

CDPHP Commercial Clinical Formulary-1 2026

NON-DISCRIMINATION/MULTI-LANGUAGE INTERPRETER SERVICES: APPLIES TO MEMBERS/ENROLLEES ONLY

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 6 Wellness Way, Latham, NY 12110, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20211, 1-800-868-1019 (TDD 1-800-537-7697).

Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call the number on your member ID card (TTY: 711).

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

ВНИМАНИЕ: Если вы говорите на иностранном языке, вы можете воспользоваться бесплатными услугами перевода. Позвоните по номеру на вашей ID карточке участника (Телетайп: 711).

ATANSYON: Si ou pale yon lang ki pa Angle, wap jwenn sèvis asistans lang gratis disponib pou ou. Rele nimewo ki sou kat ID manm ou a (TTY: 711).

주의: 영어 이외의 언어를 사용하는 경우 무료로 언어 지원 서비스를 받을 수 있습니다. 귀하의 회원 ID 카드에 있는 번호로 전화하십시오(TTY: 711).

ATTENZIONE: Se non parla inglese né una lingua anglofona, sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero presente sulla scheda ID dei membri (TTY: 711).

אויפמערקזאם: אויב איר רעדט, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.
רופט דעם נומער אויף אייער מעמבער ID קארטל (TTY: 711)

মনোযোগ দিনঃ আপনি যদি ইংরেজি বহির্ভূত কোন ভাষায় কথা বলেন, আপনার জন্য বিনা খরচায় ভাষা সহায়তা উপলভ্য রয়েছে। আপনার সদস্য আইডি কার্ডের নম্বরে কল করুন (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer na Twojej członkowskiej karcie ID (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة للغة مجانًا. اتصل بالرقم الموجود ببطاقة الهوية لعضويتك (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez au numéro indiqué sur votre carte de membre (ATS : 711).

توجه دیں: اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، آپ کے لیے زبان کی اعانت کی خدمات مفت دستیاب ہیں۔ اپنے ممبر آئی ڈی کارڈ پر درج نمبر پر کال کریں (TTY: 711)۔

ATENSYON: Kung nagsasalita kayo ng wikang iba sa Ingles, magagamit niyo ang mga serbisyo sa tulong sa wika nang walang bayad. Tawagan ang numero sa inyong card miyembro ID (TTY: 711).

ΠΡΟΣΟΧΗ: Αν δεν μιλάτε Αγγλικά, υπάρχουν στη διάθεσή σας υπηρεσίες γλωσσικής υποστήριξης οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στην ατομική σας ταυτότητα μέλους (TTY: 711).

VINI RE: Nëse flisni një gjuhë jo-anglisht, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Telefonojini numrit në kartën tuaj të ID të anëtarit (TTY: 711).

INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Commercial Clinical Formulary-1 2026* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Commercial Clinical Formulary-1* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This *CDPHP Commercial Clinical Formulary-1* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Commercial Clinical Formulary-1* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

CDPHP assumes no responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. **The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.**

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>.

Please note, the information found in the *CDPHP Commercial Clinical Formulary-1* does not apply to the CDPHP Medicare products that offer prescription drug benefits. For information on these plans, please visit the Medicare Information section on <http://www.cdphp.com>.

PREFACE

The *CDPHP Commercial Clinical Formulary-1* represents CDPHP's prescription drug formulary and is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the *CDPHP Commercial Clinical Formulary-1*. **Generics should be considered the first line of prescribing.**

The CDPHP formulary is a closed formulary. In a closed formulary, drugs are either covered or not covered. Products not covered are only available to be covered by medical exception.

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Injectables that are listed in the *CDPHP Commercial Clinical Formulary-1* are covered under the pharmacy benefit (and require a drug rider). Pharmacy benefits may impose additional coverage restrictions or may not cover selected drug products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered benefits unless the OTC product has been added to the formulary. Covered OTC products and their associated tier placement are listed throughout this document.

Drugs represented in the *CDPHP Commercial Clinical Formulary-1* may have varying cost to the member. Tier 1 medications are available at the lowest cost, and tier 3 medications and medications not on the list will cost the most.

The tiered format places drugs into tiers in the following manner:

- Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand-name prescription drug products. It may also include those brand-name prescription drug products determined by the Plan's Pharmacy and Therapeutics (P&T) Committee to be included in quality initiative programs.
- Tier 2: Preferred brand-name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost-effective as a tier 1 generic drug.
- Tier 3: All other covered brand-name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

Due to Federal and New York State mandates, certain drug classes will have no member cost share or a reduced member cost share than what is stated in this document. Examples of these drug classes include, but are not limited to, diabetic drugs, oral contraceptives and oral oncology drugs.

Please note that all new drugs will not be covered on the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians, advanced practitioners and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP Web page Formulary Updates section of Rx Corner on the Providers tab of <http://www.cdphp.com>.

PRODUCT SELECTION CRITERIA

All new drugs will not be included on the formulary and require prior authorization review until reviewed by the P&T Committee.

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Quantity limitations, prior authorizations, dose optimization, and/or step therapy may also apply to formulary drugs. **Drugs not listed on the formulary document are not covered unless medical exception procedures have been followed and a medical exception is approved.** Please note that certain drugs are additionally not covered as described in member contracts.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Lowercase font** indicates generic availability. One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

Prescription generic drugs undergo a strict U.S. Food and Drug Administration (FDA) approval process. Here are just some of the FDA standards and practices that generic manufacturers must follow:

- A generic medicine must be bioequivalent (performs in the same manner) to its brand-name counterpart.
- A generic medicine must pass the FDA's review for both active and inactive ingredients.
- The manufacturer facility of the generic medicine must pass FDA inspection.
- The generic medicine must have the same active ingredients and be available in the same strength and dosage form as its brand-name counterpart.
- The label of the generic medicine must include the same information found on the packaging of its brand-name counterpart.
- Finally, the FDA continues to monitor the generic drug for quality control after it has been approved (<http://www.fda.gov>).

The FDA is very strict in their view of a generic medicine before it goes to market. In most cases, the average person would not be able to tell the difference between a generic and a brand-name drug, other than the size, color or shape. In fact, U.S. trademark laws require that generics look different from their brand-name equivalents.

SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen **CVS Caremark Specialty Pharmacy Services** to dispense certain high-cost injectables and biotech drugs for its members.

CVS Caremark Specialty Pharmacy Services offers the following:

- The ability to receive a 30-day supply of medications and additional supplies needed for the medications. Medications can be sent to a patient's home, another address selected by the patient, a doctor's office, or they can be picked up at the pharmacy.
- Help for side effects, educational materials about certain health issues and refill reminder calls.

- Access to health care professionals for emergencies 24 hours a day, seven days a week and Patient Resource Centers where CDPHP members can find the latest news, helpful tips and tools, drug information, safety alerts, support groups, community links, and other useful resources.

Get started with CVS Caremark Specialty Pharmacy Services

Call 1-800-237-2767, fax 1-800-323-2445, or visit them online at <https://www.cvsspecialty.com>.

Drugs marked with a "SP" symbol are required to be filled through CVS Specialty Pharmacy or another pharmacy in the CDPHP specialty network. CVS Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

PRIOR AUTHORIZATION (PA)

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies. In addition, drugs identified through the Plan's drug utilization review program as being used off-label will be subject to prior authorization requirements as described in the CDPHP pharmacy policy, Off-Label Uses of FDA-Approved Drugs, and/or a drug specific policy. As defined by the U.S. Food and Drug Administration (FDA), off-label usage is the use of a drug product for an indication, dosage form, dose regimen, population, or other use parameter not mentioned in the approved labeling of that drug.

Drugs indicated as requiring prior authorization is subject to change from time to time. If a drug is listed as requiring prior authorization, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208.

Drugs that require prior authorization are noted within this booklet by the "PA" symbol. Drugs subject to drug utilization reviews are noted with a "DUR" symbol.

PRESCRIPTION QUANTITY MANAGEMENT

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the "QL or QLC" symbol.

DOSE OPTIMIZATION

Dose optimization is a program to support appropriate and cost-effective drug therapy by recommending a higher once-daily dose of a product when members are taking multiple-daily doses of a lower strength. For example, a member may be taking two 20 mg tablets of a drug per day when only one 40 mg tablet could be used. If a practitioner determines that multiple daily doses are medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

STEP THERAPY (ST)

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using the standard protocol, certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first. If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a "prerequisite therapy" drug, the practitioner can request coverage of the step therapy medication through a medical exception.

The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive. If a drug is required and the practitioner determines that the drug is medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration. Drugs that require step therapy are noted within this booklet by the "ST" symbol.

MEDICAL EXCEPTION PROCESS

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request a drug not included on the formulary for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP's Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. In addition, a member may initiate a medical exception request by calling the telephone number printed on their CDPHP identification card or by utilizing the "Medical Exception Request" option found under Prescription Forms & Lists on the Forms and Tools section on the members tab of CDPHP's website, www.cdphp.com. A response will be sent to both the medical practitioner and member as soon as possible.

EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Clinical Formulary-1 2026* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP, Pharmacy Department
6 Wellness Way
Latham, NY 12110
E-mail: pharmacy@cdphp.com
Internet: <http://www.cdphp.com>

LEGEND

DUR	Subject to drug utilization review
OTC	Over the counter
PA	Prior Authorization; refer to Prior Authorization section
PD	Preventive Drug
QL	Quantity Limit applied on number of doses per day
QLC	Quantity Limit applied over a specific time period
SP	Required to fill through CVS Specialty Pharmacy, toll-free at 1-800-237-2767, or another pharmacy in the CDPHP specialty network
ST	Step Therapy; refer to Step Therapy section
ACA	Covered under the Affordable Care Act; no member cost share
Rx4L	Rx4Less Program Applies (specific maintenance medications; visit cdphp.com/save)

NOTICE

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The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third-party pharmaceutical companies.

