



GlobalHealth

State of Oklahoma

# DRUG FORMULARY

January 1-December 31, 2025

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This document contains a list of covered drugs for the GlobalHealth State of Oklahoma Employees and Educators plan. The Drug Formulary was updated on 01/09/2025. For more recent information or other questions, please contact GlobalHealth Customer Care.

1-866-494-3927 (TTY: 711)  
9:00 AM - 5:00 PM, Monday-Friday  
[www.GlobalHealth.com](http://www.GlobalHealth.com)

MLGMH25-ST

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# TABLE OF CONTENTS

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Table of Contents.....	1
Important Information.....	2
Member Materials.....	2
Preferred Drugs.....	2
Exception Requests.....	3
Helpful Numbers.....	5
Preventive Care Index.....	6
Therapeutic Class Index.....	6
Key.....	6
Alphabetical Listing Index.....	7
Notice of Privacy Practices.....	8
How GlobalHealth May Use or Disclose Your Health Information.....	8
Your Health Information Rights.....	10

## IMPORTANT INFORMATION

This formulary applies to Members who enrolled in GlobalHealth through an employer group in the State of Oklahoma, including State, Education, and Local Government employees who enrolled through the State of Oklahoma benefits enrollment process.

### Member Materials

Your comprehensive Member handbook has four booklets. Each one has a different purpose.

**These documents are important legal documents. Keep them in a safe place.**

Booklet	Purpose
<i>Member Handbook for State, Education, and Local Government Employees</i> (“ <i>Member Handbook</i> ”)	<ul style="list-style-type: none"> <li>• Tells you about your benefits.               <ul style="list-style-type: none"> <li>○ What benefits are covered and how much you will pay.</li> <li>○ How they are covered (including limitations and exclusions).</li> <li>○ How to use them.</li> </ul> </li> </ul>
<i>Physicians and Health Providers Directory</i> (“ <i>Provider Directory</i> ”)	<ul style="list-style-type: none"> <li>• Lists our Network of doctors, and Facilities.</li> <li>• Tells you if a Facility is preferred or not.</li> </ul>
<i>Pharmacy Directory</i>	<ul style="list-style-type: none"> <li>• Lists our Network of pharmacies</li> </ul>
<i>Formulary Drug List for State, Education, and Local Government Employees</i> (“ <i>Drug Formulary</i> ” or “ <i>Formulary</i> ”)	<ul style="list-style-type: none"> <li>• Lists drugs we cover.</li> <li>• Tells you what Tier a drug is in.</li> <li>• Tells you if there are any rules to getting a drug.</li> </ul>

Member materials are available on our website. Contact Customer Care for printed copies at no charge. But be aware that the most current *Drug Formulary* and *Provider Directory* lists are on the website.

**This is an important legal document. Please keep it in a safe place.**

When this document says “we”, “us”, or “our”, it means GlobalHealth, Inc. Words or phrases that start with a capital letter are defined in the *Member Handbook* glossary.

For specific questions about your coverage, please call the phone number printed on your Member ID card.

### Preferred Drugs

Preferred drugs are listed in this *Drug Formulary*. Drugs on the list are selected based on quality (effectiveness and safety) as well as cost-effectiveness. Doctors and pharmacists have worked together to develop the Formulary, which includes generics and brand name drugs that are approved by the U. S. Food and Drug Administration (FDA).

For the Member: Generic drugs contain the same active ingredients in the same amounts as brand name products. However, they may be a different color, shape, or size.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

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***THIS DOCUMENT LIST IS EFFECTIVE AS OF THE DATE ON THE COVER. THIS LIST IS SUBJECT TO CHANGE. You may find the most current list, including any Utilization Management requirements, on our website. Contact Customer Care for printed copies.***

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## EXCEPTION REQUESTS

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Call 1-877-280-5600 to ask for an exception.

Others that may help with this process include.

- Your doctor or pharmacist.
- The parent of a child under 18 years of age.
- Your power of attorney with medical decision authority. We must have a copy of the signed power of attorney form on file.
- Your authorized representative. You will need to complete the Appointment of Authorized Representative form (which can be found on our website) if you want us to share your PHI with anyone else, for example:
  - Your parent, if you are age 18 or over.
  - Your spouse.
  - Your caregiver, friend, neighbor, or other.

Exception Type	Process
<b>Standard Exception</b>	<p>You can ask us to waive coverage rules and limits. You may ask us by mail, e-mail, or telephone. Generally, we will only approve a request if:</p> <ul style="list-style-type: none"><li>• The alternative drug is included on the <u>Formulary</u>;</li><li>• The drug without utilization rules would not work as well for you; and</li><li>• It would cause you to have harmful side effects.</li></ul> <p>We will not approve a request to lower your <u>Cost-share</u> for a drug.</p> <p>If you ask us to cover a drug that is not on our <u>Formulary</u>, your doctor must send:</p> <ul style="list-style-type: none"><li>• The reason you need the non-formulary drug; and</li><li>• A statement that all <u>Formulary</u> drugs on any <u>Tier</u>:<ul style="list-style-type: none"><li>○ Will not or have not worked;</li><li>○ Would not work as well; or</li><li>○ Would have harmful side effects.</li></ul></li></ul> <p>You should contact us to find out how to ask for an exception. Your doctor will need to send us information. We make a decision within 72 hours if we have the required information.</p>

Exception Type	Process
	<ul style="list-style-type: none"> <li>• If we agree, we also cover appropriate refills of the prescription.</li> <li>• If we deny your request, you may ask for an <u>External Review</u>. They will send you their decision within 72 hours after getting your request for review.</li> </ul> <p>We will cover your drug during the time we are reviewing. We will also cover your drug during an <u>External Review</u>.</p>
<b>Expedited Exception</b>	<p>You may ask for a fast exceptions process when:</p> <ul style="list-style-type: none"> <li>• You are suffering from a health condition that may risk your life, health, or ability to regain maximum function; or</li> <li>• You are already using a non-formulary drug.</li> </ul> <p>We will tell you our decision within 24 hours after you ask us for a review if we have enough information.</p> <ul style="list-style-type: none"> <li>• If we agree, we also cover appropriate refills of the prescription.</li> <li>• If we deny your request, you may ask for an <u>External Review</u>. They will send you their decision within 24 hours after getting your request for review.</li> </ul> <p>We will cover your drug during the time we are reviewing. We will also cover the drug during an <u>External Review</u>.</p>

## HELPFUL NUMBERS

### Plan Issuer:

GlobalHealth, Inc.  
PO Box 2393  
Oklahoma City, OK 73101-2393  
[www.GlobalHealth.com](http://www.GlobalHealth.com)

### GlobalHealth Customer Care and Language Assistance:

1-877-280-5600 (toll-free)  
711 (TTY)  
Mon – Fri, 9 a.m. – 5 p.m.

### Appeals and Grievances:

GlobalHealth, Appeals and Grievances  
PO Box 2393  
Oklahoma City, OK 73101-2393

### Hearing Aid Benefits:

NationsHearing  
1-877-241-4736 (toll-free)

### 24/7 Nurse Help Line:

CareNet  
1-800-554-9371 (toll-free)  
711 (TTY)

### 24/7 GlobalHealth Compliance Recorded Hotline:

1-877-627-0004 (toll-free)  
[compliance@globalhealth.com](mailto:compliance@globalhealth.com)  
[privacy@globalhealth.com](mailto:privacy@globalhealth.com)

### Behavioral

#### Health/Telehealth:

Carelon Behavioral Health  
1-888-434-9204 (Monday – Friday, 7 am – 5 pm Central)  
711 (TTY)

#### Behavioral Health Appeals and Grievances:

Carelon Behavioral Health  
PO Box 1851  
Hicksville, NY 11802-1851

#### Mail Claims to:

Carelon Behavioral Health  
Claims Processing Center  
PO Box 1850  
Hicksville, NY 11802-1850

### Pharmacy Benefits Manager:

CVS/Caremark  
Customer Service  
1-800-424-1789 (toll-free)  
711 (TTY)

#### Specialty Drug Prior Authorizations:

1-866-814-5506 (toll-free)  
1-866-249-6155 (fax)

#### Non-specialty Drug Prior Authorizations:

1-800-294-5979 (toll-free)  
1-888-836-0730 (fax)

#### Mail Claims to:

CVS Caremark  
PO Box 52136  
Phoenix, AZ 85072-2136

#### Prescription Drug Grievances:

1-877-280-5600 (toll-free)  
GlobalHealth Pharmacy Exceptions Department  
PO Box 2393  
Oklahoma City, OK 73101-2393

#### Specialty Drug Appeals:

CVS Caremark Specialty Appeals Department  
800 Bierman Court  
Mount Prospect, IL 60056

#### Non-specialty Drug Appeals:

Prescription Claim Appeals MC 109  
CVS Caremark  
PO Box 52084  
Phoenix, AZ 85072

### Mail Order Pharmacy:

CVS Caremark  
PO Box 659541  
San Antonio, TX 78265-9541

## PREVENTIVE CARE INDEX

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These drugs are available with no Cost-share to you. Drugs listed are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF) in conjunction with the recommendations of Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). Recommendations, ages, and populations may vary.

This list is subject to change as ACA guidelines are updated or modified.

### Immunizations

Covered immunizations include those that are routine vaccines recommended by the CDC and that meet the FDA approved indications for age and/or gender limitations. Coverage also includes non-routine immunizations as designated by the CDC.

## THERAPEUTIC CLASS INDEX

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Tier 4\* drugs in the table below are non-preferred specialty medications. You will pay the higher Cost-share for drugs shown below in Tier 4\*.

### Key

ACA: Affordable Care Act. Those drugs and products available at no Cost-share to the Member because they are part of Preventive Care.

DME: Durable Medical Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the Durable Medical Equipment Cost-share shown in your *Member Handbook*.

DS: Diabetic Supplies. Diabetic supplies that may be purchased at a pharmacy. You pay the diabetic supplies Cost-share shown in your *Member Handbook*.

OC: Oral Chemotherapy. You will not pay more than \$100 per prescription fill, regardless of the cost of the Tier.

OTC: Over-the-Counter. You can get these drugs at no cost (if ACA is also indicated) or at your Plan's lowest Cost-share amount (if LCG is also indicated). Otherwise, you will pay the preferred generic Cost-share amount. Your doctor must prescribe them. Present your prescription and Member ID card to the pharmacist.

PA: Prior Authorization. GlobalHealth requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QLL: Quantity Limit. For certain drugs, GlobalHealth limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, GlobalHealth requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

\*Indicates single source brand product. \*\*Indicates multi-source brand product

## GlobalHealth Formulary Effective 02/01/2025

Drug Name	Drug Tier	Requirements/Limits
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### ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

#### AMPHETAMINES

<i>amphetamine sulfate tabs 5mg, 10mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA, QL, AGE
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL, AGE
DEXEDRINE CP24 10MG, 15MG	3	PA, QL, AGE
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA, QL, AGE
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	PA, QL, AGE
<i>methamphetamine hcl tabs 5mg</i>	1	PA, QL, AGE

#### ANALEPTICS

<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	1	
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#### ANOREXIANTS NON-AMPHETAMINE

<i>benzphetamine hcl tabs 50mg</i>	1	PA, QL
<i>diethylpropion hcl tabs 25mg; tb24 75mg</i>	1	PA, QL
<i>phendimetrazine tartrate tabs 35mg</i>	1	PA, QL
<i>phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 37.5mg</i>	1	PA, QL
QSYMIA CAP 3.75-23	2	PA, QL
QSYMIA CAP 7.5-46MG	2	PA, QL
QSYMIA CAP 11.25-69	2	PA, QL
QSYMIA CAP 15-92MG	2	PA, QL



Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-OBESITY AGENTS</b>		
<i>orlistat caps 120mg</i>	1	PA, QL
SAXENDA SOPN 18MG/3ML	2	PA, QL
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	2	PA, QL
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA, QL
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	PA, QL, AGE
<i>clonidine hcl (adhd) tb12 .1mg</i>	1	ST, PA
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	ST, PA
QELBREE CP24 100MG, 150MG, 200MG	2	PA, QL, AGE
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	3	PA, QL, AGE
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TABS 75MG, 150MG	2	PA, QL
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TABS 4.45MG, 17.8MG	4	PA, QL
<b>STIMULANTS - MISC.</b>		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA, QL
AZSTARYS CAP 26.1-5.2	2	PA, QL, AGE
AZSTARYS CAP 39.2-7.8	2	PA, QL, AGE
AZSTARYS CAP 52.3-10.	2	PA, QL, AGE
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg; tabs 2.5mg, 5mg, 10mg</i>	1	PA, QL, AGE
FOCALIN TABS 2.5MG, 5MG, 10MG	3	PA, QL, AGE
METHYLIN SOLN 5MG/5ML, 10MG/5ML	3	PA, QL, AGE
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	PA, QL, AGE
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tb24 18mg, 27mg, 36mg, 54mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg, 72mg</i>	1	PA, QL, AGE
<i>modafinil tabs 100mg, 200mg</i>	1	PA, QL
RITALIN TABS 5MG, 10MG, 20MG	3	PA, QL, AGE
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SUBL 2800BAU	4	PA, QL
ORALAIR SUB 300 IR	4	PA, QL
RAGWITEK SUBL 12AMBA1-U	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>streptomycin sulfate solr 1gm</i>	1	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	4	PA, QL
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; solr 1.2gm</i>	1	
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL
HYRIMOZ CROHN'S DISEASE A SOAJ 80MG/0.8ML	4	PA, QL
HYRIMOZ PEDIATRIC CROHNS SOSY 80MG/0.8ML	4	PA, QL
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL
HYRIMOZ-PED INJ CROHNS	4	PA, QL
HYRIMOZ-PLAQ INJ PSOR/UVE	4	PA, QL
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL
SIMPONI ARIA SOLN 50MG/4ML	4	PA, QL
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ TB24 15MG, 30MG, 45MG	4	PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	4	PA, QL
XELJANZ XR TB24 11MG, 22MG	4	PA, QL
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	4	PA, QL
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	4	PA, QL
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sod dr tab 75 mg &amp; capsaicin cr 0.025% ther pack</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>flurbiprofen tabs 50mg, 100mg</i>	1	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg; supp 50mg; susp 25mg/5ml</i>	1	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>	1	
<i>meclofenamate sodium caps 50mg, 100mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml; tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	1	
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>oxaprozin caps 300mg; tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>OTEZLA TABS 30MG</i>	4	PA, QL
<i>OTEZLA TAB 10/20/30</i>	4	PA, QL
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tabs 10mg, 20mg</i>	1	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
<i>ORENCIA SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML</i>	4	PA, QL
<i>ORENCIA CLICKJECT SOAJ 125MG/ML</i>	4	PA, QL
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
<i>ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML</i>	4	PA, QL
<i>ENBREL MINI SOCT 50MG/ML</i>	4	PA, QL
<i>ENBREL SURECLICK SOAJ 50MG/ML</i>	4	PA, QL
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL
<b>SALICYLATES</b>		
<i>diflunisal tabs 500mg</i>	1	
<i>salsalate tabs 500mg, 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>codeine sulfate tabs 30mg</i>	1	PA, QL
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	PA, QL
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; soln 50mcg/ml, 100mcg/2ml, 250mcg/5ml, 500mcg/10ml, 1000mcg/20ml, 2500mcg/50ml; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA, QL
<i>fentanyl citrate sosy 50mcg/ml, 100mcg/2ml</i>	1	
<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	1	PA, QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg, 32mg</i>	1	PA, QL
<i>hydromorphone hcl soln .2mg/ml, 1mg/ml, 2mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml</i>	1	
<i>meperidine hcl soln 25mg/ml, 50mg/ml, 100mg/ml</i>	1	
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	1	PA, QL
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg</i>	1	PA, QL
<i>methadone hcl tbso 40mg</i>	1	QL
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; tabs 15mg, 30mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	PA, QL
<i>morphine sulfate soln .5mg/ml, 1mg/ml</i>	1	
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1	PA, QL
<i>morphine sulfate for continuous microinfusion soln 10mg/ml, 25mg/ml</i>	1	
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; t12a 10mg, 20mg, 40mg, 80mg; taba 5mg, 15mg, 30mg; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	PA, QL
<i>oxymorphone hcl tabs 5mg, 10mg</i>	1	PA, QL
<i>tramadol hcl soln 5mg/ml; tabs 50mg; tb24 100mg, 200mg, 300mg</i>	1	PA, QL
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	2	PA, QL
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA, QL
<i>buprenorphine hcl soln .3mg/ml</i>	1	QL
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	PA, QL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA, QL
ZUBSOLV SUB 0.7-0.18	2	QL

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 1.4-0.36	2	QL
ZUBSOLV SUB 2.9-0.71	2	QL
ZUBSOLV SUB 5.7-1.4	2	QL
ZUBSOLV SUB 8.6-2.1	2	QL
ZUBSOLV SUB 11.4-2.9	2	QL

## ANDROGENS-ANABOLIC

### ANABOLIC STEROIDS

<i>oxandrolone tabs 2.5mg, 10mg</i>	1	
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### ANDROGENS

<i>danazol caps 50mg, 100mg, 200mg</i>	1	
<i>methyltestosterone caps 10mg; tabs 10mg</i>	1	
NATESTO GEL 5.5MG/ACT	2	PA
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	1	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA
XYOSTED SOAJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	2	PA

## ANORECTAL AND RELATED PRODUCTS

### INTRARECTAL STEROIDS

<i>budesonide (intrarectal) foam 2mg</i>	1	
CORTIFOAM FOAM 10%	2	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	1	

### RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	1	
PROCTOFOAM AER HC 1%	2	

### RECTAL STEROIDS

<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	1	
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### VASODILATING AGENTS

<i>nitroglycerin (intra-anal) oint .4%</i>	1	
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## ANTHELMINTICS

### ANTHELMINTICS

<i>albendazole tabs 200mg</i>	1	
EMVERM CHEW 100MG	2	
<i>ivermectin tabs 3mg</i>	1	PA, QL
<i>praziquantel tabs 600mg</i>	1	
STROMECTOL TABS 3MG	3	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>bacitracin solr 50000unit</i>	1	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	
<i>tinidazole tabs 250mg, 500mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
XIFAXAN TABS 550MG	2	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i>	1	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750mg/5ml</i>	1	
<i>nitazoxanide tabs 500mg</i>	1	
<b>CARBAPENEMS</b>		
<i>ertapenem sodium solr 1gm</i>	1	
<b>GLYCOPEPTIDES</b>		
<i>vancomycin hcl caps 125mg, 250mg; solr 25mg/ml, 50mg/ml</i>	1	
<b>LEPROSTATICS</b>		
<i>dapsone tabs 25mg, 100mg</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
<i>clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>lincomycin hcl soln 300mg/ml</i>	1	
<b>MONOBACTAMS</b>		
<i>aztreonam solr 1gm, 2gm</i>	1	
<b>OXAZOLIDINONES</b>		
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	
<b>POLYMYXINS</b>		
<i>colistimethate sodium solr 150mg</i>	1	
<i>polymyxin b sulfate solr 500000unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine pack 3gm</i>	1	
<i>methenamine hippurate tabs 1gm</i>	1	
<i>methenamine mandelate tabs .5gm, 1gm</i>	1	
<i>nitrofurantoin susp 25mg/5ml, 50mg/10ml</i>	1	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tb12 500mg, 1000mg</i>	1	
<b>NITRATES</b>		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
<b>NITROLINGUAL SOLN .4MG/SPRAY</b>	3	
<b>NITROSTAT SUBL .3MG, .4MG, .6MG</b>	3	
<b>ANTIANGIETY AGENTS</b>		
<b>ANTIANGIETY AGENTS - MISC.</b>		
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	1	
<i>droperidol soln 2.5mg/ml</i>	1	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	
<i>meprobamate tabs 200mg, 400mg</i>	1	
<b>BENZODIAZEPINES</b>		
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tb24 .5mg, 1mg, 2mg, 3mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	1	
<i>diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml, 10mg/2ml; tabs 2mg, 5mg, 10mg</i>	1	
<i>lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1	
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate caps 100mg, 150mg</i>	1	
<i>procainamide hcl soln 100mg/ml, 500mg/ml</i>	1	
<i>quinidine gluconate tbc 324mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	1	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	4	PA, QL
MULTAQ TABS 400MG	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA SOSY 30MG/ML	4	PA, QL
FASENRA PEN SOAJ 30MG/ML	4	PA, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	4	PA, QL
TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML	4	PA, QL
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	4	PA, QL
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<i>ipratropium bromide soln .02%</i>	1	QL
SPIRIVA HANDIHALER CAPS 18MCG	2	QL
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL
YUPELRI SOLN 175MCG/3ML	2	QL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
<b>STEROID INHALANTS</b>		
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	QL
PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML	3	QL
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	2	QL
<b>SYMPATHOMIMETICS</b>		
AIRSUPRA AER 90-80MCG	2	QL
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .5%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	1	
ANORO ELLIPTA AER 62.5-25	2	QL
<i>arformoterol tartrate nebu 15mcg/2ml</i>	1	QL
BREO ELLIPTA INH 50-25MCG	2	QL
BREO ELLIPTA INH 100-25	2	QL
BREO ELLIPTA INH 200-25	2	QL
BREZTRI AERO AER SPHERE	2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL
<i>formoterol fumarate nebu 20mcg/2ml</i>	1	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL
<i>isoproterenol hcl soln .2mg/ml</i>	1	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	1	QL
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL
STIOLTO AER 2.5-2.5	2	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1	
TRELEGY AER 100MCG	2	QL
TRELEGY AER 200MCG	2	QL

#### **XANTHINES**

<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</i>	1	
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#### **ANTICOAGULANTS**

##### **COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
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##### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS TABS 2.5MG, 5MG	2	
ELIQUIS STARTER PACK TBPK 5MG	2	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	
XARELTO STAR TAB 15/20MG	2	

##### **HEPARINS AND HEPARINOID-LIKE AGENTS**

<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
<b>THROMBIN INHIBITORS</b>		
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	1	
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg	1	
DIASTAT ACUDIAL GEL 10MG, 20MG	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	1	
NAYZILAM SOLN 5MG/0.1ML	2	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	2	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	2	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	2	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	2	
<b>ANTICONVULSANTS - MISC.</b>		
APTOM TABS 200MG, 400MG, 600MG, 800MG	2	
BRIVIACT SOLN 10MG/ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	2	
carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml, 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100MG, 200MG, 300MG	3	
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml, 300mg/6ml; tabs 600mg, 800mg	1	
lacosamide soln 10mg/ml, 50mg/5ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lacosamide tab 50 mg	1	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i>	1	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	
MYSOLINE TABS 50MG, 250MG	3	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	3	
<i>oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg; tb24 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150MG, 300MG, 600MG	2	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	
<i>primidone tabs 50mg, 250mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
<b>CARBAMATES</b>		
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	1	
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>vigabatrin pack 500mg</i>	4	PA
<i>vigabatrin pack 500mg; tabs 500mg</i>	4	PA, QL
<b>HYDANTOINS</b>		
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1	
<i>phenytoin chew 50mg; susp 100mg/4ml, 125mg/5ml</i>	1	
<i>phenytoin sodium soln 50mg/ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
<i>methsuximide caps 300mg</i>	1	
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	3	
<b>VALPROIC ACID</b>		
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	
<i>valproate sodium soln 100mg/ml, 250mg/5ml, 500mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid caps 250mg</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	
REMERON TABS 15MG, 30MG	3	
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	3	
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	3	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE CAPS 20MG, 25MG, 30MG	4	PA
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA TABS 10MG, 20MG, 40MG	3	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 10mg, 20mg</i>	1	
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	
<i>paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
TRINTELLIX TABS 5MG, 10MG, 20MG	2	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	1	
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 225mg</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
PAMELOR CAPS 10MG, 25MG, 50MG	3	
<i>protriptyline hcl tabs 5mg, 10mg</i>	1	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	1	

## ANTIDIABETICS

### ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	

### ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500MCG/1.5ML	2	ST, PA
SYMLINPEN 120 SOPN 2700MCG/2.7ML	2	ST, PA

### ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	ST, PA
GLYXAMBI TAB 25-5 MG	2	ST, PA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	
SOLIQUA INJ 100/33	2	ST, PA
SYNJARDY TAB	2	ST, PA
SYNJARDY TAB 5-500MG	2	ST, PA
SYNJARDY TAB 5-1000MG	2	ST, PA
SYNJARDY TAB 12.5-500	2	ST, PA
SYNJARDY XR TAB	2	ST, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 5-1000MG	2	ST, PA
SYNJARDY XR TAB 10-1000	2	ST, PA
SYNJARDY XR TAB 25-1000	2	ST, PA
TRIJARDY XR TAB	2	ST, PA
XIGDUO XR TAB 2.5-1000	2	ST, PA
XIGDUO XR TAB 5-500MG	2	ST, PA
XIGDUO XR TAB 5-1000MG	2	ST, PA
XIGDUO XR TAB 10-500MG	2	ST, PA
XIGDUO XR TAB 10-1000	2	ST, PA
XULTOPHY INJ 100/3.6	2	ST, PA
ZITUVIMET TAB 50-500MG	2	
ZITUVIMET TAB 50-1000	2	
ZITUVIMET XR TAB 50-500MG	2	
ZITUVIMET XR TAB 50-1000	2	
ZITUVIMET XR TAB 100-1000	2	
<b>BIGUANIDES</b>		
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK POWD 3MG/DOSE	2	
BAQSIMI TWO PACK POWD 3MG/DOSE	2	
<i>diazoxide susp 50mg/ml</i>	1	
<i>glucagon (rdna) kit 1mg</i>	1	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML	2	
<i>mifepristone (hyperglycemia) tabs 300mg</i>	4	PA
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	1	
ZITUVIO TABS 25MG, 50MG, 100MG	2	
<b>INCRETIN MIMETIC AGENTS</b>		
<i>liraglutide sopn 18mg/3ml</i>	1	ST, PA, QL
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	ST, PA, QL
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	ST, PA, QL
RYBELSUS TABS 3MG, 7MG, 14MG	2	ST, PA, QL
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
<b>INSULIN</b>		
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
LANTUS SOLN 100UNIT/ML	2	
LANTUS SOLOSTAR SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N SUSP 100UNIT/ML	2	
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	
NOVOLIN R SOLN 100UNIT/ML	2	
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG SOLN 100UNIT/ML	2	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100UNIT/ML	2	
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	2	
TOUJEO SOLOSTAR SOPN 300UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML	2	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TABS 5MG, 10MG	2	ST, PA
JARDIANCE TABS 10MG, 25MG	2	ST, PA
<b>SULFONYLUREAS</b>		
AMARYL TABS 1MG, 2MG, 4MG	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl caps 2mg</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	4	PA, QL
<i>deferiprone tabs 500mg, 1000mg</i>	4	PA, QL
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<i>deferoxamine mesylate solr 2gm, 500mg</i>	4	PA, QL
VISTOGARD PACK 10GM	4	PA, QL
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl liqd 4mg/0.1ml; soln .4mg/ml, 4mg/10ml</i>	1	PA, QL
<i>naloxone hcl soct .4mg/ml; sosal .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	1	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl soln 1mg/ml; tabs 1mg</i>	1	QL
<i>ondansetron tbdp 4mg, 8mg</i>	1	QL
<i>ondansetron hcl soln 4mg/2ml</i>	1	
<i>ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosal 4mg/2ml; tabs 4mg, 8mg, 24mg</i>	1	QL
<i>palonosetron hcl soln .25mg/5ml</i>	1	QL
SANCUSO PTCH 3.1MG/24HR	2	QL
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	1	
<i>scopolamine pt72 1mg/3days</i>	1	
<i>trimethobenzamide hcl caps 300mg</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	QL
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	1	QL
MARINOL CAPS 2.5MG, 5MG, 10MG	3	QL
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant caps 40mg, 80mg, 125mg</i>	1	QL
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL
<i>fosaprepitant dimeglumine solr 150mg</i>	1	QL
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine caps 250mg</i>	1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	PA, QL
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 100MG, 150MG, 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
itraconazole caps 100mg; soln 10mg/ml	1	PA, QL
ketoconazole tabs 200mg	1	PA, QL
posaconazole soln 300mg/16.7ml	1	PA
posaconazole susp 40mg/ml	1	PA, QL
voriconazole solr 200mg	1	PA
voriconazole susr 40mg/ml; tabs 50mg, 200mg	1	PA, QL

