYSACCHARIDE IRON FORTE . . . . .	.117	PREDNISOLONE-MOXIFLOXACIN . . . . .	.169
POLYTRIM . . . . .	.168	PREDNISON . . . . .	.88
POMALYST . . . . .	.59	PREFERRED PLUS INSULIN SYRINGE . . . . .	.149
portia-28 . . . . .	.83	PREFERRED PLUS LANCETS COLORED . . . . .	.134
posaconazole . . . . .	.47	PREFERRED PLUS LANCETS THIN . . . . .	.134
pot & sod cit-cit ac . . . . .	.111	PREFERRED PLUS UNIFINE PENTIPS . . . . .	.149
POTASSIUM ACETATE . . . . .	.157	pregabalin . . . . .	.36
POTASSIUM CHLORIDE . . . . .	.157	pregabalin er . . . . .	.176

PREHEVBRIO	184	PROCTOCORT	25
PREMIUM LIDOCAINE	99	PROCTOFOAM HC	25
PREMPHASE	108	proctosol hc	26
PREMPRO	108	proctozone-hc	26
PRENATAL 19	163	PRODIGY INSULIN SYRINGE	149
PREPARATION H	96	PRODIGY LANCETS 28G	134
PREPARATION H SOOTHING RELIEF	96	PRODIGY LANCING DEVICE	134
prevalite	48	PRODIGY SAFETY LANCETS 26G	134
PREVENT DROPSAFE PEN NEEDLES	149	PRODIGY TWIST TOP LANCETS 28G	134
PREVENT SAFETY PEN NEEDLES	149	progesterone	173,186
PREVIDOLRX PLUS ANALGESIC	18	PROLASTIN-C	177
previfem	83	PROLENSA	170
PREVNAR 13	182	PROLIA	104
PREVNAR 20	182	PROMACTA	116
PREZCOBIX	70	promethazine hcl	47
PREZISTA	70	PROMETHAZINE VC	88
prilolid	99	PROMETHAZINE VC/CODEINE	88
PRILOVIX	99	promethazine-codeine	88
prilovix lite	99	promethazine-dm	88
prilovix lite plus	99	promethazine-phenyleph-codeine	89
PRILOVIX PLUS	99	PROMETHAZINE-PHENYLEPHRINE	89
prilovix ultralite	99	PROMETHEGAN	48
prilovix ultralite plus	99	propafenone hcl	31
primaquine phosphate	54	propafenone hcl er	31
PRIMAQUINE PHOSPHATE	54	proparacaine hcl	169
PRIMIDONE	36	PROPARACAINE-FLUORESCIN	170
PRIORIX	184	propofol	111
PRO COMFORT INSULIN SYRINGE	149	propofol-lipuro	111
PRO COMFORT LANCETS 30G	134	propranolol hcl	73
PRO COMFORT LANCETS 31G	134	propranolol hcl er	73
PRO COMFORT PEN NEEDLES	149	PROPRANOLOL-HCTZ	52
PRO COMFORT SAFETY LANCETS 30G	134	propylthiouracil	178
probenecid	113	PROQUAD	184
procainamide hcl	30	PROSCAR	112
PROCARDIA XL	74	PROTAMINE SULFATE	114
procentra	12	protriptyline hcl	40
prochlorperazine	67	PROVERA	173
PROCHLORPERAZINE EDISYLATE	67	prucalopride succinate	109
prochlorperazine maleate	67	pseudoeph-bromphen-dm	89
PROCRIPT	116	PSS SELECT GP LANCETS	134
procto-med hc	25	PSS SELECT PLATFORMS	134