CDPHP does not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CDPHP.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin childrens 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec adult low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>aspirin regimen 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>bayer advanced aspirin reg st 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bayer aspirin ec low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>childrens aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin adult low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin ec 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cvs genuine aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ecotrin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ecotrin arthrtis pain 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ecotrin low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin adult low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin ec 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eql aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ft enteric coated aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>genuine aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>gnp adult aspirin low strength 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin adults 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>h-e-b aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>hm adult aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>hm aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>hm aspirin ec 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>kls aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kp aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>medi-first aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>medique aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>meijer aspirin ec 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>mm aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>qc childrens aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>qc enteric aspirin 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin adult low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin adult low strength 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin childrens 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra pain relief aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sb aspirin 325 mg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sb aspirin ec 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sb childrens aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sb low dose asa ec 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin adult low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin ec 325 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin ec low strength 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sm childrens aspirin 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>st joseph aspirin 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>st joseph low dose 81 mg chew tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>st joseph low dose 81 mg tab dr</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	<ul style="list-style-type: none"> QL 180 ea / 30 day(s)
<i>celecoxib 100 mg cap</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>celecoxib 200 mg cap</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>celecoxib 400 mg cap</i>	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>celecoxib 50 mg cap</i>	1	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium 25 mg tab dr</i>	1	
<i>diclofenac sodium 25 mg tab dr</i>	1	
<i>diclofenac sodium 50 mg tab dr</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program
<i>diclofenac sodium 75 mg tab dr</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diclofenac sodium 1.5 % solution</i>	3	
<i>diclofenac sodium 1 % gel</i>	1	<ul style="list-style-type: none"> QL 1000 GM / 30 day(s) OTC Over the Counter
<i>diclofenac-misoprostol 50-0.2 mg tab dr</i>	3	
<i>diclofenac-misoprostol 50-0.2 mg tab dr</i>	3	
<i>diclofenac-misoprostol 75-0.2 mg tab dr</i>	3	
<i>diclofenac-misoprostol 75-0.2 mg tab dr</i>	3	
<i>diflunisal 500 mg tab</i>	1	
<i>etodolac 200 mg cap</i>	1	
<i>etodolac 300 mg cap</i>	1	
<i>etodolac 400 mg tab</i>	1	
<i>etodolac 500 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etodolac er 400 mg tab er 24h</i>	1	
<i>etodolac er 500 mg tab er 24h</i>	1	
<i>etodolac er 600 mg tab er 24h</i>	1	
<i>fenoprofen calcium 400 mg cap</i>	3	
FENOPROFEN CALCIUM 400 MG CAP	3	
FENOPROFEN CALCIUM 600 MG TAB	1	
<i>flurbiprofen 100 mg tab</i>	1	
FLURBIPROFEN 100 MG TAB	1	
FLURBIPROFEN 50 MG TAB	1	
LURBIPR 100 MG TAB	1	
<i>ibu 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibu 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibu 800 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 100 mg/5ml suspension</i>	1	
<i>ibuprofen 200 mg/10ml suspension</i>	1	
<i>ibuprofen 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 800 mg tab</i>	1	RX4L Rx4Less Program
<i>indomethacin 25 mg cap</i>	1	RX4L Rx4Less Program
<i>indomethacin 50 mg cap</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
KETOPROFEN ER 200 MG CAP ER 24H	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 EA / 365 day(s)
MECLOFENAMATE SODIUM 100 MG CAP	1	
MECLOFENAMATE SODIUM 50 MG CAP	1	
<i>mefenamic acid 250 mg cap</i>	2	
<i>meloxicam 15 mg tab</i>	1	RX4L Rx4Less Program
<i>meloxicam 7.5 mg tab</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nabumetone 500 mg tab</i>	1	
<i>nabumetone 750 mg tab</i>	1	
<i>ec-naproxen 375 mg tab dr</i>	1	
<i>ec-naproxen 500 mg tab dr</i>	1	
<i>naproxen 125 mg/5ml suspension</i>	1	
<i>naproxen 250 mg tab</i>	1	
<i>naproxen 375 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen 375 mg tab dr</i>	1	
<i>naproxen 500 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen 500 mg tab dr</i>	1	
<i>naproxen dr 500 mg tab dr</i>	1	
<i>naproxen sodium 275 mg tab</i>	1	
<i>naproxen sodium 550 mg tab</i>	1	
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam 10 mg cap</i>	1	
<i>piroxicam 20 mg cap</i>	1	
<i>salsalate 500 mg tab</i>	1	
SALSALATE 500 MG TAB	1	
<i>salsalate 750 mg tab</i>	1	
SALSALATE 750 MG TAB	1	
<i>sulindac 150 mg tab</i>	1	
<i>sulindac 200 mg tab</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine 10 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 15 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 20 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 5 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>buprenorphine 7.5 mcg/hr patch wk</i>	1	QL 4 EA / 28 day(s)
<i>fentanyl 100 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl 100 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 12 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 12 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 25 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 25 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 50 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 50 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 75 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>fentanyl 75 mcg/hr patch 72hr</i>	1	QL 10 EA / 30 day(s) PA
<i>hydromorphone hcl er 12 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 16 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 32 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>hydromorphone hcl er 8 mg tab er 24h</i>	3	QL 60 EA / 30 day(s) PA
<i>methadone hcl 10 mg tab</i>	1	QL 90 EA / 30 day(s) PA
<i>methadone hcl 5 mg tab</i>	1	QL 90 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er 15 mg tab er</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 30 mg tab er</i>	1	QL 90 EA / 30 day(s) PA
<i>morphine sulfate er 60 mg tab er</i>	1	QL 60 EA / 30 day(s) PA
XTAMPZA ER 13.5 MG CP12 DETER	3	QL 2 EA / 1 DAYS PA
XTAMPZA ER 18 MG CP12 DETER	3	QL 2 EA / 1 DAYS PA
XTAMPZA ER 27 MG CP12 DETER	3	QL 2 EA / 1 DAYS PA
XTAMPZA ER 36 MG CP12 DETER	3	QL 2 EA / 1 DAYS PA
XTAMPZA ER 9 MG CP12 DETER	3	QL 2 EA / 1 DAYS PA
OXYCODONE HCL ER 10 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 20 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 40 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 80 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 10 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 15 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 20 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXYCONTIN 40 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCONTIN 80 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYMORPHONE HCL ER 10 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 15 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 20 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 30 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 40 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 5 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 100 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 150 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 200 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 250 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
NUCYNTA ER 50 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	1	QL 30 EA / 30 day(s)
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 300-15 mg tab</i>	1	QL 300 EA / 30 day(s)
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	QL 3750 / 30 day(s)
<i>acetaminophen-codeine 300-30 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 240 EA / 30 day(s)
BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS	1	
BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS	1	
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 180 EA / 30 day(s)
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>fentanyl citrate 1200 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 1200 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 1600 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 1600 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 200 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENTANYL CITRATE 200 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 400 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 400 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 600 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 600 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>fentanyl citrate 800 mcg loz handle</i>	1	QL 120 EA / 30 day(s) PA
FENTANYL CITRATE 800 MCG LOZ HANDLE	1	QL 120 EA / 30 day(s) PA
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 5-217 mg/10ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i>	1	QL 4500 ML / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	QL 180 EA / 30 day(s)
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	QL 180 EA / 30 day(s)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	QL 180 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL 180 ML / 30 day(s)
<i>hydromorphone hcl 2 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>hydromorphone hcl 4 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>hydromorphone hcl 8 mg tab</i>	1	QL 120 EA / 30 day(s) PA
MEPERIDINE HCL 50 MG/5ML SOLUTION	1	
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 10 MG SUPPOS	1	QL 180 EA / 30 day(s)
<i>morphine sulfate 15 mg tab</i>	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 15 MG TAB	1	QL 180 EA / 30 day(s)
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 20 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 30 MG SUPPOS	1	QL 180 EA / 30 day(s)
<i>morphine sulfate 30 mg tab</i>	1	QL 120 EA / 30 day(s) PA
MORPHINE SULFATE 30 MG TAB	1	QL 120 EA / 30 day(s) PA
MORPHINE SULFATE 5 MG SUPPOS	1	QL 180 EA / 30 day(s)
<i>morphine sulfate (concentrate) 100 mg/5ml solution</i>	1	QL 180 ML / 30 day(s)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 180 ML / 30 day(s)
<i>morphine sulfate (concentrate) 20 mg/ml solution</i>	1	QL 180 ML / 30 day(s)
<i>oxycodone hcl 10 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone hcl 10 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone hcl 15 mg tab</i>	1	QL 120 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl 15 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl 20 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl 20 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxycodone hcl 30 mg tab</i>	1	QL 60 EA / 30 day(s) PA
<i>oxycodone hcl 30 mg tab</i>	1	QL 60 EA / 30 day(s) PA
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
<i>oxycodone hcl 5 mg/5ml solution</i>	1	QL 900 ML / 30 day(s)
<i>oxycodone hcl 5 mg cap</i>	1	QL 180 EA / 30 day(s)
<i>oxycodone hcl 5 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone hcl 5 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>endocet 10-325 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>endocet 2.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>endocet 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>endocet 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>oxycodone-acetaminophen 10-325 mg tab</i>	1	QL 180 EA / 30 day(s)
<i>oxycodone-acetaminophen 2.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 2.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>oxymorphone hcl 10 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxymorphone hcl 10 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxymorphone hcl 5 mg tab</i>	1	QL 120 EA / 30 day(s) PA
<i>oxymorphone hcl 5 mg tab</i>	1	QL 120 EA / 30 day(s) PA
NUCYNTA 100 MG TAB	2	PA
NUCYNTA 50 MG TAB	2	PA
NUCYNTA 75 MG TAB	2	PA
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>tramadol hcl 50 mg tab</i>	1	QL 240 EA / 30 day(s)
<i>tramadol hcl 50 mg tab</i>	1	QL 240 EA / 30 day(s)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 5 % ointment</i>	1	
<i>lidocaine 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>lidocan 5 % patch</i>	2	QL 90 EA / 30 day(s)
PREMIUM LIDOCAINE 5 % OINTMENT	1	
<i>tridacaine ii 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>tridacaine iii 5 % patch</i>	2	QL 90 EA / 30 day(s)
<i>7t lido 2 % gel</i>	1	
<i>glydo 2 % prsyr</i>	1	
<i>lidocaine hcl 3 % cream</i>	1	
LIDOCAINE HCL 3 % CREAM	1	
LIDOCAINE HCL 3 % LOTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
LIDOPIN 3 % CREAM	1	
LIDO-SORB 3 % LOTION	1	
PROXIVOL 2 % GEL	1	
ZIONODIL 100 3 % LOTION	1	
ZIONODIL 3 % LOTION	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
AGONEAZE 2.5-2.5 % KIT	1	
<i>anodyne lpt 2.5-2.5 % kit</i>	1	
LIDO BDK 2.5-2.5 % KIT	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % kit</i>	1	
LIVIXIL PAK 2.5-2.5 % KIT	1	
PRILOVIX 2.5-2.5 % KIT	1	
<i>prilovix lite 2.5-2.5 % kit</i>	1	
<i>prilovix lite plus 2.5-2.5 % kit</i>	1	
PRILOVIX PLUS 2.5-2.5 % KIT	1	
<i>prilovix ultralite 2.5-2.5 % kit</i>	1	
<i>prilovix ultralite plus 2.5-2.5 % kit</i>	1	
<i>relador pak 2.5-2.5 % kit</i>	1	
<i>relador pak plus 2.5-2.5 % kit</i>	1	
NAYZILAM 5 MG/0.1ML SOLUTION	3	QL 4 EA / 30 day(s)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	2	
<i>disulfiram 250 mg tab</i>	2	
<i>disulfiram 500 mg tab</i>	2	
VIVITROL 380 MG RECON SUSP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIOID DEPENDENCE		
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.36 mL / 28 days SP Specialty
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.18 mL / 28 days SP Specialty
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.27 mL / 28 days SP Specialty