## ANTI-HISTAMINES

### ANTI-HISTAMINES - ETHANOLAMINES

carbinoxamine maleate soln 4mg/5ml; suer 4mg/5ml; tabs 4mg	1	
clemastine fumarate syrup .67mg/5ml; tabs 2.68mg	1	
diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml	1	

### ANTI-HISTAMINES - NON-SEDATING

cetirizine hcl soln 1mg/ml	1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1	

### ANTI-HISTAMINES - PHENOTHIAZINES

promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg	1	
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### ANTI-HISTAMINES - PIPERIDINES

cyproheptadine hcl syrup 2mg/5ml; tabs 4mg	1	
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## ANTIHYPERLIPIDEMICS

### ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

NEXLETOL TABS 180MG	2	
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### ANTIHYPERLIPIDEMICS - COMBINATIONS

ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	

### ANTIHYPERLIPIDEMICS - MISC.

icosapent ethyl caps .5gm, 1gm	1	
omega-3-acid ethyl esters cap 1 gm	1	

### BILE ACID SEQUESTRANTS

cholestyramine pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	
colesevelam hcl pack 3.75gm; tabs 625mg	1	

Drug Name	Drug Tier	Requirements/Limits
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	3	
COLESTID FLAVORED GRAN 5GM; PACK 5GM/7.5GM	3	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	3	
QUESTRAN LIGHT POWD 4GM/DOSE	3	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1	
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	1	
<i>fenofibric acid tabs 35mg, 105mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LOPID TABS 600MG	3	
TRILIPIX CPDR 45MG, 135MG	3	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	AGE
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	1	AGE
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	AGE
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	1	AGE
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	AGE
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	AGE
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	AGE
<i>simvastatin tabs 80mg</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	3	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tabs 10mg</i>	1	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
REPATHA SOSY 140MG/ML	4	QL
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	4	QL
REPATHA SURECLICK SOAJ 140MG/ML	4	QL
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	3	
ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG	3	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
LOTENSIN TABS 10MG, 20MG, 40MG	3	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	3	

#### **AGENTS FOR PHEOCHROMOCYTOMA**

<i>metirosine caps 250mg</i>	4	PA
<i>phenoxybenzamine hcl caps 10mg</i>	1	
<i>phentolamine mesylate solr 5mg</i>	1	

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan soln 4mg/ml; tabs 40mg, 80mg, 160mg, 320mg</i>	1	

#### **ANTIADRENERGIC ANTIHYPERTENSIVES**

CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr; tb24 .17mg</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	

#### **ANTIHYPERTENSIVE COMBINATIONS**

ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TEKURNA HCT TAB 150-12.5	2	
TEKURNA HCT TAB 300-12.5	2	
TEKURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tabs 25mg, 50mg</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	1	
<i>quinine sulfate caps 324mg</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>bendamustine hcl solr 25mg, 100mg</i>	4	PA, QL
<i>cyclophosphamide caps 25mg, 50mg; solr 1gm, 2gm, 500mg</i>	4	
<i>melphalan tabs 2mg</i>	1	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	PA, QL
<i>thiotepa solr 15mg, 100mg</i>	1	
<b>ANTIMETABOLITES</b>		
<i>azacitidine susr 100mg</i>	4	PA, QL
<i>capecitabine tabs 150mg, 500mg</i>	4	PA, QL
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1	
<i>decitabine solr 50mg</i>	4	PA, QL
<i>floxuridine solr .5gm</i>	1	
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml; solr 1gm; tabs 2.5mg</i>	1	
<i>pralatrexate soln 20mg/ml, 40mg/2ml</i>	4	PA, QL
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TABS 1MG, 5MG	4	PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4MG	4	PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	PA, QL
LENVIMA CAP 14 MG	4	PA, QL
LENVIMA CAP 18 MG	4	PA, QL
LENVIMA CAP 24 MG	4	PA, QL
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	4	PA, QL
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
KANJINTI SOLR 150MG, 420MG	4	PA
PERJETA SOLN 420MG/14ML	4	PA, QL
TRAZIMERA SOLR 150MG, 420MG	4	PA, QL
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	4	PA, QL
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	4	PA, QL
<i>gefitinib tabs 250mg</i>	4	PA, QL
TAGRISSO TABS 40MG, 80MG	4	PA, QL
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAPS 150MG	4	PA, QL
ODOMZO CAPS 200MG	4	PA, QL
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tabs 250mg, 500mg</i>	4	PA, QL



Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tabs 1mg</i>	1	AGE
<i>bicalutamide tabs 50mg</i>	1	
CASODEX TABS 50MG	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	PA, QL
ERLEADA TABS 60MG, 240MG	4	PA, QL
<i>exemestane tabs 25mg</i>	1	AGE
<i>fulvestrant sosy 250mg/5ml</i>	1	PA
<i>hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml</i>	1	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA, QL
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	1	
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300MG	4	PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	AGE
<i>toremifene citrate tabs 60mg</i>	1	
XTANDI CAPS 40MG; TABS 40MG, 80MG	4	PA, QL
YONSA TABS 125MG	4	PA, QL
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
<i>bleomycin sulfate solr 15unit, 30unit</i>	1	
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI 200 PAK FEMARA	4	PA, QL
KISQALI 400 PAK FEMARA	4	PA, QL
KISQALI 600 PAK FEMARA	4	PA, QL
LONSURF TAB 15-6.14	4	PA, QL
LONSURF TAB 20-8.19	4	PA, QL
PHESGO SOL	4	PA, QL
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA CAPS 150MG	4	PA, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	4	PA, QL
ALUNBRIG PAK	4	PA, QL
AUGTYRO CAPS 40MG	4	PA, QL
<i>bortezomib solr 3.5mg</i>	4	PA, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	4	PA, QL
BRAFTOVI CAPS 75MG	4	PA, QL
BRUKINSA CAPS 80MG	4	PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	4	PA, QL
CALQUENCE TABS 100MG	4	PA, QL
COPIKTRA CAPS 15MG, 25MG	4	PA, QL
COTELLIC TABS 20MG	4	PA, QL
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	4	PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
GAVRETO CAPS 100MG	4	PA, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	4	PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	4	PA, QL
KISQALI TBPK 200MG	4	PA, QL
KOSELUGO CAPS 10MG, 25MG	4	PA, QL
KRAZATI TABS 200MG	4	PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL
LUMAKRAS TABS 120MG, 320MG	4	PA, QL
LYNPARZA TABS 100MG, 150MG	4	PA, QL
MEKTOVI TABS 15MG	4	PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	4	PA, QL
<i>pazopanib hcl tabs 200mg</i>	4	PA, QL
RETEVMO CAPS 40MG, 80MG; TABS 40MG, 80MG, 120MG, 160MG	4	PA, QL
<i>romidepsin solr 10mg</i>	4	PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	4	PA, QL
RYDAPT CAPS 25MG	4	PA, QL
<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	4	PA, QL
STIVARGA TABS 40MG	4	PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL
<i>temsirolimus soln 25mg/ml</i>	4	PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	4	PA, QL
XOSPATA TABS 40MG	4	PA, QL
ZEJULA CAPS 100MG; TABS 100MG, 200MG, 300MG	4	PA, QL
ZELBORAF TABS 240MG	4	PA, QL
ZYDELIG TABS 100MG, 150MG	4	PA, QL
ZYKADIA TABS 150MG	4	PA, QL
<b>ANTINEOPLASTICS MISC.</b>		
BESREMI SOSY 500MCG/ML	4	PA, QL
<i>bexarotene caps 75mg</i>	4	PA, QL
<i>hydroxyurea caps 500mg</i>	1	
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium soln 100mg/10ml, 500mg/50ml; solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1	
<i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg</i>	4	PA, QL
<b>MITOTIC INHIBITORS</b>		
<i>eribulin mesylate soln 1mg/2ml</i>	4	PA, QL
<i>etoposide caps 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa tabs 25mg</i>	1	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
COMTAN TABS 200MG	3	
<i>entacapone tabs 200mg</i>	1	
<i>tolcapone tabs 100mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	4	PA, QL
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DHIVY TAB 25-100MG	3	
INBRIJA CAPS 42MG	4	PA, QL
KYNMOBI FILM 10MG, 15MG, 20MG, 25MG, 30MG	4	PA, QL
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
PARLODEL CAPS 5MG; TABS 2.5MG	3	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	

#### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>rasagiline mesylate tabs .5mg, 1mg</i>	1	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	

#### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

##### **ANTIMANIC AGENTS**

<i>lithium soln 8meq/5ml</i>	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	

##### **ANTIPSYCHOTICS - MISC.**

<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	2	
VRAYLAR CAP 1.5-3MG	2	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	
<i>ziprasidone mesylate solr 20mg</i>	1	

##### **BENZISOXAZOLES**

<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	1	
PERSERIS PRSY 90MG, 120MG	2	
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	1	

##### **BUTYROPHENONES**

<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1	

##### **DIBENZAPINES**

<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	1	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	3	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	3	
ZYPREXA TABS 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	3	
ZYPREXA ZYDIS TBDP 5MG, 10MG, 15MG, 20MG	3	
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	1	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>fluphenazine decanoate soln 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>prochlorperazine edisylate soln 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	1	
<b>THIOXANTHENES</b>		
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>formaldehyde soln 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	1	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
APRETUDE SUER 600MG/3ML	4	PA
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	1	
BIKTARVY TAB	4	
CABENUVA SUS 400-600	4	PA

Drug Name	Drug Tier	Requirements/Limits
CABENUVA SUS 600-900	4	PA
CIMDUO TAB 300-300	4	
<i>darunavir tabs 600mg, 800mg</i>	1	
DESCOVY TAB 120-15MG	4	
DESCOVY TAB 200/25MG	4	
DOVATO TAB 50-300MG	4	
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	1	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	
<i>emtricitabine caps 200mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	
<i>etravirine tabs 100mg, 200mg</i>	1	
<i>fosamprenavir calcium tabs 700mg</i>	1	
GENVOYA TAB	4	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	4	PA, QL
ISENTRESS HD TABS 600MG	4	PA, QL
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	1	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	
<i>maraviroc tabs 150mg, 300mg</i>	1	
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	1	
ODEFSEY TAB	4	
<i>ritonavir tabs 100mg</i>	1	
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	
SYMTUZA TAB	4	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	
TIVICAY TABS 10MG, 25MG, 50MG	4	PA, QL
TIVICAY PD TBSO 5MG	4	PA, QL
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	4	
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100	2	
PAXLOVID TAB 300-100	2	
<b>CMV AGENTS</b>		
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	1	
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tabs 10mg</i>	1	
<i>entecavir tabs .5mg, 1mg</i>	1	
EPCLUSA PAK 150-37.5	4	PA, QL
EPCLUSA PAK 200-50MG	4	PA, QL
EPCLUSA TAB 200-50MG	4	PA, QL
EPCLUSA TAB 400-100	4	PA, QL
HARVONI PAK	4	PA, QL
HARVONI PAK 45-200MG	4	PA, QL
HARVONI TAB 45-200MG	4	PA, QL
HARVONI TAB 90-400MG	4	PA, QL
<i>lamivudine (hbv) tabs 100mg</i>	1	
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	4	PA, QL
VEMLIDY TABS 25MG	4	
VOSEVI TAB	4	PA, QL
<b>HERPES AGENTS</b>		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	1	PA, QL
RELENZA DISKHALER AEPB 5MG/BLISTER	2	PA, QL
<i>rimantadine hydrochloride tabs 100mg</i>	1	
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	3	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
CORGARD TABS 20MG, 40MG	3	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	1	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	1	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	
CALAN SR TBCR 180MG	3	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine caps 2.5mg, 5mg</i>	1	
<i>levamlodipine maleate tabs 2.5mg, 5mg</i>	1	
<i>nicardipine hcl caps 20mg, 30mg</i>	1	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine caps 30mg</i>	1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	
PROCARDIA XL TB24 30MG, 60MG, 90MG	3	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin soln .05mg/ml, .25mg/ml; tabs .062mg, 125mcg, 250mcg</i>	1	
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOPLEGIC SOLUTIONS</b>		
<i>cardioplegic soln</i>	1	
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	PA
ENTRESTO CAP 15-16MG	2	PA
ENTRESTO TAB 24-26MG	2	PA
ENTRESTO TAB 49-51MG	2	PA
ENTRESTO TAB 97-103MG	2	PA
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<b>IMPOTENCE AGENTS</b>		
<i>tadalafil tabs 2.5mg, 5mg</i>	1	ST, PA, QL
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA, QL
ORENITRAM TAB MONTH 1	4	PA, QL
ORENITRAM TAB MONTH 2	4	PA, QL
ORENITRAM TAB MONTH 3	4	PA, QL
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	PA, QL
TYVASO SOLN .6MG/ML	4	PA, QL
TYVASO DPI INSTITUTIONAL POWD 16MCG, 32MCG, 48MCG, 64MCG	4	PA, QL
TYVASO DPI POW 16-32-48	4	PA, QL
TYVASO DPI POW 16-32MCG	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 32-48MCG	4	PA, QL
TYVASO REFILL KIT SOLN .6MG/ML	4	PA, QL
TYVASO STARTER KIT SOLN .6MG/ML	4	PA, QL
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA, QL
<i>bosentan tabs 62.5mg, 125mg</i>	4	PA, QL
OPSUMIT TABS 10MG	4	PA, QL
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	4	PA, QL
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	4	PA, QL
TADLIQ SUSP 20MG/5ML	4	PA, QL
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI SOLR 1800MCG	4	PA
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA, QL
UPTRAVI PACK TAB 200/800	4	PA, QL
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	4	PA, QL
<b>SINUS NODE INHIBITORS</b>		
CORLANOR TABS 5MG, 7.5MG	2	
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	1	
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TABS 2.5MG, 5MG, 10MG	2	
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefazolin sodium solr 1gm, 2gm, 3gm, 10gm, 500mg</i>	1	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefotetan disodium solr 1gm, 2gm</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
<i>cefuroxime sodium solr 750mg</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
<i>ceftazidime solr 1gm, 6gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	1	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl solr 1gm</i>	1	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	1	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	1	
LO LOESTRIN TAB 1-10-10	2	
LOSEASONIQUE TAB	3	
MIRCETTE TAB 28 DAY	3	
NATAZIA TAB	2	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	1	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	1	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS	2	QL
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	1	QL
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG	4	QL
MIRENA IUD 20MCG/DAY	4	QL
SKYLA IUD 13.5MG	4	QL
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone (contraceptive) tabs .35mg</i>	1	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide cpep 3mg</i>	1	
CORTEF TABS 5MG, 10MG, 20MG	3	
<i>deflazacort susp 22.75mg/ml</i>	4	PA
<i>deflazacort tabs 6mg, 18mg, 30mg, 36mg</i>	4	PA
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml, 10mg/ml</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
<i>hydrocortisone sod succinate solr 100mg</i>	1	
MEDROL TABS 2MG, 4MG, 8MG, 16MG	3	
MEDROL DOSEPAK TBPk 4MG	3	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg</i>	1	
PEDIAPRED SOLN 6.7MG/5ML	3	
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml, 6.7mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
<i>triamcinolone acetate susp 40mg/ml, 400mg/10ml</i>	1	
UCERIS TB24 9MG	2	

### **MINERALOCORTICIDS**

<i>fludrocortisone acetate tabs .1mg</i>	1	
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### **COUGH/COLD/ALLERGY**

#### **ANTITUSSIVES**

<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL

#### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	1	QL
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	QL
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<b>EXPECTORANTS</b>		
<i>potassium iodide (expectorant) soln 1gm/ml</i>	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine soln 10%, 20%</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene crea .1%; gel .1%, .3%</i>	1	PA, QL, AGE
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CREA .005%	2	PA, AGE
BENZAC AC WASH LIQD 5%	3	
BENZAMYCIN GEL 5-3%	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%; soln 1%; swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA, AGE
<i>dapsone (topical) gel 5%, 7.5%</i>	1	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
<i>erythromycin (acne aid) gel 2%; pads 2%; soln 2%</i>	1	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1	PA
KLARON LOTN 10%	3	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	PA, QL, AGE
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	1	PA, QL, AGE

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere gel .04%, .08%, .1%</i>	1	PA, QL, AGE
TWYNEO CRE 0.1-3%	2	PA, AGE
WINLEVI CREA 1%	2	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac epolamine ptch 1.3%</i>	1	
<i>diclofenac sodium (topical) gel 1%</i>	1	PA, QL
<i>diclofenac sodium (topical) soln 1.5%</i>	1	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	
<i>mupirocin oint 2%</i>	1	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox gel .77%; sham 1%</i>	1	
<i>ciclopirox soln 8%</i>	1	PA, QL
<i>ciclopirox olamine crea .77%; susp .77%</i>	1	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate crea 1%</i>	1	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	1	
LOPROX SHAMPOO SHAM 1%	3	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl crea 1%, 2%; gel 2%</i>	1	
NAFTIN GEL 1%, 2%	2	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate crea 1%</i>	1	
<i>sulconazole nitrate crea 1%; soln 1%</i>	1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene (topical) gel 1%</i>	4	PA, QL
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	1	
<b>ANTIPSORIATICS</b>		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene oint .005%; soln .005%</i>	1	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL
ILUMYA SOSY 100MG/ML	4	PA, QL
<i>methoxsalen rapid caps 10mg</i>	1	
SKYRIZI SOSY 150MG/ML	4	PA, QL
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL
SOTYKTU TABS 6MG	4	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	4	PA, QL
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	1	PA
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	4	PA, QL
VTAMA CREA 1%	2	
ZORYVE CREA .3%	2	
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotn 2.5%; sham 2.25%, 2.3%</i>	1	
<i>sulfacetamide sodium liqd 10%</i>	1	
ZORYVE FOAM .3%	2	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir topical oint 5%</i>	1	
<i>penciclovir crea 1%</i>	1	
<b>BURN PRODUCTS</b>		
<i>mafenide acetate pack 5%</i>	1	
<i>silver sulfadiazine crea 1%</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>amcinonide lotn .1%</i>	1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; foam .12%; lotn .1%; oint .1%</i>	1	
BRYHALI LOTN .01%	2	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%; soln .05%</i>	1	
<i>clobetasol propionate emollient base crea .05%</i>	1	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .25%</i>	1	
ENSTILAR AER	2	
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	1	
<i>fluocinonide emulsified base crea .05%</i>	1	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halobetasol propionate crea .05%; oint .05%</i>	1	
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%; soln 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>lidocaine-hydrocortisone acetate cream 1-1%</i>	1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednicarbate oint .1%</i>	1	
<i>triamcinolone acet cr 0.1% &amp; dimeth cr 5% &amp; silicone tape</i>	1	
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	1	
<b>ECZEMA AGENTS</b>		
ADBRY SOSY 150MG/ML	4	PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	4	PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	4	PA, QL
OPZELURA CREA 1.5%	2	PA, QL
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea crea 39%, 40%, 41%, 47%</i>	1	
<i>urea in lactic acid vehicle foam 35%</i>	1	
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
DAXXIFY SOLR 100UNIT	4	PA
<b>HAIR GROWTH AGENTS</b>		
LITFULO CAPS 50MG	4	PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod crea 3.75%, 5%</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus crea 1%</i>	1	PA
<i>tacrolimus (topical) oint .03%, .1%</i>	1	PA
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
<i>podofilox gel .5%; soln .5%</i>	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine oint 5%</i>	1	QL
<i>lidocaine ptch 5%</i>	1	PA, QL
<i>lidocaine hcl crea 3%; lotn 3%</i>	1	
<i>lidocaine hcl gel 2%; prsy 2%; soln 4%</i>	1	QL
<i>lidocaine-menthol patch 4-1%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
<b>MISC. TOPICAL</b>		
<i>benzoin compound tincture</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT 2%	2	
ZORYVE CREA .15%	2	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate (topical) gel .33%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FINACEA FOAM 15%	2	
METROCREAM CREA .75%	3	
METROGEL GEL 1%	3	
METROLOTION LOTN .75%	3	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	1	
ORACEA CPDR 40MG	2	
SOOLANTRA CREA 1%	2	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>crotamiton lotn 10%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	1	
<b>SCAR TREATMENT PRODUCTS</b>		
<i>scar treatment products - gel</i>	1	
<b>TAR PRODUCTS</b>		
<i>coal tar extract soln 20%</i>	1	
<b>WOUND CARE PRODUCTS</b>		
<i>silicone patch &amp; vitamin e-silicone liquid kit</i>	1	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
<i>cosyntropin solr .25mg</i>	1	
<i>indigotindisulfonate sodium soln 8mg/ml</i>	1	
<i>isosulfan blue soln 1%</i>	1	
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
<i>ultrasound - gel</i>	1	
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK TES AVIVA PL	2	
ACCU-CHEK TES GUIDE	2	
ACCU-CHEK TES SMART	2	
ONETOUCH TES ULT BLUE	2	
ONETOUCH TES ULTRA	2	
ONETOUCH TES VERIO	2	
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
<i>diatrizoate meglumine &amp; sodium oral soln 66-10%</i>	1	
<i>iopamidol soln 41%, 61%</i>	1	
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
<i>l-methylfolate tabs 7.5mg, 15mg</i>	1	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

## DIURETICS

### CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>acetazolamide sodium solr 500mg</i>	1	
<i>dichlorphenamide tabs 50mg</i>	4	PA, QL
<i>methazolamide tabs 25mg, 50mg</i>	1	

### DIURETIC COMBINATIONS

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	

### LOOP DIURETICS

<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	3	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	

### POTASSIUM SPARING DIURETICS

<i>amiloride hcl tabs 5mg</i>	1	
<i>spironolactone susp 25mg/5ml; tabs 25mg, 50mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	

### THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
ACTONEL TABS 35MG, 150MG	3	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	
ATELVIA TBEC 35MG	3	
<i>calcitonin (salmon) soln 200unit/act, 200unit/ml</i>	1	
FOSAMAX TABS 70MG	3	
<i>ibandronate sodium tabs 150mg</i>	1	
PROLIA SOSY 60MG/ML	4	PA, QL
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	1	
<i>teriparatide sopn 600mcg/2.4ml</i>	4	PA
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL
<i>zoledronic acid conc 4mg/5ml; soln 4mg/100ml, 5mg/100ml</i>	4	PA, QL
<b>FERTILITY REGULATORS</b>		
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	PA, QL
PREGNYL SOLR 10000UNIT	4	PA, QL
<b>GNRH/LHRH ANTAGONISTS</b>		
<i>cetorelix acetate kit .25mg</i>	4	PA
GANIRELIX ACETATE SOSY 250MCG/0.5ML	4	PA, QL
ORILISSA TABS 150MG, 200MG	2	
<b>GROWTH HORMONES</b>		
HUMATROPE CART 6MG, 12MG, 24MG	4	PA, QL
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA, QL
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	4	PA, QL
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA TABS 60MG	3	
<i>raloxifene hcl tabs 60mg</i>	1	AGE
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI KIT 45MG	4	PA, QL
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	4	PA, QL
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	4	PA, QL
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	4	PA, QL
SUPPRELIN LA KIT 50MG	4	PA, QL
TRIPTODUR SRER 22.5MG	4	PA, QL
<b>METABOLIC MODIFIERS</b>		
<i>betaine powder for oral solution</i>	4	PA
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>carglumic acid tbs 200mg</i>	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	4	PA, QL
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	1	
ELFABRIO SOLN 20MG/10ML	4	PA, QL
FABRAZYME SOLR 5MG, 35MG	4	PA, QL
GALAFOLD CAPS 123MG	4	PA, QL
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	1	
NEXVIAZYME SOLR 100MG	4	PA, QL
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	4	PA, QL
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	4	PA, QL
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	1	
PHEBURANE PLLT 483MG/GM	4	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	PA, QL
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	4	PA, QL
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TABS 10MG, 20MG	2	
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone tabs 200mg</i>	1	PA
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tabs .5mg</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
<i>lanreotide acetate soln 120mg/0.5ml</i>	4	PA, QL
<i>octreotide acetate kit 20mg, 30mg; soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml, 1000mcg/ml; soty 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA, QL
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	PA, QL
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan tabs 15mg, 30mg</i>	4	PA, QL
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	2	