PSS SELECT SAFETY LANCETS	134	QC UNILET LANCETS MICRO THIN	135
PULMICORT	32	QELBREE	13
PULMICORT FLEXHALER	32	QSYMIA	13
PULMOSAL	89	QUADRACEL	179
PULMOZYME	177	QUESTRAN	48
PURE COMFORT LANCETS 30G	135	QUESTRAN LIGHT	48
PURE COMFORT PEN NEEDLE	149	QUETIAPINE FUMARATE	67
PURE COMFORT SAFETY PEN NEEDLE	149	quetiapine fumarate er	67
PUREVIT DUALFE PLUS	117	QUICK TOUCH INSULIN PEN NEEDLE	149
PX ADVANCED LANCING DEVICE	135	QUICKTEK CONTROL SOLUTION	135
px aspirin	20	quinapril hcl	51
px enteric aspirin	21	quinapril-hydrochlorothiazide	52
PX EXTRA SHORT PEN NEEDLES	149	QUINAPRIL-HYDROCHLOROTHIAZIDE	53
px folic acid	115	quinidine gluconate er	30
PX INSULIN SYRINGE	149	QUINIDINE SULFATE	30
PX LANCET AUTO INJECTOR	135	quinine sulfate	54
PX LANCETS MICROTHIN 33G	135	QUINTET CONTROL HIGH/NORMAL	135
PX LANCETS ULTRA THIN	135	QULIPTA	153
PX LANCETS ULTRA THIN 28G	135	QUVIVIQ	119
PX MINI PEN NEEDLES	149	QVAR REDHALER	32
PX PEN NEEDLE	149		
PX SHORTLENGTH PEN NEEDLES	149	R	
PYLERA	181	ra aspirin adult low dose	21
pyqui	88	ra aspirin adult low strength	21
pyrazinamide	54	ra aspirin childrens	21
PYRIDOSTIGMINE BROMIDE	54	ra aspirin ec	21
pyridostigmine bromide er	54	ra aspirin ec adult low st	21
PYRIDOXINE HCL	187	RA E-ZJECT LANCETS 28G	135
primethamine	54	RA E-ZJECT LANCETS THIN 26G	135
PYZCHIVA	181	RA E-ZJECT LANCETS THIN 28G	135
		RA E-ZJECT LANCETS ULTRA THIN	135
Q		ra folic acid	115
QC ADVANCED LANCING DEVICE	135	RA INSULIN SYRINGE	149
qc aspirin low dose	21	RA PEN NEEDLES	149
qc childrens aspirin	21	rabeprazole sodium	181
qc folic acid	115	RADICAVA ORS	165
QC LANCETS SUPER THIN 30G	135	RADICAVA ORS STARTER KIT	165
QC LANCETS ULTRA THIN	135	RAGWITEK	14
QC PEN NEEDLES	149	raloxifene hcl	105
QC UNIFINE PENTIPS	149	ramelteon	119
QC UNILET LANCETS 28G	135	ramipril	51

ranolazine er	29	REPATHA	50
rasagiline mesylate	66	REPATHA PUSHTRONEX SYSTEM	50
RASUVO	16,17	REPATHA SURECLICK	50
READYLANCE SAFETY LANCETS	135	RESORCINOL-SULFUR	90
REALITY INSULIN SYRINGE	149	RESTASIS	168
REALITY LANCETS	135	RESTASIS MULTIDOSE	168
REALITY TRIGGER LANCETS	135	RESTORIL	119
REBIF	176	RETACRIT	116
REBIF REBIDOSE	176	RETEVMO	62
REBIF REBIDOSE TITRATION PACK	176	RETIN-A	91
REBIF TITRATION PACK	176	RETROVIR	70
REBINYN	113	REVATIO	76
reclipsen	83	REVLIMID	158
RECOMBIVAX HB	185	revonto	164
REFISSA	91	REXALL LANCETS ULTRA THIN 30G	135
REFUAH PLUS GLUCOSE CONTROL	135	RHOFADE	100
regadenoson	101	RHOPRESSA	169
REGLAN	109	RIBAVIRIN	72
relador pak	99	ribavirin	72
relador pak plus	99	rifabutin	54
RELENZA DISKHALER	72	rifampin	54
RELION INSULIN SYRINGE	150	RIGHTEST ALTERNATE SITE ADAPT	135
RELION LANCET DEVICES 30G	135	RIGHTEST GD500 LANCING DEVICE	136
RELION LANCETS	135	RIGHTEST GL300 LANCETS	136
RELION LANCETS MICRO-THIN 33G	135	riluzole	165
RELION LANCETS THIN 26G	135	RIMANTADINE HCL	72
RELION LANCETS ULTRA-THIN 30G	135	ringers	155
RELION LANCING DEVICE	135	RINGERS IRRIGATION	159
RELION MINI PEN NEEDLES	150	RINVOQ	16
RELION PEN NEEDLES	150	RINVOQ LQ	16
RELION SHORT PEN NEEDLES	150	risedronate sodium	104
RELION ULTRA THIN LANCETS 30G	135	RISPERDAL	66
RELION ULTRA THIN PLUS LANCETS	135	risperidone	66
RELPAK	154	risperidone microspheres er	67
REMERON	38	RITALIN	14
REMERON SOLTAB	38	ritonavir	70
REMICADE	110	rivaroxaban	34
remifentanil hcl	23	rivastigmine	174
RENAL	162	rivastigmine tartrate	174
RENO CAPS	162	rivelsa	83
repaglinide	44	rizatriptan benzoate	154