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.32 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.48 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.64 ml / 7 days SP Specialty
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	<ul style="list-style-type: none"> QLC 0.32 mL / 7 days SP Specialty
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 0.5 mL / 28 days
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> QL 1.5 mL / 28 days
<i>buprenorphine hcl 2 mg sl tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl 8 mg sl tab</i>	1	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	2	
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
ZUBSOLV 0.7-0.18 MG SL TAB	2	<ul style="list-style-type: none"> QL 90 EA / 30 day(s)
ZUBSOLV 11.4-2.9 MG SL TAB	2	<ul style="list-style-type: none"> QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZUBSOLV 1.4-0.36 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 8.6-2.1 MG SL TAB	2	QL 60 EA / 30 day(s)
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	3	
<i>naloxone hcl 2 mg/2ml soln prsyr</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	
NARCAN 4 MG/0.1ML LIQUID	3	
REXTOVY 4 MG/0.25ML LIQUID	2	
<i>naltrexone hcl 50 mg tab</i>	1	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>cvs nicotine 14 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine 21 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine 7 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine 14 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine 21 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eq nicotine step 3 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ft nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ft nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ft nicotine 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>habitrol 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicoderm cq 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicoderm cq 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicoderm cq 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
NICOTINE 21-14-7 MG/24HR KIT	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
NICOTROL 10 MG INHALER	3	<p>QL 504 EA / 28 day(s)</p> <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p>
NICOTROL NS 10 MG/ML SOLUTION	3	<p>QL 120 ml / 30 day(s)</p> <p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>qc nicotine transdermal system 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>qc nicotine transdermal system 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>cvts nicotine 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>cvts nicotine 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>cvts nicotine 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cvx nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>cvx nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>cvx nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>cvx nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>eq nicotine 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>eq nicotine 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>eq nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>eq nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>eq nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>eq nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ft nicotine 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ft nicotine 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ft nicotine 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ft nicotine mini 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ft nicotine mini 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine mini 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine mini 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>gnp nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>goodsense nicotine 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>goodsense nicotine 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>goodsense nicotine 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>goodsense nicotine 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>hm nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>hm nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>hm nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kls quit2 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>kls quit2 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>kls quit4 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>kls quit4 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicorette 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicorette 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicorette 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicorette mini 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicorette mini 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicorette starter kit 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine mini 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine mini 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>nicotine polacrilex mini 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra mini nicotine 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra mini nicotine 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra nicotine 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra nicotine 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra nicotine gum 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra nicotine gum 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>ra nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>
<i>sm nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p> <p>OTC Over the Counter</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm nicotine polacrilex 4 mg lozenge</i>	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>thrive 2 mg gum</i>	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
CHANTIX 0.5 MG TAB	3	PD Preventive Drug
CHANTIX CONTINUING MONTH PAK 1 MG TAB	3	PD Preventive Drug
<i>varenicline tartrate 0.5 mg tab</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate 1 mg tab</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate(continue) 1 mg tab</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	3	ACA Affordable Care Act PD Preventive Drug
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>gentamicin sulfate 40 mg/ml solution</i>	1	PA
<i>gentamicin sulfate 0.1 % cream</i>	1	
<i>gentamicin sulfate 0.1 % ointment</i>	1	
<i>neomycin sulfate 500 mg tab</i>	1	
ANTIBACTERIALS, OTHER		
<i>acetic acid 2 % solution</i>	1	
<i>clindamycin hcl 150 mg cap</i>	1	
<i>clindamycin hcl 300 mg cap</i>	1	
<i>clindamycin hcl 75 mg cap</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
<i>clindamycin phosphate 1 % swab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>fosfomycin tromethamine 3 gm packet</i>	3	QL 4 EA / 30 day(s)
<i>linezolid 100 mg/5ml recon susp</i>	2	
<i>linezolid 600 mg tab</i>	2	
<i>methenamine hippurate 1 gm tab</i>	1	
URELLE 81 MG TAB	3	
<i>uribel 118 mg cap</i>	3	
URO-MP 118 MG CAP	3	
VILAMIT MB 118 MG CAP	3	
VILEVEV MB 81 MG TAB	3	
METHENAMINE MANDELATE 0.5 GM TAB	1	
METHENAMINE MANDELATE 1 GM TAB	1	
<i>metronidazole 250 mg tab</i>	1	
<i>metronidazole 250 mg tab</i>	1	
<i>metronidazole 500 mg tab</i>	1	
<i>metronidazole 500 mg tab</i>	1	
<i>metronidazole 0.75 % cream</i>	1	
<i>metronidazole 0.75 % cream</i>	1	
<i>metronidazole 0.75 % gel</i>	1	
<i>metronidazole 0.75 % gel</i>	1	
<i>metronidazole 0.75 % lotion</i>	1	
<i>metronidazole 0.75 % lotion</i>	1	
<i>metronidazole 1 % gel</i>	2	
<i>metronidazole 1 % gel</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>nitrofurantoin 25 mg/5ml suspension</i>	2	
<i>nitrofurantoin 50 mg/10ml suspension</i>	2	
NITROFURANTOIN 50 MG/5ML SUSPENSION	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	
<i>nitrofurantoin macrocrystal 25 mg cap</i>	3	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
ALTABAX 1 % OINTMENT	3	
XIFAXAN 200 MG TAB	2	QL 126 EA / 30 day(s)
XIFAXAN 550 MG TAB	2	
<i>tinidazole 250 mg tab</i>	2	
<i>tinidazole 500 mg tab</i>	2	
<i>trimethoprim 100 mg tab</i>	1	
TRIMETHOPRIM 100 MG TAB	1	
<i>vancomycin hcl 125 mg cap</i>	2	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	2	
<i>vancomycin hcl 250 mg cap</i>	2	
<i>vancomycin hcl 25 mg/ml recon soln</i>	2	
<i>vancomycin hcl 50 mg/ml recon soln</i>	2	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 250 MG/5ML RECON SUSP	1	
CEFACLOR 250 MG CAP	1	
CEFACLOR 500 MG CAP	1	
CEFADROXIL 1 GM TAB	1	
<i>cefadroxil 250 mg/5ml recon susp</i>	1	
<i>cefadroxil 500 mg/5ml recon susp</i>	1	
<i>cefadroxil 500 mg cap</i>	1	
<i>cefdinir 125 mg/5ml recon susp</i>	1	
<i>cefdinir 250 mg/5ml recon susp</i>	1	
<i>cefdinir 300 mg cap</i>	1	
<i>cefixime 100 mg/5ml recon susp</i>	2	
<i>cefixime 200 mg/5ml recon susp</i>	2	
<i>cefixime 400 mg cap</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	
<i>cefepodoxime proxetil 100 mg tab</i>	1	
<i>cefepodoxime proxetil 200 mg tab</i>	1	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	
<i>cefprozil 125 mg/5ml recon susp</i>	1	
<i>cefprozil 250 mg/5ml recon susp</i>	1	
<i>cefprozil 250 mg tab</i>	1	
<i>cefprozil 500 mg tab</i>	1	
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
<i>cephalexin 125 mg/5ml recon susp</i>	1	
<i>cephalexin 250 mg/5ml recon susp</i>	1	
<i>cephalexin 250 mg cap</i>	1	
<i>cephalexin 250 mg tab</i>	1	
<i>cephalexin 500 mg cap</i>	1	
<i>cephalexin 500 mg tab</i>	1	
<i>cephalexin 750 mg cap</i>	1	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
AMOXICILLIN 125 MG CHEW TAB	2	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i>	1	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	3	
<i>ampicillin 500 mg cap</i>	1	
<i>dicloxacillin sodium 250 mg cap</i>	1	
<i>dicloxacillin sodium 500 mg cap</i>	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium 250 mg tab</i>	1	
<i>penicillin v potassium 500 mg tab</i>	1	
MACROLIDES		
<i>azithromycin 100 mg/5ml recon susp</i>	1	
AZITHROMYCIN 1 GM PACKET	1	
<i>azithromycin 200 mg/5ml recon susp</i>	1	
<i>azithromycin 250 mg tab</i>	1	
<i>azithromycin 500 mg tab</i>	1	
<i>azithromycin 600 mg tab</i>	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	
<i>clarithromycin 250 mg tab</i>	1	
<i>clarithromycin 500 mg tab</i>	1	
<i>clarithromycin er 500 mg tab er 24h</i>	1	
<i>ery-tab 250 mg tab dr</i>	3	
<i>ery-tab 333 mg tab dr</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ery-tab 500 mg tab dr</i>	3	
<i>erythromycin 250 mg tab dr</i>	3	
<i>erythromycin 333 mg tab dr</i>	3	
<i>erythromycin 500 mg tab dr</i>	3	
ERYTHROMYCIN BASE 250 MG CP DR PART	1	
<i>erythromycin base 250 mg tab</i>	1	
<i>erythromycin base 250 mg tab dr</i>	3	
<i>erythromycin base 333 mg tab dr</i>	3	
<i>erythromycin base 500 mg tab</i>	1	
<i>erythromycin base 500 mg tab dr</i>	3	
e.e.s. 400 400 mg tab	1	
E.E.S. 400 400 MG TAB	1	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	3	
<i>erythromycin ethylsuccinate 400 mg/5ml recon susp</i>	3	
<i>erythromycin ethylsuccinate 400 mg tab</i>	1	
ERYTHROCIN STEARATE 250 MG TAB	1	
DIFICID 200 MG TAB	3	
DIFICID 40 MG/ML RECON SUSP	3	PA
<i>fidaxomicin 200 mg tab</i>	3	
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	2	
<i>ciprofloxacin hcl 250 mg tab</i>	1	
<i>ciprofloxacin hcl 500 mg tab</i>	1	
<i>ciprofloxacin hcl 750 mg tab</i>	1	
CILOXAN 0.3 % OINTMENT	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>levofloxacin 250 mg tab</i>	1	
<i>levofloxacin 250 mg tab</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin 500 mg tab</i>	1	
<i>levofloxacin 500 mg tab</i>	1	
<i>levofloxacin 750 mg tab</i>	1	
<i>levofloxacin 750 mg tab</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN 400 MG TAB	1	
SULFONAMIDES		
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>sulfadiazine 500 mg tab</i>	3	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl 150 mg tab</i>	1	
<i>demeclocycline hcl 300 mg tab</i>	1	
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 20 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>avidoxy 100 mg tab</i>	1	
<i>doxycycline monohydrate 100 mg cap</i>	1	
<i>doxycycline monohydrate 100 mg tab</i>	1	
<i>doxycycline monohydrate 150 mg cap</i>	1	
<i>doxycycline monohydrate 150 mg tab</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	1	
<i>doxycycline monohydrate 50 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline monohydrate 50 mg tab</i>	1	
<i>doxycycline monohydrate 75 mg cap</i>	1	
<i>doxycycline monohydrate 75 mg tab</i>	1	
<i>mondoxyne nl 100 mg cap</i>	1	
<i>doxycycline 40 mg cap dr</i>	2	
<i>minocycline hcl 100 mg cap</i>	1	
<i>minocycline hcl 100 mg tab</i>	1	
<i>minocycline hcl 50 mg cap</i>	1	
<i>minocycline hcl 50 mg tab</i>	1	
<i>minocycline hcl 75 mg cap</i>	1	
<i>minocycline hcl 75 mg tab</i>	1	
<i>tetracycline hcl 250 mg cap</i>	1	
<i>tetracycline hcl 500 mg cap</i>	1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
XCOPRI 100 MG TAB	3	PD Preventive Drug
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	PD Preventive Drug
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK	3	PD Preventive Drug
XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK	3	PD Preventive Drug
XCOPRI 150 MG TAB	3	PD Preventive Drug
XCOPRI 200 MG TAB	3	PD Preventive Drug
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	
XCOPRI 25 MG TAB	3	PD Preventive Drug
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	3	PD Preventive Drug
XCOPRI 50 MG TAB	3	PD Preventive Drug
<i>divalproex sodium 125 mg cap dr</i>	1	PD Preventive Drug
<i>divalproex sodium 125 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium 250 mg tab dr</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>divalproex sodium 500 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium er 250 mg tab er 24h</i>	1	PD Preventive Drug
<i>divalproex sodium er 500 mg tab er 24h</i>	1	PD Preventive Drug
<i>felbamate 400 mg tab</i>	3	PD Preventive Drug
<i>felbamate 600 mg/5ml suspension</i>	1	PD Preventive Drug
<i>felbamate 600 mg tab</i>	3	PD Preventive Drug
FINTEPLA 2.2 MG/ML SOLUTION	3	PA SP Specialty
ZTALMY 50 MG/ML SUSPENSION	3	PA SP Specialty
<i>lamotrigine 100 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 100 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 100 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 100 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 150 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 150 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 200 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 25 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 25 mg tab disp</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine 50 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 50 mg tab disp</i>	2	PD Preventive Drug
<i>lamotrigine 5 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 5 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine er 100 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 100 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 200 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 200 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 250 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 250 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 25 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 25 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 300 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 300 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 50 mg tab er 24h</i>	2	PD Preventive Drug