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
<b>ESTROGENS</b>		
ESTRACE TABS .5MG, 1MG, 2MG	3	
estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	
estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml	1	
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	3	
ciprofloxacin susr 5gm/100ml, 500mg/5ml	1	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
moxifloxacin hcl tabs 400mg	1	
ofloxacin tabs 300mg, 400mg	1	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
prucalopride succinate tabs 1mg, 2mg	1	PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol caps 300mg; tabs 250mg, 500mg	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
lubiprostone caps 8mcg, 24mcg	1	PA
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide hcl soln 5mg/5ml, 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
REGLAN TABS 5MG, 10MG	3	
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA SOLR 100MG	4	PA, QL
AZULFIDINE TABS 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE EN-TABS TBEC 500MG	3	
<i>balsalazide disodium caps 750mg</i>	1	
<i>mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
REMICADE SOLR 100MG	4	PA, QL
ROWASA KIT 4GM	3	
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOLN 600MG/10ML	4	PA, QL
STELARA SOLN 130MG/26ML	4	PA, QL
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
VELSIPITY TABS 2MG	4	PA, QL
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tabs .5mg, 1mg</i>	1	PA
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	PA
VIBERZI TABS 75MG, 100MG	2	PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan caps 12mg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	PA
SYMPROIC TABS .2MG	2	PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TABS 210MG	2	
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	
<b>GENERAL ANESTHETICS</b>		
<b>ANESTHETICS - MISC.</b>		
<i>ketamine hcl soln 10mg/ml, 50mg/ml, 100mg/ml</i>	1	
<b>BARBITURATE ANESTHETICS</b>		
<i>methohexital sodium solr 500mg</i>	1	
<b>VOLATILE ANESTHETICS</b>		
<i>desflurane inhal soln</i>	1	
<i>isoflurane soln 99.9%</i>	1	
<i>isoflurane inhal soln</i>	1	
<i>sevoflurane inhal soln</i>	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate &amp; citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg, 1080mg</i>	1	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAPS 50MG, 150MG	4	PA, QL
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tb24 10mg</i>	1	
AVODART CAPS .5MG	3	
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
FLOMAX CAPS .4MG	3	
PROSCAR TABS 5MG	3	
<i>silodosin caps 4mg, 8mg</i>	1	
<i>tamsulosin hcl caps .4mg</i>	1	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	1	
<b>URINARY STONE AGENTS</b>		
<i>tiopronin tabs 100mg; tbec 100mg, 300mg</i>	4	PA, QL
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol tabs 100mg, 200mg, 300mg</i>	1	
<i>colchicine tabs .6mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	1	
MITIGARE CAPS .6MG	2	
<b>URICOSURICS</b>		
<i>probenecid tabs 500mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA, QL
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	4	PA, QL
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL
ALTUVIIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA, QL
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL



Drug Name	Drug Tier	Requirements/Limits
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	4	PA, QL
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA, QL
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA, QL
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	4	PA, QL
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	4	PA, QL
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
SEVENFACT SOLR 1MG, 5MG	4	PA, QL
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	4	PA, QL
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA, QL
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate soln 30mg/3ml; sosy 30mg/3ml</i>	4	PA, QL
<b>COMPLEMENT INHIBITORS</b>		
EMPAVELI SOLN 1080MG/20ML	4	PA, QL
RUCONEST SOLR 2100UNIT	4	PA, QL
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tbc 400mg</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO CAPS 110MG, 150MG	4	PA, QL
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	4	PA, QL
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60MG, 90MG	2	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAPS 84MG	4	PA, QL
CEREZYME SOLR 400UNIT	4	PA, QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miglustat caps 100mg</i>	4	PA, QL
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ENDARI PACK 5GM	4	PA, QL
<i>glutamine (sickle cell) pack 5gm</i>	4	PA, QL
SIKLOS TABS 100MG, 1000MG	2	
<b>COBALAMINS</b>		
<i>cyanocobalamin soln 500mcg/0.1ml, 1000mcg/ml</i>	1	
<i>hydroxocobalamin acetate soln 1000mcg/ml</i>	1	
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid soln 5mg/ml; tabs 1mg</i>	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	4	PA, QL
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	PA, QL
DOPTELET TABS 20MG	4	PA, QL
FYLNETRA SOSY 6MG/0.6ML	4	PA, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA, QL
NYVEPRIA SOSY 6MG/0.6ML	4	PA, QL
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA, QL
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	4	PA, QL
<b>HEMATOPOIETIC MIXTURES</b>		
<i>cyanocobalamin-methylcobalamin sl tab 600-600 mcg</i>	1	
<i>fe fum-iron polysacch complex-fa-b cplx-c-zn-mn-cu cap</i>	1	
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	1	
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>	1	
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	1	
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	1	
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>	1	
<b>STEM CELL MOBILIZERS</b>		
<i>plerixafor soln 24mg/1.2ml</i>	4	PA, QL

Drug Name	Drug Tier	Requirements/Limits
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid soln .25gm/ml; tabs 500mg, 1000mg</i>	1	
<i>tranexamic acid tabs 650mg</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>pentobarbital sodium soln 50mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
<i>phenobarbital sodium soln 65mg/ml, 130mg/ml</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
AMBIEN TABS 5MG, 10MG	3	QL
AMBIEN CR TBCR 6.25MG, 12.5MG	3	QL
<i>estazolam tabs 1mg, 2mg</i>	1	QL
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL
<i>midazolam hcl soln 2mg/2ml, 5mg/5ml, 5mg/ml, 10mg/10ml, 10mg/2ml, 25mg/5ml, 50mg/10ml; syrp 2mg/ml</i>	1	
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	3	QL
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL
<i>triazolam tabs .125mg, .25mg</i>	1	QL
<i>zaleplon caps 5mg, 10mg</i>	1	QL
<i>zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg</i>	1	QL
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA, QL
DAYVIGO TABS 5MG, 10MG	2	PA, QL
QUVIVIQ TABS 25MG, 50MG	2	PA, QL
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon tabs 8mg</i>	1	QL
<i>tasimelteon caps 20mg</i>	4	PA, QL
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ SOL	2	AGE
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	AGE

Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	1	
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	1	
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
<i>articaine-epinephrine solution cartridge 4%-1:100000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	1	
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	1	
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	1	
<i>lidocaine inj 2% w/ epinephrine-1:200000 (pf)</i>	1	
<b>LOCAL ANESTHETICS - AMIDES</b>		
<i>bupivacaine hcl soln .25%, .5%, .75%</i>	1	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>mepivacaine hcl soln 1%, 1.5%, 2%</i>	1	
<i>ropivacaine hcl soln 2mg/ml, 5mg/ml, 7.5mg/ml, 10mg/ml</i>	1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<i>chloroprocaine hcl soln 2%, 3%</i>	1	
<i>tetracaine hcl soln 1%</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
<b>CLARITHROMYCIN</b>		
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	1	
<i>erythromycin stearate tabs 250mg</i>	1	
<b>FIDAXOMICIN</b>		
<i>DIFICID SUSR 40MG/ML; TABS 200MG</i>	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
<i>ACCU-CHEK KIT AVIVA PL</i>	2	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACCU-CHEK KIT COMPACT	2	QL
ACCU-CHEK KIT FASTCLIX	2	
ACCU-CHEK KIT GUIDE	2	QL
ACCU-CHEK KIT GUIDE ME	2	QL
ACCU-CHEK KIT NANO	2	QL
ACCU-CHEK KIT SOFTCLIX	2	
ACCU-CHEK LIQ GUIDE	3	
ACCU-CHEK LIQ SMART	3	
ACCU-CHEK SOL	3	
ACCUTREND SOL GLUCOSE	3	
ACTI-LANCE MIS 28G	3	
ACTI-LANCE MIS LITE 28G	3	
ACTI-LANCE MIS SPEC 17G	3	
ACTI-LANCE MIS UNIV 23G	3	
ADV TRAVEL MIS LANC 28G	3	
ADVANCE LIQ CONTROL	3	
ADVANCE NORM LIQ CONTROL	3	
ADVCATE SAFE MIS LANC 26G	3	
ADVOCATE MIS LANC 30G	3	
ADVOCATE MIS LANCETS	3	
AGAMATRIX MIS 33G	3	
AGAMATRIX SOL LEVEL 2	3	
AGAMATRIX SOL LEVEL 4	3	
AGAMATRIX SOL NORM/HGH	3	
AIMSCO TWIST MIS 32G	3	
AIMSCO TWIST MIS 33G	3	
AQUALANCE MIS 30G	3	
ASSURE 3 LIQ CONTROL	3	
ASSURE 4 LIQ LEVEL1/2	3	
ASSURE CMFRT MIS 28G	3	
ASSURE DOSE SOL NORM/HGH	3	
ASSURE II LIQ LEVEL1/2	3	
ASSURE II LIQ LEVEL 1	3	
ASSURE LANCE MIS 21G	3	
ASSURE LANCE MIS 28G	3	
ASSURE LANCE MIS LOW FLOW	3	
ASSURE LANCE MIS MICRO	3	
ASSURE LANCE MIS SAFE 25G	3	
ASSURE LANCE MIS SAFE 30G	3	
ASSURE PRISM SOL LEVEL1/2	3	
ASSURE PRO LIQ LEVEL1/2	3	
AURORA LANCE MIS 30G	3	
AURORA LANCE MIS THIN 23G	3	
AUTO LANCET MIS	3	
BD MICROTAIN MIS LANCETS	3	
BD MICROTAIN MIS LANCETS	3	

Drug Name	Drug Tier	Requirements/Limits
BLULINK LIQ HIGH/LOW	3	
CAREONE LANC MIS 30G	3	
CAREONE LANC MIS THIN 23G	3	
CARESENS 30G MIS LANCETS	3	
CARESENS SOL CONTROL	3	
CARETOUCH MIS LANC 26G	3	
CARETOUCH MIS LANC 28G	3	
CARETOUCH MIS LANC 30G	3	
CARETOUCH MIS TWIST 28	3	
CARETOUCH MIS TWIST 30	3	
CARETOUCH MIS TWIST 33	3	
CLEANLET 28G MIS LANCETS	3	
CLEVER CHECK MIS	3	
CLEVER CHECK MIS 30G	3	
COAGUCHEK MIS LANCETS	3	
COMFORT ASSU MIS LANC 28G	3	
COMFORT ASSU MIS LANC 33G	3	
COMFORT EZ MIS 21G	3	
COMFORT EZ MIS 23G	3	
COMFORT EZ MIS 28G	3	
COMFORT MIS LANCETS	3	
COMFORT TCH MIS LANC 28G	3	
COMFORT TCH MIS LANC 30G	3	
COMFORT TCH MIS LANC 31G	3	
COMFORTOUCH MIS LANCET	3	
CONTROL SOL LIQ HI/MID/L	3	
CONTROL SOL LIQ HIGH/LOW	3	
CONTROL SOL LIQ LEVEL 2	3	
COOL CONTROL SOL A	3	
COOL CONTROL SOL B	3	
CVS LANCETS MIS 21G	3	
CVS LANCETS MIS 30G	3	
CVS LANCETS MIS 33G	3	
CVS LANCETS MIS ORIGINAL	3	
CVS LANCETS MIS THIN 26G	3	
CVS LANCETS MIS THIN 30G	3	
CVS LANCETS MIS THIN 33G	3	
DEXCOM G6 MIS RECEIVER	2	QL
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS RECEIVER	2	QL
DEXCOM G7 MIS SENSOR	2	
DIATHRIVE LIQ CONTROL	3	
DIATHRIVE MIS LANCETS	3	
DIATHRIVE MIS UT 30G	3	
DROPLET LANC MIS 30G	3	

Drug Name	Drug Tier	Requirements/Limits
DROPLET PERS MIS LANC 30G	3	
DUO-CARE LIQ LEVEL1/2	3	
E-Z JECT MIS 21G	3	
E-Z JECT MIS 21G COLR	3	
E-Z JECT MIS 30G	3	
E-Z JECT MIS 32G COLR	3	
E-Z JECT MIS LANC 21G	3	
E-Z JECT MIS THIN 26G	3	
E-ZJECT LANC MIS 33G	3	
EASY COMFORT MIS 30G	3	
EASY COMFORT MIS LANC/30G	3	
EASY COMFORT MIS TWIST	3	
EASY TOUCH LIQ HEALTHPR	3	
EASY TOUCH LIQ HIGH/LOW	3	
EASY TOUCH MIS LANC/21G	3	
EASY TOUCH MIS LANC/23G	3	
EASY TOUCH MIS LANC/26G	3	
EASY TOUCH MIS LANC/28G	3	
EASY TOUCH MIS LANC/30G	3	
EASY TOUCH MIS LANC/32G	3	
EASY TOUCH MIS LANC/33G	3	
EASY TOUCH SOL CONTROL	3	
EASY TOUCH SOL HIGH/LOW	3	
EASYMAX 15 LIQ LEVEL2-3	3	
EASYMAX 15 SOL LEVEL 2	3	
EASYMAX LIQ NORM/HIG	3	
ELEMNT COMPA SOL LEVEL 2	3	
ELEMNT COMPA SOL LEVEL 3	3	
EMBRACE LANC MIS 21G	3	
EMBRACE LANC MIS 28G	3	
EMBRACE LANC MIS THIN 30G	3	
EMBRACE PRO LIQ GLUCOSE	3	
EQL LANCETS MIS 21G COLR	3	
EQL LANCETS MIS 33G COLR	3	
EQL LANCETS MIS THIN 26G	3	
EQL LANCETS MIS THIN 30G	3	
EZ-LETS 21G MIS LANCETS	3	
EZ-LETS 26G MIS LANCETS	3	
EZ-LETS 28G MIS LANCETS	3	
EZ-LETS 30G MIS LANCETS	3	
FASTCLIX MIS LANCETS	2	
FIFTY50 SAFE MIS LANCETS	3	
FINE 30 MIS	3	
FINGERSTIX MIS LANCETS	3	
FORA LANCETS MIS 30G	3	
FORA MIS LANCETS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTYLE LIQ CONTROL	3	
FREESTYLE MIS LANCETS	3	
GENTEEL MIS LANCETS	3	
GENTLE-LET MIS 26G	3	
GENTLE-LET MIS 28G	3	
GENTLE-LET MIS LANCETS	3	
GLOBAL 28G MIS LANCETS	3	
GLOBAL 30G MIS LANCETS	3	
GLUC CONTROL SOL	3	
GLUC CONTROL SOL MID	3	
GLUCOCARD 01 LIQ NORM/HGH	3	
GLUCOCARD LIQ LEVEL 1	3	
GLUCOCARD SOL SHINE	3	
GLUCOCOM MIS 28G	3	
GLUCOCOM MIS 30G	3	
GLUCOCOM MIS 33G	3	
GNP LANCETS MIS 21G	3	
GNP LANCETS MIS 28G	3	
GNP LANCETS MIS 30G	3	
GNP LANCETS MIS 33G	3	
GNP LANCETS MIS THIN 26G	3	
GOJJI LANCET MIS 30G	3	
GOODSENSE MIS LANC 26G	3	
GOODSENSE MIS LANC 30G	3	
GOODSENSE MIS LANC 33G	3	
HAEMOLANCE MIS HIGH FLO	3	
HAEMOLANCE MIS LOW FLOW	3	
HAEMOLANCE MIS PLUS	3	
HAEMOLANCE MIS PLUS LOW	3	
HAEMOLANCE MIS PLUS MAX	3	
HAEMOLANCE MIS PLUS PED	3	
HAEMOLANCE MIS RETRACT	3	
HLTHY ACCNTS MIS LANC 30G	3	
IN TOUCH LAN MIS 30G	3	
IN TOUCH SOL GLUCOSE	3	
INCONTROL MIS LANC 28G	3	
INCONTROL MIS LANC 30G	3	
INCONTROL MIS LANC 33G	3	
KINNEY MIS LANCETS	3	
KINNEY THIN MIS LANCETS	3	
KROGER LANCE MIS	3	
KROGER LANCE MIS 26G	3	
KROGER LANCE MIS THIN	3	
KROGER LANCE MIS THIN 30G	3	
LANCET DEVIC MIS 30G	3	
LANCET MICRO MIS THIN 33G	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANCET STAND MIS 21G	3	
LANCET SUPER MIS THIN 30G	3	
LANCET ULTRA MIS 28G	3	
LANCET ULTRA MIS THIN 30G	3	
LANCETS MICR MIS THIN 33G	3	
LANCETS MIS	3	
LANCETS MIS 21G	3	
LANCETS MIS 21G COLR	3	
LANCETS MIS 26G	3	
LANCETS MIS 28G THIN	3	
LANCETS MIS 30G	3	
LANCETS MIS 33G	3	
LANCETS MIS ORIGINAL	3	
LANCETS MIS THIN	3	
LANCETS MIS THIN 26G	3	
LANCETS MIS THIN 30G	3	
LANCETS SUPR MIS THIN 28G	3	
LANCETS THIN MIS	3	
LANCETS THIN MIS 26G	3	
LANCETS ULTR MIS THIN	3	
LANCETS ULTR MIS THIN 31G	3	
LANCING DEVI MIS 25G	3	
LANCING DEVI MIS 30G	3	
LB LANCET MIS 28G	3	
LITE TOUCH MIS LANCETS	3	
LITETOUCH MIS LANCETS	3	
LONGS LANCET MIS STANDARD	3	
LONGS LANCET MIS THIN	3	
LONGS LANCET MIS ULTRA TH	3	
MEDICHOICE MIS LANCET	3	
MEDISENSE LIQ GLUC-KET	3	
MEDLANCE MIS 30G PLUS	3	
MEDLANCE MIS EXTR 21G	3	
MEDLANCE MIS LITE 25G	3	
MEDLANCE MIS PLUS	3	
MEDLANCE MIS PLUS 30G	3	
MEDLANCE MIS UNV 21G	3	
MEDLANCE PLS MIS 0.8MM	3	
MEDLANCE PLS MIS EXTR 21G	3	
MEDLANCE PLS MIS LITE 25G	3	
MEDLANCE PLS MIS UNIV 21G	3	
MEIJER LANCE MIS COLOR	3	
MEIJER LANCE MIS UNIV 21G	3	
MEIJER LANCE MIS UNIV 30G	3	
MEIJER LANCE MIS UNIVERSA	3	
MEIJER MIS LANCETS	3	

Drug Name	Drug Tier	Requirements/Limits
MICRO THIN MIS LANC 33G	3	
MICRODOT CON SOL HIGH/LOW	3	
MICROLET MIS LANCETS	3	
MM TWIST MIS LANCETS	3	
MOBILE LANCE MIS 30G	3	
MONOLET MIS LANCETS	3	
MONOLET OPD MIS LANCETS	3	
MONOLETTOR MIS LANCETS	3	
MPD SFTY LAN MIS 21G	3	
MPD SFTY LAN MIS 23G	3	
MPD SFTY LAN MIS 28G	3	
MPD SFTY LAN MIS 30G	3	
MYGLUCOHEALT MIS LANC 30G	3	
MYGLUCOHEALT SOL LO/NL/HI	3	
NEUTEK 2TEK SOL CONTROL	3	
NOVA MAX GLU LIQ /KET CON	3	
NOVA SAFETY MIS LANC 23G	3	
NOVA SAFETY MIS LANC 28G	3	
NOVA SURE MIS LANCETS	3	
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	
OMNIPOD 5 G7 MIS PODS	2	
OMNIPOD 5 LB KIT INTRO G6	2	
OMNIPOD 5 LB MIS PODS G6	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
ON-THE-GO MIS LANC 30G	3	
ONETOUCH DEL MIS LANC DEV	2	
ONETOUCH DEL MIS PLUS 30G	2	
ONETOUCH DEL MIS PLUS 33G	2	
ONETOUCH KIT ULTRA 2	2	QL
ONETOUCH KIT VERIO FL	2	QL
ONETOUCH KIT VERIO RE	2	QL
ONETOUCH LIQ ULT CONT	3	
ONETOUCH LIQ ULTRA	3	
ONETOUCH LIQ VERIO	3	
ONETOUCH MIS LANC DEV	2	
ONETOUCH US MIS 2 30G	2	
PC LANCETS MIS 30G	3	
PERFECT 28G MIS LANCETS	3	
PERFECT 30G MIS LANCETS	3	
PHARMACY COU MIS LANCETS	3	
PIP CONTROL LIQ	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIP LANCETS MIS 28G	3	
PIP LANCETS MIS 30G	3	
POCKETCHEM SOL EZ	3	
PRECISION LIQ GLUC/KET	3	
PRO COMFORT MIS 31G	3	
PRO COMFORT MIS LANC 30G	3	
PRO COMFORT MIS LANCETS	3	
PRODIGY MIS 26G	3	
PRODIGY MIS 28G	3	
PSS SAFE LAN MIS	3	
PSS SEL LANC MIS	3	
PURE COMFORT MIS 30G LAN	3	
PX LANCETS MIS 28G	3	
PX LANCETS MIS 33G	3	
PX LANCETS MIS ULT THIN	3	
QC LANCETS MIS 28G	3	
QC LANCETS MIS 30G	3	
QUICKTEK LIQ SOLUTION	3	
QUINTET CONT SOL HGH/NORM	3	
RA E-ZJECT MIS 28G	3	
RA E-ZJECT MIS THIN 26G	3	
RA E-ZJECT MIS THIN 28G	3	
RA E-ZJECT MIS ULT THIN	3	
READYLANCE MIS 21G	3	
READYLANCE MIS 23G	3	
READYLANCE MIS 26G	3	
READYLANCE MIS 28G	3	
READYLANCE MIS 30G	3	
REALITY MIS LANCETS	3	
REALITY TRIG MIS LANCETS	3	
REFUAH PLUS SOL CONTROL	3	
RELION LANCE MIS THIN 26G	3	
RELION LANCE MIS THIN 30G	3	
RELION MICRO MIS THIN 33G	3	
RELION ULTRA MIS THIN 30G	3	
RELION ULTRA MIS THIN PLS	3	
RIGHTEST MIS GL300	3	
SAFE-T-LANCE MIS 21G	3	
SAFE-T-LANCE MIS 25G	3	
SAFE-T-LANCE MIS HI FLOW	3	
SAFE-T-LANCE MIS LOW FLOW	3	
SAFE-T-LANCE MIS NOR FLOW	3	
SAFE-T-PRO MIS LANCETS	2	
SAFE-T-PRO MIS LANCETS	3	
SAFE-T-PRO MIS PLUS	3	
SAFETY 21G MIS LANCETS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFETY 23G MIS LANCETS	3	
SAFETY 28G MIS LANCETS	3	
SAFETY 30G MIS LANCETS	3	
SAFETY MIS LANCETS	3	
SAPS HEALTH MIS TWIST	3	
SAPS TWIST MIS 30G	3	
SAPSCARE MIS TWIST	3	
SB LANCETS MIS THIN	3	
SB LANCETS MIS ULTR THN	3	
SINGLE-LET MIS 23G	3	
SM LANCETS MIS 33G	3	
SMART SENSE MIS LANC 21G	3	
SMART SENSE MIS LANC 26G	3	
SMART SENSE MIS LANC 30G	3	
SMART SENSE MIS LANC 33G	3	
SMARTEST MIS LANCETS	3	
SMARTEST SOL CONTROL	3	
SOFTCLIX MIS LANCETS	2	
SOLUS V2 MIS LANC 28G	3	
SOLUS V2 MIS LANC 30G	3	
STERILANCE MIS TL 28G	3	
STERILANCE MIS TL 30G	3	
STERILANCE MIS TL 32G	3	
SUPER THIN MIS LANC 28G	3	
SUPER THIN MIS LANCETS	3	
SUPREME II LIQ HIGH/LOW	3	
SURE COMFORT MIS LANC 18G	3	
SURE COMFORT MIS LANC 21G	3	
SURE COMFORT MIS LANC 23G	3	
SURE COMFORT MIS LANC 30G	3	
SURE COMFORT MIS LANCETS	3	
SUREFLEX MIS LANCETS	3	
SURELITE MIS LANCETS	3	
TECHLITE AST MIS LANCETS	3	
TECHLITE MIS LANC 26G	3	
TECHLITE MIS LANCETS	3	
TGT LANCET MIS 26G	3	
TGT LANCET MIS 30G	3	
TGT LANCET MIS 33G	3	
THIN LANCETS MIS 26G	3	
THIN LANCETS MIS 30G	3	
THINLETS GP MIS 26G	3	
TOPCARE MIS LANC 33G	3	
TRAVEL LANCE MIS 30G	3	
TRAVEL LANCE MIS ADV 28G	3	
TRUE COMFORT MIS LANC 30G	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUECONTROL LIQ LEVEL 0	3	
TRUECONTROL LIQ LEVEL 1	3	
TRUEPLUS LANCETS 28G	3	
TRUPLUS LANC MIS 26G	3	
TRUPLUS LANC MIS 28G	3	
TRUPLUS LANC MIS 30G	3	
TRUPLUS LANC MIS 33G	3	
TWIST LANCET MIS 30G	3	
TWIST LANCET MIS 30G MULT	3	
ULTILET MIS 26G	3	
ULTILET MIS 28G	3	
ULTILET MIS 30G	3	
ULTILET MIS 33G	3	
ULTILET MIS LANCETS	3	
ULTILET MIS SAFETY	3	
ULTILET SAFE MIS 21G	3	
ULTRA THIN MIS 28G	3	
ULTRA THIN MIS 30G	3	
ULTRA THIN MIS 31G	3	
ULTRA THIN MIS 33G	3	
ULTRA THIN MIS LAN 31G	3	
ULTRA THIN MIS LANC 28G	3	
ULTRA THIN MIS LANC 30G	3	
ULTRA THIN MIS LANCETS	3	
UNILET CMFR MIS TCH 28G	3	
UNILET CMFR MIS TCH 30G	3	
UNILET EX II MIS 28G	3	
UNILET EXCEL MIS 23G	3	
UNILET G.P MIS SUPR 23G	3	
UNILET G.P. MIS 21G	3	
UNILET GP 28 MIS ULT THIN	3	
UNILET LANC MIS 33G	3	
UNILET LANCE MIS 21G	3	
UNILET LANCE MIS 28G	3	
UNILET LANCE MIS 33G	3	
UNILET LANCT MIS 28G	3	
UNILET LANCT MIS 30G	3	
UNILET LANCT MIS 33G	3	
UNILET MICRO MIS 33G	3	
UNILET MIS 21G	3	
UNILET SUPER MIS 23G	3	
UNILET SUPER MIS G.P. 23G	3	
UNISTIK 1 MIS 2.4MM	3	
UNISTIK 1 MIS 3.0MM	3	
UNISTIK 2 MIS	3	
UNISTIK 2 MIS 1.8MM	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNISTIK 2 MIS 2.4MM	3	
UNISTIK 2 MIS COMFORT	3	
UNISTIK 2 MIS EXTRA	3	
UNISTIK 2 MIS NEONATAL	3	
UNISTIK 2 MIS NORMAL	3	
UNISTIK 2 MIS SUPER	3	
UNISTIK 3 MIS 1.8MM	3	
UNISTIK 3 MIS COMFORT	3	
UNISTIK 3 MIS EXTRA	3	
UNISTIK 3 MIS GENT 30G	3	
UNISTIK 3 MIS NEONATAL	3	
UNISTIK 3 MIS NORMAL	3	
UNISTIK 3 MIS XTR 21G	3	
UNISTIK 23G MIS NORMAL	3	
UNISTIK CZT MIS COMFORT	3	
UNISTIK CZT MIS NORMAL	3	
UNISTIK PRO MIS LANC 21G	3	
UNISTIK PRO MIS LANC 28G	3	
UNISTIK SAFE MIS LANC 28G	3	
UNISTIK SAFE MIS LANC 30G	3	
UNISTIK TOUC MIS LANC 21G	3	
UNISTIK TOUC MIS LANC 23G	3	
UNISTIK TOUC MIS LANC 28G	3	
UNISTIK TOUC MIS LANC 30G	3	
UNITSTIK PRO MIS LANC 25G	3	
UNIVERSAL 1 MIS 33G	3	
UNIVERSAL 1 MIS LANC 26G	3	
UNIVERSAL 1 MIS LANC 30G	3	
VERASENS LIQ LEVEL 1	3	
VERIFINE LAN MIS MINI 21G	3	
VERIFINE LAN MIS MINI 23G	3	
VERIFINE LAN MIS MINI 28G	3	
VERIFINE LAN MIS MINI 30G	3	
VERIFINE MIS UNIV 28G	3	
VERIFINE MIS UNIV 30G	3	
VERIFINE MIS UNIV 33G	3	
VIVAGUARD LIQ CONTROL	3	
VIVAGUARD MIS 28G	3	
VIVAGUARD MIS 30G	3	
ZEVRX TWIST MIS LANC 30G	3	
<b>PARENTERAL THERAPY SUPPLIES</b>		
AUTOSHIELD MIS 30GX5MM	2	
BD INSULIN SYRINGE ULTRAF	2	
BD PEN NEEDL MIS 29GX12.7	2	
BD PEN NEEDL MIS 31GX5MM	2	