ROCALTROL	106	SALAGEN	161
ROCKLATAN	169	SALICYLIC ACID	98
ROCURONIUM BROMIDE	165	SALICYLIC ACID ER	98
ROCURONIUM BROMIDE +RFID	165	SALICYLIC ACID WART REMOVER	98
roflumilast	32	salicylic acid-cleanser	98
ROMIDEPSIN	62	SALINE BACTERIOSTATIC	172
romidepsin	62	SALINE FLUSH	157
ropinirole hcl	66	salsalate	21
ropinirole hcl er	66	sanadermr skin repair	96
ROPIV-CLONIDINE-KETOROLAC	120	SANCUSO	46
ropivacaine hcl	121	SANOFI COVID-19 VAC (BOOSTER)	185
ROPIVACAINE HCL-NACL	121	sapropterin dihydrochloride	106
rosadan	100	SAPS HEALTH PLUS LANCETS	136
rosuvastatin calcium	49,50	SAPS HEALTH TWIST TOP LANCETS	136
rosyrah	83	SAPS TWIST TOP LANCETS	136
ROWASA	110	SAPSCARE TWIST TOP LANCETS	136
roweepra	36	saxagliptin hcl	42
roweepra xr	36	saxagliptin-metformin er	41
ROXYBOND	23	SAXENDA	13
ROZLYTREK	62	sb childrens aspirin	21
RUBRACA	62	SB INSULIN SYRINGE	150
RUCONEST	114	SB LANCETS THIN	136
rufinamide	36	SB LANCETS ULTRA THIN	136
RUXIENCE	57	sb low dose asa ec	21
RYBELSUS	43	SCARCARE GEL-PAD KIT/LARGE	100
RYDAPT	62	scopolamine	46
RYTARY	66	SE-TAN PLUS	117
RYTHMOL SR	31	SECURESAFE INSULIN SYRINGE	150
		SECURESAFE SAFETY PEN NEEDLES	150
S		SELECT-LITE DEVICE/LANCETS	136
sacubitril-valsartan	75	SELECT-LITE LANCING DEVICE	136
SAFE-T-LANCE	136	selegiline hcl	66
SAFE-T-LANCE PLUS	136	selenious acid	158
SAFETY INSULIN SYRINGES	150	selenium sulfide	94
SAFETY LANCET 30G/PRESSURE ACT	136	sensorcaine	121
SAFETY LANCETS	136	sensorcaine-mpf	121
SAFETY LANCETS 21G	136	sensorcaine-mpf/epinephrine	120
SAFETY LANCETS 23G	136	sensorcaine/epinephrine	120
SAFETY LANCETS 28G	136	SEREVENT DISKUS	33
SAFETY PEN NEEDLES	150	SEROQUEL	67
sajazir	113	sertraline hcl	39

setlakin	83	SM TRUEDRAW LANCING DEVICE	136
sevelamer carbonate	110	SMART DIABETES VANTAGE LANCING	136
sevelamer hcl	110	SMART SENSE COLOR LANCETS 33G	136
SEVENFACT	113	SMART SENSE STANDARD LANCETS	136
sevoflurane	111	SMART SENSE SUPER THIN LANCETS	136
SF	160	SMART SENSE THIN LANCETS 26G	136
SF 5000 PLUS	160	SMARTEST CONTROL MEDIUM	136
sharobel	86	SMARTEST LANCETS 28G	137
SHINGRIX	185	sod benz-sod phenylacet	106
SHOPKO AUTOLET LANCING DEVICE	136	sod citrate-citric acid	111
SHOPKO ON-THE-GO LANCETS 30G	136	SOD FLUORIDE-POTASSIUM NITRATE	160
SHOPKO UNIFINE PENTIPS	150	SODIUM ACETATE	154
SHOPKO UNIFINE PENTIPS PLUS	150	SODIUM BICARBONATE	26,154
SHOPKO UNILET LANCETS 28G	136	SODIUM CHLORIDE	89,112
SHOPKO UNILET LANCETS 30G	136	sodium chloride	157
SIKLOS	115	sodium chloride (pf)	157
sildenafil citrate	75,76	SODIUM CHLORIDE BACTERIOSTATIC	172
silodosin	112	sodium chloride flush	157
SILVADENE	94	SODIUM CITRATE-CITRIC ACID	111
silver sulfadiazine	94	SODIUM FLUORIDE	156,160
SIMBRINZA	167	sodium fluoride	156
simliya	83	SODIUM FLUORIDE 5000 ENAMEL	161
simpesse	83	SODIUM FLUORIDE 5000 PLUS	161
SIMPLE DIAGNOSTICS LANCING DEV	136	sodium fluoride 5000 ppm	161
SIMPONI ARIA	16	SODIUM FLUORIDE 5000 PPM	161
simvastatin	50	SODIUM FLUORIDE 5000 SENSITIVE	161
SINEMET	66	sodium nitroprusside	53
SINGLE-LET	136	sodium phenylbutyrate	106
sirolimus	159	sodium phosphates	156
SKELAXIN	164	sodium polystyrene sulfonate	159
SKYLA	86	SODIUM SULFACETAMIDE	94
SKYRIZI	93,110	sodium sulfacetamide wash	94
SKYRIZI (150 MG DOSE)	93	SODIUM SULFACETAMIDE-BAKUCHIOL	94
SKYRIZI PEN	93	sodium tetradecyl sulfate	159
SLYND	86	SODIUM THIOSULFATE	45
sm aspirin adult low strength	21	SOGROYA	105
sm aspirin ec low strength	21	solifenacin succinate	182
sm aspirin low dose	21	SOLIQUA	41
sm childrens aspirin	21	SOLIRIS	114
sm folic acid	115	SOLUS V2 LANCETS 28G	137
SM LANCETS 33G	136	SOLUS V2 LANCING DEVICE	137