<i>lamotrigine er 50 mg tab er 24h</i>	2	PD Preventive Drug
<i>subvenite 100 mg tab</i>	1	PD Preventive Drug
<i>subvenite 150 mg tab</i>	1	PD Preventive Drug
<i>subvenite 200 mg tab</i>	1	PD Preventive Drug
<i>subvenite 25 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 1000 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 1000 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 100 mg/ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 100 mg/ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 250 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levetiracetam 250 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg/5ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 750 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 750 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam er 500 mg tab er 24h</i>	1	PD Preventive Drug
<i>levetiracetam er 500 mg tab er 24h</i>	1	PD Preventive Drug
<i>levetiracetam er 750 mg tab er 24h</i>	1	PD Preventive Drug
<i>levetiracetam er 750 mg tab er 24h</i>	1	PD Preventive Drug
<i>roweepra 500 mg tab</i>	1	PD Preventive Drug
<i>topiramate 100 mg tab</i>	1	PD Preventive Drug
<i>topiramate 15 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 200 mg tab</i>	1	PD Preventive Drug
<i>topiramate 25 mg cap sprink</i>	1	PD Preventive Drug
<i>topiramate 25 mg tab</i>	1	PD Preventive Drug
<i>topiramate 50 mg tab</i>	1	PD Preventive Drug
<i>valproic acid 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>valproic acid 500 mg/10ml solution</i>	1	PD Preventive Drug
<i>valproic acid 250 mg cap</i>	1	PD Preventive Drug
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>ethosuximide 250 mg cap</i>	1	PD Preventive Drug
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam 10 mg tab</i>	3	PD Preventive Drug
<i>clobazam 10 mg tab</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobazam 20 mg tab</i>	3	PD Preventive Drug
<i>clobazam 20 mg tab</i>	3	PD Preventive Drug
<i>clobazam 2.5 mg/ml suspension</i>	3	PD Preventive Drug
<i>clobazam 2.5 mg/ml suspension</i>	3	PD Preventive Drug
<i>diazepam 10 mg gel</i>	2	
<i>diazepam 10 mg gel</i>	2	
<i>diazepam 20 mg gel</i>	2	
<i>diazepam 20 mg gel</i>	2	
<i>diazepam 2.5 mg gel</i>	2	
<i>diazepam 2.5 mg gel</i>	2	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	3	QLC 10 EA / 22 days
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	3	QLC 10 EA / 22 days
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	3	QLC 10 EA / 22 days
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	3	QLC 10 EA / 22 days
<i>gabapentin 100 mg cap</i>	1	
<i>gabapentin 250 mg/5ml solution</i>	1	
<i>gabapentin 300 mg/6ml solution</i>	1	
<i>gabapentin 300 mg cap</i>	1	
<i>gabapentin 400 mg cap</i>	1	
<i>gabapentin 600 mg tab</i>	1	
<i>gabapentin 800 mg tab</i>	1	
<i>phenobarbital 100 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 100 MG TAB	1	PD Preventive Drug
<i>phenobarbital 15 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 15 MG TAB	1	PD Preventive Drug
<i>phenobarbital 16.2 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 16.2 MG TAB	1	PD Preventive Drug
<i>phenobarbital 20 mg/5ml elixir</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENOBARBITAL 20 MG/5ML ELIXIR	1	PD Preventive Drug
PHENOBARBITAL 30 MG/7.5ML ELIXIR	1	PD Preventive Drug
<i>phenobarbital 30 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 30 MG TAB	1	PD Preventive Drug
<i>phenobarbital 32.4 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 32.4 MG TAB	1	PD Preventive Drug
PHENOBARBITAL 60 MG/15ML ELIXIR	1	PD Preventive Drug
<i>phenobarbital 60 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 60 MG TAB	1	PD Preventive Drug
<i>phenobarbital 64.8 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 64.8 MG TAB	1	PD Preventive Drug
<i>phenobarbital 97.2 mg tab</i>	1	PD Preventive Drug
PHENOBARBITAL 97.2 MG TAB	1	PD Preventive Drug
PRIMIDONE 125 MG TAB	1	PD Preventive Drug
<i>primidone 250 mg tab</i>	1	PD Preventive Drug
<i>primidone 50 mg tab</i>	1	PD Preventive Drug
<i>tiagabine hcl 12 mg tab</i>	2	PD Preventive Drug
<i>tiagabine hcl 12 mg tab</i>	2	PD Preventive Drug
<i>tiagabine hcl 16 mg tab</i>	2	PD Preventive Drug
<i>tiagabine hcl 16 mg tab</i>	2	PD Preventive Drug
<i>tiagabine hcl 2 mg tab</i>	2	PD Preventive Drug
<i>tiagabine hcl 2 mg tab</i>	2	PD Preventive Drug
<i>tiagabine hcl 4 mg tab</i>	2	PD Preventive Drug
<i>tiagabine hcl 4 mg tab</i>	2	PD Preventive Drug
<i>vigabatrin 500 mg packet</i>	3	PA PD Preventive Drug SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vigabatrin 500 mg tab</i>	3	PA PD Preventive Drug SP Specialty
<i>vigadrone 500 mg packet</i>	3	PA PD Preventive Drug SP Specialty
<i>vigadrone 500 mg tab</i>	3	PA PD Preventive Drug SP Specialty
<i>vigpoder 500 mg packet</i>	3	PA PD Preventive Drug SP Specialty
SODIUM CHANNEL AGENTS		
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carbamazepine 100 mg chew tab</i>	1	PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carbamazepine 200 mg tab</i>	1	PD Preventive Drug
<i>carbamazepine 200 mg tab</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug
<i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>	2	PD Preventive Drug
<i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug
<i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	2	PD Preventive Drug
<i>epitol 200 mg tab</i>	1	PD Preventive Drug
<i>lacosamide 100 mg/10ml solution</i>	2	PD Preventive Drug
<i>lacosamide 100 mg tab</i>	2	PD Preventive Drug
<i>lacosamide 10 mg/ml solution</i>	2	PD Preventive Drug
<i>lacosamide 150 mg tab</i>	2	PD Preventive Drug
<i>lacosamide 200 mg tab</i>	2	PD Preventive Drug
<i>lacosamide 50 mg/5ml solution</i>	2	PD Preventive Drug
<i>lacosamide 50 mg tab</i>	2	PD Preventive Drug
<i>oxcarbazepine 150 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 600 mg tab</i>	1	PD Preventive Drug
DILANTIN-125 125 MG/5ML SUSPENSION	2	PD Preventive Drug
DILANTIN 125 MG/5ML SUSPENSION	2	PD Preventive Drug
DILANTIN INFATABS 50 MG CHEW TAB	2	PD Preventive Drug
<i>phenytoin 100 mg/4ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 125 mg/5ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin infatabs 50 mg chew tab</i>	1	PD Preventive Drug
DILANTIN 100 MG CAP	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DILANTIN 30 MG CAP	2	PD Preventive Drug
<i>phenytek 200 mg cap</i>	2	PD Preventive Drug
<i>phenytek 300 mg cap</i>	2	PD Preventive Drug
<i>phenytoin sodium extended 100 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 200 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 300 mg cap</i>	1	PD Preventive Drug
<i>rufinamide 200 mg tab</i>	3	PD Preventive Drug
<i>rufinamide 400 mg tab</i>	3	PD Preventive Drug
<i>rufinamide 40 mg/ml suspension</i>	3	PD Preventive Drug
<i>zonisamide 100 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 25 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 50 mg cap</i>	1	PD Preventive Drug
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	1	
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	1	
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	1	
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	1	
AUVELITY 45-105 MG TAB ER	3	PA
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	3	PA SP Specialty
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	3	PA SP Specialty
<i>mirtazapine 15 mg tab</i>	1	
<i>mirtazapine 15 mg tab disp</i>	1	
<i>mirtazapine 30 mg tab</i>	1	
<i>mirtazapine 30 mg tab disp</i>	1	
<i>mirtazapine 45 mg tab</i>	1	
<i>mirtazapine 45 mg tab disp</i>	1	
<i>mirtazapine 7.5 mg tab</i>	1	
LYBALVI 10-10 MG TAB	3	PA
LYBALVI 15-10 MG TAB	3	PA
LYBALVI 20-10 MG TAB	3	PA
LYBALVI 5-10 MG TAB	3	PA
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	1	
ZURZUVAE 20 MG CAP	3	PA QLC 28 EA / 180 days
ZURZUVAE 25 MG CAP	3	PA QLC 28 EA / 180 days
ZURZUVAE 30 MG CAP	3	PA QLC 14 EA / 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE INHIBITORS		
PHENELZINE SULFATE 15 MG TAB	2	
EMSAM 12 MG/24HR PATCH 24HR	3	
EMSAM 6 MG/24HR PATCH 24HR	3	
EMSAM 9 MG/24HR PATCH 24HR	3	
<i>tranylcypromine sulfate 10 mg tab</i>	1	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 10 mg tab</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 20 mg/10ml solution</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>citalopram hydrobromide 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	1	
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	
<i>desvenlafaxine succinate er 50 mg tab er 24h</i>	1	
<i>escitalopram oxalate 10 mg/10ml solution</i>	1	PD Preventive Drug
<i>escitalopram oxalate 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>escitalopram oxalate 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>escitalopram oxalate 5 mg/5ml solution</i>	1	PD Preventive Drug
<i>escitalopram oxalate 5 mg tab</i>	1	PD Preventive Drug
<i>fluoxetine hcl 10 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fluoxetine hcl 10 mg tab</i>	2	PD Preventive Drug
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 20 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fluoxetine hcl 20 mg tab</i>	2	PD Preventive Drug
<i>fluoxetine hcl 40 mg cap</i>	1	PD Preventive Drug
<i>fluoxetine hcl 60 mg tab</i>	2	PD Preventive Drug
FLUOXETINE HCL 90 MG CAP DR	1	PD Preventive Drug
FLUOXETINE HCL (PMDD) 10 MG TAB	1	
FLUOXETINE HCL (PMDD) 20 MG TAB	1	
<i>fluvoxamine maleate 100 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 100 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 25 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 25 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 50 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 50 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	3	PD Preventive Drug
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	3	PD Preventive Drug
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	3	PD Preventive Drug
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	3	PD Preventive Drug
NEFAZODONE HCL 100 MG TAB	1	
NEFAZODONE HCL 150 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	
NEFAZODONE HCL 250 MG TAB	1	
NEFAZODONE HCL 50 MG TAB	1	
<i>paroxetine hcl 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>paroxetine hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paroxetine hcl 30 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl 40 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	2	PD Preventive Drug
<i>paroxetine hcl er 25 mg tab er 24h</i>	2	PD Preventive Drug
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	2	PD Preventive Drug
<i>sertraline hcl 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>sertraline hcl 20 mg/ml conc</i>	1	PD Preventive Drug
<i>sertraline hcl 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>sertraline hcl 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>trazodone hcl 100 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 100 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 150 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 150 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 300 mg tab</i>	1	
<i>trazodone hcl 300 mg tab</i>	1	
<i>trazodone hcl 50 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 50 mg tab</i>	1	RX4L Rx4Less Program
<i>venlafaxine hcl 100 mg tab</i>	1	
<i>venlafaxine hcl 25 mg tab</i>	1	
<i>venlafaxine hcl 37.5 mg tab</i>	1	
<i>venlafaxine hcl 50 mg tab</i>	1	
<i>venlafaxine hcl 75 mg tab</i>	1	
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1	RX4L Rx4Less Program
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	RX4L Rx4Less Program
<i>vilazodone hcl 10 mg tab</i>	1	
<i>vilazodone hcl 20 mg tab</i>	1	
<i>vilazodone hcl 40 mg tab</i>	1	
TRINTELLIX 10 MG TAB	2	ST
TRINTELLIX 20 MG TAB	2	ST
TRINTELLIX 5 MG TAB	2	ST
TRICYCLICS		
<i>amitriptyline hcl 100 mg tab</i>	1	
<i>amitriptyline hcl 10 mg tab</i>	1	
<i>amitriptyline hcl 150 mg tab</i>	1	
<i>amitriptyline hcl 25 mg tab</i>	1	
<i>amitriptyline hcl 50 mg tab</i>	1	
<i>amitriptyline hcl 75 mg tab</i>	1	
<i>clomipramine hcl 25 mg cap</i>	1	
<i>clomipramine hcl 25 mg cap</i>	1	
<i>clomipramine hcl 25 mg cap</i>	1	
<i>clomipramine hcl 50 mg cap</i>	1	
<i>clomipramine hcl 50 mg cap</i>	1	
<i>clomipramine hcl 50 mg cap</i>	1	
<i>clomipramine hcl 75 mg cap</i>	1	
<i>clomipramine hcl 75 mg cap</i>	1	
<i>clomipramine hcl 75 mg cap</i>	1	
<i>desipramine hcl 100 mg tab</i>	1	
<i>desipramine hcl 10 mg tab</i>	1	
<i>desipramine hcl 150 mg tab</i>	1	
<i>desipramine hcl 25 mg tab</i>	1	
<i>desipramine hcl 50 mg tab</i>	1	
<i>desipramine hcl 75 mg tab</i>	1	
<i>doxepin hcl 100 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxepin hcl 10 mg cap</i>	1	
<i>doxepin hcl 10 mg/ml conc</i>	1	
DOXEPIN HCL 10 MG/ML CONC	1	
<i>doxepin hcl 150 mg cap</i>	1	
<i>doxepin hcl 25 mg cap</i>	1	
<i>doxepin hcl 50 mg cap</i>	1	
<i>doxepin hcl 75 mg cap</i>	1	
<i>imipramine hcl 10 mg tab</i>	1	
<i>imipramine hcl 25 mg tab</i>	1	
<i>imipramine hcl 50 mg tab</i>	1	
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>nortriptyline hcl 10 mg cap</i>	1	RX4L Rx4Less Program
<i>nortriptyline hcl 25 mg cap</i>	1	RX4L Rx4Less Program
<i>nortriptyline hcl 50 mg cap</i>	1	
<i>nortriptyline hcl 75 mg cap</i>	1	
<i>protriptyline hcl 10 mg tab</i>	1	
<i>protriptyline hcl 5 mg tab</i>	1	
<i>trimipramine maleate 100 mg cap</i>	3	
<i>trimipramine maleate 25 mg cap</i>	3	
<i>trimipramine maleate 50 mg cap</i>	3	
ANTIEMETICS		
ANTIEMETICS, OTHER		
BONJESTA 20-20 MG TAB ER	2	QLC 180 EA / 365 day(s)
<i>doxylamine-pyridoxine 10-10 mg tab dr</i>	2	QLC 360 EA / 365 day(s)
<i>cvs motion sickness ii 25 mg tab</i>	1	OTC Over the Counter
<i>dramamine less drowsy 25 mg tab</i>	1	OTC Over the Counter
<i>eql motion sickness relief 25 mg tab</i>	1	OTC Over the Counter
<i>gnp motion sickness relief 25 mg tab</i>	1	OTC Over the Counter
<i>meclizine hcl 12.5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meclizine hcl 25 mg tab</i>	1	OTC Over the Counter
<i>motion sickness relief 25 mg tab</i>	1	OTC Over the Counter
<i>sm motion sickness 25 mg tab</i>	1	OTC Over the Counter
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	
<i>metoclopramide hcl 10 mg tab</i>	1	
<i>metoclopramide hcl 5 mg/5ml solution</i>	1	
<i>metoclopramide hcl 5 mg tab</i>	1	
METOCLOPRAMIDE HCL 5 MG TAB DISP	3	
<i>perphenazine 16 mg tab</i>	1	
<i>perphenazine 2 mg tab</i>	1	
<i>perphenazine 4 mg tab</i>	1	
<i>perphenazine 8 mg tab</i>	1	
<i>compro 25 mg suppos</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate 10 mg tab</i>	1	
<i>prochlorperazine maleate 5 mg tab</i>	1	
<i>promethazine hcl 12.5 mg suppos</i>	1	
<i>promethazine hcl 12.5 mg tab</i>	1	
<i>promethazine hcl 25 mg suppos</i>	1	
<i>promethazine hcl 25 mg tab</i>	1	
<i>promethazine hcl 50 mg tab</i>	1	
<i>promethegan 12.5 mg suppos</i>	1	
<i>promethegan 25 mg suppos</i>	1	
PROMETHEGAN 50 MG SUPPOS	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	2	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant 125 mg cap</i>	2	QL 2 EA / 30 day(s)
<i>aprepitant 40 mg cap</i>	2	QL 2 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aprepitant 80 & 125 mg cap</i>	2	QL 6 EA / 30 day(s)
<i>aprepitant 80 mg cap</i>	2	QL 4 EA / 30 day(s)
EMEND 125 MG/5ML RECON SUSP	2	QL 3 EA / 15 day(s)
<i>dronabinol 10 mg cap</i>	1	
<i>dronabinol 2.5 mg cap</i>	1	
<i>dronabinol 5 mg cap</i>	1	
SANCUSO 3.1 MG/24HR PATCH	3	QL 2 EA / 30 day(s)
<i>granisetron hcl 1 mg tab</i>	1	
<i>ondansetron 4 mg tab disp</i>	1	
<i>ondansetron 8 mg tab disp</i>	1	