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDL MIS 31GX8MM	2	
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX6MM	2	
BD U-500 MIS 31GX6MM	2	
INSULIN SYRG MIS 0.3/29G	2	
INSULIN SYRG MIS 0.3/30G	2	
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.5/28G	2	
INSULIN SYRG MIS 0.5/29G	2	
INSULIN SYRG MIS 0.5/30G	2	
INSULIN SYRG MIS 0.5/31G	2	
INSULIN SYRG MIS 1ML	2	
INSULIN SYRG MIS 1ML/27G	2	
INSULIN SYRG MIS 1ML/28G	2	
INSULIN SYRG MIS 1ML/29G	2	
INSULIN SYRG MIS 1ML/30G	2	
INSULIN SYRG MIS 1ML/31G	2	
INSULIN SYRG MIS 2/27.5G	2	
INSULIN SYRG MIS 29GX1/2"	2	

#### MIGRAINE PRODUCTS

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

AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	2	ST, PA, QL
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	2	ST, PA, QL
NURTEC TBDP 75MG	2	ST, PA, QL
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, PA, QL
UBRELVY TABS 50MG, 100MG	2	ST, PA, QL

##### ***MIGRAINE PRODUCTS***

<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	QL
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##### ***SEROTONIN AGONISTS***

<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	1	QL
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	1	QL
<i>frovatriptan succinate tabs 2.5mg</i>	1	QL
IMITREX SOLN 5MG/ACT, 20MG/ACT; TABS 25MG, 50MG, 100MG	3	QL
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	3	QL
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	3	QL
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	1	QL
ONZETRA XSAIL EXHP 11MG/NOSEPC	2	QL
RELPAK TABS 20MG, 40MG	3	QL
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
sumatriptan soln 5mg/act, 20mg/act	1	QL
sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg	1	QL
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	2	QL
zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	1	QL

## MINERALS & ELECTROLYTES

### FLUORIDE

sodium fluoride chew 1mg, 2.2mg; tabs 1mg	1	
sodium fluoride chew .25mg, .5mg; soln .125mg/drop, .5mg/ml; tabs .5mg	1	AGE

### IODINE PRODUCTS

iodine solution strong 5% (lugol's)	1	
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### MAGNESIUM

magnesium sulfate soln 50%	1	
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### PHOSPHATE

pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
potassium phosphate monobasic tabs 500mg	1	

### POTASSIUM

potassium bicarbonate tbef 25meq	1	
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	1	

### SODIUM

sodium chloride soln .9%, 2.5meq/ml	1	
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## MISCELLANEOUS THERAPEUTIC CLASSES

### CHELATING AGENTS

penicillamine caps 250mg; tabs 250mg	4	PA, QL
trientine hcl caps 250mg	4	PA, QL

### IMMUNOMODULATORS

lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	PA, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	4	PA, QL
VYVGART SOLN 400MG/20ML	4	PA, QL
VYVGART INJ HYTRULO	4	PA, QL

### IMMUNOSUPPRESSIVE AGENTS

azathioprine tabs 50mg, 75mg, 100mg	1	
cyclosporine caps 25mg, 100mg; soln 50mg/ml	1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	



Drug Name	Drug Tier	Requirements/Limits
ENSPRYNG SOSY 120MG/ML	4	PA, QL
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	1	
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	
mycophenolate sodium tbec 180mg, 360mg	1	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
tacrolimus caps .5mg, 1mg, 5mg	1	
<b>POTASSIUM REMOVING AGENTS</b>		
sodium polystyrene sulfonate susp 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	2	
<b>PROSTAGLANDINS</b>		
alprostadil soln 500mcg/ml	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine hcl (mouth-throat) soln 2%, 4%	1	
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troc 10mg	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate (mouth-throat) soln .12%	1	
<b>DENTAL PRODUCTS</b>		
sodium fluoride (dental) gel 1.1%; pste 1.1%	1	
stannous fluoride conc .63%; gel .4%	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
triamcinolone acetonide (mouth) pste .1%	1	
<b>THROAT PRODUCTS - MISC.</b>		
cevimeline hcl caps 30mg	1	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
b-complex vitamin inj soln	1	
<b>B-COMPLEX W/ FOLIC ACID</b>		
b-complex w/ c & folic acid cap 1 mg	1	
b-complex w/ c & folic acid tab	1	
b-complex w/ c & folic acid tab 1 mg	1	
b-complex w/ c & folic acid tab 5 mg	1	
b-complex w/ c-biotin-minerals & folic acid tab 5 mg	1	
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multiple vitamins w/ minerals cap	1	
multiple vitamins w/ minerals tab	1	

Drug Name	Drug Tier	Requirements/Limits
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	1	
<b>PED MV W/ FLUORIDE</b>		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	1	
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i>	1	
<b>PRENATAL VITAMINS</b>		
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
<b>SPECIALTY VITAMINS PRODUCTS</b>		
<i>speciality vitamin product tab</i>	1	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 15mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1	
<i>LYVISPAH PACK 5MG, 10MG, 20MG</i>	2	
<i>metaxalone tabs 800mg</i>	1	
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg, 1000mg</i>	1	
<i>orphenadrine citrate soln 30mg/ml; tb12 100mg</i>	1	
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	1	
<i>ZANAFLEX TABS 4MG</i>	3	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
<b>VISCOSUPPLEMENTS</b>		
<i>DUROLANE PRSY 60MG/3ML</i>	4	PA
<i>EUFLEXXA SOSY 20MG/2ML</i>	4	PA
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
SUPARTZ FX SOSY 25MG/2.5ML	4	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL
<b>NASAL ANTIALLERGY</b>		
azelastine hcl soln .1%, .15%, 137mcg/spray	1	QL
olopatadine hcl (nasal) soln .6%	1	QL
PATANASE SOLN .6%	3	QL
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium bromide (nasal) soln .03%, .06%	1	QL
<b>NASAL STEROIDS</b>		
flunisolide (nasal) soln .025%	1	QL
fluticasone propionate (nasal) susp 50mcg/act	1	QL
mometasone furoate (nasal) susp 50mcg/act	1	QL
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
epinephrine hcl (nasal) soln .1%	1	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
edaravone soln 30mg/100ml, 60mg/100ml	4	PA, QL
RADICAVA ORS SUSP 105MG/5ML	4	PA, QL
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	4	PA, QL
riluzole tabs 50mg	1	
<b>DEPOLARIZING MUSCLE RELAXANTS</b>		
succinylcholine chloride soln 20mg/ml, 200mg/10ml	1	
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	4	PA, QL
<b>NUTRIENTS</b>		
<b>PROTEINS</b>		
amino acids cap	1	
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPTHALMIC</b>		
betaxolol hcl (ophth) soln .5%	1	
BETOPTIC-S SUSP .25%	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl (ophth) soln 1%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
levobunolol hcl soln .5%	1	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine sulfate (ophthalmic) oint 1%; soln 1%	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	1	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
<b>MIOTICS</b>		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
BYOOVIZ SOLN .5MG/0.05ML	4	PA, QL
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	4	PA, QL
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOLN .1%, .15%	2	
<i>apraclonidine hcl soln .5%</i>	1	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentamicin sulfate (ophth) oint .3%; soln .3%</i>	1	
<i>levofloxacin (ophth) soln .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	
TOBEX OINT .3%	3	
<i>trifluridine soln 1%</i>	1	
VIGAMOX SOLN .5%	3	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA SOLN 5%	2	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl soln .5%</i>	1	
<i>tetracaine hcl (ophth) soln .5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
<i>loteprednol etabonate gel .5%; susp .2%, .5%</i>	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMICS - MISC.</b>		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1	
<i>bepotastine besilate soln 1.5%</i>	1	
<i>brinzolamide susp 1%</i>	1	
<i>bromfenac sodium (ophth) soln .07%, .075%, .09%</i>	1	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
<i>diclofenac sodium (ophth) soln .1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
<i>epinastine hcl (ophth) soln .05%</i>	1	
<i>fluorescein sodium injection soln 10%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
<i>flurbiprofen sodium soln .03%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
<i>olopatadine hcl soln .1%, .2%</i>	1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost soln .03%</i>	1	
<i>latanoprost soln .005%</i>	1	
<i>tafluprost soln .015mg/ml</i>	1	
<i>travoprost soln .004%</i>	1	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid (otic) soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl (otic) soln .2%</i>	1	
<i>ofloxacin (otic) soln .3%</i>	1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<b>OXYTOCICS</b>		
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
<i>carboprost tromethamine soln 250mcg/ml</i>	1	
<b>OXYTOCICS</b>		
<i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	1	
<i>oxytocin soln 10unit/ml</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA, QL
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin sodium solr 1gm, 2gm, 125mg, 250mg, 500mg</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium solr 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
<i>nafcillin sodium solr 1gm, 2gm</i>	1	
<i>oxacillin sodium solr 1gm, 2gm</i>	1	
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>LIQUID VEHICLES</b>		
<i>bacteriostatic sodium chloride soln .9%</i>	1	
<i>water for injection</i>	1	
<b>SEMI SOLID VEHICLES</b>		
<i>white petrolatum topical gel</i>	1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
AYGESTIN TABS 5MG	3	
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	4	PA, QL
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	1	
PROVERA TABS 2.5MG, 5MG, 10MG	3	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium tbec 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	
<i>lofexidine hcl tabs .18mg</i>	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	4	PA, QL
LUMRYZ PAK STARTER	4	PA, QL
XYWAV SOL 0.5GM/ML	4	PA, QL
<b>ANTIDEMENTIA AGENTS</b>		
ARICEPT TABS 5MG, 10MG, 23MG	3	
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	3	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	

#### **COMBINATION PSYCHOTHERAPEUTICS**

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	

#### **MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO TABS 6MG, 9MG, 12MG	4	PA, QL
AUSTEDO XR TB24 6MG, 12MG, 24MG	4	PA, QL
AUSTEDO XR TAB TITR KIT	4	PA, QL
INGREZZA CAPS 40MG, 60MG, 80MG	4	PA, QL
INGREZZA CAP 40-80MG	4	PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	4	PA, QL

#### **MULTIPLE SCLEROSIS AGENTS**

AVONEX PSKT 30MCG/0.5ML	4	PA, QL
AVONEX PEN AJKT 30MCG/0.5ML	4	PA, QL
BAFIERTAM CPDR 95MG	4	PA, QL
BETASERON KIT .3MG	4	PA, QL
COPAXONE SOSY 40MG/ML	4	PA, QL
<i>dalfampridine tb12 10mg</i>	4	PA, QL
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	4	PA, QL
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	4	PA, QL
<i>fingolimod hcl caps .5mg</i>	4	PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	4	PA, QL
KESIMPTA SOAJ 20MG/0.4ML	4	PA, QL
MAYZENT TABS .25MG, 1MG, 2MG	4	PA, QL
MAYZENT STARTER PACK TBPK .25MG	4	PA, QL



Drug Name	Drug Tier	Requirements/Limits
OCREVUS SOLN 300MG/10ML	4	PA, QL
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL
REBIF REBIDO INJ TITRATN	4	PA, QL
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL
REBIF TITRTN INJ PACK	4	PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA, QL
TYSABRI CONC 300MG/15ML	4	PA, QL
ZEPOSIA CAPS .92MG	4	PA, QL
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL
ZEPOSIA CAP STR KIT	4	PA, QL
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
<i>gabapentin (once-daily) tabs 300mg, 600mg</i>	1	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	2	
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>pimozide tabs 1mg, 2mg</i>	1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI SOSY 284MG/1.5ML	4	PA, QL
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
PROLASTIN-C SOLN 1000MG/20ML	4	PA, QL
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	4	PA, QL
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV CAPS 100MG, 150MG	4	PA, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	4	PA, QL
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine tabs 500mg</i>	1	
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg; tb24 105mg, 135mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN CAPS 100MG	3	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
<b>THYROID HORMONES</b>		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
<i>atropine sulfate soln .4mg/ml, 1mg/ml, 8mg/20ml; soty .25mg/5ml, .5mg/5ml, 1mg/10ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; soty .2mg/ml, .4mg/2ml; tabs 1mg, 2mg</i>	1	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tbdp .125mg</i>	1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>nizatidine caps 150mg, 300mg</i>	1	
PEPCID TABS 20MG, 40MG	3	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate tabs 1gm</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	1	QL
<i>esomeprazole sodium solr 40mg</i>	1	QL
<i>lansoprazole cpdr 15mg, 30mg</i>	1	QL
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL
<i>pantoprazole sodium solr 40mg; tbec 20mg, 40mg</i>	1	QL
<i>rabeprazole sodium tbec 20mg</i>	1	QL
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP	2	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	
DETROL TABS 1MG, 2MG	3	
DITROPAN XL TB24 5MG, 10MG	3	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	1	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	
<i>tropium chloride cp24 60mg; tabs 20mg</i>	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA TABS 75MG	2	
<i>mirabegron tb24 25mg, 50mg</i>	1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tabs 100mg</i>	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal crea 2%</i>	1	
<i>metronidazole vaginal gel .75%</i>	1	
<i>miconazole nitrate vaginal supp 200mg</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal crea .1mg/gm</i>	1	
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	2	
IMVEXXY STARTER PACK INST 4MCG, 10MCG	2	
VAGIFEM TABS 10MCG	2	
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4%, 8%	2	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	2	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa caps 100mg, 200mg, 300mg</i>	4	PA, QL
<b>VASOPRESSORS</b>		
<i>ephedrine sulfate (pressors) soln 50mg/ml</i>	1	
<i>epinephrine soln 1mg/ml</i>	1	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	
<i>phytonadione soln 1mg/0.5ml, 10mg/ml; tabs 5mg</i>	1	
<b>WATER SOLUBLE VITAMINS</b>		
<i>ascorbic acid soln 500mg/ml</i>	1	
<i>pyridoxine hcl soln 100mg/ml</i>	1	
<i>thiamine hcl soln 100mg/ml, 200mg/2ml</i>	1	

## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	36
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> ...	36
ABILIFY ASIMTUFII .....	36
ABILIFY MAINTENA.....	36
<i>abiraterone acetate</i> .....	31
<i>acamprosate calcium</i> .....	78
<i>acarbose</i> .....	21
ACCU-CHEK KIT AVIVA PL .....	59
ACCU-CHEK KIT COMPACT .....	60
ACCU-CHEK KIT FASTCLIX .....	60
ACCU-CHEK KIT GUIDE .....	60
ACCU-CHEK KIT GUIDE ME .....	60
ACCU-CHEK KIT NANO.....	60
ACCU-CHEK KIT SOFTCLIX.....	60
ACCU-CHEK LIQ GUIDE .....	60
ACCU-CHEK LIQ SMART .....	60
ACCU-CHEK SOL.....	60
ACCU-CHEK TES AVIVA PL .....	49
ACCU-CHEK TES GUIDE.....	49
ACCU-CHEK TES SMART.....	49
ACCUPRIL.....	26
ACCURETIC TAB 10-12.5.....	27
ACCURETIC TAB 20-12.5.....	27
ACCURETIC TAB 20-25MG .....	27
ACCUTREND SOL GLUCOSE .....	60
<i>acebutolol hcl</i> .....	38
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	11
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	11
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	11
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	11
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg .....	11
<i>acetazolamide</i> .....	50
<i>acetazolamide sodium</i> .....	50
<i>acetic acid (otic)</i> .....	76
<i>acetylcysteine</i> .....	45
<i>acitretin</i> .....	46
ACTI-LANCE MIS 28G .....	60
ACTI-LANCE MIS LITE 28G .....	60
ACTI-LANCE MIS SPEC 17G .....	60
ACTI-LANCE MIS UNIV 23G.....	60
ACTONEL.....	51
ACTOPLUS MET TAB 15-850MG.....	21
ACULAR .....	76
ACULAR LS .....	76
<i>acyclovir</i> .....	38
<i>acyclovir topical</i> .....	47
ADALIMUMAB-ADAZ.....	9
<i>adapalene</i> .....	45
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> .....	45
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> .....	45
ADBRY .....	48
<i>adefovir dipivoxil</i> .....	38
ADEMPAS .....	41
ADV TRAVEL MIS LANC 28G .....	60
ADVANCE LIQ CONTROL .....	60
ADVANCE NORM LIQ CONTROL.....	60
ADVATE .....	55
ADVATE SAFE MIS LANC 26G .....	60
ADVOCATE MIS LANC 30G .....	60
ADVOCATE MIS LANCETS .....	60
ADYNOVATE .....	55
AFSTYLA.....	55
AGAMATRIX MIS 33G.....	60
AGAMATRIX SOL LEVEL 2 .....	60
AGAMATRIX SOL LEVEL 4 .....	60
AGAMATRIX SOL NORM/HGH.....	60
AIMSCO TWIST MIS 32G .....	60
AIMSCO TWIST MIS 33G .....	60
AIRSUPRA AER 90-80MCG .....	16
AJOVY .....	70
AKLIEF.....	45
<i>albendazole</i> .....	13
<i>albuterol sulfate</i> .....	16, 17
<i>alclometasone dipropionate</i> .....	47
ALECENSA.....	32
<i>alendronate sodium</i> .....	51
<i>alfuzosin hcl</i> .....	55
<i>aliskiren fumarate</i> .....	30
<i>allopurinol</i> .....	55
<i>almotriptan malate</i> .....	70
<i>alosetron hcl</i> .....	54
ALPHAGAN P .....	75
<i>alprazolam</i> .....	15
ALPROLIX.....	55
<i>alprostadil</i> .....	72

ALTACE .....	26	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	27
ALTUVIIIIO .....	55	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	27
ALUNBRIG.....	32	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	27
ALUNBRIG PAK .....	32	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	27
ALVAIZ .....	57	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	28
<i>alvimopan</i> .....	54	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	28
<i>amantadine hcl</i> .....	34	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	27
AMARYL.....	23	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	27
AMBIEN .....	58	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	28
AMBIEN CR .....	58	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	28
<i>ambrisentan</i> .....	41	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	28
<i>amcinonide</i> .....	47	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	28
<i>amikacin sulfate</i> .....	9	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	28
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> ..	50	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	28
<i>amiloride hcl</i> .....	50	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	28
<i>amino acids cap</i> .....	74	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	28
<i>aminocaproic acid</i> .....	58	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	28
<i>amiodarone hcl</i> .....	16	<i>amoxapine</i> .....	20
<i>amitriptyline hcl</i> .....	20	<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	82
<i>amlodipine besylate</i> .....	39	<i>amoxicillin</i> .....	77
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	40	<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	77
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	40	<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	77
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	40	<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	77
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	40	<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	77
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> .....	39	<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	77
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> .....	40	<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	77
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....	40	<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	77
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	40		
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	40		
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	40		
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	40		

<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	77	APTIOM .....	18
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	77	AQUALANCE MIS 30G .....	60
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....	78	ARANESP ALBUMIN FREE .....	57
<i>amphetamine sulfate</i> .....	7	<i>arformoterol tartrate</i> .....	17
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> .....	7	ARICEPT .....	78
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> .....	7	<i>aripiprazole</i> .....	36
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> .....	7	<i>armodafinil</i> .....	8
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> .....	7	<i>articaïne-epinephrine solution cartridge 4%-1:100000</i> .....	59
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	7	<i>ascorbic acid</i> .....	83
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	7	<i>asenapine maleate</i> .....	35
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	7	ASMANEX HFA .....	16
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	7	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> ....	56
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	7	ASSURE 3 LIQ CONTROL .....	60
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	7	ASSURE 4 LIQ LEVEL1/2.....	60
<i>amphetamine-dextroamphetamine tab 10 mg</i> ..	7	ASSURE CMFRT MIS 28G.....	60
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> ..	7	ASSURE DOSE SOL NORM/HGH .....	60
<i>amphetamine-dextroamphetamine tab 15 mg</i> ..	7	ASSURE II LIQ LEVEL 1 .....	60
<i>amphetamine-dextroamphetamine tab 20 mg</i> ..	7	ASSURE II LIQ LEVEL1/2.....	60
<i>amphetamine-dextroamphetamine tab 30 mg</i> ..	7	ASSURE LANCE MIS 21G.....	60
<i>amphetamine-dextroamphetamine tab 5 mg</i> ....	7	ASSURE LANCE MIS 28G.....	60
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .	7	ASSURE LANCE MIS LOW FLOW .....	60
<i>ampicillin</i> .....	77	ASSURE LANCE MIS MICRO .....	60
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	78	ASSURE LANCE MIS SAFE 25G.....	60
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	78	ASSURE LANCE MIS SAFE 30G.....	60
<i>ampicillin sodium</i> .....	77	ASSURE PRISM SOL LEVEL1/2 .....	60
<i>anagrelide hcl</i> .....	56	ASSURE PRO LIQ LEVEL1/2.....	60
<i>anastrozole</i> .....	32	<i>atazanavir sulfate</i> .....	36
ANNOVERA MIS.....	43	ATELVIA .....	51
ANORO ELLIPT AER 62.5-25.....	17	<i>atenolol</i> .....	38
<i>apomorphine hydrochloride</i> .....	34	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	28
<i>apraclonidine hcl</i> .....	75	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	28
<i>aprepitant</i> .....	24	<i>atomoxetine hcl</i> .....	8
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .	24	<i>atorvastatin calcium</i> .....	26
APRETUDE .....	36	<i>atovaquone</i> .....	14
		<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	30
		<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	30
		<i>atropine sulfate</i> .....	81
		<i>atropine sulfate (ophthalmic)</i> .....	74
		AUGMENTIN SUS 125/5ML.....	78
		AUGMENTIN SUS ES-600 .....	78
		AUGMENTIN TAB 500MG .....	78
		AUGTYRO .....	32
		AURORA LANCE MIS 30G .....	60
		AURORA LANCE MIS THIN 23G .....	60
		AURYXIA .....	54
		AUSTEDO.....	79