SOLUS V2 TWIST LANCETS 30G	137	subvenite starter kit-orange	36
SOMATULINE DEPOT	107	SUCCINYLBCHOLINE CHLORIDE	165
SOOLANTRA	100	SUCCINYLBCHOLINE CL +RFID	165
sorafenib tosylate	62	sucrafate	180
sorine	73	SUFENTANIL CITRATE	23
sotalol hcl	73	SULCONAZOLE NITRATE	92
sotalol hcl (af)	73	SULFACETAMIDE SOD-SULFUR WASH	91
SOTRADECOL	159	sulfacetamide sodium	94
SPIKEVAX	185	SULFACETAMIDE SODIUM	168
SPIKEVAX 6M-11Y	185	sulfacetamide sodium (acne)	91
SPIKEVAX COVID-19 VACCINE	185	SULFACETAMIDE SODIUM (CLEANS)	94
SPINOSAD	100	SULFACETAMIDE SODIUM-SULFUR	91
SPIRIVA HANDHALER	32	SULFACETAMIDE-PREDNISOLONE	169
SPIRIVA RESPIMAT	32	SULFACETAMIDE-SULFUR IN UREA	91
spironolactone	103	SULFACLEANSE 8/4	91
spironolactone-hctz	102	sulfadiazine	177
sprintec 28	83	sulfamethoxazole-trimethoprim	26
sps (sodium polystyrene sulf)	159	SULFAMEZ WASH	91
sronyx	83	sulfasalazine	110
ssd	94	sulfatrim pediatric	27
SSS 10-5	91	sulindac	18
st joseph aspirin	21	sumatriptan	154
st joseph low dose	21	SUMATRIPTAN SUCCINATE	154
STAVUDINE	70	sumatriptan succinate	154
STELARA	93,110	SUMATRIPTAN SUCCINATE REFILL	154
STERILANCE PA	137	sunitinib malate	63
STERILANCE TL	137	SUNOSI	13
sterile diluent/epoprostenol	172	SUPARTZ FX	164
STERILE WATER FOR INJECTION	172	SUPER THIN LANCETS	137
STERILE WATER FOR IRRIGATION	159	SUPPRELIN LA	105
STIOLTO RESPIMAT	33	SUPRAX	78
STIVARGA	63	SUPREME II HIGH/LOW CONTROL	137
STRATTERA	13	SUPREP BOWEL PREP KIT	120
STREPTOMYCIN SULFATE	15	SURE COMFORT INSULIN SYRINGE	150
STRIBILD	70	SURE COMFORT LANCETS 18G	137
STRIVERDI RESPIMAT	33	SURE COMFORT LANCETS 21G	137
STROMECTOL	26	SURE COMFORT LANCETS 23G	137
SUBSYS	23	SURE COMFORT LANCETS 28G	137
subvenite	36	SURE COMFORT LANCETS 30G	137
subvenite starter kit-blue	36	SURE COMFORT LANCING PEN	137
subvenite starter kit-green	36	SURE COMFORT PEN NEEDLES	150

SURELITE LANCETS	137
syeda	83
SYMBICORT	33
SYMLINPEN 120	40
SYMLINPEN 60	40
SYMPROIC	110
SYMTUZA	70
SYNJARDY	41
SYNJARDY XR	41
SYNTHROID	179

T

TABLOID	56
tacrolimus	98,159
tadalafil	75
tadalafil (pah)	75
TADLIQ	76
TAFINLAR	63
tafluprost (pf)	170
TAGRISSO	57
TAKHZYRO	114
TALICIA	181
tamoxifen citrate	59
tamsulosin hcl	112
TANDEM PLUS	117
TARGRETIN	64,93
tarina 24 fe	83
tarina fe 1/20	84
tarina fe 1/20 eq	84
tasimelteon	119
TAVALISSE	114
taysofy	84
TAYTULLA	84
TAZAROTENE	91
tazarotene	93
tazicef	78
taztia xt	74
TDVAX	179
TECHLITE AST LANCETS	137
TECHLITE INSULIN SYRINGE	150
TECHLITE LANCETS	137