ONDANSETRON HCL 24 MG TAB	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
<i>ondansetron hcl 4 mg tab</i>	1	
<i>ondansetron hcl 8 mg tab</i>	1	
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	2	QL 4 EA / 28 day(s) PA
ANTIFUNGALS		
GYNAZOLE-1 2 % CREAM	3	
<i>ciclopirox olamine 0.77 % cream</i>	1	
<i>ciclopirox olamine 0.77 % suspension</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
<i>clotrimazole 1 % cream</i>	1	
<i>clotrimazole 1 % solution</i>	1	
<i>econazole nitrate 1 % cream</i>	1	
<i>fluconazole 100 mg tab</i>	1	
<i>fluconazole 10 mg/ml recon susp</i>	1	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole 200 mg tab</i>	1	
<i>fluconazole 40 mg/ml recon susp</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluconazole 50 mg tab</i>	1	
<i>flucytosine 250 mg cap</i>	3	
<i>flucytosine 500 mg cap</i>	3	
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1	
<i>griseofulvin microsize 500 mg tab</i>	3	
<i>griseofulvin ultramicrosize 125 mg tab</i>	3	
<i>griseofulvin ultramicrosize 250 mg tab</i>	3	
<i>itraconazole 100 mg cap</i>	1	
<i>itraconazole 10 mg/ml solution</i>	3	
<i>ketoconazole 200 mg tab</i>	1	
<i>ketoconazole 2 % cream</i>	1	
<i>ketoconazole 2 % foam</i>	3	
<i>ketoconazole 2 % shampoo</i>	1	
<i>ketodan 2 % foam</i>	3	
MICONAZOLE 3 200 MG SUPPOS	1	
MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT	3	
NAFTIFINE HCL 1 % CREAM	3	
<i>naftifine hcl 2 % cream</i>	3	
<i>naftifine hcl 2 % gel</i>	3	
NAFTIN 1 % GEL	3	
<i>nystatin 500000 unit tab</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin 100000 unit/gm cream</i>	1	
<i>nystatin 100000 unit/gm ointment</i>	1	
<i>nystatin 100000 unit/gm powder</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
<i>oxiconazole nitrate 1 % cream</i>	3	
OXISTAT 1 % LOTION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOXAFIL 40 MG/ML SUSPENSION	3	
<i>posaconazole 100 mg tab dr</i>	3	
<i>posaconazole 40 mg/ml suspension</i>	3	
ERTACZO 2 % CREAM	3	
SULCONAZOLE NITRATE 1 % CREAM	3	
SULCONAZOLE NITRATE 1 % SOLUTION	3	
<i>tavaborole 5 % solution</i>	2	
<i>terbinafine hcl 250 mg tab</i>	1	
<i>terconazole 0.4 % cream</i>	1	
<i>terconazole 0.8 % cream</i>	1	
<i>terconazole 80 mg suppos</i>	1	
<i>voriconazole 200 mg tab</i>	2	
<i>voriconazole 40 mg/ml recon susp</i>	2	
<i>voriconazole 50 mg tab</i>	2	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tab</i>	1	RX4L Rx4Less Program
<i>allopurinol 300 mg tab</i>	1	RX4L Rx4Less Program
<i>colchicine 0.6 mg cap</i>	2	
<i>colchicine 0.6 mg tab</i>	1	
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
<i>febuxostat 40 mg tab</i>	1	
<i>febuxostat 80 mg tab</i>	1	
<i>probenecid 500 mg tab</i>	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone 100 mg tab</i>	1	
<i>dapsone 25 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUBERCULARS		
SIRTURO 100 MG TAB	3	PA
SIRTURO 20 MG TAB	3	PA
<i>ethambutol hcl 100 mg tab</i>	1	
<i>ethambutol hcl 400 mg tab</i>	1	
<i>isoniazid 100 mg tab</i>	1	
<i>isoniazid 300 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	1	
PRETOMANID 200 MG TAB	3	PA
<i>pyrazinamide 500 mg tab</i>	1	
<i>rifampin 150 mg cap</i>	1	
<i>rifampin 150 mg cap</i>	1	
<i>rifampin 300 mg cap</i>	1	
<i>rifampin 300 mg cap</i>	1	
PRIFTIN 150 MG TAB	2	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
MYLERAN 2 MG TAB	2	
LEUKERAN 2 MG TAB	2	
<i>cyclophosphamide 25 mg cap</i>	2	
CYCLOPHOSPHAMIDE 25 MG CAP	2	
<i>cyclophosphamide 50 mg cap</i>	2	
CYCLOPHOSPHAMIDE 50 MG CAP	2	
VALCHLOR 0.016 % GEL	3	PA
MELPHALAN 2 MG TAB	2	
MATULANE 50 MG CAP	2	SP Specialty
<i>temozolomide 100 mg cap</i>	2	PA SP Specialty
<i>temozolomide 140 mg cap</i>	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temozolomide 180 mg cap</i>	2	PA SP Specialty
<i>temozolomide 20 mg cap</i>	2	PA SP Specialty
<i>temozolomide 250 mg cap</i>	2	PA SP Specialty
<i>temozolomide 5 mg cap</i>	2	PA SP Specialty
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	2	QL 120 ea / 30 day(s) SP Specialty
<i>abiraterone acetate 500 mg tab</i>	2	PA SP Specialty
<i>abirtega 250 mg tab</i>	2	QL 120 ea / 30 day(s) SP Specialty
ERLEADA 240 MG TAB	2	PA SP Specialty
ERLEADA 60 MG TAB	2	PA SP Specialty
<i>bicalutamide 50 mg tab</i>	1	
NUBEQA 300 MG TAB	2	PA SP Specialty
ORSERDU 345 MG TAB	3	PA SP Specialty
ORSERDU 86 MG TAB	3	PA SP Specialty
XTANDI 40 MG CAP	2	PA SP Specialty
XTANDI 40 MG TAB	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XTANDI 80 MG TAB	2	PA SP Specialty
<i>nilutamide 150 mg tab</i>	2	SP Specialty
ANTIANGIOGENIC AGENTS		
<i>lenalidomide 10 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 15 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 20 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 2.5 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 25 mg cap</i>	3	PA SP Specialty
<i>lenalidomide 5 mg cap</i>	3	PA SP Specialty
THALOMID 100 MG CAP	2	PA SP Specialty
THALOMID 150 MG CAP	2	PA SP Specialty
THALOMID 200 MG CAP	2	PA SP Specialty
THALOMID 50 MG CAP	2	PA SP Specialty
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	2	SP Specialty
SOLTAMOX 10 MG/5ML SOLUTION	1	
<i>tamoxifen citrate 10 mg tab</i>	1	ACA Affordable Care Act
<i>tamoxifen citrate 20 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>toremifene citrate 60 mg tab</i>	2	
ANTIMETABOLITES		
<i>capecitabine 150 mg tab</i>	2	SP Specialty
<i>capecitabine 500 mg tab</i>	2	SP Specialty
<i>hydroxyurea 500 mg cap</i>	1	
SIKLOS 1000 MG TAB	3	PA SP Specialty
DROXIA 200 MG CAP	2	
DROXIA 300 MG CAP	2	
DROXIA 400 MG CAP	2	
<i>mercaptopurine 50 mg tab</i>	1	
PURIXAN 2000 MG/100ML SUSPENSION	2	SP Specialty
TABLOID 40 MG TAB	2	SP Specialty
ANTINEOPLASTICS, OTHER		
KRAZATI 200 MG TAB	3	PA SP Specialty
VIJOICE 125 MG TAB THPK	3	PA SP Specialty
VIJOICE 200 & 50 MG TAB THPK	3	PA SP Specialty
VIJOICE 50 MG TAB THPK	3	PA SP Specialty
AYVAKIT 100 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 200 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 25 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 300 MG TAB	3	QL 30 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AYVAKIT 50 MG TAB	3	QL 30 EA / 30 day(s) PA
TABRECTA 150 MG TAB	3	PA SP Specialty
TABRECTA 200 MG TAB	3	PA SP Specialty
ROZLYTREK 100 MG CAP	3	PA SP Specialty
ROZLYTREK 200 MG CAP	3	PA SP Specialty
ROZLYTREK 50 MG PACKET	3	PA SP Specialty
ONIVYDE 43 MG/10ML SUSPENSION	3	SP Specialty
NINLARO 2.3 MG CAP	3	PA SP Specialty
NINLARO 3 MG CAP	3	PA SP Specialty
NINLARO 4 MG CAP	3	PA SP Specialty
LEDERLE LEUCOVORIN 5 MG TAB	1	QL 4 / 28 days
<i>leucovorin calcium 10 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 15 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 25 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 5 mg tab</i>	1	QL 4 EA / 28 days
MESNEX 400 MG TAB	2	SP Specialty
LYSODREN 500 MG TAB	2	SP Specialty
OGSIVEO 100 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OGSIVEO 150 MG TAB	3	<ul style="list-style-type: none"> QL 60 ea / 30 day(s) PA SP Specialty
OGSIVEO 50 MG TAB	3	<ul style="list-style-type: none"> QL 180 EA / 30 days PA SP Specialty
VONJO 100 MG CAP	3	<ul style="list-style-type: none"> PA
VANFLYTA 17.7 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 days PA SP Specialty
VANFLYTA 26.5 MG TAB	3	<ul style="list-style-type: none"> QL 60 EA / 30 days PA SP Specialty
AUGTYRO 160 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
AUGTYRO 40 MG CAP	3	<ul style="list-style-type: none"> PA SP Specialty
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	3	<ul style="list-style-type: none"> PA SP Specialty
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	3	<ul style="list-style-type: none"> PA SP Specialty
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	3	<ul style="list-style-type: none"> PA SP Specialty
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	<ul style="list-style-type: none"> PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	3	<ul style="list-style-type: none"> QL 16 EA / 28 DAYS PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	PA SP Specialty
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	3	PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	3	QL 8 / 28 days PA SP Specialty
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	3	PA SP Specialty
RETEVMO 40 MG CAP	3	PA SP Specialty
RETEVMO 80 MG CAP	3	PA SP Specialty
LUMAKRAS 120 MG TAB	3	PA SP Specialty
LUMAKRAS 240 MG TAB	3	PA SP Specialty
LUMAKRAS 320 MG TAB	3	PA SP Specialty
TAZVERIK 200 MG TAB	3	PA SP Specialty
LONSURF 15-6.14 MG TAB	3	PA SP Specialty
LONSURF 20-8.19 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOLINZA 100 MG CAP	2	PA SP Specialty
BRUKINSA 80 MG CAP	3	PA SP Specialty
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	1	
<i>exemestane 25 mg tab</i>	2	
<i>letrozole 2.5 mg tab</i>	1	
ENZYME INHIBITORS		
TRUQAP 160 MG TAB	3	QL 64 EA / 28 days PA SP Specialty
TRUQAP 200 MG TAB	3	QL 64 EA / 28 days PA SP Specialty
ETOPOSIDE 50 MG CAP	1	
HYCAMTIN 0.25 MG CAP	2	PA SP Specialty
HYCAMTIN 1 MG CAP	2	PA SP Specialty
MOLECULAR TARGET INHIBITORS		
VERZENIO 100 MG TAB	2	PA SP Specialty
VERZENIO 150 MG TAB	2	PA SP Specialty
VERZENIO 200 MG TAB	2	PA SP Specialty
VERZENIO 50 MG TAB	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CALQUENCE 100 MG TAB	2	PA SP Specialty
GILOTRIF 20 MG TAB	3	PA SP Specialty
GILOTRIF 30 MG TAB	3	PA SP Specialty
GILOTRIF 40 MG TAB	3	PA SP Specialty
ALECENSA 150 MG CAP	3	PA SP Specialty
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	3	PA SP Specialty
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	3	PA SP Specialty
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	3	PA SP Specialty
INLYTA 1 MG TAB	3	PA SP Specialty
INLYTA 5 MG TAB	3	PA SP Specialty
BOSULIF 100 MG TAB	3	PA SP Specialty
BOSULIF 400 MG TAB	3	PA SP Specialty
BOSULIF 500 MG TAB	3	PA SP Specialty
CABOMETYX 20 MG TAB	2	PA SP Specialty
CABOMETYX 40 MG TAB	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CABOMETYX 60 MG TAB	2	PA SP Specialty
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	3	PA SP Specialty
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	3	PA SP Specialty
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	3	PA SP Specialty
ZYKADIA 150 MG TAB	3	PA SP Specialty
COTELLIC 20 MG TAB	3	PA SP Specialty
XALKORI 150 MG CAP SPRINK	3	PA SP Specialty
XALKORI 200 MG CAP	3	PA SP Specialty
XALKORI 20 MG CAP SPRINK	3	PA SP Specialty
XALKORI 250 MG CAP	3	PA SP Specialty
XALKORI 50 MG CAP SPRINK	3	PA SP Specialty
TAFINLAR 10 MG TAB SOL	3	PA SP Specialty
TAFINLAR 50 MG CAP	3	PA SP Specialty
TAFINLAR 75 MG CAP	3	PA SP Specialty
VIZIMPRO 15 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIZIMPRO 30 MG TAB	3	PA SP Specialty
VIZIMPRO 45 MG TAB	3	PA SP Specialty
<i>dasatinib 100 mg tab</i>	2	PA SP Specialty
<i>dasatinib 140 mg tab</i>	2	PA SP Specialty
<i>dasatinib 20 mg tab</i>	2	PA SP Specialty
<i>dasatinib 50 mg tab</i>	2	PA SP Specialty
<i>dasatinib 70 mg tab</i>	2	PA SP Specialty
<i>dasatinib 80 mg tab</i>	2	PA SP Specialty
PHYRAGO 100 MG TAB	2	PA SP Specialty
PHYRAGO 140 MG TAB	2	PA SP Specialty
PHYRAGO 20 MG TAB	2	PA SP Specialty
PHYRAGO 50 MG TAB	2	PA SP Specialty
PHYRAGO 70 MG TAB	2	PA SP Specialty
PHYRAGO 80 MG TAB	2	PA SP Specialty
BALVERSA 3 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 4 MG TAB	3	PA SP Specialty
BALVERSA 5 MG TAB	3	PA SP Specialty
<i>erlotinib hcl 100 mg tab</i>	2	PA SP Specialty
<i>erlotinib hcl 150 mg tab</i>	2	PA SP Specialty
<i>erlotinib hcl 25 mg tab</i>	2	PA SP Specialty
<i>everolimus 10 mg tab</i>	3	PA SP Specialty
<i>everolimus 2.5 mg tab</i>	3	PA SP Specialty
<i>everolimus 2 mg tab sol</i>	3	PA SP Specialty
<i>everolimus 3 mg tab sol</i>	3	PA SP Specialty
<i>everolimus 5 mg tab</i>	3	PA SP Specialty
<i>everolimus 5 mg tab sol</i>	3	PA SP Specialty
<i>everolimus 7.5 mg tab</i>	3	PA SP Specialty
<i>torpenz 10 mg tab</i>	3	PA SP Specialty
<i>torpenz 2.5 mg tab</i>	3	PA SP Specialty
<i>torpenz 5 mg tab</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>torpenz 7.5 mg tab</i>	3	PA SP Specialty
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	3	PA SP Specialty
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	3	PA SP Specialty
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	3	PA SP Specialty
XOSPATA 40 MG TAB	3	PA SP Specialty
IMBRUVICA 140 MG CAP	2	PA SP Specialty
IMBRUVICA 140 MG TAB	2	PA SP Specialty
IMBRUVICA 280 MG TAB	2	PA SP Specialty
IMBRUVICA 420 MG TAB	2	PA SP Specialty
IMBRUVICA 70 MG CAP	2	PA SP Specialty
IMBRUVICA 70 MG/ML SUSPENSION	2	PA SP Specialty
ZYDELIG 100 MG TAB	3	PA SP Specialty
ZYDELIG 150 MG TAB	3	PA SP Specialty
<i>imatinib mesylate 100 mg tab</i>	2	PA SP Specialty
<i>imatinib mesylate 400 mg tab</i>	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lapatinib ditosylate 250 mg tab</i>	2	PA SP Specialty
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	3	PA SP Specialty
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	3	PA SP Specialty
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	3	PA SP Specialty
RYDAPT 25 MG CAP	3	PA SP Specialty
<i>nilotinib hcl 150 mg cap</i>	2	QL 112 EA / 28 days PA SP Specialty
<i>nilotinib hcl 200 mg cap</i>	2	QL 112 EA / 28 days PA SP Specialty
<i>nilotinib hcl 50 mg cap</i>	2	QL 120 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TASIGNA 150 MG CAP	2	PA SP Specialty
TASIGNA 200 MG CAP	2	PA SP Specialty
TASIGNA 50 MG CAP	2	PA SP Specialty
ZEJULA 100 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 200 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 300 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
LYNPARZA 100 MG TAB	2	PA SP Specialty
LYNPARZA 150 MG TAB	2	PA SP Specialty
REZLIDHIA 150 MG CAP	3	PA SP Specialty
TAGRISSO 40 MG TAB	3	PA SP Specialty
TAGRISSO 80 MG TAB	3	PA SP Specialty
IBRANCE 100 MG CAP	2	PA SP Specialty
IBRANCE 100 MG TAB	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE 125 MG CAP	2	PA SP Specialty
IBRANCE 125 MG TAB	2	PA SP Specialty
IBRANCE 75 MG CAP	2	PA SP Specialty
IBRANCE 75 MG TAB	2	PA SP Specialty
<i>pazopanib hcl 200 mg tab</i>	3	PA SP Specialty
PAZOPANIB HCL 400 MG TAB	3	QL 60 / 30 day(s) PA SP Specialty
ICLUSIG 10 MG TAB	3	PA SP Specialty
ICLUSIG 15 MG TAB	3	PA SP Specialty
ICLUSIG 30 MG TAB	3	PA SP Specialty
ICLUSIG 45 MG TAB	3	PA SP Specialty
GAVRETO 100 MG CAP	3	PA SP Specialty
STIVARGA 40 MG TAB	3	PA SP Specialty
KISQALI (200 MG DOSE) 200 MG TAB THPK	3	PA SP Specialty
KISQALI (400 MG DOSE) 200 MG TAB THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI (600 MG DOSE) 200 MG TAB THPK	3	PA SP Specialty
RUBRACA 200 MG TAB	2	PA SP Specialty
RUBRACA 250 MG TAB	2	PA SP Specialty
RUBRACA 300 MG TAB	2	PA SP Specialty
JAKAFI 10 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 15 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 20 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 25 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 5 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
ODOMZO 200 MG CAP	3	PA SP Specialty
<i>sorafenib tosylate 200 mg tab</i>	2	PA SP Specialty
<i>sunitinib malate 12.5 mg cap</i>	2	PA SP Specialty
<i>sunitinib malate 25 mg cap</i>	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sunitinib malate 37.5 mg cap</i>	2	PA SP Specialty
<i>sunitinib malate 50 mg cap</i>	2	PA SP Specialty
MEKINIST 0.05 MG/ML RECON SOLN	3	PA SP Specialty
MEKINIST 0.5 MG TAB	3	PA SP Specialty
MEKINIST 2 MG TAB	3	PA SP Specialty
CAPRELSA 100 MG TAB	3	PA SP Specialty
CAPRELSA 300 MG TAB	3	PA SP Specialty
ZELBORAF 240 MG TAB	3	PA SP Specialty
VENCLEXTA 100 MG TAB	3	PA SP Specialty