AUSTEDO XR.....	79	BD PEN NEEDL MIS 31GX8MM .....	70
AUSTEDO XR TAB TITR KIT.....	79	BD PEN NEEDL MIS 32GX4MM .....	70
AUTO LANCET MIS.....	60	BD PEN NEEDL MIS 32GX6MM .....	70
AUTOSHIELD MIS 30GX5MM .....	69	BD U-500 MIS 31GX6MM .....	70
AUVI-Q.....	82	BELBUCA.....	12
AVODART.....	55	BELSOMRA .....	58
AVONEX.....	79	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	28
AVONEX PEN .....	79	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	28
AVSOLA.....	53	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	28
AYGESTIN.....	78	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	28
<i>azacitidine</i> .....	31	<i>benazepril hcl</i> .....	26
<i>azathioprine</i> .....	71	<i>bendamustine hcl</i> .....	31
<i>azelaic acid</i> .....	48	BENEFIX.....	55
<i>azelastine hcl</i> .....	74	BENZAC AC WASH.....	45
<i>azelastine hcl (ophth)</i> .....	76	BENZAMYCIN GEL 5-3% .....	45
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> .....	74	<i>benzoin compound tincture</i> .....	48
<i>azithromycin</i> .....	59	<i>benzonatate</i> .....	44
AZSTARYS CAP 26.1-5.2.....	8	<i>benzoyl peroxide</i> .....	45
AZSTARYS CAP 39.2-7.8.....	8	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	45
AZSTARYS CAP 52.3-10.....	8	<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i> 45	
<i>aztreonam</i> .....	14	<i>benzphetamine hcl</i> .....	7
AZULFIDINE.....	53	<i>benztropine mesylate</i> .....	34
AZULFIDINE EN-TABS.....	54	<i>bepotastine besilate</i> .....	76
<b>B</b>		BESIVANCE .....	75
<i>bacitracin</i> .....	14	BESREMI .....	33
<i>bacitracin (ophthalmic)</i> .....	75	<i>betaine powder for oral solution</i> .....	51
<i>bacitracin-polymyxin b ophth oint</i> .....	75	<i>betamethasone dipropionate (topical)</i> .....	47
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	76	<i>betamethasone dipropionate augmented</i> .....	47
<i>baclofen</i> .....	73	<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i> .....	43
<i>bacteriostatic sodium chloride</i> .....	78	<i>betamethasone valerate</i> .....	47
BAFIERTAM.....	79	BETASERON.....	79
<i>balsalazide disodium</i> .....	54	<i>betaxolol hcl</i> .....	38
BAQSIMI ONE PACK.....	22	<i>betaxolol hcl (ophth)</i> .....	74
BAQSIMI TWO PACK.....	22	<i>bethanechol chloride</i> .....	82
<i>b-complex vitamin inj soln</i> .....	72	BETOPTIC-S.....	74
<i>b-complex w/ c &amp; folic acid cap 1 mg</i> .....	72	<i>bexarotene</i> .....	33
<i>b-complex w/ c &amp; folic acid tab</i> .....	72	<i>bexarotene (topical)</i> .....	46
<i>b-complex w/ c &amp; folic acid tab 1 mg</i> .....	72	<i>bicalutamide</i> .....	32
<i>b-complex w/ c &amp; folic acid tab 5 mg</i> .....	72	BIKTARVY TAB .....	36
<i>b-complex w/ c-biotin-minerals &amp; folic acid tab 5 mg</i> .....	72	<i>bimatoprost</i> .....	76
BD INSULIN SYRINGE ULTRAF.....	69	<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> .....	82
BD MICROTAIN MIS LANCETS.....	60		
BD PEN NEEDL MIS 29GX12.7 .....	69		
BD PEN NEEDL MIS 31GX5MM.....	69		



<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>		<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	
.....	28	(base equiv).....	12
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>		<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	
.....	28	(base equiv).....	12
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>		<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	
.....	28	(base equiv).....	12
<i>bisoprolol fumarate</i> .....	38	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	
<i>bleomycin sulfate</i> .....	32	(base equiv).....	12
BLULINK LIQ HIGH/LOW.....	61	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	
<i>bortezomib</i> .....	32	(base equiv).....	12
<i>bosentan</i> .....	41	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	
BOSULIF.....	32	(base equiv).....	12
BRAFTOVI.....	32	<i>bupropion hcl</i> .....	20
BREO ELLIPTA INH 100-25.....	17	<i>bupropion hcl (smoking deterrent)</i> .....	80
BREO ELLIPTA INH 200-25.....	17	<i>buspirone hcl</i> .....	15
BREO ELLIPTA INH 50-25MCG.....	17	<i>butalbital-acetaminophen tab 50-325 mg</i> .....	10
BREZTRI AERO AER SPHERE.....	17	<i>butalbital-acetaminophen-caff w/ cod cap 50-</i>	
BRILINTA.....	56	<i>300-40-30 mg</i> .....	12
<i>brimonidine tartrate</i> .....	75	<i>butalbital-acetaminophen-caff w/ cod cap 50-</i>	
<i>brimonidine tartrate (topical)</i> .....	48	<i>325-40-30 mg</i> .....	12
<i>brimonidine tartrate-timolol maleate ophth soln</i>		<i>butalbital-acetaminophen-caffeine tab 50-325-40</i>	
<i>0.2-0.5%</i> .....	74	<i>mg</i> .....	10
<i>brinzolamide</i> .....	76	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-</i>	
BRIVIACT.....	18	<i>30 mg</i> .....	12
<i>bromfenac sodium (ophth)</i> .....	76	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> ...	10
<i>bromocriptine mesylate</i> .....	34	<i>butorphanol tartrate</i> .....	12
BRUKINSA.....	32	BYOOVIZ.....	75
BRYHALI.....	47	<b>C</b>	
<i>budesonide</i> .....	44	CABENUVA SUS 400-600.....	36
<i>budesonide (inhalation)</i> .....	16	CABENUVA SUS 600-900.....	37
<i>budesonide (intrarectal)</i> .....	13	<i>cabergoline</i> .....	52
<i>budesonide-formoterol fumarate dihyd aerosol</i>		CABOMETYX.....	32
<i>160-4.5 mcg/act</i> .....	17	CADUET TAB 10-10MG.....	40
<i>budesonide-formoterol fumarate dihyd aerosol</i>		CADUET TAB 10-20MG.....	40
<i>80-4.5 mcg/act</i> .....	17	CADUET TAB 10-40MG.....	40
<i>bumetanide</i> .....	50	CADUET TAB 10-80MG.....	40
<i>bupivacaine hcl</i> .....	59	CADUET TAB 5-10MG.....	40
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>		CADUET TAB 5-20MG.....	40
.....	59	CADUET TAB 5-40MG.....	40
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>		CADUET TAB 5-80MG.....	40
(pf).....	59	<i>caffeine citrate</i> .....	7
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>		CALAN SR.....	39
.....	59	<i>calcipotriene</i> .....	46
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>		<i>calcitonin (salmon)</i> .....	51
(pf).....	59	<i>calcitriol</i> .....	51
<i>buprenorphine</i> .....	12	<i>calcium acetate (phosphate binder)</i> .....	54
<i>buprenorphine hcl</i> .....	12	CALQUENCE.....	32

<i>candesartan cilexetil</i> .....	27	CARETOUCH MIS LANC 26G .....	61
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	28	CARETOUCH MIS LANC 28G .....	61
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....	28	CARETOUCH MIS LANC 30G .....	61
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....	28	CARETOUCH MIS TWIST 28 .....	61
<i>capecitabine</i> .....	31	CARETOUCH MIS TWIST 30 .....	61
<i>captopril</i> .....	26	CARETOUCH MIS TWIST 33 .....	61
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> .....	28	<i>carglumic acid</i> .....	51
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> .....	28	<i>carisoprodol</i> .....	73
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....	28	<i>carteolol hcl (ophth)</i> .....	74
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....	28	<i>carvedilol</i> .....	38
<i>carbamazepine</i> .....	18	<i>carvedilol phosphate</i> .....	38
CARBATROL .....	18	CASODEX.....	32
<i>carbidopa</i> .....	34	<i>cefaclor</i> .....	41
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> .....	34	<i>cefadroxil</i> .....	41
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> .....	34	<i>cefazolin sodium</i> .....	41
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> .....	34	<i>cefdinir</i> .....	41
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	34	<i>cefepime hcl</i> .....	42
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	34	<i>cefixime</i> .....	41
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	34	<i>cefotetan disodium</i> .....	41
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	34	<i>cefpodoxime proxetil</i> .....	41
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	34	<i>cefprozil</i> .....	41
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	34	<i>ceftazidime</i> .....	41
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	34	<i>ceftriaxone sodium</i> .....	42
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	34	<i>cefuroxime axetil</i> .....	41
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	34	<i>cefuroxime sodium</i> .....	41
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	34	<i>celecoxib</i> .....	9
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	34	CELEXA .....	20
<i>carbinoxamine maleate</i> .....	25	<i>cephalexin</i> .....	41
<i>carboprost tromethamine</i> .....	77	CERDELGA .....	56
<i>cardioplegic soln</i> .....	39	CEREZYME .....	56
CARDURA.....	27	<i>cetirizine hcl</i> .....	25
CAREONE LANC MIS 30G.....	61	<i>cetrotorelix acetate</i> .....	51
CAREONE LANC MIS THIN 23G.....	61	<i>cevimeline hcl</i> .....	72
CARESENS 30G MIS LANCETS .....	61	<i>chlordiazepoxide hcl</i> .....	15
CARESENS SOL CONTROL .....	61	<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> .....	81
		<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i> ....	79
		<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> ..	79
		<i>chlorhexidine gluconate (mouth-throat)</i> .....	72
		<i>chlorprocaine hcl</i> .....	59
		<i>chloroquine phosphate</i> .....	30
		<i>chlorpromazine hcl</i> .....	36
		<i>chlorthalidone</i> .....	50
		<i>chlorzoxazone</i> .....	73
		<i>cholestyramine</i> .....	25
		<i>cholestyramine light</i> .....	25
		<i>choline fenofibrate</i> .....	26

CIBINQO.....	48	<i>clopidogrel bisulfate</i> .....	56
<i>ciclopirox</i> .....	46	<i>clorazepate dipotassium</i> .....	15
<i>ciclopirox olamine</i> .....	46	<i>clotrimazole</i> .....	72
<i>cilostazol</i> .....	56	<i>clotrimazole (topical)</i> .....	46
CIMDUO TAB 300-300.....	37	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	46
CIMERLI .....	75	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	46
<i>cimetidine</i> .....	81	<i>clozapine</i> .....	35
<i>cimetidine hcl</i> .....	81	CLOZARIL.....	35
<i>cinacalcet hcl</i> .....	52	COAGUCHEK MIS LANCETS .....	61
CIPRO.....	53	<i>coal tar extract</i> .....	49
<i>ciprofloxacin</i> .....	53	<i>codeine sulfate</i> .....	11
<i>ciprofloxacin hcl</i> .....	53	<i>colchicine</i> .....	55
<i>ciprofloxacin hcl (ophth)</i> .....	75	<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	55
<i>ciprofloxacin hcl (otic)</i> .....	77	<i>colesevelam hcl</i> .....	25
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	77	COLESTID.....	26
<i>citalopram hydrobromide</i> .....	20	COLESTID FLAVORED.....	26
<i>clarithromycin</i> .....	59	<i>colestipol hcl</i> .....	26
CLEANLET 28G MIS LANCETS.....	61	<i>colistimethate sodium</i> .....	14
<i>clemastine fumarate</i> .....	25	COMBIPATCH DIS.....	52
CLENPIQ SOL.....	58	COMFORT ASSU MIS LANC 28G .....	61
CLEVER CHECK MIS.....	61	COMFORT ASSU MIS LANC 33G .....	61
CLEVER CHECK MIS 30G .....	61	COMFORT EZ MIS 21G .....	61
CLIMARA PRO DIS WEEKLY.....	52	COMFORT EZ MIS 23G .....	61
<i>clindamycin hcl</i> .....	14	COMFORT EZ MIS 28G .....	61
<i>clindamycin palmitate hydrochloride</i> .....	14	COMFORT MIS LANCETS .....	61
<i>clindamycin phosphate</i> .....	14	COMFORT TCH MIS LANC 28G.....	61
<i>clindamycin phosphate (topical)</i> .....	45	COMFORT TCH MIS LANC 30G.....	61
<i>clindamycin phosphate vaginal</i> .....	82	COMFORT TCH MIS LANC 31G.....	61
<i>clindamycin phosphate-benzoyl peroxide gel 1.2- 2.5%</i> .....	45	COMFORTOUCH MIS LANCET .....	61
<i>clindamycin phosphate-benzoyl peroxide gel 1.2- 3.75%</i> .....	45	COMTAN .....	34
<i>clindamycin phosphate-benzoyl peroxide gel 1- 5%</i> .....	45	CONTROL SOL LIQ HI/MID/L .....	61
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> .....	45	CONTROL SOL LIQ HIGH/LOW.....	61
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	45	CONTROL SOL LIQ LEVEL 2 .....	61
<i>clobazam</i> .....	18	COOL CONTROL SOL A .....	61
<i>clobetasol propionate</i> .....	47	COOL CONTROL SOL B.....	61
<i>clobetasol propionate emollient base</i> .....	47	COPAXONE .....	79
<i>clomipramine hcl</i> .....	21	COPIKTRA .....	32
<i>clonazepam</i> .....	18	COREG .....	38
<i>clonidine</i> .....	27	CORGARD .....	39
<i>clonidine hcl</i> .....	27	CORLANOR .....	41
<i>clonidine hcl (adhd)</i> .....	8	CORTEF.....	44
		CORTIFOAM .....	13
		COSENTYX .....	46
		COSENTYX SENSOREADY PEN .....	46
		COSENTYX UNOREADY .....	46
		<i>cosyntropin</i> .....	49

COTELLIC.....	32	<i>deflazacort</i> .....	44
CREON CAP 12000UNT.....	49	<i>demeclocycline hcl</i> .....	80
CREON CAP 24000UNT.....	50	DESCOVY TAB 120-15MG.....	37
CREON CAP 3000UNIT.....	49	DESCOVY TAB 200/25MG .....	37
CREON CAP 36000UNT.....	50	<i>desflurane inhal soln</i> .....	54
CREON CAP 6000UNIT.....	49	<i>desipramine hcl</i> .....	21
CRINONE.....	82	<i>desloratadine</i> .....	25
<i>cromolyn sodium</i> .....	16	<i>desmopressin acetate</i> .....	52
<i>cromolyn sodium (mastocytosis)</i> .....	53	<i>desmopressin acetate spray</i> .....	52
<i>cromolyn sodium (ophth)</i> .....	76	<i>desmopressin acetate spray refrigerated</i> .....	52
<i>crotamiton</i> .....	49	<i>desogest-eth estrad &amp; eth estrad tab 0.15-</i> <i>0.02/0.01 mg(21/5)</i> .....	42
CUTAQUIG .....	77	<i>desogest-ethin est tab 0.1-0.025/0.125-</i> <i>0.025/0.15-0.025mg-mg</i> .....	42
CVS LANCETS MIS 21G.....	61	<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30</i> <i>mcg</i> .....	42
CVS LANCETS MIS 30G.....	61	<i>desonide</i> .....	47
CVS LANCETS MIS 33G.....	61	<i>desoximetasone</i> .....	47
CVS LANCETS MIS ORIGINAL .....	61	<i>desvenlafaxine succinate</i> .....	20
CVS LANCETS MIS THIN 26G.....	61	DETROL.....	82
CVS LANCETS MIS THIN 30G.....	61	<i>dexamethasone</i> .....	44
CVS LANCETS MIS THIN 33G.....	61	<i>dexamethasone sodium phosphate</i> .....	44
<i>cyanocobalamin</i> .....	57	<i>dexamethasone sodium phosphate (ophth)</i> .....	76
<i>cyanocobalamin-methylcobalamin sl tab 600-600</i> <i>mcg</i> .....	57	DEXCOM G6 MIS RECEIVER.....	61
<i>cyclobenzaprine hcl</i> .....	73	DEXCOM G6 MIS SENSOR .....	61
<i>cyclopentolate hcl</i> .....	75	DEXCOM G6 MIS TRANSMIT .....	61
<i>cyclophosphamide</i> .....	31	DEXCOM G7 MIS RECEIVER.....	61
<i>cycloserine</i> .....	30	DEXCOM G7 MIS SENSOR .....	61
<i>cyclosporine</i> .....	71	DEXEDRINE.....	7
<i>cyclosporine modified (for microemulsion)</i> .....	71	<i>dexmethylphenidate hcl</i> .....	8
<i>cyproheptadine hcl</i> .....	25	<i>dextroamphetamine sulfate</i> .....	7
CYSTAGON.....	55	DHIVY TAB 25-100MG.....	34
<i>cytarabine</i> .....	31	DIASTAT ACUDIAL .....	18
<b>D</b>		DIASTAT PEDIATRIC.....	18
<i>dabigatran etexilate mesylate</i> .....	18	DIATHRIVE LIQ CONTROL.....	61
<i>dalfampridine</i> .....	79	DIATHRIVE MIS LANCETS .....	61
<i>danazol</i> .....	13	DIATHRIVE MIS UT 30G.....	61
<i>dantrolene sodium</i> .....	73	<i>diatrizoate meglumine &amp; sodium oral soln 66-</i> <i>10%</i> .....	49
<i>dapsone</i> .....	14	<i>diazepam</i> .....	15
<i>dapsone (topical)</i> .....	45	<i>diazepam (anticonvulsant)</i> .....	18
<i>darifenacin hydrobromide</i> .....	82	<i>diazoxide</i> .....	22
<i>darunavir</i> .....	37	<i>dichlorphenamide</i> .....	50
<i>dasatinib</i> .....	32	<i>diclofenac epolamine</i> .....	46
DAXXIFY .....	48	<i>diclofenac potassium</i> .....	9
DAYVIGO.....	58	<i>diclofenac sod dr tab 75 mg &amp; capsaicin cr</i> <i>0.025% ther pack</i> .....	9
<i>decitabine</i> .....	31		
<i>deferasirox</i> .....	24		
<i>deferiprone</i> .....	24		
<i>deferroxamine mesylate</i> .....	24		

<i>diclofenac sodium</i> .....	9	<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> .....	24
<i>diclofenac sodium (actinic keratoses)</i> .....	46	<i>dronabinol</i> .....	24
<i>diclofenac sodium (ophth)</i> .....	76	<i>droperidol</i> .....	15
<i>diclofenac sodium (topical)</i> .....	46	DROPLET LANC MIS 30G .....	61
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....	9	DROPLET PERS MIS LANC 30G .....	62
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....	10	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> ...	42
<i>dicloxacillin sodium</i> .....	78	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> ...	42
<i>dicyclomine hcl</i> .....	81	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	42
<i>diethylpropion hcl</i> .....	7	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	42
DIFICID .....	59	<i>droxidopa</i> .....	83
DIFLUCAN .....	24	DUAVEE TAB 0.45-20 .....	52
<i>diflunisal</i> .....	10	DUETACT TAB 30-2MG.....	21
<i>difluprednate</i> .....	76	DUETACT TAB 30-4MG.....	21
<i>digoxin</i> .....	39	<i>duloxetine hcl</i> .....	20
<i>dihydroergotamine mesylate</i> .....	70	DUO-CARE LIQ LEVEL1/2.....	62
<i>diltiazem hcl</i> .....	39	DUPIXENT.....	48
<i>diltiazem hcl coated beads</i> .....	39	DUROLANE .....	73
<i>diltiazem hcl extended release beads</i> .....	39	<i>dutasteride</i> .....	55
<i>dimethyl fumarate</i> .....	79	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	55
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	79	<b>E</b>	
<i>diphenhydramine hcl</i> .....	25	EASY COMFORT MIS 30G .....	62
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	23	EASY COMFORT MIS LANC/30G.....	62
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> ...	23	EASY COMFORT MIS TWIST .....	62
<i>dipyridamole</i> .....	56	EASY TOUCH LIQ HEALTHPR .....	62
<i>disopyramide phosphate</i> .....	15	EASY TOUCH LIQ HIGH/LOW.....	62
<i>disulfiram</i> .....	78	EASY TOUCH MIS LANC/21G .....	62
DITROPAN XL.....	82	EASY TOUCH MIS LANC/23G.....	62
<i>divalproex sodium</i> .....	19	EASY TOUCH MIS LANC/26G .....	62
<i>dofetilide</i> .....	16	EASY TOUCH MIS LANC/28G.....	62
<i>donepezil hydrochloride</i> .....	78	EASY TOUCH MIS LANC/30G.....	62
DOPTELET .....	57	EASY TOUCH MIS LANC/32G.....	62
<i>dorzolamide hcl</i> .....	76	EASY TOUCH MIS LANC/33G.....	62
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	74	EASY TOUCH SOL CONTROL.....	62
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> .....	74	EASY TOUCH SOL HIGH/LOW .....	62
DOVATO TAB 50-300MG .....	37	EASYMAX 15 LIQ LEVEL2-3.....	62
<i>doxazosin mesylate</i> .....	27	EASYMAX 15 SOL LEVEL 2 .....	62
<i>doxepin hcl</i> .....	21	EASYMAX LIQ NORM/HIG .....	62
<i>doxepin hcl (sleep)</i> .....	58	<i>econazole nitrate</i> .....	46
<i>doxercalciferol</i> .....	52	<i>edaravone</i> .....	74
<i>doxycycline (monohydrate)</i> .....	80	<i>efavirenz</i> .....	37
<i>doxycycline hyclate</i> .....	80	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	37
		<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	37

<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	37	EPCLUSA TAB 200-50MG .....	38
ELEMNT COMPA SOL LEVEL 2 .....	62	EPCLUSA TAB 400-100 .....	38
ELEMNT COMPA SOL LEVEL 3 .....	62	<i>ephedrine sulfate (pressors)</i> .....	83
<i>eletriptan hydrobromide</i> .....	70	EPIDUO FORTE GEL 0.3-2.5% .....	45
ELFABRIO .....	52	EPIDUO GEL 0.1-2.5%.....	45
ELIGARD.....	32	<i>epinastine hcl (ophth)</i> .....	76
ELIQUIS .....	17	<i>epinephrine</i> .....	83
ELIQUIS STARTER PACK .....	17	<i>epinephrine (anaphylaxis)</i> .....	82
ELOCTATE .....	56	<i>epinephrine hcl (nasal)</i> .....	74
EMBRACE LANC MIS 21G .....	62	<i>eplerenone</i> .....	30
EMBRACE LANC MIS 28G .....	62	<i>epoprostenol sodium</i> .....	40
EMBRACE LANC MIS THIN 30G .....	62	EQL LANCETS MIS 21G COLR.....	62
EMBRACE PRO LIQ GLUCOSE .....	62	EQL LANCETS MIS 33G COLR.....	62
EMGALITY .....	70	EQL LANCETS MIS THIN 26G .....	62
EMPAVELI .....	56	EQL LANCETS MIS THIN 30G .....	62
<i>emtricitabine</i> .....	37	<i>ergocalciferol</i> .....	83
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	37	<i>ergoloid mesylates</i> .....	80
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	37	<i>eribulin mesylate</i> .....	33
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	37	ERIVEDGE .....	31
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	37	ERLEADA.....	32
EMVERM.....	13	<i>erlotinib hcl</i> .....	31
<i>enalapril maleate</i> .....	26	<i>ertapenem sodium</i> .....	14
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	28	<i>erythromycin (acne aid)</i> .....	45
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	28	<i>erythromycin (ophth)</i> .....	75
ENBREL .....	10	<i>erythromycin base</i> .....	59
ENBREL MINI .....	10	<i>erythromycin ethylsuccinate</i> .....	59
ENBREL SURECLICK .....	10	<i>erythromycin stearate</i> .....	59
ENDARI .....	57	<i>escitalopram oxalate</i> .....	20
<i>enoxaparin sodium</i> .....	17	<i>esomeprazole magnesium</i> .....	81
ENSPRYNG .....	72	<i>esomeprazole sodium</i> .....	81
ENSTILAR AER .....	47	ESPEROCT .....	56
<i>entacapone</i> .....	34	<i>estazolam</i> .....	58
<i>entecavir</i> .....	38	ESTRACE .....	53
ENTRESTO CAP 15-16MG .....	40	<i>estradiol</i> .....	53
ENTRESTO CAP 6-6MG .....	40	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	52
ENTRESTO TAB 24-26MG .....	40	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	52
ENTRESTO TAB 49-51MG .....	40	<i>estradiol vaginal</i> .....	82
ENTRESTO TAB 97-103MG .....	40	<i>estradiol valerate</i> .....	53
EPCLUSA PAK 150-37.5.....	38	<i>eszopiclone</i> .....	58
EPCLUSA PAK 200-50MG.....	38	<i>ethacrynic acid</i> .....	50
		<i>ethambutol hcl</i> .....	30
		<i>ethosuximide</i> .....	19
		<i>ethyl chloride aerosol spray</i> .....	48
		<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	42

<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1</i>		<i>fenofibrate</i> .....	26
<i>mg-50 mcg</i> .....	42	<i>fenofibrate micronized</i> .....	26
<i>etodolac</i> .....	10	<i>fenofibric acid</i> .....	26
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015</i>		FENSOLVI.....	51
<i>mg/24hr</i> .....	43	<i>fentanyl</i> .....	11
<i>etoposide</i> .....	33	<i>fentanyl citrate</i> .....	11
<i>etravirine</i> .....	37	<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu</i>	
EUCRISA.....	48	<i>tab 106-1 mg</i> .....	57
EUFLEXXA .....	73	<i>fesoterodine fumarate</i> .....	82
<i>everolimus</i> .....	32	FIASP .....	23
<i>everolimus (immunosuppressant)</i> .....	72	FIASP FLEXTOUCH .....	23
EVISTA.....	51	FIASP PENFILL.....	23
EXELON .....	78	FIFTY50 SAFE MIS LANCETS .....	62
<i>exemestane</i> .....	32	FINACEA .....	49
E-Z JECT MIS 21G.....	62	<i>finasteride</i> .....	55
E-Z JECT MIS 21G COLR .....	62	FINE 30 MIS.....	62
E-Z JECT MIS 30G.....	62	FINGERSTIX MIS LANCETS .....	62
E-Z JECT MIS 32G COLR .....	62	<i>fingolimod hcl</i> .....	79
E-Z JECT MIS LANC 21G .....	62	<i>flavoxate hcl</i> .....	82
E-Z JECT MIS THIN 26G .....	62	<i>flecainide acetate</i> .....	16
<i>ezetimibe</i> .....	26	FLOMAX.....	55
<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	25	<i>floxuridine</i> .....	31
<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	25	<i>fluconazole</i> .....	25
<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	25	<i>flucytosine</i> .....	24
<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	25	<i>fludrocortisone acetate</i> .....	44
E-ZJECT LANC MIS 33G .....	62	<i>flunisolide (nasal)</i> .....	74
EZ-LETS 21G MIS LANCETS .....	62	<i>fluocinolone acetonide</i> .....	47
EZ-LETS 26G MIS LANCETS .....	62	<i>fluocinolone acetonide (otic)</i> .....	77
EZ-LETS 28G MIS LANCETS .....	62	<i>fluocinonide</i> .....	47
EZ-LETS 30G MIS LANCETS .....	62	<i>fluocinonide emulsified base</i> .....	47
<b>F</b>		<i>fluorescein sodium injection</i> .....	76
FABRAZYME.....	52	<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	
<i>famciclovir</i> .....	38	.....	76
<i>famotidine</i> .....	81	<i>fluorescein w/ proparacaine ophth soln 0.25-</i>	
FARXIGA.....	23	<i>0.5%</i> .....	76
FASENRA.....	16	<i>fluorometholone (ophth)</i> .....	76
FASENRA PEN .....	16	<i>fluorouracil (topical)</i> .....	46
FASTCLIX MIS LANCETS .....	62	<i>fluoxetine hcl</i> .....	20
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-</i>		<i>fluphenazine decanoate</i> .....	36
<i>0.5-240 mg</i> .....	57	<i>fluphenazine hcl</i> .....	36
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-</i>		<i>flurbiprofen</i> .....	10
<i>0.01-1 mg</i> .....	57	<i>flurbiprofen sodium</i> .....	76
<i>fe fum-iron polysacch complex-fa-b cmlpx-c-zn-</i>		<i>fluticasone propionate</i> .....	47
<i>mn-cu cap</i> .....	57	<i>fluticasone propionate (nasal)</i> .....	74
<i>febuxostat</i> .....	55	<i>fluticasone-salmeterol aer powder ba 100-50</i>	
<i>felbamate</i> .....	19	<i>mcg/act</i> .....	17
<i>felodipine</i> .....	39		