TECHLITE LANCETS 26G	137
TECHLITE LANCETS 30G	137
TECHLITE PEN NEEDLES	150
TECHLITE PLUS PEN NEEDLES	150
TEGRETOL	37
TEGSEDI	177
TEKURNA HCT	53
telmisartan	51
TELMISARTAN-AMLODIPINE	53
telmisartan-hctz	53
temazepam	119
TEMODAR	55
TEMOVATE	96
temozolomide	55
temsirolimus	63
TENCON	19
tenofovir disoproxil fumarate	70
terazosin hcl	52
terbinafine hcl	46
terbutaline sulfate	33
terconazole	185
teriflunomide	176
TERIPARATIDE	104
teriparatide	104
terrell	111
TESTOSTERONE	25
testosterone cypionate	25
TESTOSTERONE ENANTHATE	25
TETANUS-DIPHTHERIA TOXOIDS TD	179
tetrabenazine	174
tetracaine hcl	121
TETRACAINE HCL	169
TETRACYCLINE HCL	178
TEXACORT	96
TEZSPIRE	31
TGT LANCET MICRO THIN 33G	137
TGT LANCET THIN 26G	137
TGT LANCET ULTRA THIN 30G	137
TGT LANCING DEVICE	137
THALOMID	158
theophylline	33

theophylline er	33	tolcapone	65
thiamine hcl	187	TOLECTIN 600	18
THINLETS GP LANCETS	137	TOLMETIN SODIUM	18
thioridazine hcl	67	tolterodine tartrate	182
thiotepa	55	tolterodine tartrate er	182
thiothixene	68	tolvaptan	107
tiadylt er	74	TOPAMAX	37
tiagabine hcl	37	TOPAMAX SPRINKLE	37
TIAZAC	74	TOPCARE CLICKFINE PEN NEEDLES	151
ticagrelor	114	TOPCARE LANCETS MICRO-THIN 33G	137
TICOVAC	185	TOPCARE ULTRA COMFORT INS SYR	151
TIGECYCLINE	178	topiramate	37
TIKOSYN	31	topiramate er	37
tilia fe	84	toposar	64
timolol maleate	73,166	TOPOTECAN HCL	65
timolol maleate (once-daily)	166	toremifene citrate	59
timolol maleate ocudose	166	torpenz	63
timolol maleate pf	166	torse mide	103
tinidazole	26	TOUJEO MAX SOLOSTAR	43
tiopronin	112	TOUJEO SOLOSTAR	44
tiotropium bromide	32	TOVIAZ	182
tirofiban hcl in nacl	114	tramadol hcl	23
tis-u-sol	159	TRAMADOL HCL (ER BIPHASIC)	23
TIVICAY	70	TRAMADOL HCL ER	23
TIVICAY PD	70	tramadol-acetaminophen	24
tizanidine hcl	164	trandolapril	51
tl-hem 150	117	TRANDOLAPRIL-VERAPAMIL HCL ER	53
TM-VITE RX	162	tranexamic acid	117
TOBRADEX	169	tranexamic acid-nacl	117
TOBRAMYCIN	15	tranylcypromine sulfate	39
tobramycin	15,168	TRAVEL LANCETS	137
tobramycin sulfate	15	TRAVEL LANCETS ADVANCED 28G	137
tobramycin-dexamethasone	169	travoprost (bak free)	171
TOBREX	168	TRAZIMERA	57
TODAYS HEALTH LANCING DEVICE	137	trazodone hcl	39
TODAYS HEALTH MINI PEN NEEDLES	150	TRELEGY ELLIPTA	33
TODAYS HEALTH PEN NEEDLES	150	TREMFYA	94
TODAYS HEALTH SHORT PEN NEEDLE	151	TREMFYA ONE-PRESS	94
TODAYS HEALTH THIN LANCETS 28G	137	TREMFYA PEN	94
TODAYS HEALTH THIN LANCETS 30G	137	treprostinil	76
TOLAK	93	TRESIBA	44