VENCLEXTA 10 MG TAB	3	PA SP Specialty
VENCLEXTA 50 MG TAB	3	PA SP Specialty
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	3	PA SP Specialty
ERIVEDGE 150 MG CAP	3	PA SP Specialty
RETINOIDS		
<i>bexarotene 75 mg cap</i>	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tretinoin 10 mg cap</i>	1	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	3	
<i>ivermectin 3 mg tab</i>	3	
<i>praziquantel 600 mg tab</i>	3	
ANTIPROTOZOALS		
COARTEM 20-120 MG TAB	3	
<i>atovaquone 750 mg/5ml suspension</i>	2	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	2	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	2	
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	2	
<i>chloroquine phosphate 250 mg tab</i>	1	
CHLOROQUINE PHOSPHATE 250 MG TAB	1	
<i>chloroquine phosphate 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
PLAQUENIL 200 MG TAB	3	
<i>mefloquine hcl 250 mg tab</i>	1	
ALINIA 100 MG/5ML RECON SUSP	2	
<i>nitazoxanide 500 mg tab</i>	2	
<i>pentamidine isethionate 300 mg recon soln</i>	2	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	3	
<i>pyrimethamine 25 mg tab</i>	3	PA SP Specialty
<i>quinine sulfate 324 mg cap</i>	3	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate 0.5 mg tab</i>	1	
<i>benztropine mesylate 1 mg tab</i>	1	
<i>benztropine mesylate 2 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<i>trihexyphenidyl hcl 2 mg tab</i>	1	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl 100 mg/10ml solution</i>	1	
<i>amantadine hcl 100 mg cap</i>	1	
<i>amantadine hcl 100 mg tab</i>	1	
<i>amantadine hcl 50 mg/5ml solution</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	2	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	2	
<i>entacapone 200 mg tab</i>	2	
<i>tolcapone 100 mg tab</i>	3	
DOPAMINE AGONISTS		
ONAPGO 98 MG/20ML SOLN CART	3	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div>600 mL / 30 days</div> </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
<i>bromocriptine mesylate 2.5 mg tab</i>	1	
<i>bromocriptine mesylate 5 mg cap</i>	1	
<i>pramipexole dihydrochloride 0.125 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.25 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.5 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.75 mg tab</i>	1	
<i>pramipexole dihydrochloride 1.5 mg tab</i>	1	
<i>pramipexole dihydrochloride 1 mg tab</i>	1	
<i>pramipexole dihydrochloride er 0.375 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 0.75 mg tab er 24h</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride er 1.5 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 2.25 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 3.75 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 3 mg tab er 24h</i>	3	
<i>pramipexole dihydrochloride er 4.5 mg tab er 24h</i>	3	
<i>ropinirole hcl 0.25 mg tab</i>	1	
<i>ropinirole hcl 0.25 mg tab</i>	1	
<i>ropinirole hcl 0.5 mg tab</i>	1	
<i>ropinirole hcl 0.5 mg tab</i>	1	
<i>ropinirole hcl 1 mg tab</i>	1	
<i>ropinirole hcl 1 mg tab</i>	1	
<i>ropinirole hcl 2 mg tab</i>	1	
<i>ropinirole hcl 2 mg tab</i>	1	
<i>ropinirole hcl 3 mg tab</i>	1	
<i>ropinirole hcl 3 mg tab</i>	1	
<i>ropinirole hcl 4 mg tab</i>	1	
<i>ropinirole hcl 4 mg tab</i>	1	
<i>ropinirole hcl 5 mg tab</i>	1	
<i>ropinirole hcl 5 mg tab</i>	1	
<i>ropinirole hcl er 12 mg tab er 24h</i>	3	
<i>ropinirole hcl er 12 mg tab er 24h</i>	3	
<i>ropinirole hcl er 2 mg tab er 24h</i>	2	
<i>ropinirole hcl er 2 mg tab er 24h</i>	2	
<i>ropinirole hcl er 4 mg tab er 24h</i>	3	
<i>ropinirole hcl er 4 mg tab er 24h</i>	3	
<i>ropinirole hcl er 6 mg tab er 24h</i>	3	
<i>ropinirole hcl er 6 mg tab er 24h</i>	3	
<i>ropinirole hcl er 8 mg tab er 24h</i>	3	
<i>ropinirole hcl er 8 mg tab er 24h</i>	3	
NEUPRO 1 MG/24HR PATCH 24HR	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEUPRO 2 MG/24HR PATCH 24HR	2	
NEUPRO 3 MG/24HR PATCH 24HR	2	
NEUPRO 4 MG/24HR PATCH 24HR	2	
NEUPRO 6 MG/24HR PATCH 24HR	2	
NEUPRO 8 MG/24HR PATCH 24HR	2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa 10-100 mg tab</i>	1	
<i>carbidopa-levodopa 10-100 mg tab disp</i>	2	
<i>carbidopa-levodopa 25-100 mg tab</i>	1	
<i>carbidopa-levodopa 25-100 mg tab disp</i>	1	
<i>carbidopa-levodopa 25-100 mg tab disp</i>	2	
<i>carbidopa-levodopa 25-250 mg tab</i>	1	
<i>carbidopa-levodopa 25-250 mg tab disp</i>	2	
<i>carbidopa-levodopa er 25-100 mg tab er</i>	1	
<i>carbidopa-levodopa er 50-200 mg tab er</i>	1	
DUOPA 4.63-20 MG/ML SUSPENSION	3	PA
INBRIJA 42 MG CAP	3	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab</i>	2	
<i>rasagiline mesylate 1 mg tab</i>	2	
<i>selegiline hcl 5 mg cap</i>	1	
<i>selegiline hcl 5 mg tab</i>	1	
ZELAPAR 1.25 MG TAB DISP	3	
ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tab</i>	1	
<i>baclofen 20 mg tab</i>	1	
<i>baclofen 5 mg tab</i>	1	
<i>dantrolene sodium 100 mg cap</i>	1	
<i>dantrolene sodium 25 mg cap</i>	1	
<i>dantrolene sodium 50 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tizanidine hcl 2 mg cap</i>	1	
<i>tizanidine hcl 2 mg cap</i>	1	
<i>tizanidine hcl 2 mg tab</i>	1	
<i>tizanidine hcl 2 mg tab</i>	1	
<i>tizanidine hcl 4 mg cap</i>	1	
<i>tizanidine hcl 4 mg cap</i>	1	
<i>tizanidine hcl 4 mg tab</i>	1	
<i>tizanidine hcl 4 mg tab</i>	1	
<i>tizanidine hcl 6 mg cap</i>	1	
<i>tizanidine hcl 6 mg cap</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
ZIRGAN 0.15 % GEL	3	
PREVMIS 240 MG TAB	3	PA
PREVMIS 480 MG TAB	3	PA
LIVTENCITY 200 MG TAB	3	PA
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 450 mg tab</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	2	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	2	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	2	
BARACLUDE 0.05 MG/ML SOLUTION	2	
<i>entecavir 0.5 mg tab</i>	2	
<i>entecavir 1 mg tab</i>	2	
<i>lamivudine 100 mg tab</i>	2	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 50-20 MG PACKET	3	PA SP Specialty
RIBAVIRIN 200 MG CAP	1	PA SP Specialty
RIBAVIRIN 200 MG TAB	1	PA SP Specialty
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	2	
BIKTARVY 50-200-25 MG TAB	2	
APRETUDE 600 MG/3ML SUSP	3	QLC 27 ML / 365 days ACA Affordable Care Act SP Specialty
TIVICAY 50 MG TAB	2	
TIVICAY PD 5 MG TAB SOL	2	
DOVATO 50-300 MG TAB	2	
JULUCA 50-25 MG TAB	2	
GENVOYA 150-150-200-10 MG TAB	2	
STRIBILD 150-150-200-300 MG TAB	2	
ISENTRESS 100 MG CHEW TAB	2	
ISENTRESS 100 MG PACKET	2	
ISENTRESS 25 MG CHEW TAB	2	
ISENTRESS 400 MG TAB	2	
ISENTRESS HD 600 MG TAB	2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
PIFELTRO 100 MG TAB	2	
DELSTRIGO 100-300-300 MG TAB	2	
EFAVIRENZ 200 MG CAP	2	
EFAVIRENZ 50 MG CAP	2	
<i>efavirenz 600 mg tab</i>	2	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	2	
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	2	
ODEFSEY 200-25-25 MG TAB	2	
COMPLERA 200-25-300 MG TAB	2	
<i>emtricitab-rilpivir-tenofof df 200-25-300 mg tab</i>	2	
<i>etravirine 100 mg tab</i>	2	
<i>etravirine 200 mg tab</i>	2	
INTELENCE 25 MG TAB	2	
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	1	
<i>nevirapine er 400 mg tab er 24h</i>	2	
EDURANT 25 MG TAB	2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
TRIUMEQ 600-50-300 MG TAB	2	
TRIUMEQ PD 60-5-30 MG TAB SOL	2	
<i>abacavir sulfate 20 mg/ml solution</i>	2	
<i>abacavir sulfate 300 mg tab</i>	2	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	2	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	2	
<i>emtricitabine 200 mg cap</i>	2	
EMTRIVA 10 MG/ML SOLUTION	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	ACA Affordable Care Act
<i>emtricitabine-tenofovir df 100-150 mg tab</i>	2	
<i>emtricitabine-tenofovir df 133-200 mg tab</i>	2	
<i>emtricitabine-tenofovir df 167-250 mg tab</i>	2	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	2	ACA Affordable Care Act
<i>lamivudine 10 mg/ml solution</i>	1	
<i>lamivudine 10 mg/ml solution</i>	1	
<i>lamivudine 150 mg tab</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamivudine 150 mg tab</i>	2	
<i>lamivudine 300 mg/30ml solution</i>	1	
<i>lamivudine 300 mg tab</i>	2	
<i>lamivudine 300 mg tab</i>	2	
CIMDUO 300-300 MG TAB	2	
<i>lamivudine-zidovudine 150-300 mg tab</i>	2	
<i>lamivudine-zidovudine 150-300 mg tab</i>	2	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	2	ACA Affordable Care Act
VIREAD 150 MG TAB	2	ACA Affordable Care Act
VIREAD 200 MG TAB	2	ACA Affordable Care Act
VIREAD 250 MG TAB	2	ACA Affordable Care Act
VIREAD 40 MG/GM POWDER	2	ACA Affordable Care Act
<i>zidovudine 100 mg cap</i>	1	
<i>zidovudine 300 mg tab</i>	1	
<i>zidovudine 50 mg/5ml syrup</i>	1	
ANTI-HIV AGENTS, OTHER		
TYBOST 150 MG TAB	2	
FUZEON 90 MG RECON SOLN	2	
RUKOBIA 600 MG TAB ER 12H	2	
YEZTUGO 463.5 MG/1.5ML SOLUTION	3	QL 3 ML / 168 day(s) ACA Affordable Care Act SP Specialty
<i>maraviroc 150 mg tab</i>	2	
<i>maraviroc 300 mg tab</i>	2	
SELZENTRY 20 MG/ML SOLUTION	2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
<i>atazanavir sulfate 150 mg cap</i>	2	
<i>atazanavir sulfate 200 mg cap</i>	2	
<i>atazanavir sulfate 300 mg cap</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REYATAZ 50 MG PACKET	2	
EVOTAZ 300-150 MG TAB	2	
<i>darunavir 600 mg tab</i>	2	
<i>darunavir 800 mg tab</i>	2	
PREZISTA 150 MG TAB	2	
PREZISTA 75 MG TAB	2	
PREZCOBIX 800-150 MG TAB	2	
SYMTUZA 800-150-200-10 MG TAB	2	
PREZISTA 100 MG/ML SUSPENSION	2	
<i>fosamprenavir calcium 700 mg tab</i>	2	
<i>lopinavir-ritonavir 100-25 mg tab</i>	2	
<i>lopinavir-ritonavir 200-50 mg tab</i>	2	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	2	
VIRACEPT 250 MG TAB	2	
VIRACEPT 625 MG TAB	2	
<i>ritonavir 100 mg tab</i>	2	
APTIVUS 250 MG CAP	2	
ANTI-INFLUENZA AGENTS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QLC 1 EA / 180 days
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QLC 1 EA / 180 day(s)
<i>oseltamivir phosphate 30 mg cap</i>	1	QLC 14 EA / 180 days
<i>oseltamivir phosphate 45 mg cap</i>	1	QLC 14 EA / 180 days
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	2	QLC 180 ML / 180 day(s)
<i>oseltamivir phosphate 75 mg cap</i>	1	QLC 14 EA / 180 days
RELENZA DISKHALER 5 MG/ACT AER POW BA	2	QLC 1 EA / 180 days
ANTIHERPETIC AGENTS		
<i>acyclovir 200 mg/5ml suspension</i>	1	
<i>acyclovir 200 mg cap</i>	1	
<i>acyclovir 400 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acyclovir 800 mg/20ml suspension</i>	1	
<i>acyclovir 800 mg tab</i>	1	
<i>famciclovir 125 mg tab</i>	1	
<i>famciclovir 250 mg tab</i>	1	
<i>famciclovir 500 mg tab</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
<i>valacyclovir hcl 1 gm tab</i>	1	
<i>valacyclovir hcl 1 gm tab</i>	1	
<i>valacyclovir hcl 500 mg tab</i>	1	
<i>valacyclovir hcl 500 mg tab</i>	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tab</i>	1	PD Preventive Drug
<i>acarbose 25 mg tab</i>	1	PD Preventive Drug
<i>acarbose 50 mg tab</i>	1	PD Preventive Drug
CYCLOSET 0.8 MG TAB	3	PD Preventive Drug
XIGDUO XR 10-500 MG TAB ER 24H	2	PD Preventive Drug
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	PD Preventive Drug
XIGDUO XR 5-500 MG TAB ER 24H	2	PD Preventive Drug
FARXIGA 10 MG TAB	2	PD Preventive Drug
FARXIGA 5 MG TAB	2	PD Preventive Drug
XIGDUO XR 10-1000 MG TAB ER 24H	2	PD Preventive Drug
XIGDUO XR 5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRULICITY 3 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
JARDIANCE 10 MG TAB	2	PD Preventive Drug
JARDIANCE 25 MG TAB	2	PD Preventive Drug
GLYXAMBI 10-5 MG TAB	2	QL 30 EA / 30 day(s) PD Preventive Drug
GLYXAMBI 25-5 MG TAB	2	QL 30 EA / 30 day(s) PD Preventive Drug
TRIJARDY XR 10-5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 25-5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	2	PD Preventive Drug
SYNJARDY 12.5-1000 MG TAB	2	PD Preventive Drug
SYNJARDY 12.5-500 MG TAB	2	PD Preventive Drug
SYNJARDY 5-1000 MG TAB	2	PD Preventive Drug
SYNJARDY 5-500 MG TAB	2	PD Preventive Drug
SYNJARDY XR 10-1000 MG TAB ER 24H	2	PD Preventive Drug
SYNJARDY XR 12.5-1000 MG TAB ER 24H	2	PD Preventive Drug
SYNJARDY XR 25-1000 MG TAB ER 24H	2	PD Preventive Drug
SYNJARDY XR 5-1000 MG TAB ER 24H	2	PD Preventive Drug
KERENDIA 10 MG TAB	3	PA
KERENDIA 20 MG TAB	3	PA
KERENDIA 40 MG TAB	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glimepiride 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glimepiride 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glimepiride 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
GLIPIZIDE 2.5 MG TAB	1	
<i>glipizide 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide er 10 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide er 10 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide er 2.5 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide er 2.5 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide er 5 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide er 5 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide xl 10 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glipizide xl 2.5 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide xl 5 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 5-500 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 5-500 mg tab</i>	1	PD Preventive Drug
<i>glyburide 1.25 mg tab</i>	1	PD Preventive Drug
<i>glyburide 1.25 mg tab</i>	1	PD Preventive Drug
<i>glyburide 2.5 mg tab</i>	1	PD Preventive Drug
<i>glyburide 2.5 mg tab</i>	1	PD Preventive Drug
<i>glyburide 5 mg tab</i>	1	PD Preventive Drug
<i>glyburide 5 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 1.25-250 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 5-500 mg tab</i>	1	PD Preventive Drug
GLYBURIDE MICRONIZED 1.5 MG TAB	1	PD Preventive Drug
GLYBURIDE MICRONIZED 3 MG TAB	1	PD Preventive Drug
GLYBURIDE MICRONIZED 6 MG TAB	1	PD Preventive Drug
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	PD Preventive Drug
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	2	PD Preventive Drug
TRADJENTA 5 MG TAB	2	QL 30 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO 2.5-1000 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-500 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-850 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 5-1000 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) PD Preventive Drug
<i>liraglutide 18 mg/3ml soln pen</i>	2	<ul style="list-style-type: none"> QL 0.3 / 1 DAYS DUR PD Preventive Drug
VICTOZA 18 MG/3ML SOLN PEN	2	<ul style="list-style-type: none"> QL 9 ML / 30 day(s) DUR PD Preventive Drug
<i>metformin hcl 1000 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 1000 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 500 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 500 mg tab</i>	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 850 mg tab</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 850 mg tab</i>	1	<ul style="list-style-type: none"> ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl er 500 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl er 750 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	RX4L Rx4Less Program PD Preventive Drug
RIOMET 500 MG/5ML SOLUTION	3	PD Preventive Drug
MIGLITOL 100 MG TAB	3	PD Preventive Drug
MIGLITOL 25 MG TAB	3	PD Preventive Drug
MIGLITOL 50 MG TAB	3	PD Preventive Drug
<i>nateglinide 120 mg tab</i>	1	PD Preventive Drug
<i>nateglinide 60 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl 15 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl 30 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl 45 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	2	PD Preventive Drug
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	2	PD Preventive Drug