<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .....	17
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .....	17
<i>fluvastatin sodium</i> .....	26
<i>fluvoxamine maleate</i> .....	20
FOCALIN .....	8
<i>folic acid</i> .....	57
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i> .....	57
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i> .....	57
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i> .....	57
FOLLISTIM AQ .....	51
<i>fondaparinux sodium</i> .....	17
FORA LANCETS MIS 30G .....	62
FORA MIS LANCETS .....	62
<i>formaldehyde</i> .....	36
<i>formoterol fumarate</i> .....	17
FOSAMAX .....	51
<i>fosamprenavir calcium</i> .....	37
<i>fosaprepitant dimeglumine</i> .....	24
<i>fosfomycin tromethamine</i> .....	15
<i>fosinopril sodium</i> .....	26
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	28
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	28
<i>fosphenytoin sodium</i> .....	19
FREESTYLE LIQ CONTROL .....	63
FREESTYLE MIS LANCETS .....	63
<i>frovatriptan succinate</i> .....	70
<i>fulvestrant</i> .....	32
<i>furosemide</i> .....	50
FYCOMPA .....	18
FYLNETRA .....	57
<b>G</b>	
<i>gabapentin</i> .....	18
<i>gabapentin (once-daily)</i> .....	80
GALAFOLD .....	52
<i>galantamine hydrobromide</i> .....	78
GANIRELIX ACETATE .....	51
<i>gatifloxacin (ophth)</i> .....	75
GAVRETO .....	33
<i>gefitinib</i> .....	31
GELSYN-3 .....	73

<i>gemfibrozil</i> .....	26
GEMTESA .....	82
<i>gentamicin sulfate</i> .....	9
<i>gentamicin sulfate (ophth)</i> .....	75
<i>gentamicin sulfate (topical)</i> .....	46
GENTEEL MIS LANCETS .....	63
GENTLE-LET MIS 26G .....	63
GENTLE-LET MIS 28G .....	63
GENTLE-LET MIS LANCETS .....	63
GENVOYA TAB .....	37
<i>glatiramer acetate</i> .....	79
<i>glimepiride</i> .....	23
<i>glipizide</i> .....	23
<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	21
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	21
<i>glipizide-metformin hcl tab 5-500 mg</i> .....	21
GLOBAL 28G MIS LANCETS .....	63
GLOBAL 30G MIS LANCETS .....	63
GLUC CONTROL SOL .....	63
GLUC CONTROL SOL MID .....	63
<i>glucagon (rdna)</i> .....	22
GLUCOCARD 01 LIQ NORM/HGH .....	63
GLUCOCARD LIQ LEVEL 1 .....	63
GLUCOCARD SOL SHINE .....	63
GLUCOCOM MIS 28G .....	63
GLUCOCOM MIS 30G .....	63
GLUCOCOM MIS 33G .....	63
<i>glutamine (sickle cell)</i> .....	57
<i>glyburide</i> .....	23
<i>glyburide micronized</i> .....	23
<i>glyburide-metformin tab 1.25-250 mg</i> .....	21
<i>glyburide-metformin tab 2.5-500 mg</i> .....	21
<i>glyburide-metformin tab 5-500 mg</i> .....	21
<i>glycopyrrolate</i> .....	81
GLYXAMBI TAB 10-5 MG .....	21
GLYXAMBI TAB 25-5 MG .....	21
GNP LANCETS MIS 21G .....	63
GNP LANCETS MIS 28G .....	63
GNP LANCETS MIS 30G .....	63
GNP LANCETS MIS 33G .....	63
GNP LANCETS MIS THIN 26G .....	63
GOJJI LANCET MIS 30G .....	63
GOODSENSE MIS LANC 26G .....	63
GOODSENSE MIS LANC 30G .....	63
GOODSENSE MIS LANC 33G .....	63
GRALISE .....	80
<i>granisetron hcl</i> .....	24



GRASTEK .....	8	<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	12
<i>griseofulvin microsized</i> .....	24	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> ..	12
<i>griseofulvin ultramicrosized</i> .....	24	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> ..	12
<i>guanfacine hcl</i> .....	27	<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....	12
<i>guanfacine hcl (adhd)</i> .....	8	<i>hydrocodone-ibuprofen tab 5-200 mg</i> .....	12
GVOKE HYPOPEN 1-PACK .....	22	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	12
GVOKE HYPOPEN 2-PACK .....	22	<i>hydrocortisone</i> .....	44
GVOKE KIT .....	22	<i>hydrocortisone (intrarectal)</i> .....	13
GVOKE PFS.....	22	<i>hydrocortisone (rectal)</i> .....	13
<b>H</b>		<i>hydrocortisone (topical)</i> .....	47
HAEMOLANCE MIS HIGH FLO.....	63	<i>hydrocortisone acetate w/ pramoxine perianal</i>	
HAEMOLANCE MIS LOW FLOW.....	63	<i>cream 1-1%</i> .....	13
HAEMOLANCE MIS PLUS .....	63	<i>hydrocortisone butyrate</i> .....	47
HAEMOLANCE MIS PLUS LOW .....	63	<i>hydrocortisone sod succinate</i> .....	44
HAEMOLANCE MIS PLUS MAX .....	63	<i>hydrocortisone valerate</i> .....	47
HAEMOLANCE MIS PLUS PED.....	63	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> ....	77
HAEMOLANCE MIS RETRACT.....	63	<i>hydrogen peroxide</i> .....	36
<i>halobetasol propionate</i> .....	47	<i>hydromorphone hcl</i> .....	11
<i>haloperidol</i> .....	35	<i>hydroxocobalamin acetate</i> .....	57
<i>haloperidol decanoate</i> .....	35	<i>hydroxychloroquine sulfate</i> .....	30
<i>haloperidol lactate</i> .....	35	<i>hydroxyprogesterone caproate</i> .....	78
HARVONI PAK .....	38	<i>hydroxyprogesterone caproate (antineoplastic)</i>	32
HARVONI PAK 45-200MG.....	38	<i>hydroxyurea</i> .....	33
HARVONI TAB 45-200MG.....	38	<i>hydroxyzine hcl</i> .....	15
HARVONI TAB 90-400MG.....	38	<i>hydroxyzine pamoate</i> .....	15
<i>heparin sodium (porcine)</i> .....	18	<i>hyoscyamine sulfate</i> .....	81
HLTHY ACCNTS MIS LANC 30G .....	63	HYRIMOZ.....	9
HUMATROPE .....	51	HYRIMOZ CROHN'S DISEASE A.....	9
HUMULIN R U-500 (CONCENTR .....	23	HYRIMOZ PEDIATRIC CROHNS .....	9
HUMULIN R U-500 KWIKPEN .....	23	HYRIMOZ SENSOREADY PENS.....	9
<i>hydralazine hcl</i> .....	30	HYRIMOZ-PED INJ CROHNS.....	9
<i>hydrochlorothiazide</i> .....	50	HYRIMOZ-PLAQ INJ PSOR/UE .....	9
<i>hydrocod polst-chlorphen polst er susp 10-8</i>		HYRIMOZ-PLAQ INJ PSORIASI .....	9
<i>mg/5ml</i> .....	44	<b>I</b>	
<i>hydrocodone bitart-homatropine methylbrom</i>		<i>ibandronate sodium</i> .....	51
<i>soln 5-1.5 mg/5ml</i> .....	44	IBRANCE .....	33
<i>hydrocodone bitart-homatropine methylbromide</i>		<i>ibuprofen</i> .....	10
<i>tab 5-1.5 mg</i> .....	44	<i>ibuprofen-famotidine tab 800-26.6 mg</i> .....	10
<i>hydrocodone bitartrate</i> .....	11	<i>icatibant acetate</i> .....	56
<i>hydrocodone-acetaminophen soln 10-325</i>		<i>icosapent ethyl</i> .....	25
<i>mg/15ml</i> .....	12	ILEVRO.....	76
<i>hydrocodone-acetaminophen soln 7.5-325</i>		ILUMYA.....	46
<i>mg/15ml</i> .....	12	<i>imatinib mesylate</i> .....	33
<i>hydrocodone-acetaminophen tab 10-300 mg</i> ..	12	<i>imipramine hcl</i> .....	21
<i>hydrocodone-acetaminophen tab 10-325 mg</i> ..	12	<i>imipramine pamoate</i> .....	21
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> .	12	<i>imiquimod</i> .....	48
<i>hydrocodone-acetaminophen tab 5-300 mg</i> ....	12	IMITREX.....	70

IMITREX STATDOSE REFILL .....	70	ISENTRESS .....	37
IMITREX STATDOSE SYSTEM.....	70	ISENTRESS HD.....	37
IMVEXXY MAINTENANCE PACK.....	82	<i>isoflurane</i> .....	54
IMVEXXY STARTER PACK .....	82	<i>isoflurane inhal soln</i> .....	54
IN TOUCH LAN MIS 30G .....	63	<i>isoniazid</i> .....	30
IN TOUCH SOL GLUCOSE .....	63	<i>isoproterenol hcl</i> .....	17
INBRIJA .....	34	<i>isosorbide dinitrate</i> .....	15
INCONTROL MIS LANC 28G .....	63	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i>	
INCONTROL MIS LANC 30G .....	63	<i>mg</i> .....	40
INCONTROL MIS LANC 33G .....	63	<i>isosorbide mononitrate</i> .....	15
<i>indapamide</i> .....	50	<i>isosulfan blue</i> .....	49
<i>indigotindisulfonate sodium</i> .....	49	<i>isotretinoin</i> .....	45
<i>indomethacin</i> .....	10	<i>isradipine</i> .....	39
INGREZZA.....	79	<i>itraconazole</i> .....	25
INGREZZA CAP 40-80MG .....	79	<i>ivabradine hcl</i> .....	41
INLYTA .....	31	<i>ivermectin</i> .....	13
INSULIN GLARGINE-YFGN.....	23	<b>J</b>	
INSULIN SYRG MIS 0.3/29G .....	70	JARDIANCE .....	23
INSULIN SYRG MIS 0.3/30G .....	70	JIVI .....	56
INSULIN SYRG MIS 0.3/31G .....	70	<b>K</b>	
INSULIN SYRG MIS 0.5/28G .....	70	KANJINTI.....	31
INSULIN SYRG MIS 0.5/29G .....	70	KERENDIA .....	52
INSULIN SYRG MIS 0.5/30G .....	70	KESIMPTA.....	79
INSULIN SYRG MIS 0.5/31G .....	70	<i>ketamine hcl</i> .....	54
INSULIN SYRG MIS 1ML .....	70	<i>ketoconazole</i> .....	25
INSULIN SYRG MIS 1ML/27G .....	70	<i>ketoconazole (topical)</i> .....	46
INSULIN SYRG MIS 1ML/28G .....	70	<i>ketorolac tromethamine</i> .....	10
INSULIN SYRG MIS 1ML/29G .....	70	<i>ketorolac tromethamine (ophth)</i> .....	76
INSULIN SYRG MIS 1ML/30G .....	70	KEVZARA.....	9
INSULIN SYRG MIS 1ML/31G .....	70	KINNEY MIS LANCETS.....	63
INSULIN SYRG MIS 1ML/30G .....	70	KINNEY THIN MIS LANCETS .....	63
INSULIN SYRG MIS 2/27.5G .....	70	KISQALI .....	33
INSULIN SYRG MIS 29GX1/2 .....	70	KISQALI 200 PAK FEMARA.....	32
<i>iodine solution strong 5% (Iugol's)</i> .....	71	KISQALI 400 PAK FEMARA.....	32
<i>iopamidol</i> .....	49	KISQALI 600 PAK FEMARA.....	32
<i>ipratropium bromide</i> .....	16	KLARON .....	45
<i>ipratropium bromide (nasal)</i> .....	74	KOGENATE FS.....	56
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>		KOSELUGO.....	33
<i>mg/3ml</i> .....	17	KOVALTRY .....	56
<i>irbesartan</i> .....	27	KRAZATI.....	33
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>		KROGER LANCE MIS .....	63
.....	28	KROGER LANCE MIS 26G.....	63
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>		KROGER LANCE MIS THIN .....	63
.....	28	KROGER LANCE MIS THIN 30G.....	63
<i>iron polysacch complex-vit b12-fa cap 150-0.025-</i>		KYLEENA .....	43
<i>1 mg</i> .....	57	KYNMOBI.....	34
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-</i>			
<i>1.25 mg</i> .....	57		

<b>L</b>	
<i>labetalol hcl</i> .....	38
<i>lacosamide</i> .....	18
<i>lacosamide tab 50 mg</i> .....	18
<i>lactic acid (ammonium lactate)</i> .....	48
<i>lactulose</i> .....	59
<i>lactulose (encephalopathy)</i> .....	54
<i>lamivudine</i> .....	37
<i>lamivudine (hbv)</i> .....	38
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	37
<i>lamotrigine</i> .....	18
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> .....	18
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> .....	18
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i> .....	18
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> .....	18
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i> .....	19
LANCET DEVIC MIS 30G .....	63
LANCET MICRO MIS THIN 33G .....	63
LANCET STAND MIS 21G.....	64
LANCET SUPER MIS THIN 30G .....	64
LANCET ULTRA MIS 28G .....	64
LANCET ULTRA MIS THIN 30G .....	64
LANCETS MICR MIS THIN 33G .....	64
LANCETS MIS .....	64
LANCETS MIS 21G.....	64
LANCETS MIS 21G COLR .....	64
LANCETS MIS 26G.....	64
LANCETS MIS 28G THIN .....	64
LANCETS MIS 30G.....	64
LANCETS MIS 33G.....	64
LANCETS MIS ORIGINAL .....	64
LANCETS MIS THIN .....	64
LANCETS MIS THIN 26G .....	64
LANCETS MIS THIN 30G.....	64
LANCETS SUPR MIS THIN 28G .....	64
LANCETS THIN MIS .....	64
LANCETS THIN MIS 26G.....	64
LANCETS ULTR MIS THIN .....	64
LANCETS ULTR MIS THIN 31G.....	64
LANCING DEVI MIS 25G.....	64
LANCING DEVI MIS 30G.....	64
<i>lanreotide acetate</i> .....	52
<i>lansoprazole</i> .....	81
LANTUS.....	23
LANTUS SOLOSTAR.....	23
<i>lapatinib ditosylate</i> .....	33
LASIX.....	50
<i>latanoprost</i> .....	76
LB LANCET MIS 28G .....	64
<i>leflunomide</i> .....	10
<i>lenalidomide</i> .....	71
LENVIMA 10 MG DAILY DOSE .....	31
LENVIMA 12MG DAILY DOSE .....	31
LENVIMA 20 MG DAILY DOSE .....	31
LENVIMA 4 MG DAILY DOSE .....	31
LENVIMA 8 MG DAILY DOSE .....	31
LENVIMA CAP 14 MG .....	31
LENVIMA CAP 18 MG .....	31
LENVIMA CAP 24 MG .....	31
<i>letrozole</i> .....	32
<i>leucovorin calcium</i> .....	33
<i>leuprolide acetate</i> .....	32
<i>levalbuterol hcl</i> .....	17
<i>levalbuterol tartrate</i> .....	17
<i>levamlodipine maleate</i> .....	39
<i>levetiracetam</i> .....	19
<i>levobunolol hcl</i> .....	74
<i>levocarnitine (metabolic modifiers)</i> .....	52
<i>levocetirizine dihydrochloride</i> .....	25
<i>levofloxacin</i> .....	53
<i>levofloxacin (ophth)</i> .....	75
<i>levoleucovorin calcium</i> .....	33
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> .....	42
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	42
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	42
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	42
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....	42
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....	42
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> .....	42
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	42

<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	42	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	37
<i>levothyroxine sodium</i> .....	81	<i>lopinavir-ritonavir tab 100-25 mg</i> .....	37
<i>lidocaine</i> .....	48	<i>lopinavir-ritonavir tab 200-50 mg</i> .....	37
<i>lidocaine hcl</i> .....	48	LOPROX SHAMPOO .....	46
<i>lidocaine hcl (local anesth.)</i> .....	59	<i>lorazepam</i> .....	15
<i>lidocaine hcl (mouth-throat)</i> .....	72	<i>losartan potassium</i> .....	27
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i> .....	59	<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	29
<i>lidocaine inj 1% w/ epinephrine-1:100000</i> .....	59	<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	29
<i>lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)</i> .....	59	<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	29
<i>lidocaine inj 2% w/ epinephrine-1:100000</i> .....	59	LOSEASONIQUE TAB .....	42
<i>lidocaine inj 2% w/ epinephrine-1:200000 (pf)</i> .	59	LOTENSIN .....	27
<i>lidocaine-hydrocortisone acetate cream 1-1%</i> ..	47	LOTENSIN HCT TAB 10-12.5 .....	29
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i> .....	13	LOTENSIN HCT TAB 20-12.5 .....	29
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i> .....	13	LOTENSIN HCT TAB 20-25MG .....	29
<i>lidocaine-menthol patch 4-1%</i> .....	48	<i>loteprednol etabonate</i> .....	76
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	48	<i>lovastatin</i> .....	26
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> .....	48	<i>loxapine succinate</i> .....	35
<i>lincomycin hcl</i> .....	14	<i>lubiprostone</i> .....	53
<i>linezolid</i> .....	14	LUMAKRAS .....	33
LINZESS .....	54	LUMRYZ.....	78
<i>liothyronine sodium</i> .....	81	LUMRYZ PAK STARTER .....	78
<i>liraglutide</i> .....	22	LUPRON DEPOT-PED (1-MONTH.....	51
<i>lisdexamfetamine dimesylate</i> .....	7	LUPRON DEPOT-PED (3-MONTH.....	51
<i>lisinopril</i> .....	27	LUPRON DEPOT-PED (6-MONTH.....	51
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> 29		<i>lurasidone hcl</i> .....	35
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> 29		LYNPARZA.....	33
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> ..	29	LYVISPAH.....	73
LITE TOUCH MIS LANCETS .....	64	<b>M</b>	
LITETOUCH MIS LANCETS .....	64	<i>mafenide acetate</i> .....	47
LITFULO .....	48	<i>magnesium sulfate</i> .....	71
<i>lithium</i> .....	35	<i>malathion</i> .....	49
<i>lithium carbonate</i> .....	35	<i>maraviroc</i> .....	37
<i>l-methylfolate</i> .....	49	MARINOL.....	24
LO LOESTRIN TAB 1-10-10 .....	42	MAXITROL OIN 0.1% OP.....	76
<i>lofexidine hcl</i> .....	78	MAXITROL SUS 0.1% OP.....	76
LONGS LANCET MIS STANDARD .....	64	MAXZIDE TAB 75-50.....	50
LONGS LANCET MIS THIN .....	64	MAXZIDE-25 TAB.....	50
LONGS LANCET MIS ULTRA TH .....	64	MAYZENT .....	79
LONSURF TAB 15-6.14 .....	32	MAYZENT STARTER PACK.....	79
LONSURF TAB 20-8.19 .....	32	<i>meclizine hcl</i> .....	24
<i>loperamide hcl</i> .....	23	<i>meclofenamate sodium</i> .....	10
LOPID .....	26	MEDICHOICE MIS LANCET.....	64
		MEDISENSE LIQ GLUC-KET .....	64

MEDLANCE MIS 30G PLUS.....	64	<i>methenamine-hyosc-meth blue-sod phos-phen</i>	
MEDLANCE MIS EXTR 21G.....	64	<i>sal cap 120 mg</i> .....	14
MEDLANCE MIS LITE 25G .....	64	<i>methenamine-hyosc-meth blue-sod phos-phen</i>	
MEDLANCE MIS PLUS .....	64	<i>sal tab 81 mg</i> .....	14
MEDLANCE MIS PLUS 30G.....	64	<i>methenamine-hyos-meth blue-sod phos-phen sal</i>	
MEDLANCE MIS UNV 21G .....	64	<i>tab 81.6 mg</i> .....	14
MEDLANCE PLS MIS 0.8MM .....	64	<i>methimazole</i> .....	81
MEDLANCE PLS MIS EXTR 21G .....	64	<i>methocarbamol</i> .....	73
MEDLANCE PLS MIS LITE 25G.....	64	<i>methohexital sodium</i> .....	54
MEDLANCE PLS MIS UNIV 21G .....	64	<i>methotrexate sodium</i> .....	31
MEDROL.....	44	<i>methoxsalen rapid</i> .....	46
MEDROL DOSEPAK .....	44	<i>methscopolamine bromide</i> .....	81
<i>medroxyprogesterone acetate</i> .....	78	<i>methsuximide</i> .....	19
<i>medroxyprogesterone acetate (contraceptive)</i>	43	<i>methyl dopa</i> .....	27
<i>mefenamic acid</i> .....	10	<i>methylergonovine maleate</i> .....	77
<i>mefloquine hcl</i> .....	30	METHYLIN .....	8
<i>megestrol acetate</i> .....	32	<i>methylphenidate</i> .....	8
<i>megestrol acetate (appetite)</i> .....	78	<i>methylphenidate hcl</i> .....	8
MEIJER LANCE MIS COLOR .....	64	<i>methylprednisolone</i> .....	44
MEIJER LANCE MIS UNIV 21G.....	64	<i>methylprednisolone acetate</i> .....	44
MEIJER LANCE MIS UNIV 30G.....	64	<i>methylprednisolone sod succ</i> .....	44
MEIJER LANCE MIS UNIVERSA.....	64	<i>methyltestosterone</i> .....	13
MEIJER MIS LANCETS.....	64	<i>metoclopramide hcl</i> .....	53
MEKTOVI.....	33	<i>metolazone</i> .....	50
<i>meloxicam</i> .....	10	<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	
<i>melphalan</i> .....	31	.....	29
<i>memantine hcl</i> .....	78	<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</i>		.....	29
<i>titration pack</i> .....	79	<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	
<i>meperidine hcl</i> .....	11	.....	29
<i>mepivacaine hcl</i> .....	59	<i>metoprolol succinate</i> .....	38
<i>meprobamate</i> .....	15	<i>metoprolol tartrate</i> .....	38
<i>mercaptopurine</i> .....	31	METROCREAM .....	49
<i>mesalamine</i> .....	54	METROGEL .....	49
<i>mesalamine w/ cleanser</i> .....	54	METROLOTION.....	49
<i>metaxalone</i> .....	73	<i>metronidazole</i> .....	14
<i>metformin hcl</i> .....	22	<i>metronidazole (topical)</i> .....	49
<i>methadone hcl</i> .....	11	<i>metronidazole vaginal</i> .....	82
<i>methamphetamine hcl</i> .....	7	<i>metyrosine</i> .....	27
<i>methazolamide</i> .....	50	<i>mexiletine hcl</i> .....	15
<i>methenamine hippurate</i> .....	15	<i>miconazole nitrate vaginal</i> .....	82
<i>methenamine mandelate</i> .....	15	<i>miconazole-zinc oxide-white petrolatum oint</i>	
<i>methenamine-hyosc-meth blue-benz acid-phenyl</i>		<i>0.25-15-81.35%</i> .....	46
<i>sal tab 81.6mg</i> .....	14	MICRO THIN MIS LANC 33G .....	65
<i>methenamine-hyosc-meth blue-sod phos-phen</i>		MICRODOT CON SOL HIGH/LOW .....	65
<i>sal cap 118 mg</i> .....	14	MICROLET MIS LANCETS .....	65
		<i>midazolam hcl</i> .....	58

<i>midodrine hcl</i> .....	83
<i>mifepristone</i> .....	52
<i>mifepristone (hyperglycemia)</i> .....	22
<i>miglitol</i> .....	21
<i>miglustat</i> .....	57
<i>mineral oil</i> .....	59
<i>minocycline hcl</i> .....	80
<i>minoxidil</i> .....	30
<i>mirabegron</i> .....	82
MIRCETTE TAB 28 DAY .....	42
MIRENA .....	43
<i>mirtazapine</i> .....	20
<i>misoprostol</i> .....	81
MITIGARE .....	55
MM TWIST MIS LANCETS .....	65
MOBILE LANCE MIS 30G.....	65
<i>modafinil</i> .....	8
<i>moexipril hcl</i> .....	27
<i>molindone hcl</i> .....	36
<i>mometasone furoate</i> .....	47
<i>mometasone furoate (nasal)</i> .....	74
MONOLET MIS LANCETS .....	65
MONOLET OPD MIS LANCETS .....	65
MONOLETTOR MIS LANCETS.....	65
<i>montelukast sodium</i> .....	16
<i>morphine sulfate</i> .....	11
<i>morphine sulfate beads</i> .....	11
<i>morphine sulfate for continuous microinfusion</i> .....	11
MOUNJARO .....	22
MOVANTIK.....	54
<i>moxifloxacin hcl</i> .....	53
<i>moxifloxacin hcl (ophth)</i> .....	75
MPD SFTY LAN MIS 21G .....	65
MPD SFTY LAN MIS 23G .....	65
MPD SFTY LAN MIS 28G .....	65
MPD SFTY LAN MIS 30G .....	65
MULTAQ .....	16
<i>multiple vitamins w/ minerals cap</i> .....	72
<i>multiple vitamins w/ minerals tab</i> .....	72
<i>mupirocin</i> .....	46
<i>mycophenolate mofetil</i> .....	72
<i>mycophenolate sodium</i> .....	72
MYFEMBREE TAB.....	52
MYGLUCOHEALT MIS LANC 30G .....	65
MYGLUCOHEALT SOL LO/NL/HI .....	65
MYSOLINE.....	19