TRESIBA FLEXTOUCH	44	TRIJARDY XR	41
tretinoin	64,91	TRILEPTAL	37
TRETINOIN MICROSPHERE	91	TRILIPIX	49
TRETINOIN MICROSPHERE PUMP	91	trimethobenzamide hcl	46
TREXALL	56	TRIMETHOPRIM	26
TREZIX	24	trimipramine maleate	40
tri femynor	84	TRINATE	163
tri-estarylla	84	TRINTELLIX	39
tri-legest fe	84	TRIPHROCAPS	162
tri-linyah	84	TRIPTODUR	105
tri-lo-estarylla	84	TRIUMEQ	71
tri-lo-marzia	84	TRIUMEQ PD	71
tri-lo-mili	84	TRIVIX	96
tri-lo-sprintec	84	trivora (28)	84
tri-mili	84	TROKENDI XR	37
tri-nymyo	84	tromethamine	154
tri-previfem	84	tropicamide	167
tri-sprintec	84	tropium chloride	182
TRI-VITE/FLUORIDE	163	tropium chloride er	182
tri-vylibra	84	TRUE COMFORT INSULIN SYRINGE	151
tri-vylibra lo	84	TRUE COMFORT PEN NEEDLES	151
triadime	96	TRUE COMFORT PRO INSULIN SYR	151
triadime-80	96	TRUE COMFORT PRO PEN NEEDLES	151
TRIAMCINOLONE ACETONIDE	88	TRUE COMFORT SAFETY LANCETS	137
triamcinolone acetonide	96,161	TRUE COMFORT TWIST TOP LANCETS	138
triamcinolone in absorbbase	96	true folic acid	115
triamterene	103	TRUECONTROL GLUCOSE CONT LEV 0	138
triamterene-hctz	102	TRUECONTROL GLUCOSE CONT LEV 1	138
triazolam	119	TRUEDRAW LANCING DEVICE	138
TRIBENZOR	53	TRUEPLUS 5-BEVEL PEN NEEDLES	151
TRICITRATES	111	TRUEPLUS INSULIN SYRINGE	151
TRICON	117	TRUEPLUS LANCETS 26G	138
tridacaine ii	99	TRUEPLUS LANCETS 28G	138
tridacaine iii	99	TRUEPLUS LANCETS 30G	138
triderm	96	TRUEPLUS LANCETS 33G	138
trientine hcl	158	TRUEPLUS PEN NEEDLES	151
trifluoperazine hcl	68	TRUEPLUS SAFETY LANCETS 28G	138
TRIFLURIDINE	168	TRULICITY	43
TRIGELS-F FORTE	117	TRUMENBA	182
triheal-80	96	TRUQAP	63
trihexyphenidyl hcl	65	tulana	86

turqoz	84
TWINRIX	185
TWIRLA	85
TWIST TOP LANCETS 30G	138
TWYNEO	91
TYBLUME	84
tydemy	84
TYMLOS	104
TYSABRI	176

U

UBRELVY	153
UCERIS	25,88
ULTI-LANCE AUTOMATIC	138
ULTICARE INSULIN SAFETY SYR	151
ULTICARE INSULIN SYR 1/2 UNIT	151
ULTICARE INSULIN SYRINGE	151
ULTICARE MICRO PEN NEEDLES	151
ULTICARE MINI PEN NEEDLES	152
ULTICARE PEN NEEDLES	152
ULTICARE SHORT PEN NEEDLES	152
ULTIGUARD SAFEPACK PEN NEEDLE	152
ULTIGUARD SAFEPACK SYR/NEEDLE	152
ULTILET CLASSIC LANCETS	138
ULTILET LANCETS	138
ULTILET PEN NEEDLE	152
ULTILET SAFETY LANCETS	138
ULTILET SAFETY LANCETS 23G	138
ULTRA COMFORT INSULIN SYRINGE	152
ULTRA FLO INSULIN PEN NEEDLES	152
ULTRA FLO INSULIN SYR 1/2 UNIT	152
ULTRA FLO INSULIN SYRINGE	152
ULTRA THIN LANCETS 31G	138
ULTRA THIN PEN NEEDLES	152
ULTRA-CARE LANCETS 30G	138
ULTRA-THIN II AUTO LANCET	138
ULTRA-THIN II INS SYR SHORT	152
ULTRA-THIN II INSULIN SYRINGE	152
ULTRA-THIN II LANCETS	138
ULTRA-THIN II MINI PEN NEEDLE	152
ULTRA-THIN II PEN NEEDLE SHORT	152
ULTRA-THIN II PEN NEEDLES	152
ULTRACARE INSULIN SYRINGE	152,153
ULTRACARE PEN NEEDLES	153
ULTRASAL-ER	98
ULTRASOUND GEL	101
umecta mousse	97
UNIFINE PEN NEEDLES	153
UNIFINE PENTIPS	153
UNIFINE PENTIPS PLUS	153
UNIFINE SAFECONTROL PEN NEEDLE	153
UNIFINE ULTRA PEN NEEDLE	153
UNILET COMFORTOUCH LANCET	138
UNILET EXCELITE	138
UNILET EXCELITE II	138
UNILET G.P. LANCET	138
UNILET G.P. SUPERLITE LANCET	138
UNILET GP 28 ULTRA THIN	138
UNILET LANCET	138
UNILET MICRO-THIN 33G	138
UNILET SUPER-THIN 30G	138
UNILET SUPERLITE LANCET	138
UNILET ULTRA-THIN 28G	138
UNISTIK 1	138
UNISTIK 2	139
UNISTIK 2 COMFORT	139
UNISTIK 2 EXTRA	139
UNISTIK 2 NEONATAL	139
UNISTIK 2 NORMAL	139
UNISTIK 2 SUPER	139
UNISTIK 3	139
UNISTIK 3 COMFORT	139
UNISTIK 3 EXTRA	139
UNISTIK 3 GENTLE	139
UNISTIK 3 NEONATAL	139
UNISTIK 3 NORMAL	139
UNISTIK CZT COMFORT	139
UNISTIK CZT NORMAL	139
UNISTIK NORMAL	139
UNISTIK PRO SAFETY LANCET	139
UNISTIK SAFETY LANCETS 28G	139
UNISTIK SAFETY LANCETS 30G	139