<i>pioglitazone hcl-metformin hcl 15-500 mg tab</i>	2	PD Preventive Drug
<i>pioglitazone hcl-metformin hcl 15-850 mg tab</i>	2	PD Preventive Drug
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	PD Preventive Drug
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide 0.5 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 1 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 2 mg tab</i>	1	PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 0.11 / 1 DAYS DUR PD Preventive Drug
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	QL 0.11 / 1 DAYS DUR PD Preventive Drug
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	QL 0.11 / 1 DAYS DUR PD Preventive Drug
RYBELSUS 14 MG TAB	2	QL 1 / 1 DAYS DUR PD Preventive Drug
RYBELSUS 3 MG TAB	2	QL 1 / 1 DAYS DUR QLC 30 EA / 180 day(s) PD Preventive Drug
RYBELSUS 7 MG TAB	2	QL 1 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 10 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 15 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	<p>QL 0.08 / 1 DAYS</p> <p>DUR</p> <p>PD Preventive Drug</p>
GLYCEMIC AGENTS		
BD GLUCOSE 5 GM CHEW TAB	3	OTC Over the Counter
<i>cvs glucose 15 gm/38gm gel</i>	1	OTC Over the Counter
<i>cvs glucose 40 % gel</i>	1	OTC Over the Counter
CVS GLUCOSE BITS 1 GM CHEW TAB	3	OTC Over the Counter
<i>cvs glucose shot 15 gm/59ml liquid</i>	1	OTC Over the Counter
GLUCOSE 15 GM/59ML LIQUID	1	OTC Over the Counter
<i>glucose 40 % gel</i>	1	OTC Over the Counter
<i>glucose 4 gm chew tab</i>	3	OTC Over the Counter
<i>glucose gummies 2 gm chew tab</i>	3	OTC Over the Counter
<i>gluco to go 15 40 % gel</i>	1	OTC Over the Counter
<i>glutose 15 40 % gel</i>	1	OTC Over the Counter
<i>glutose 45 40 % gel</i>	1	OTC Over the Counter
<i>glutose 5 40 % gel</i>	1	OTC Over the Counter
<i>gnp glucose gummies 2 gm chew tab</i>	3	OTC Over the Counter
<i>relion glucose 15 gm/38gm gel</i>	1	OTC Over the Counter
<i>sweet cheeks 40 % gel</i>	1	OTC Over the Counter
<i>value plus glucose 40 % gel</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>walgreens glucose 4 gm chew tab</i>	3	OTC Over the Counter
<i>yumvs glucose gummies 2 gm chew tab</i>	3	OTC Over the Counter
<i>diazoxide 50 mg/ml suspension</i>	3	PD Preventive Drug
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	PD Preventive Drug
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	PD Preventive Drug
<i>glucagon emergency 1 mg recon soln</i>	2	PD Preventive Drug
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	PD Preventive Drug
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	PD Preventive Drug
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	PD Preventive Drug
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	PD Preventive Drug
<i>glucose 4-6 gm-mg chew tab</i>	3	OTC Over the Counter
GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
GLUCOSE INSTANT ENERGY 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
GLUCOSE INSTANT ENERGY 6-4 MG-GM CHEW TAB	3	OTC Over the Counter
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
<i>hy-vee glucose 4-6 gm-mg chew tab</i>	3	OTC Over the Counter
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
<i>meijer glucose 4-6 gm-mg chew tab</i>	3	OTC Over the Counter
MEIJER GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>relion glucose 4-6 gm-mg chew tab</i>	3	OTC Over the Counter
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
INSULINS		
INSULIN ASPART 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	2	PD Preventive Drug
NOVOLOG 100 UNIT/ML SOLUTION	2	PD Preventive Drug
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	2	PD Preventive Drug
NOVOLOG RELION 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
FIASP 100 UNIT/ML SOLUTION	2	PD Preventive Drug
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
FIASP PENFILL 100 UNIT/ML SOLN CART	2	PD Preventive Drug
FIASP PUMPCART 100 UNIT/ML SOLN CART	2	PD Preventive Drug
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
NOVOLIN N 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	2	PD Preventive Drug
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	2	QL 18 ML / 30 day(s) PD Preventive Drug
NOVOLIN R 100 UNIT/ML SOLUTION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ELIQUIS 2.5 MG TAB	2	PD Preventive Drug
ELIQUIS 5 MG TAB	2	PD Preventive Drug
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	PD Preventive Drug
<i>argatroban 250 mg/2.5ml solution</i>	1	PA
ARGATROBAN 50 MG/50ML SOLUTION	3	PA
ANGIOMAX 250 MG RECON SOLN	3	
<i>bivalirudin trifluoroacetate 250 mg recon soln</i>	1	
FRAGMIN 10000 UNIT/ML SOLN PRSYR	3	
FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR	3	
FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR	3	
FRAGMIN 18000 UNT/0.72ML SOLN PRSYR	3	
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR	3	
FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR	3	
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR	3	
FRAGMIN 95000 UNIT/3.8ML SOLUTION	3	
<i>enoxaparin sodium 100 mg/ml soln prsy</i>	1	
<i>enoxaparin sodium 120 mg/0.8ml soln prsy</i>	1	
<i>enoxaparin sodium 150 mg/ml soln prsy</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	1	
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	1	
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	1	
<i>enoxaparin sodium 80 mg/0.8ml soln prsy</i>	1	
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	1	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	1	
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution</i>	1	
HEPARIN (PORCINE) IN NAACL 1000-0.9 UT/500ML-% SOLUTION	1	
HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION	3	
HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/500ML-% SOLUTION	3	
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 20000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 5000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	
<i>heparin sodium (porcine) +rfid 1000 unit/ml solution</i>	1	
BD HEPARIN POSIFLUSH 100 UNIT/ML SOLUTION	1	
BD HEPARIN POSIFLUSH 10 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORK) LOCK FLUSH 100 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORK) LOCK FLUSH 10 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORCINE) IN D5W 100 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION	1	
HEPARIN SOD (PORCINE) IN D5W 40-5 UNIT/ML-% SOLUTION	1	
<i>rivaroxaban 1 mg/ml recon susp</i>	2	QL 310.2 ML / 30 day(s)
<i>rivaroxaban 2.5 mg tab</i>	2	PD Preventive Drug
XARELTO 10 MG TAB	2	PD Preventive Drug
XARELTO 15 MG TAB	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 1 MG/ML RECON SUSP	2	
XARELTO 20 MG TAB	2	PD Preventive Drug
XARELTO 2.5 MG TAB	2	PD Preventive Drug
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	PD Preventive Drug
<i>jantoven 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 6 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>jantoven 7.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>warfarin sodium 3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 4 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 6 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>warfarin sodium 7.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl 0.5 mg cap</i>	1	
<i>anagrelide hcl 1 mg cap</i>	1	
JESDUVROQ 1 MG TAB	3	PA SP Specialty
JESDUVROQ 2 MG TAB	3	PA SP Specialty
JESDUVROQ 4 MG TAB	3	PA SP Specialty
JESDUVROQ 6 MG TAB	3	PA SP Specialty
JESDUVROQ 8 MG TAB	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	2	PA SP Specialty
<i>eltrombopag olamine 12.5 mg packet</i>	3	QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 12.5 mg tab</i>	3	QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 25 mg packet</i>	3	QL 30 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eltrombopag olamine 25 mg tab</i>	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 50 mg tab</i>	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
<i>eltrombopag olamine 75 mg tab</i>	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
PROMACTA 12.5 MG PACKET	3	<ul style="list-style-type: none"> ! See important benefit information at end of document SP Specialty
PROMACTA 12.5 MG TAB	3	<ul style="list-style-type: none"> ! See important benefit information at end of document SP Specialty
PROMACTA 25 MG PACKET	3	<ul style="list-style-type: none"> ! See important benefit information at end of document SP Specialty
PROMACTA 25 MG TAB	3	<ul style="list-style-type: none"> ! See important benefit information at end of document SP Specialty
PROMACTA 50 MG TAB	3	<ul style="list-style-type: none"> ! See important benefit information at end of document SP Specialty
PROMACTA 75 MG TAB	3	<ul style="list-style-type: none"> ! See important benefit information at end of document SP Specialty
EPOGEN 10000 UNIT/ML SOLUTION	2	<ul style="list-style-type: none"> PA SP Specialty
EPOGEN 20000 UNIT/ML SOLUTION	2	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPOGEN 2000 UNIT/ML SOLUTION	2	PA SP Specialty
EPOGEN 3000 UNIT/ML SOLUTION	2	PA SP Specialty
EPOGEN 4000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 10000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 20000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 2000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 3000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 40000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 4000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 10000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 20000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 2000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 3000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 40000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 4000 UNIT/ML SOLUTION	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZARXIO 300 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
ZARXIO 480 MCG/0.8ML SOLN PRSYR	2	PA SP Specialty
MULPLETA 3 MG TAB	3	PA SP Specialty
PYRUKYND 20 MG TAB	3	PA
PYRUKYND 50 MG TAB	3	PA
PYRUKYND 5 MG TAB	3	PA
PYRUKYND TAPER PACK 5 MG TAB THPK	3	PA
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK	3	PA
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK	3	PA
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA SP Specialty
<i>tranexamic acid 650 mg tab</i>	1	
HEMOSTASIS AGENTS		
<i>aminocaproic acid 0.25 gm/ml solution</i>	3	
<i>aminocaproic acid 1000 mg tab</i>	3	
<i>aminocaproic acid 500 mg tab</i>	3	
<i>phytonadione 5 mg tab</i>	2	
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	2	PD Preventive Drug
DOPTELET 20 MG TAB	3	PA SP Specialty
<i>cilostazol 100 mg tab</i>	1	
<i>cilostazol 50 mg tab</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	QL 1 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clopidogrel bisulfate 75 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 25 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 50 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 75 mg tab</i>	1	PD Preventive Drug
<i>prasugrel hcl 10 mg tab</i>	2	PD Preventive Drug
<i>prasugrel hcl 5 mg tab</i>	2	PD Preventive Drug
BRILINTA 60 MG TAB	2	! See important benefit information at end of document PD Preventive Drug
BRILINTA 90 MG TAB	2	! See important benefit information at end of document PD Preventive Drug
<i>ticagrelor 60 mg tab</i>	1	QL 60 EA / 30 day(s) PD Preventive Drug
<i>ticagrelor 90 mg tab</i>	1	QL 60 ea / 30 day(s) PD Preventive Drug
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine 0.1 mg/24hr patch wk</i>	1	PD Preventive Drug
<i>clonidine 0.1 mg/24hr patch wk</i>	1	PD Preventive Drug
<i>clonidine 0.2 mg/24hr patch wk</i>	1	PD Preventive Drug
<i>clonidine 0.2 mg/24hr patch wk</i>	1	PD Preventive Drug
<i>clonidine 0.3 mg/24hr patch wk</i>	1	PD Preventive Drug
<i>clonidine 0.3 mg/24hr patch wk</i>	1	PD Preventive Drug
<i>clonidine hcl 0.1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl 0.2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>clonidine hcl 0.3 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>guanfacine hcl 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>guanfacine hcl 1 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>guanfacine hcl 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>guanfacine hcl 2 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>methyldopa 250 mg tab</i>	1	PD Preventive Drug
METHYLDOPA 500 MG TAB	1	PD Preventive Drug
<i>midodrine hcl 10 mg tab</i>	1	
<i>midodrine hcl 2.5 mg tab</i>	1	
<i>midodrine hcl 5 mg tab</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tab</i>	1	
<i>doxazosin mesylate 2 mg tab</i>	1	
<i>doxazosin mesylate 4 mg tab</i>	1	
<i>doxazosin mesylate 8 mg tab</i>	1	
<i>phenoxybenzamine hcl 10 mg cap</i>	3	
<i>prazosin hcl 1 mg cap</i>	1	
<i>prazosin hcl 2 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prazosin hcl 5 mg cap</i>	1	
<i>terazosin hcl 10 mg cap</i>	1	
<i>terazosin hcl 1 mg cap</i>	1	
<i>terazosin hcl 2 mg cap</i>	1	
<i>terazosin hcl 5 mg cap</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16 mg tab</i>	2	PD Preventive Drug
<i>candesartan cilexetil 32 mg tab</i>	2	PD Preventive Drug
<i>candesartan cilexetil 4 mg tab</i>	2	PD Preventive Drug
<i>candesartan cilexetil 8 mg tab</i>	2	PD Preventive Drug
<i>irbesartan 150 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 300 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 75 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>olmesartan medoxomil 20 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 40 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 5 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 20 mg tab</i>	3	PD Preventive Drug
<i>telmisartan 40 mg tab</i>	3	PD Preventive Drug
<i>telmisartan 80 mg tab</i>	3	PD Preventive Drug
<i>valsartan 160 mg tab</i>	1	PD Preventive Drug
<i>valsartan 320 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan 40 mg tab</i>	1	PD Preventive Drug
<i>valsartan 80 mg tab</i>	1	PD Preventive Drug
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril hcl 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>benazepril hcl 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>captopril 100 mg tab</i>	1	PD Preventive Drug
<i>captopril 12.5 mg tab</i>	1	PD Preventive Drug
<i>captopril 25 mg tab</i>	1	PD Preventive Drug
<i>captopril 50 mg tab</i>	1	PD Preventive Drug
<i>enalapril maleate 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>enalapril maleate 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>enalapril maleate 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>enalapril maleate 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fosinopril sodium 10 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium 20 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium 40 mg tab</i>	1	PD Preventive Drug
<i>lisinopril 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril 30 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>moexipril hcl 15 mg tab</i>	1	PD Preventive Drug
<i>moexipril hcl 7.5 mg tab</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE 2 MG TAB	1	PD Preventive Drug
<i>perindopril erbumine 4 mg tab</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE 8 MG TAB	1	PD Preventive Drug
<i>quinapril hcl 10 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 20 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 40 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 5 mg tab</i>	1	PD Preventive Drug