## N

<i>nabumetone</i> .....	10
<i>nadolol</i> .....	39
<i>nafcillin sodium</i> .....	78
<i>naftifine hcl</i> .....	46
NAFTIN .....	46
<i>nalbuphine hcl</i> .....	12
<i>naloxone hcl</i> .....	24
<i>naltrexone hcl</i> .....	24
NAMZARIC CAP .....	79
NAMZARIC CAP 14-10MG .....	79
NAMZARIC CAP 21-10MG .....	79
NAMZARIC CAP 28-10MG .....	79
NAMZARIC CAP 7-10MG .....	79
<i>naproxen</i> .....	10
<i>naproxen sodium</i> .....	10
<i>naratriptan hcl</i> .....	70
NATAZIA TAB.....	42
<i>nateglinide</i> .....	23
NATESTO .....	13
NAYZILAM .....	18
<i>nebivolol hcl</i> .....	39
<i>nefazodone hcl</i> .....	20
<i>neomycin sulfate</i> .....	9
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	75
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	75
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	76
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	76
<i>neomycin-polymyxin-hc ophth susp</i> .....	76
<i>neomycin-polymyxin-hc otic soln 1%</i> .....	77
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	77
NEUPRO.....	34
NEURONTIN .....	19
NEUTEK 2TEK SOL CONTROL.....	65
<i>nevirapine</i> .....	37
NEXLETOL .....	25
NEXLIZET TAB 180/10MG.....	25
NEXVIAZYME .....	52
<i>niacin (antihyperlipidemic)</i> .....	26
<i>nicardipine hcl</i> .....	39
<i>nifedipine</i> .....	39
<i>nilutamide</i> .....	32

<i>nimodipine</i> .....	39	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	43
NINLARO .....	33	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> .....	43
<i>nisoldipine</i> .....	39	<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> .....	43
<i>nitazoxanide</i> .....	14	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	43
<i>nitisinone</i> .....	52	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	43
<i>nitrofurantoin</i> .....	15	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	43
<i>nitrofurantoin macrocrystal</i> .....	15	<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	43
<i>nitrofurantoin monohyd macro</i> .....	15	<i>nortriptyline hcl</i> .....	21
<i>nitroglycerin</i> .....	15	NOVA MAX GLU LIQ /KET CON .....	65
<i>nitroglycerin (intra-anal)</i> .....	13	NOVA SAFETY MIS LANC 23G.....	65
NITROLINGUAL .....	15	NOVA SAFETY MIS LANC 28G.....	65
NITROSTAT .....	15	NOVA SURE MIS LANCETS.....	65
NIVESTYM.....	57	NOVOEIGHT .....	56
<i>nizatidine</i> .....	81	NOVOLIN INJ 70/30.....	23
NORDITROPIN FLEXPRO .....	51	NOVOLIN INJ 70/30 FP .....	23
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....	43	NOVOLIN N.....	23
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> .....	42	NOVOLIN N FLEXPEN.....	23
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i> .....	42	NOVOLIN R.....	23
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	42	NOVOLIN R FLEXPEN .....	23
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> .....	42	NOVOLOG.....	23
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> .....	42	NOVOLOG FLEXPEN .....	23
<i>norethindrone (contraceptive)</i> .....	43	NOVOLOG MIX INJ 70/30.....	23
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	43	NOVOLOG MIX INJ FLEXPEN .....	23
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	43	NOVOLOG PENFILL.....	23
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	43	NOVOSEVEN RT.....	56
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	43	NUBEQA .....	32
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> .....	43	NUCALA.....	16
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> .....	43	NURTEC .....	70
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	43	NUWIQ.....	56
<i>norethindrone acetate</i> .....	78	<i>nystatin</i> .....	24
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....	53	<i>nystatin (mouth-throat)</i> .....	72
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....	53	<i>nystatin (topical)</i> .....	46
		<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> .....	46
		<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> .....	46
		NYVEPRIA .....	57
		<b>O</b>	
		OCREVUS.....	80
		<i>octreotide acetate</i> .....	52

OCUFLOX .....	75	ONETOUCH DEL MIS PLUS 30G .....	65
ODEFSEY TAB .....	37	ONETOUCH DEL MIS PLUS 33G .....	65
ODOMZO .....	31	ONETOUCH KIT ULTRA 2 .....	65
OFEV .....	80	ONETOUCH KIT VERIO FL .....	65
<i>ofloxacin</i> .....	53	ONETOUCH KIT VERIO RE .....	65
<i>ofloxacin (ophth)</i> .....	75	ONETOUCH LIQ ULT CONT .....	65
<i>ofloxacin (otic)</i> .....	77	ONETOUCH LIQ ULTRA .....	65
<i>olanzapine</i> .....	36	ONETOUCH LIQ VERIO .....	65
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i> .....	79	ONETOUCH MIS LANC DEV .....	65
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i> .....	79	ONETOUCH TES ULT BLUE .....	49
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i> .....	79	ONETOUCH TES ULTRA .....	49
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i> .....	79	ONETOUCH TES VERIO .....	49
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i> .....	79	ONETOUCH US MIS 2 30G .....	65
<i>olmesartan medoxomil</i> .....	27	ON-THE-GO MIS LANC 30G .....	65
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....	29	ONZETRA XSAIL .....	70
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> <i>40-12.5 mg</i> .....	29	OPSUMIT .....	41
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> <i>40-25 mg</i> .....	29	OPZELURA .....	48
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> <i>20-5-12.5 mg</i> .....	29	ORACEA .....	49
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> <i>40-10-12.5 mg</i> .....	29	ORALAIR SUB 300 IR .....	8
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> <i>40-10-25 mg</i> .....	29	ORENCIA .....	10
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> <i>40-5-12.5 mg</i> .....	29	ORENCIA CLICKJECT .....	10
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> <i>40-5-25 mg</i> .....	29	ORENITRAM .....	40
<i>olopatadine hcl</i> .....	76	ORENITRAM TAB MONTH 1 .....	40
<i>olopatadine hcl (nasal)</i> .....	74	ORENITRAM TAB MONTH 2 .....	40
<i>omega-3-acid ethyl esters cap 1 gm</i> .....	25	ORENITRAM TAB MONTH 3 .....	40
<i>omeprazole</i> .....	81	ORFADIN .....	52
OMNIPOD 5 DX KIT INT G7G6 .....	65	ORIAHNN CAP .....	53
OMNIPOD 5 DX MIS POD G7G6 .....	65	ORLISSA .....	51
OMNIPOD 5 G7 KIT INTRO .....	65	ORLADEYO .....	56
OMNIPOD 5 G7 MIS PODS .....	65	<i>orlistat</i> .....	8
OMNIPOD 5 LB KIT INTRO G6 .....	65	<i>orphenadrine citrate</i> .....	73
OMNIPOD 5 LB MIS PODS G6 .....	65	<i>oseltamivir phosphate</i> .....	38
OMNIPOD DASH KIT INTRO .....	65	OTEZLA .....	10
OMNIPOD DASH KIT PDM .....	65	OTEZLA TAB 10/20/30 .....	10
OMNIPOD DASH MIS PODS .....	65	<i>oxacillin sodium</i> .....	78
OMNIPOD MIS CLASSIC .....	65	<i>oxandrolone</i> .....	13
<i>ondansetron</i> .....	24	<i>oxaprozin</i> .....	10
<i>ondansetron hcl</i> .....	24	<i>oxazepam</i> .....	15
ONETOUCH DEL MIS LANC DEV .....	65	<i>oxcarbazepine</i> .....	19
		<i>oxiconazole nitrate</i> .....	46
		OXTELLAR XR .....	19
		<i>oxybutynin chloride</i> .....	82
		<i>oxycodone hcl</i> .....	11
		<i>oxycodone w/ acetaminophen tab 10-325 mg</i> ..	12
		<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> ..	12
		<i>oxycodone w/ acetaminophen tab 5-325 mg</i> ....	12
		<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> ..	12



<i>oxymorphone hcl</i> .....	11	PEPCID .....	81
<i>oxytocin</i> .....	77	PERFECT 28G MIS LANCETS .....	65
OZEMPIC.....	22	PERFECT 30G MIS LANCETS .....	65
<b>P</b>		<i>perindopril erbumine</i> .....	27
<i>paliperidone</i> .....	35	PERJETA.....	31
<i>palonosetron hcl</i> .....	24	<i>permethrin</i> .....	49
PAMELOR.....	21	<i>perphenazine</i> .....	36
<i>pantoprazole sodium</i> .....	81	<i>perphenazine-amitriptyline tab 2-10 mg</i> .....	79
<i>paricalcitol</i> .....	52	<i>perphenazine-amitriptyline tab 2-25 mg</i> .....	79
PARLODEL.....	34	<i>perphenazine-amitriptyline tab 4-10 mg</i> .....	79
<i>paroxetine hcl</i> .....	20	<i>perphenazine-amitriptyline tab 4-25 mg</i> .....	79
PATANASE.....	74	<i>perphenazine-amitriptyline tab 4-50 mg</i> .....	79
PAXLOVID TAB 150-100.....	38	PERSERIS.....	35
PAXLOVID TAB 300-100.....	38	PHARMACY COU MIS LANCETS.....	65
<i>pazopanib hcl</i> .....	33	PHEBURANE .....	52
PC LANCETS MIS 30G.....	65	<i>phenazopyridine hcl</i> .....	55
PEDIAPRED .....	44	<i>phendimetrazine tartrate</i> .....	7
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i> .....	73	<i>phenelzine sulfate</i> .....	20
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i> .....	73	<i>phenobarbital</i> .....	58
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i> .....	73	<i>phenobarbital sodium</i> .....	58
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i> .....	73	<i>phenoxybenzamine hcl</i> .....	27
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i> .....	73	<i>phentermine hcl</i> .....	7
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> .....	73	<i>phentolamine mesylate</i> .....	27
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i> .....	73	<i>phenylephrine hcl (mydriatic)</i> .....	75
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i> .....	73	<i>phenytoin</i> .....	19
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	58	<i>phenytoin sodium</i> .....	19
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> .....	58	<i>phenytoin sodium extended</i> .....	19
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> ..	58	PHESGO SOL.....	32
<i>peniclovir</i> .....	47	<i>phytonadione</i> .....	83
<i>penicillamine</i> .....	71	<i>pilocarpine hcl</i> .....	75
<i>penicillin g potassium</i> .....	77	<i>pilocarpine hcl (oral)</i> .....	72
<i>penicillin g sodium</i> .....	77	<i>pimecrolimus</i> .....	48
<i>penicillin v potassium</i> .....	77	<i>pimozide</i> .....	80
<i>pentamidine isethionate</i> .....	14	<i>pindolol</i> .....	39
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i> .....	12	<i>pioglitazone hcl</i> .....	23
<i>pentobarbital sodium</i> .....	58	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .....	21
<i>pentoxifylline</i> .....	56	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....	21
		<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> ..	21
		<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> ..	21
		PIP CONTROL LIQ .....	65
		PIP LANCETS MIS 28G .....	66
		PIP LANCETS MIS 30G .....	66
		<i>pirfenidone</i> .....	80
		<i>piroxicam</i> .....	10
		<i>pitavastatin calcium</i> .....	26
		<i>plerixafor</i> .....	57
		POCKETCHEM SOL EZ.....	66

<i>podofilox</i> .....	48	<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> .....	73
<i>polymyxin b sulfate</i> .....	14	<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-</i>	
<i>polymyxin b-trimethoprim ophth soln 10000</i>		<i>0.6-0.4 mg</i> .....	73
<i>unit/ml-0.1%</i> .....	75	<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
<i>posaconazole</i> .....	25	.....	73
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334</i>		<i>primaquine phosphate</i> .....	30
<i>mg/5ml</i> .....	54	<i>primidone</i> .....	19
<i>pot phos monobasic w/sod phos di &amp; monobas</i>		PRO COMFORT MIS 31G .....	66
<i>tab 155-852-130mg</i> .....	71	PRO COMFORT MIS LANC 30G.....	66
<i>potassium bicarbonate</i> .....	71	PRO COMFORT MIS LANCETS .....	66
<i>potassium chloride</i> .....	71	<i>probenecid</i> .....	55
<i>potassium chloride microencapsulated crystals er</i>		<i>procainamide hcl</i> .....	15
.....	71	PROCARDIA XL.....	39
<i>potassium citrate &amp; citric acid powder pack 3300-</i>		<i>prochlorperazine</i> .....	36
<i>1002 mg</i> .....	54	<i>prochlorperazine edisylate</i> .....	36
<i>potassium citrate &amp; citric acid soln 1100-334</i>		<i>prochlorperazine maleate</i> .....	36
<i>mg/5ml</i> .....	54	PROCRT .....	57
<i>potassium citrate (alkalinizer)</i> .....	55	PROCTOFOAM AER HC 1% .....	13
<i>potassium iodide (expectorant)</i> .....	45	PRODIGY MIS 26G .....	66
<i>potassium phosphate monobasic</i> .....	71	PRODIGY MIS 28G .....	66
<i>pralatrexate</i> .....	31	<i>progesterone</i> .....	78
<i>pramipexole dihydrochloride</i> .....	34	PROLASTIN-C.....	80
<i>prasugrel hcl</i> .....	56	PROLIA.....	51
<i>pravastatin sodium</i> .....	26	<i>promethazine &amp; phenylephrine syrup 6.25-5</i>	
<i>praziquantel</i> .....	13	<i>mg/5ml</i> .....	44
<i>prazosin hcl</i> .....	27	<i>promethazine hcl</i> .....	25
PRECISION LIQ GLUC/KET .....	66	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>prednicarbate</i> .....	48	.....	44
<i>prednisolone</i> .....	44	<i>promethazine-dm syrup 6.25-15 mg/5ml</i> .....	44
<i>prednisolone acetate (ophth)</i> .....	76	<i>promethazine-phenylephrine-codeine syrup 6.25-</i>	
PREDNISOLONE SODIUM PHOSP .....	76	<i>5-10 mg/5ml</i> .....	44
<i>prednisolone sodium phosphate</i> .....	44	<i>propafenone hcl</i> .....	16
<i>prednisone</i> .....	44	<i>proparacaine hcl</i> .....	75
<i>pregabalin</i> .....	19	<i>propranolol hcl</i> .....	39
<i>pregabalin (once-daily)</i> .....	80	<i>propylthiouracil</i> .....	81
PREGNYL.....	51	PROSCAR .....	55
PREMPHASE TAB .....	53	<i>protriptyline hcl</i> .....	21
PREMPRO TAB .....	53	PROVERA.....	78
PREMPRO TAB 0.3-1.5.....	53	<i>prucalopride succinate</i> .....	53
PREMPRO TAB 0.45-1.5.....	53	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
PREMPRO TAB 0.625-5.....	53	<i>mg/5ml</i> .....	44
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-</i>		PSS SAFE LAN MIS .....	66
<i>0.6-0.4-300 mg</i> .....	73	PSS SEL LANC MIS.....	66
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>		PULMICORT .....	16
.....	73	PULMICORT FLEXHALER.....	16
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>		PURE COMFORT MIS 30G LAN .....	66
.....	73	PX LANCETS MIS 28G .....	66

PX LANCETS MIS 33G.....	66	REALITY MIS LANCETS.....	66
PX LANCETS MIS ULT THIN .....	66	REALITY TRIG MIS LANCETS .....	66
<i>pyrazinamide</i> .....	30	REBIF .....	80
<i>pyridostigmine bromide</i> .....	30	REBIF REBIDO INJ TITRATN .....	80
<i>pyridoxine hcl</i> .....	83	REBIF REBIDOSE .....	80
<i>pyrimethamine</i> .....	30	REBIF TITRTN INJ PACK.....	80
<b>Q</b>		REBINYN .....	56
QC LANCETS MIS 28G .....	66	REFUAH PLUS SOL CONTROL .....	66
QC LANCETS MIS 30G .....	66	REGLAN .....	53
QELBREE .....	8	RELENZA DISKHALER.....	38
QSYMIA CAP 11.25-69.....	7	RELION LANCE MIS THIN 26G .....	66
QSYMIA CAP 15-92MG .....	7	RELION LANCE MIS THIN 30G .....	66
QSYMIA CAP 3.75-23.....	7	RELION MICRO MIS THIN 33G.....	66
QSYMIA CAP 7.5-46MG .....	7	RELION ULTRA MIS THIN 30G .....	66
QUESTRAN.....	26	RELION ULTRA MIS THIN PLS .....	66
QUESTRAN LIGHT .....	26	RELPAK .....	70
<i>quetiapine fumarate</i> .....	36	REMERON.....	20
QUICKTEK LIQ SOLUTION .....	66	REMERON SOLTAB .....	20
<i>quinapril hcl</i> .....	27	REMICADE .....	54
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> .	29	<i>repaglinide</i> .....	23
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> .	29	REPATHA .....	26
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> ....	29	REPATHA PUSHTRONEX SYSTEM .....	26
<i>quinidine gluconate</i> .....	15	REPATHA SURECLICK.....	26
<i>quinine sulfate</i> .....	30	<i>resorcinol-sulfur lotion 2-5%</i> .....	45
QUINTET CONT SOL HGH/NORM .....	66	RESTASIS.....	75
QULIPTA.....	70	RESTASIS MULTIDOSE .....	75
QUVIVIQ .....	58	RESTORIL.....	58
<b>R</b>		RETACRIT.....	57
RA E-ZJECT MIS 28G .....	66	RETEVMO .....	33
RA E-ZJECT MIS THIN 26G.....	66	RETIN-A .....	45
RA E-ZJECT MIS THIN 28G.....	66	REVLIMID.....	71
RA E-ZJECT MIS ULT THIN .....	66	<i>ribavirin (hepatitis c)</i> .....	38
<i>rabeprazole sodium</i> .....	81	<i>rifabutin</i> .....	30
RADICAVA ORS .....	74	<i>rifampin</i> .....	30
RADICAVA ORS STARTER KIT .....	74	RIGHTEST MIS GL300 .....	66
RAGWITEK .....	8	<i>riluzole</i> .....	74
<i>raloxifene hcl</i> .....	51	<i>rimantadine hydrochloride</i> .....	38
<i>ramelteon</i> .....	58	RINVOQ.....	9
<i>ramipril</i> .....	27	<i>risedronate sodium</i> .....	51
<i>ranolazine</i> .....	15	RISPERDAL.....	35
<i>rasagiline mesylate</i> .....	35	<i>risperidone</i> .....	35
RASUVO.....	9	<i>risperidone microspheres</i> .....	35
READYLANCE MIS 21G.....	66	RITALIN.....	8
READYLANCE MIS 23G.....	66	<i>ritonavir</i> .....	37
READYLANCE MIS 26G.....	66	<i>rivastigmine</i> .....	79
READYLANCE MIS 28G.....	66	<i>rivastigmine tartrate</i> .....	79
READYLANCE MIS 30G.....	66	<i>rizatriptan benzoate</i> .....	70

<i>roflumilast</i> .....	16	<i>selegiline hcl</i> .....	35
<i>romidepsin</i> .....	33	<i>selenium sulfide</i> .....	47
<i>ropinirole hydrochloride</i> .....	35	SEREVENT DISKUS .....	17
<i>ropivacaine hcl</i> .....	59	SEROQUEL .....	36
<i>rosuvastatin calcium</i> .....	26	<i>sertraline hcl</i> .....	20
ROWASA .....	54	<i>sevelamer carbonate</i> .....	54
ROZLYTREK .....	33	<i>sevelamer hcl</i> .....	54
RUCONEST .....	56	SEVENFACT.....	56
<i>rufinamide</i> .....	19	<i>sevoflurane inhal soln</i> .....	54
RUXIENCE .....	31	SIKLOS .....	57
RYBELSUS.....	22	<i>sildenafil citrate (pulmonary hypertension)</i> .....	41
RYDAPT.....	33	<i>silicone patch &amp; vitamin e-silicone liquid kit</i> .....	49
RYTARY CAP 145MG .....	35	<i>silodosin</i> .....	55
RYTARY CAP 195MG .....	35	<i>silver sulfadiazine</i> .....	47
RYTARY CAP 245MG .....	35	SIMBRINZA SUS 1-0.2%.....	75
RYTARY CAP 95MG .....	35	SIMPONI ARIA .....	9
<b>S</b>		<i>simvastatin</i> .....	26
SAFE-T-LANCE MIS 21G .....	66	SINEMET TAB 10-100MG .....	35
SAFE-T-LANCE MIS 25G .....	66	SINEMET TAB 25-100MG .....	35
SAFE-T-LANCE MIS HI FLOW.....	66	SINGLE-LET MIS 23G .....	67
SAFE-T-LANCE MIS LOW FLOW .....	66	<i>sirolimus</i> .....	72
SAFE-T-LANCE MIS NOR FLOW .....	66	SKYLA.....	43
SAFE-T-PRO MIS LANCETS .....	66	SKYRIZI.....	46, 54
SAFE-T-PRO MIS PLUS .....	66	SKYRIZI PEN .....	46
SAFETY 21G MIS LANCETS .....	66	SM LANCETS MIS 33G .....	67
SAFETY 23G MIS LANCETS .....	67	SMART SENSE MIS LANC 21G.....	67
SAFETY 28G MIS LANCETS .....	67	SMART SENSE MIS LANC 26G.....	67
SAFETY 30G MIS LANCETS .....	67	SMART SENSE MIS LANC 30G.....	67
SAFETY MIS LANCETS .....	67	SMART SENSE MIS LANC 33G.....	67
<i>salsalate</i> .....	10	SMARTEST MIS LANCETS.....	67
SANCUSO .....	24	SMARTEST SOL CONTROL .....	67
<i>sapropterin dihydrochloride</i> .....	52	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</i> <i>gm/177ml</i> .....	58
SAPS HEALTH MIS TWIST.....	67	<i>sodium chloride</i> .....	71
SAPS TWIST MIS 30G .....	67	<i>sodium chloride (inhalant)</i> .....	45
SAPSCARE MIS TWIST .....	67	<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i> .....	55
<i>saxagliptin hcl</i> .....	22	<i>sodium fluoride</i> .....	71
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000</i> <i>mg</i> .....	21	<i>sodium fluoride (dental)</i> .....	72
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> .....	21	<i>sodium phenylbutyrate</i> .....	52
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> .....	21	<i>sodium polystyrene sulfonate</i> .....	72
SAXENDA .....	8	<i>sodium polystyrene sulfonate powder</i> .....	72
SB LANCETS MIS THIN .....	67	SOFTCLIX MIS LANCETS.....	67
SB LANCETS MIS ULTR THN .....	67	SOGROYA .....	51
<i>scar treatment products - gel</i> .....	49	<i>solifenacin succinate</i> .....	82
<i>scopolamine</i> .....	24	SOLQUA INJ 100/33 .....	21
		SOLUS V2 MIS LANC 28G .....	67

SOLUS V2 MIS LANC 30G .....	67	<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i> .....	45
SOMATULINE DEPOT .....	52	<i>sulfadiazine</i> .....	80
SOOLANTRA.....	49	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	14
<i>sorafenib tosylate</i> .....	33	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	14
<i>sotalol hcl</i> .....	39	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	14
<i>sotalol hcl (afib/afI)</i> .....	39	<i>sulfasalazine</i> .....	54
SOTYKTU .....	46	<i>sulindac</i> .....	10
<i>speciality vitamin product tab</i> .....	73	<i>sumatriptan</i> .....	71
<i>spinosad</i> .....	49	<i>sumatriptan succinate</i> .....	71
SPIRIVA HANDIHALER.....	16	<i>sunitinib malate</i> .....	33
SPIRIVA RESPIMAT.....	16	SUNOSI .....	8
<i>spironolactone</i> .....	50	SUPARTZ FX.....	74
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....	50	SUPER THIN MIS LANC 28G.....	67
SPRYCEL .....	33	SUPER THIN MIS LANCETS .....	67
<i>stannous fluoride</i> .....	72	SUPPRELIN LA.....	51
<i>stavudine</i> .....	37	SUPREME II LIQ HIGH/LOW .....	67
STELARA.....	47, 54	SURE COMFORT MIS LANC 18G .....	67
STERILANCE MIS TL 28G .....	67	SURE COMFORT MIS LANC 21G .....	67
STERILANCE MIS TL 30G .....	67	SURE COMFORT MIS LANC 23G .....	67
STERILANCE MIS TL 32G .....	67	SURE COMFORT MIS LANC 30G .....	67
STIOLTO AER 2.5-2.5.....	17	SURE COMFORT MIS LANCETS.....	67
STIVARGA .....	33	SUREFLEX MIS LANCETS .....	67
STRATTERA .....	8	SURELITE MIS LANCETS .....	67
<i>streptomycin sulfate</i> .....	9	SYMLINPEN 120 .....	21
STRIVERDI RESPIMAT .....	17	SYMLINPEN 60 .....	21
STROMECTOL .....	13	SYMPROIC .....	54
<i>succinylcholine chloride</i> .....	74	SYMTUZA TAB .....	37
<i>sucralfate</i> .....	81	SYNJARDY TAB.....	21
<i>sulconazole nitrate</i> .....	46	SYNJARDY TAB 12.5-500 .....	21
<i>sulfacetamide sodium</i> .....	47	SYNJARDY TAB 5-1000MG .....	21
<i>sulfacetamide sodium (acne)</i> .....	45	SYNJARDY TAB 5-500MG .....	21
<i>sulfacetamide sodium (ophth)</i> .....	75	SYNJARDY XR TAB .....	21
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> .....	45	SYNJARDY XR TAB 10-1000 .....	22
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> .....	45	SYNJARDY XR TAB 25-1000 .....	22
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> .....	45	SYNJARDY XR TAB 5-1000MG .....	22
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> .....	45	SYNTHROID .....	81
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i> ...	45	<b>T</b>	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> .....	45	<i>tacrolimus</i> .....	72
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> .....	45	<i>tacrolimus (topical)</i> .....	48
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	76	<i>tadalafil</i> .....	40
		<i>tadalafil (pulmonary hypertension)</i> .....	41
		TADLIQ .....	41
		<i>tafluprost</i> .....	76
		TAGRISSO .....	31