UNISTIK TOUCH SAFETY LANC 21G	139	valproate sodium	38
UNISTIK TOUCH SAFETY LANC 23G	139	valproic acid	38
UNISTIK TOUCH SAFETY LANC 28G	139	valrubicin	59
UNISTIK TOUCH SAFETY LANC 30G	139	valsartan	51
unithroid	179	valsartan-hydrochlorothiazide	53
UNIVERSAL 1 LANCETS THIN 26G	139	VALTOCO 10 MG DOSE	35
UNIVERSAL 1 LANCETS THIN 33G	139	VALTOCO 15 MG DOSE	35
UNIVERSAL 1 LANCETS ULTRA THIN	139	VALTOCO 20 MG DOSE	35
UPTRAVI	76,77	VALTOCO 5 MG DOSE	35
UREA	97	valtya 1/35	84
UREA HYDRATING	97	valtya 1/50	84
urea nail	97	VALUE HEALTH INSULIN SYRINGE	153
UREDEB	97	VALUE PLUS LANCET STANDARD 21G	139
URELLE	27	VALUE PLUS LANCETS SUPER THIN	139
UREMEZ-40	97	VALUE PLUS LANCETS THIN 26G	139
URETRON D/S	27	VALUE PLUS LANCING DEVICE	139
URIBEL	27	VALUMARK LANCET SUPER THIN 30G	139
URIMAR-T	27	VALUMARK LANCET ULTRA THIN 28G	139
urin ds	27	VALUMARK PEN NEEDLES	153
uro-458	27	VANOCIN	27
URO-MP	27	VANCOMYCIN HCL	28,168
uro-sp	27	VANCOMYCIN HCL IN DEXTROSE	28
UROCIT-K 10	111	VANCOMYCIN HCL IN NACL	28
UROCIT-K 15	111	VANISHPOINT INSULIN SYRINGE	153
UROCIT-K 5	111	VAQTA	185
urosex	163	vardenafil hcl	75
URSO 250	109	varenicline tartrate	177
URSO FORTE	109	varenicline tartrate (starter)	177
URSODIOL	109	varenicline tartrate(continue)	177
ursodiol	109	VARIVAX	185
USTEKINUMAB	94,110	VARIZIG	171
USTEKINUMAB-TTWE	181	VASCEPA	48
ustell	27	VASERETIC	53
utira-c	27	VASOPRESSIN	106
V		vasopressin +rfid	106
V-C FORTE	162	VAXNEUVANCE	183
VABRINTY	59	VECURONIUM BROMIDE	166
VAGIFEM	185	VELCADE	63
valacyclovir hcl	72	VELIVET	84
valganciclovir hcl	71	VELPHORO	111
		VELSIPITY	110

VELTASSA	159	VIOKACE	102
VEMLIDY	72	viorele	84
venlafaxine hcl	40	VIREAD	71
venlafaxine hcl er	40	virt-caps	162
venxxiva	112	virt-gard	117
verapamil hcl	74	virt-phos 250 neutral	156
verapamil hcl er	74	VISTOGARD	45
VERASENS GLUCOSE CONTROL	140	VITA S FORTE	162
VERIFINE INSULIN SYRINGE	140,153	VITACEL	162
VERIFINE SAFE LANCET MINI 21G	140	vitafol	162
VERIFINE SAFE LANCET MINI 23G	140	VITAFOL-OB+DHA	163
VERIFINE SAFE LANCET MINI 28G	140	vitamin b complex 100	161
VERIFINE SAFE LANCET MINI 30G	140	VITAMIN B-COMPLEX 100	161
VERIFINE UNIVERSAL LANCETS 28G	140	vitamin d (ergocalciferol)	187
VERIFINE UNIVERSAL LANCETS 30G	140	vitamin k1	187
VERIFINE UNIVERSAL LANCETS 33G	140	VITAMINS ACD-FLUORIDE	163
VERQUVO	77	VITRAKVI	63
vestura	84	VIVAGUARD INO CONTROL SOLUTION	140
vexatrol	99	VIVAGUARD LANCETS	140
VFEND	47	VIVAGUARD LANCETS 30G	140
VIBERZI	110	VIVAGUARD LANCING DEVICE	140
VIBRAMYCIN	178	VIVAGUARD SAFETY LANCETS 28G	140
VIC-FORTE	162	VIVIMUSTA	55
VICTOZA	43	volnea	84
VIDA MIA AUTOLET LANCING DEV	140	VORICONAZOLE	47
VIDA MIA UNIFINE PENTIPS	153	voriconazole	47
VIDA MIA UNILET LANCETS 28G	140	VOSEVI	72
VIDA MIA UNILET LANCETS 30G	140	VOTRIENT	63
vienva	84	VP INSULIN SYRINGE	153
vigabatrin	37	vp-vite rx	162
vigadrone	37	VRAYLAR	66
VIGAMOX	168	VTAMA	94
vigpoder	37	VUMERITY	176
VILAMIT MB	27	vyfemla	84
vilazodone hcl	40	VYKOURA	64
VILEVEV MB	27	vylibra	85
VIMPAT	37	VYTORIN	48
VINBLASTINE SULFATE	64	VYVANSE	12
vincasar pfs	64		
VINCRISTINE SULFATE	64	W	
vinorelbine tartrate	64	WAKIX	13

WALGREENS ADV TRAVEL LANCETS	140
WALGREENS LANCETS	140
WALGREENS LANCETS MICRO THIN	140
WALGREENS LANCETS SUPER THIN	140
WALGREENS THIN LANCETS	140
WALGREENS ULTRA THIN LANCETS	140
warfarin sodium	34
water for irrigation, sterile	159
WEGMANS UNIFINE PENTIPS PLUS	153
WEGOVI	13,181
WELLBUTRIN SR	39
WELLBUTRIN XL	39
wera	85
WES-PHOS 250 NEUTRAL	156
WESCAPS	162
westab max	102
westab mini	117
westab one	117
WHITE PETROLATUM	173
WINLEVI	91
wixela inhub	33
wymzya fe	85

X

xarah fe	85
XARELTO	34
XARELTO STARTER PACK	34
XCOPRI	37
XCOPRI (250 MG DAILY DOSE)	37
XCOPRI (350 MG DAILY DOSE)	37
XDEMVI	168
XELJANZ	16
XELJANZ XR	16
XELODA	56
xelria fe	85
XEOMIN	165
XHANCE	165
XIFAXAN	26
XIGDUO XR	41
XIIDRA	168
XOLAIR	31,32

XOSPATA	63
XTAMPZA ER	23
XTANDI	59
xulane	85
XULTOPHY	41
XUREA	97
XYNTHA	113
XYNTHA SOLOFUSE	113
XYOSTED	25
XYWAV	173
xyzal allergy 24hr	47

Y

yargesa	115
yl folic acid	115
YONSA	59
YUPELRI	32

Z

ZACLIR CLEANSING	91
zafemy	85
zafirlukast	32
zaleplon	119
ZANAFLEX	164
zarah	85
ZARONTIN	38
ZEGALOGUE	42
ZEJULA	63
zelvysia	106
ZEMAIRA	177
ZEMBRACE SYMTOUCH	154
ZEMPLAR	106
zenatane	91
ZENPEP	102
zenzedi	12
ZEPBOUND	13
ZEPOSIA	176
ZEPOSIA 7-DAY STARTER PACK	176
ZEPOSIA STARTER KIT	176
ZERUVIA	99
ZESTRIL	51

ZEVRX INSULIN SYRINGE	153
ZEVRX PEN NEEDLES	153
ZEVRX TWIST TOP LANCETS 30G	140
ZIAC	53
zidovudine	71
ZIEXTENZO	116
zinc chloride	158
zinc sulfate	158
ZIONODIL	99
ZIONODIL 100	99
ZIOPTAN	171
ziprasidone hcl	66
ziprasidone mesylate	66
ZIRABEV	57
ZOCOR	50
ZOLEDRONIC ACID	104
zoledronic acid	104
ZOLINZA	63
ZOLMITRIPTAN	154
zolpidem tartrate	119
zolpidem tartrate er	119
ZOMIG	154
zonisamide	37
ZORYVE	94,99
zovia 1/35 (28)	85
zovia 1/35e (28)	85
ZUBSOLV	24
zumandimine	85
ZYBIC	18
ZYCLARA	98
ZYCLARA PUMP	98
ZYDELIG	63
ZYKADIA	63
ZYPREXA	67
ZYPREXA ZYDIS	67