TAKHZYRO .....	56	THIN LANCETS MIS 26G .....	67
TALICIA CAP .....	82	THIN LANCETS MIS 30G .....	67
<i>tamoxifen citrate</i> .....	32	THINLETS GP MIS 26G .....	67
<i>tamsulosin hcl</i> .....	55	<i>thioridazine hcl</i> .....	36
<i>tasimelteon</i> .....	58	<i>thiotepa</i> .....	31
<i>tazarotene</i> .....	47	<i>thiothixene</i> .....	36
TECHLITE AST MIS LANCETS .....	67	<i>tiagabine hcl</i> .....	19
TECHLITE MIS LANC 26G .....	67	TIAZAC .....	39
TECHLITE MIS LANCETS .....	67	<i>timolol maleate</i> .....	39
TEGSEDI .....	80	<i>timolol maleate (ophth)</i> .....	74
TEKTURNA HCT TAB 150-12.5 .....	29	<i>tinidazole</i> .....	14
TEKTURNA HCT TAB 300-12.5 .....	29	<i>tiopronin</i> .....	55
TEKTURNA HCT TAB 300-25MG .....	29	TIVICAY .....	37
<i>telmisartan</i> .....	27	TIVICAY PD .....	37
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	29	<i>tizanidine hcl</i> .....	73
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	29	TOBRADEX OIN 0.3-0.1% .....	76
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	29	TOBRADEX SUS 0.3-0.1% .....	76
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	29	<i>tobramycin</i> .....	9
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....	29	<i>tobramycin (ophth)</i> .....	75
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	29	<i>tobramycin sulfate</i> .....	9
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> 29		<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	76
<i>temazepam</i> .....	58	TOBREX .....	75
<i>temozolomide</i> .....	31	<i>tolcapone</i> .....	34
<i>temsirolimus</i> .....	33	<i>tolmetin sodium</i> .....	10
<i>tenofovir disoproxil fumarate</i> .....	37	<i>tolterodine tartrate</i> .....	82
<i>terazosin hcl</i> .....	27	<i>tolvaptan</i> .....	52
<i>terbinafine hcl</i> .....	24	TOPAMAX .....	19
<i>terbutaline sulfate</i> .....	17	TOPAMAX SPRINKLE .....	19
<i>terconazole vaginal</i> .....	82	TOPCARE MIS LANC 33G .....	67
<i>teriflunomide</i> .....	80	<i>topiramate</i> .....	19
<i>teriparatide</i> .....	51	<i>toremifene citrate</i> .....	32
<i>testosterone</i> .....	13	<i>toremide</i> .....	50
<i>testosterone cypionate</i> .....	13	TOUJEO MAX SOLOSTAR .....	23
<i>testosterone enanthate</i> .....	13	TOUJEO SOLOSTAR .....	23
<i>tetrabenazine</i> .....	79	<i>tramadol hcl</i> .....	11
<i>tetracaine hcl</i> .....	59	<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	12
<i>tetracaine hcl (ophth)</i> .....	75	<i>trandolapril</i> .....	27
<i>tetracycline hcl</i> .....	80	<i>trandolapril-verapamil hcl tab er 1-240 mg</i> .....	29
TEZSPIRE .....	16	<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	29
TGT LANCET MIS 26G .....	67	<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	29
TGT LANCET MIS 30G .....	67	<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	30
TGT LANCET MIS 33G .....	67	<i>tranexamic acid</i> .....	58
THALOMID .....	71	<i>tranylcypromine sulfate</i> .....	20
<i>theophylline</i> .....	17	TRAVEL LANCE MIS 30G .....	67
<i>thiamine hcl</i> .....	83	TRAVEL LANCE MIS ADV 28G .....	67
		<i>travoprost</i> .....	76

TRAZIMERA.....	31	TRUEPLUS LANCETS 28G .....	68
<i>trazodone hcl</i> .....	20	TRULICITY .....	22
TRELEGY AER 100MCG .....	17	TRUPLUS LANC MIS 26G .....	68
TRELEGY AER 200MCG .....	17	TRUPLUS LANC MIS 28G .....	68
TREMFYA .....	47	TRUPLUS LANC MIS 30G .....	68
<i>treprostinil</i> .....	40	TRUPLUS LANC MIS 33G .....	68
TRESIBA .....	23	TWIST LANCET MIS 30G .....	68
TRESIBA FLEXTOUCH .....	23	TWIST LANCET MIS 30G MULT.....	68
<i>tretinoin</i> .....	45	TWYNEO CRE 0.1-3%.....	46
<i>tretinoin (chemotherapy)</i> .....	33	TYMLOS .....	51
<i>tretinoin microsphere</i> .....	46	TYSABRI .....	80
<i>triamcinolone acet cr 0.1% &amp; dimeth cr 5% &amp;</i> <i>silicone tape</i> .....	48	TYVASO.....	40
<i>triamcinolone acetonide</i> .....	44	TYVASO DPI INSTITUTIONAL .....	40
<i>triamcinolone acetonide (mouth)</i> .....	72	TYVASO DPI POW 16-32-48 .....	40
<i>triamcinolone acetonide (topical)</i> .....	48	TYVASO DPI POW 16-32MCG.....	40
<i>triamterene</i> .....	50	TYVASO DPI POW 32-48MCG.....	41
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25</i> <i>mg</i> .....	50	TYVASO REFILL KIT .....	41
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25</i> <i>mg</i> .....	50	TYVASO STARTER KIT .....	41
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	50	<b>U</b>	
<i>triazolam</i> .....	58	UBRELVY .....	70
TRIBENZOR20- TAB 5-12.5MG .....	30	UCERIS.....	44
TRIBENZOR40- TAB 10-12.5 .....	30	ULTILET MIS 26G .....	68
TRIBENZOR40- TAB 10-25MG.....	30	ULTILET MIS 28G .....	68
TRIBENZOR40- TAB 5-12.5MG .....	30	ULTILET MIS 30G .....	68
TRIBENZOR40- TAB 5-25MG.....	30	ULTILET MIS 33G .....	68
<i>trientine hcl</i> .....	71	ULTILET MIS LANCETS .....	68
<i>trifluoperazine hcl</i> .....	36	ULTILET MIS SAFETY.....	68
<i>trifluridine</i> .....	75	ULTILET SAFE MIS 21G .....	68
<i>trihexyphenidyl hcl</i> .....	34	ULTRA THIN MIS 28G .....	68
TRIJARDY XR TAB.....	22	ULTRA THIN MIS 30G .....	68
TRILIPIX.....	26	ULTRA THIN MIS 31G .....	68
<i>trimethobenzamide hcl</i> .....	24	ULTRA THIN MIS 33G .....	68
<i>trimethoprim</i> .....	14	ULTRA THIN MIS LAN 31G.....	68
<i>trimipramine maleate</i> .....	21	ULTRA THIN MIS LANC 28G.....	68
TRINTELLIX.....	20	ULTRA THIN MIS LANC 30G.....	68
TRIPTODUR.....	51	ULTRA THIN MIS LANCETS .....	68
TRIUMEQ PD TAB .....	37	<i>ultrasound - gel</i> .....	49
TRIUMEQ TAB.....	37	UNILET CMFR MIS TCH 28G .....	68
<i>tropicamide</i> .....	75	UNILET CMFR MIS TCH 30G .....	68
<i>trospium chloride</i> .....	82	UNILET EX II MIS 28G .....	68
TRUE COMFORT MIS LANC 30G .....	67	UNILET EXCEL MIS 23G .....	68
TRUECONTROL LIQ LEVEL 0.....	68	UNILET G.P MIS SUPR 23G .....	68
TRUECONTROL LIQ LEVEL 1.....	68	UNILET G.P. MIS 21G.....	68
		UNILET GP 28 MIS ULT THIN .....	68
		UNILET LANC MIS 33G.....	68
		UNILET LANCE MIS 21G.....	68
		UNILET LANCE MIS 28G.....	68

UNILET LANCE MIS 33G .....	68	<i>valacyclovir hcl</i> .....	38
UNILET LANCT MIS 28G .....	68	<i>valganciclovir hcl</i> .....	38
UNILET LANCT MIS 30G .....	68	<i>valproate sodium</i> .....	19
UNILET LANCT MIS 33G .....	68	<i>valproic acid</i> .....	20
UNILET MICRO MIS 33G .....	68	<i>valsartan</i> .....	27
UNILET MIS 21G .....	68	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	30
UNILET SUPER MIS 23G .....	68	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> ..	30
UNILET SUPER MIS G.P. 23G .....	68	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	30
UNISTIK 1 MIS 2.4MM .....	68	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> ..	30
UNISTIK 1 MIS 3.0MM .....	68	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .	30
UNISTIK 2 MIS .....	68	VALTOCO 10 MG DOSE .....	18
UNISTIK 2 MIS 1.8MM .....	68	VALTOCO 15 MG DOSE .....	18
UNISTIK 2 MIS 2.4MM .....	69	VALTOCO 20 MG DOSE .....	18
UNISTIK 2 MIS COMFORT .....	69	VALTOCO 5 MG DOSE .....	18
UNISTIK 2 MIS EXTRA .....	69	<i>vancomycin hcl</i> .....	14
UNISTIK 2 MIS NEONATAL .....	69	<i>varenicline tartrate</i> .....	80
UNISTIK 2 MIS NORMAL .....	69	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg</i> <i>start pack</i> .....	80
UNISTIK 2 MIS SUPER .....	69	VASERETIC TAB 10-25MG .....	30
UNISTIK 23G MIS NORMAL .....	69	VELSIPITY .....	54
UNISTIK 3 MIS 1.8MM .....	69	VELTASSA .....	72
UNISTIK 3 MIS COMFORT .....	69	VEMLIDY .....	38
UNISTIK 3 MIS EXTRA .....	69	<i>venlafaxine hcl</i> .....	20
UNISTIK 3 MIS GENT 30G .....	69	<i>verapamil hcl</i> .....	39
UNISTIK 3 MIS NEONATAL .....	69	VERASENS LIQ LEVEL 1 .....	69
UNISTIK 3 MIS NORMAL .....	69	VERIFINE LAN MIS MINI 21G .....	69
UNISTIK 3 MIS XTR 21G .....	69	VERIFINE LAN MIS MINI 23G .....	69
UNISTIK CZT MIS COMFORT .....	69	VERIFINE LAN MIS MINI 28G .....	69
UNISTIK CZT MIS NORMAL .....	69	VERIFINE LAN MIS MINI 30G .....	69
UNISTIK PRO MIS LANC 21G .....	69	VERIFINE MIS UNIV 28G .....	69
UNISTIK PRO MIS LANC 28G .....	69	VERIFINE MIS UNIV 30G .....	69
UNISTIK PRO MIS LANC 30G .....	69	VERIFINE MIS UNIV 33G .....	69
UNISTIK SAFE MIS LANC 28G .....	69	VERQUVO .....	41
UNISTIK SAFE MIS LANC 30G .....	69	VIBERZI .....	54
UNISTIK TOUC MIS LANC 21G .....	69	VIBRAMYCIN .....	81
UNISTIK TOUC MIS LANC 23G .....	69	<i>vigabatrin</i> .....	19
UNISTIK TOUC MIS LANC 28G .....	69	VIGAMOX .....	75
UNISTIK TOUC MIS LANC 30G .....	69	<i>vilazodone hcl</i> .....	20
UNITSTIK PRO MIS LANC 25G .....	69	VIOKACE TAB 10440 .....	50
UNIVERSAL 1 MIS 33G .....	69	VIOKACE TAB 20880 .....	50
UNIVERSAL 1 MIS LANC 26G .....	69	VISTOGARD .....	24
UNIVERSAL 1 MIS LANC 30G .....	69	VITRAKVI .....	33
UPTRAVI .....	41	VIVAGUARD LIQ CONTROL .....	69
UPTRAVI PACK TAB 200/800 .....	41	VIVAGUARD MIS 28G .....	69
<i>urea</i> .....	48	VIVAGUARD MIS 30G .....	69
<i>urea in lactic acid vehicle foam 35%</i> .....	48		
<i>ursodiol</i> .....	53		
<b>V</b>			
VAGIFEM .....	82		



<i>voriconazole</i> .....	25
VOSEVI TAB.....	38
VRAYLAR .....	35
VRAYLAR CAP 1.5-3MG .....	35
VTAMA.....	47
VYTORIN TAB 10-10MG.....	25
VYTORIN TAB 10-20MG.....	25
VYTORIN TAB 10-40MG.....	25
VYTORIN TAB 10-80MG.....	25
VYVGART .....	71
VYVGART INJ HYTRULO .....	71

**W**

WAKIX.....	8
<i>warfarin sodium</i> .....	17
<i>water for injection</i> .....	78
WEGOVY .....	8
WELLBUTRIN SR.....	20
<i>white petrolatum topical gel</i> .....	78
WINLEVI.....	46

**X**

XARELTO .....	17
XARELTO STAR TAB 15/20MG .....	17
XCOPRI.....	19
XCOPRI PAK 100-150 .....	19
XCOPRI PAK 12.5-25 .....	19
XCOPRI PAK 150-200 .....	19
XCOPRI PAK 50-100MG .....	19
XELJANZ .....	9
XELJANZ XR .....	9
XEOMIN .....	74
XIFAXAN.....	14
XIGDUO XR TAB 10-1000.....	22
XIGDUO XR TAB 10-500MG.....	22
XIGDUO XR TAB 2.5-1000.....	22
XIGDUO XR TAB 5-1000MG.....	22
XIGDUO XR TAB 5-500MG.....	22
XIIDRA.....	75
XOLAIR.....	16
XOSPATA.....	33
XTANDI .....	32
XULTOPHY INJ 100/3.6.....	22
XYNTHA .....	56
XYNTHA SOLOFUSE.....	56
XYOSTED .....	13
XYWAV SOL 0.5GM/ML.....	78

**Y**

YONSA.....	32
------------	----

YUPELRI .....	16
---------------	----

**Z**

<i>zafirlukast</i> .....	16
<i>zaleplon</i> .....	58
ZANAFLEX.....	73
ZARONTIN .....	19
ZEGALOGUE .....	22
ZEJULA.....	33
ZELBORAF .....	33
ZEMAIRA .....	80
ZEMBRACE SYMTOUCH.....	71
ZENPEP CAP 10000UNT .....	50
ZENPEP CAP 15000UNT .....	50
ZENPEP CAP 20000UNT .....	50
ZENPEP CAP 25000UNT .....	50
ZENPEP CAP 3000UNIT .....	50
ZENPEP CAP 40000UNT .....	50
ZENPEP CAP 5000UNIT .....	50
ZENPEP CAP 60000UNT .....	50
ZEPBOUND .....	8
ZEPOSIA.....	80
ZEPOSIA 7DAY CAP STR PACK .....	80
ZEPOSIA CAP STR KIT.....	80
ZESTRIL .....	27
ZEVRX TWIST MIS LANC 30G.....	69
<i>zidovudine</i> .....	37
<i>ziprasidone hcl</i> .....	35
<i>ziprasidone mesylate</i> .....	35
ZIRABEV.....	31
ZITUVIMET TAB 50-1000.....	22
ZITUVIMET TAB 50-500MG .....	22
ZITUVIMET XR TAB 100-1000.....	22
ZITUVIMET XR TAB 50-1000.....	22
ZITUVIMET XR TAB 50-500MG.....	22
ZITUVIO .....	22
ZOCOR.....	26
<i>zoledronic acid</i> .....	51
<i>zolmitriptan</i> .....	71
<i>zolpidem tartrate</i> .....	58
<i>zonisamide</i> .....	19
ZORYVE.....	47, 48
ZUBSOLV SUB 0.7-0.18.....	12
ZUBSOLV SUB 1.4-0.36.....	13
ZUBSOLV SUB 11.4-2.9.....	13
ZUBSOLV SUB 2.9-0.71.....	13
ZUBSOLV SUB 5.7-1.4.....	13
ZUBSOLV SUB 8.6-2.1.....	13

ZURZUVAE .....	20
ZYDELIG .....	33
ZYKADIA.....	33

ZYPREXA .....	36
ZYPREXA ZYDIS .....	36

## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GlobalHealth is committed and required to protect the privacy and confidentiality of our Members' Protected Health Information ("PHI") in compliance with applicable federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act. This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your PHI. Our current Notice is posted at [www.GlobalHealth.com](http://www.GlobalHealth.com).

### How GlobalHealth May Use or Disclose Your Health Information

**For Treatment.** We may use and/or disclose your PHI to a healthcare provider, hospital, or other healthcare facility in order to arrange for or facilitate treatment for you.

**For Payment.** We may use and/or disclose your PHI for purposes of paying claims from physicians, hospitals, and other healthcare providers for services delivered to you that are covered by your health plan; to determine your eligibility for benefits; to coordinate benefits; to review for medical necessity; to obtain premiums; to issue explanations of benefits to the individual who subscribes to the health plan in which you participate; and other payment related functions.

**For Health Plan Operations.** We may use and/or disclose PHI about you for health plan operational purposes. Some examples include: risk management, patient safety, quality improvement, internal auditing, utilization review, medical or peer review, certification, regulatory compliance, internal training, accreditation, licensing, credentialing, investigation of complaints, performance improvement, etc. We will not use or disclose your genetic information for underwriting purposes.

**Health-Related Business and Services.** We may use and disclose your PHI to tell you of health-related products, benefits, or services related to your treatment, care management, or alternate treatments, therapies, providers, or care settings.

**Where Permitted or Required by Law.** We may use and/or disclose information about you as permitted or required by law. For example, we may disclose information:

- To a regulatory agency for activities including, but not limited to, licensure, certification, accreditation, audits, investigations, inspections, and medical device reporting;
- To law enforcement upon receipt of a court order, warrant, summons, or other similar process;
- In response to a valid court order, subpoena, discovery request, or administrative order related to a lawsuit, dispute or other lawful process;
- To public health agencies or legal authorities charged with preventing or controlling disease, injury or disability;
- For health oversight activities conducted by agencies such as the Centers for Medicare and Medicaid Services ("CMS"), State Department of Health, Insurance Department, etc.;

- For national security purposes, such as protecting the President of the United States or the conducting of intelligence operations;
- In order to comply with laws and regulations related to Workers' Compensation;
- For coordination of insurance or Medicare benefits, if applicable;
- When necessary to prevent or lessen a serious and imminent threat to a person or the public and such disclosure is made to someone that can prevent or lessen the threat (including the target of the threat); and
- In the course of any administrative or judicial proceeding, where required by law.

**Business Associates.** We may use and/or disclose your PHI to business associates that we contract with to provide services on our behalf. Examples include consultants, accountants, lawyers, auditors, health information organizations, data storage and electronic health record vendors, etc. We will only make these disclosures if we have received satisfactory assurance that the business associate will properly safeguard your PHI.

**Personal/Authorized Representatives.** We may use and/or disclose PHI to your authorized representative. Family, Friends, Caregivers. We may disclose your PHI to a family member, caregiver, or friend who accompanies you or is involved in your medical care or treatment, or who helps pay for your medical care or treatment. If you are unable or unavailable to agree or object, we will use our best judgment in communicating with your family and others.

**Emergencies.** We may use and/or disclose your PHI if necessary in an emergency if the use or disclosure is necessary for your emergency treatment.

**Military/Veterans.** If you are a member or veteran of the armed forces, we may disclose your PHI as required by military command authorities.

**Inmates.** If you are an inmate of a correctional institute or under the custody of law enforcement officer, we may disclose your PHI to the correctional institute or law enforcement official.

**Appointment Reminders.** We may use and/or disclosure your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through direct mail, email, or telephone call. If you are not home, we may leave a message on an answering machine or with the person answering the telephone.

**Medication and Refill Reminders.** We may use and/or disclose your PHI to remind you to refill your prescriptions, to communicate about the generic equivalent of a drug, or to encourage you to take your prescribed medications.

**Limited Data Set.** If we use your PHI to make a "limited data set," we may give that information to others for purposes of research, public health action or health care operations. The individuals/entities that receive the limited data set are required to take reasonable steps to protect the privacy of your information.

**Other Uses.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate

organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner.

**NOTE:** We will disclose your PHI for purposes not described in this notice only with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of PHI for marketing or fundraising purposes, and disclosures that constitute a sale of PHI require your written authorization. The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease required to be reported pursuant to State law.

## **Your Health Information Rights**

### **Right to Inspect and Copy**

You have the right to inspect and copy your PHI as provided by law. This right does not apply to psychotherapy notes. Your request must be made in writing. We have the right to charge you the amounts allowed by State and Federal law for such copies. We may deny your request to inspect and copy your records in certain circumstances. If you are denied access, you may appeal to our Privacy Officer.

### **Right to Confidential Communication**

You have the right to receive confidential communication of your PHI by alternate means or at alternative locations. For example, you may request to receive communication from us at an alternate address or telephone number. Your request must be in writing and identify how or where you wish to be contacted. We reserve the right to refuse to honor your request if it is unreasonable or not possible to comply with.

### **Right to Accounting of Disclosures**

You have the right to request an accounting of certain disclosures of your PHI to third parties, except those disclosures made for treatment, payment, or health care or health plan operations and disclosures made to you, authorized by you, or pursuant to this Notice. To receive an accounting, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request (three years if PHI is an electronic health record). If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw your request before any costs are incurred.

### **Right to Request Restrictions on Uses or Disclosures**

You have the right to request restrictions or limitations on certain uses and disclosures of your PHI to third parties unless the disclosure is required or permitted by law. Your request must be made in writing and specify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply. We are not required to honor your request. If we agree, we will make all reasonable efforts to comply with your request unless the information is needed to provide emergency treatment to you or the disclosure has already occurred or the disclosure is required by law. Any agreement to restrictions must be signed by a person authorized to make such an agreement on our behalf.

### **Right to Request Amendment of PHI**

You have the right to request an amendment of your PHI if you believe the record is incorrect or incomplete. You must submit your request in writing and state the reason(s) for the amendment. We will deny your request if: (1) it is not in writing or does not include a reason to support the request; (2) the information was

not created by us or is not part of the medical record that we maintain; (3) the information is not a part of the record that you would be permitted to inspect and copy, or (4) the information in the record is accurate and complete. If we deny your amendment request, you have a right to file a statement of disagreement with our Privacy Officer.

### **Right to Be Notified of a Breach**

You have the right to receive notification of any breaches of your unsecured PHI.

### **Right to Revoke Authorization**

You may revoke an authorization at any time, in writing, but only as to future uses or disclosures and not disclosures that we have made already, acting on reliance on the authorization you have given us or where authorization was not required.

### **Right to Receive a Copy of this Notice**

You have the right to receive a paper copy of this Notice upon request.

### **Changes to this Notice**

GlobalHealth is required to comply with the requirements of this Notice currently in effect. We reserve the right to change this Notice and make the new provisions effective for all PHI that we maintain. The revised Notice will be made available to you on our website at [www.GlobalHealth.com](http://www.GlobalHealth.com).

### **To Report a Privacy Violation**

If you have a question concerning your privacy rights or believe your rights have been violated, you may contact our Privacy Officer at:

ATTN: Privacy Officer  
210 Park Avenue  
Suite 2900  
Oklahoma City, OK 73102  
Toll-free 1-877-627-0004  
Email [privacy@globalhealth.com](mailto:privacy@globalhealth.com)

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language, sex (consistent with the scope of sex discrimination at § 92.101(a)(2)), age, or disability.

GlobalHealth, Inc.:

- Provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including:
  - Qualified interpreters for individuals with disabilities
  - Information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities;
- Provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step

to provide meaningful access to an individual with limited English proficiency.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact GlobalHealth’s Customer Care at 1-877-280-5600 (toll-free) (TTY:711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, our Section 1557 Coordinator is available to help you. You can file a grievance in person, or by mail, fax or email:

**Mailing address:** GlobalHealth  
Section 1557 Coordinator  
P.O. Box 2658  
Oklahoma City, OK 73101-2658

**Telephone number:** 1-877-280-5600  
9:00 a.m. to 5:00 p.m., Monday to Friday

**TTY number:** 711

**Fax number:** 405-280-5294

**Email:** [section1557coordinator@globalhealth.com](mailto:section1557coordinator@globalhealth.com)

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

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>. This notice is available at our website: [www.globalhealth.com](http://www.globalhealth.com).

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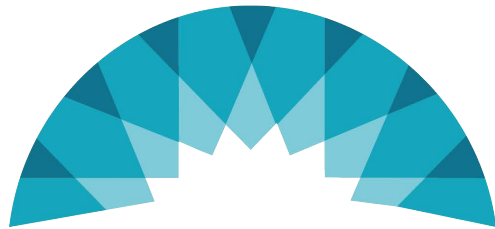
08/01/2021

09/01/2023

Language	Translation
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-280-5600 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-280-5600 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-280-5600

Language	Translation
	(TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-280-5600 OR (TTY: 711) 번으로 전화해 주십시오.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-280-5600 (TTY: 711).
Arabic	هاتف (117). اتصل. إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. ملحوظة 1-877-280-5600 (الصم والبكم برقم)
Burmese	သတိပြုရန် - အကယ်၍ သင့်သည့် မနုဿဏတန်း ကို ရဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-877-280-5600 (TTY: 711) သို့မဟုတ် ခေတ္တခိုပါ။
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-280-5600 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-280-5600 (TTY: 711).
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-280-5600 (ATS: 711).
Laotian	ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີຮັບໃຊ້ທ່ານ. ໂທ 1-877-280-5600 (TTY: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-280-5600 (TTY: 711).
Urdu	1-877-280-5600 کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر خبردار (TTY: 711).
Cherokee	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-877-280-5600 (TTY: 711).
Persian	اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما <b>توجه</b> با تماس بگیرید. فراهم می باشد 1-877-280-5600 (TTY: 711)





# GlobalHealth

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[www.GlobalHealth.com](http://www.GlobalHealth.com)

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