<i>ramipril 10 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>ramipril 1.25 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>ramipril 2.5 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>ramipril 5 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>trandolapril 1 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trandolapril 2 mg tab</i>	1	PD Preventive Drug
<i>trandolapril 4 mg tab</i>	1	PD Preventive Drug
ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tab</i>	1	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>amiodarone hcl 400 mg tab</i>	1	
<i>pacerone 100 mg tab</i>	1	
<i>pacerone 200 mg tab</i>	1	
<i>pacerone 400 mg tab</i>	1	
<i>disopyramide phosphate 100 mg cap</i>	1	
<i>disopyramide phosphate 150 mg cap</i>	1	
NORPACE CR 100 MG CAP ER 12H	3	
NORPACE CR 150 MG CAP ER 12H	3	
<i>dofetilide 125 mcg cap</i>	2	
<i>dofetilide 250 mcg cap</i>	2	
<i>dofetilide 500 mcg cap</i>	2	
MULTAQ 400 MG TAB	3	
<i>flecainide acetate 100 mg tab</i>	1	
<i>flecainide acetate 150 mg tab</i>	1	
<i>flecainide acetate 50 mg tab</i>	1	
<i>mexiletine hcl 150 mg cap</i>	1	
<i>mexiletine hcl 200 mg cap</i>	1	
<i>mexiletine hcl 250 mg cap</i>	1	
<i>propafenone hcl 150 mg tab</i>	1	
<i>propafenone hcl 225 mg tab</i>	1	
<i>propafenone hcl 300 mg tab</i>	1	
<i>propafenone hcl er 225 mg cap er 12h</i>	2	
<i>propafenone hcl er 325 mg cap er 12h</i>	2	
<i>propafenone hcl er 425 mg cap er 12h</i>	2	
<i>quinidine gluconate er 324 mg tab er</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinidine gluconate er 324 mg tab er</i>	1	
<i>sotalol hcl 120 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl 160 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl 240 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl 80 mg tab</i>	1	PD Preventive Drug
SOTYLIZE 5 MG/ML SOLUTION	3	PD Preventive Drug
<i>sotalol hcl (af) 120 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl (af) 160 mg tab</i>	1	PD Preventive Drug
<i>sotalol hcl (af) 80 mg tab</i>	1	PD Preventive Drug
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl 200 mg cap</i>	1	PD Preventive Drug
<i>acebutolol hcl 400 mg cap</i>	1	PD Preventive Drug
<i>atenolol 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atenolol 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atenolol 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>betaxolol hcl 10 mg tab</i>	1	PD Preventive Drug
<i>betaxolol hcl 20 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol fumarate 10 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol fumarate 5 mg tab</i>	1	PD Preventive Drug
<i>carvedilol 12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>carvedilol 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>carvedilol 3.125 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carvedilol 6.25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>carvedilol phosphate er 10 mg cap er 24h</i>	2	PD Preventive Drug
<i>carvedilol phosphate er 20 mg cap er 24h</i>	2	PD Preventive Drug
<i>carvedilol phosphate er 40 mg cap er 24h</i>	2	PD Preventive Drug
<i>carvedilol phosphate er 80 mg cap er 24h</i>	2	PD Preventive Drug
<i>labetalol hcl 100 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 200 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 300 mg tab</i>	1	PD Preventive Drug
<i>metoprolol succinate er 100 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol succinate er 200 mg tab er 24h</i>	1	PD Preventive Drug
<i>metoprolol succinate er 25 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol succinate er 50 mg tab er 24h</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol tartrate 100 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol tartrate 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metoprolol tartrate 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>nadolol 20 mg tab</i>	1	PD Preventive Drug
<i>nadolol 40 mg tab</i>	1	PD Preventive Drug
<i>nadolol 80 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 10 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 20 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nebivolol hcl 2.5 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 5 mg tab</i>	1	PD Preventive Drug
<i>pindolol 10 mg tab</i>	1	PD Preventive Drug
<i>pindolol 5 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
PROPRANOLOL HCL 20 MG/5ML SOLUTION	1	PD Preventive Drug
<i>propranolol hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
PROPRANOLOL HCL 40 MG/5ML SOLUTION	1	PD Preventive Drug
<i>propranolol hcl 40 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 60 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 80 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 160 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 60 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 80 mg cap er 24h</i>	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>amlodipine besylate 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>amlodipine besylate 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>amlodipine besylate 2.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>amlodipine besylate 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate 5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>felodipine er 10 mg tab er 24h</i>	1	PD Preventive Drug
<i>felodipine er 2.5 mg tab er 24h</i>	1	PD Preventive Drug
<i>felodipine er 5 mg tab er 24h</i>	1	PD Preventive Drug
<i>isradipine 2.5 mg cap</i>	1	PD Preventive Drug
<i>isradipine 5 mg cap</i>	1	PD Preventive Drug
<i>nicardipine hcl 20 mg cap</i>	1	PD Preventive Drug
<i>nicardipine hcl 20 mg cap</i>	1	PD Preventive Drug
<i>nicardipine hcl 30 mg cap</i>	1	PD Preventive Drug
<i>nicardipine hcl 30 mg cap</i>	1	PD Preventive Drug
<i>nifedipine 10 mg cap</i>	1	PD Preventive Drug
<i>nifedipine 20 mg cap</i>	1	PD Preventive Drug
<i>nifedipine er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nimodipine 30 mg cap</i>	1	
<i>nisoldipine er 17 mg tab er 24h</i>	1	PD Preventive Drug
NISOLDIPINE ER 20 MG TAB ER 24H	1	PD Preventive Drug
NISOLDIPINE ER 25.5 MG TAB ER 24H	1	PD Preventive Drug
NISOLDIPINE ER 30 MG TAB ER 24H	1	PD Preventive Drug
<i>nisoldipine er 34 mg tab er 24h</i>	1	PD Preventive Drug
NISOLDIPINE ER 40 MG TAB ER 24H	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nisoldipine er 8.5 mg tab er 24h</i>	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl 120 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 120 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg tab er 24h</i>	3	PD Preventive Drug
<i>diltiazem hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 180 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 240 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 300 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 360 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 420 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 60 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 60 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 90 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 90 mg cap er 12h</i>	1	PD Preventive Drug
<i>dilt-xr 120 mg cap er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dilt-xr 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>matzim la 180 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 240 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 300 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 360 mg tab er 24h</i>	1	PD Preventive Drug
<i>matzim la 420 mg tab er 24h</i>	1	PD Preventive Drug
<i>cartia xt 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 300 mg cap er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl er beads 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 420 mg cap er 24h</i>	1	PD Preventive Drug
<i>taztia xt 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>taztia xt 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>taztia xt 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>taztia xt 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>taztia xt 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadyt er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadyt er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadyt er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadyt er 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadyt er 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadyt er 420 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl 120 mg tab</i>	1	PD Preventive Drug
<i>verapamil hcl 40 mg tab</i>	1	PD Preventive Drug
<i>verapamil hcl 80 mg tab</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 120 mg tab er</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 180 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 200 MG CAP ER 24H	1	PD Preventive Drug
<i>verapamil hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>verapamil hcl er 240 mg tab er</i>	1	PD Preventive Drug
VERAPAMIL HCL ER 300 MG CAP ER 24H	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PD Preventive Drug
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide 125 mg tab</i>	1	
<i>acetazolamide 125 mg tab</i>	1	
<i>acetazolamide 250 mg tab</i>	1	
<i>acetazolamide 250 mg tab</i>	1	
<i>aliskiren fumarate 150 mg tab</i>	3	PD Preventive Drug
<i>aliskiren fumarate 300 mg tab</i>	3	PD Preventive Drug
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	PD Preventive Drug
<i>amlodipine-atorvastatin 10-10 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 10-10 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 10-20 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 10-20 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 10-40 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 10-40 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 10-80 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 10-80 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 2.5-10 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 2.5-10 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 2.5-20 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 2.5-20 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 2.5-40 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 2.5-40 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 5-10 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 5-10 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 5-20 mg tab</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-atorvastatin 5-20 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 5-40 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 5-40 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 5-80 mg tab</i>	3	PD Preventive Drug
<i>amlodipine-atorvastatin 5-80 mg tab</i>	3	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-20 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 10-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 2.5-10 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 2.5-10 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-10 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-20 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-20 mg cap</i>	1	PD Preventive Drug
<i>amlodipine besy-benazepril hcl 5-40 mg cap</i>	1	PD Preventive Drug
<i>amlodipine-olmesartan 10-20 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 10-20 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 10-40 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 10-40 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 5-20 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 5-20 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 5-40 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-olmesartan 5-40 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-160 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-160 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 10-320 mg tab</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate-valsartan 10-320 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-160 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-160 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-320 mg tab</i>	2	PD Preventive Drug
<i>amlodipine besylate-valsartan 5-320 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>	2	PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>	2	PD Preventive Drug
<i>atenolol-chlorthalidone 100-25 mg tab</i>	1	PD Preventive Drug
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	PD Preventive Drug
NEXLETOL 180 MG TAB	3	QL 30 ea / 30 day(s) PA
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	2	PD Preventive Drug
<i>candesartan cilexetil-hctz 32-12.5 mg tab</i>	2	PD Preventive Drug
<i>candesartan cilexetil-hctz 32-25 mg tab</i>	2	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB	1	PD Preventive Drug
<i>digoxin 0.05 mg/ml solution</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
<i>digoxin 125 mcg tab</i>	1	
<i>digoxin 250 mcg tab</i>	1	
<i>digoxin 62.5 mcg tab</i>	3	
LANOXIN 125 MCG TAB	2	
LANOXIN 250 MCG TAB	2	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	PD Preventive Drug
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium-hctz 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1	PD Preventive Drug
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	2	
CORLANOR 5 MG/5ML SOLUTION	3	
<i>ivabradine hcl 5 mg tab</i>	3	
<i>ivabradine hcl 7.5 mg tab</i>	3	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>losartan potassium-hctz 100-12.5 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 100-25 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1	PD Preventive Drug
CAMZYOS 10 MG CAP	3	QL 30 EA / 30 day(s) PA SP Specialty
CAMZYOS 15 MG CAP	3	QL 30 EA / 30 day(s) PA SP Specialty
CAMZYOS 2.5 MG CAP	3	QL 30 EA / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMZYOS 5 MG CAP	3	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) PA SP Specialty
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>	3	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>	3	PD Preventive Drug
<i>olmesartan medoxomil-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-25 mg tab</i>	1	PD Preventive Drug
<i>pentoxifylline er 400 mg tab er</i>	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE 10-12.5 MG TAB	1	PD Preventive Drug
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-12.5 MG TAB	1	<ul style="list-style-type: none"> RX4L Rx4Less Program PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quinapril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
<i>ranolazine er 1000 mg tab er 12h</i>	2	
<i>ranolazine er 500 mg tab er 12h</i>	2	
ENTRESTO 24-26 MG TAB	3	
ENTRESTO 49-51 MG TAB	3	
ENTRESTO 97-103 MG TAB	3	
<i>sacubitril-valsartan 24-26 mg tab</i>	1	
<i>sacubitril-valsartan 49-51 mg tab</i>	1	
<i>sacubitril-valsartan 97-103 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	PD Preventive Drug
VYNDAMAX 61 MG CAP	3	PA SP Specialty
<i>telmisartan-hctz 40-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-25 mg tab</i>	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	3	PD Preventive Drug
<i>triamterene-hctz 37.5-25 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>triamterene-hctz 37.5-25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>triamterene-hctz 75-50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan-hydrochlorothiazide 160-25 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 320-12.5 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 320-25 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 80-12.5 mg tab</i>	1	PD Preventive Drug
DIURETICS, LOOP		
<i>bumetanide 0.5 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 1 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 2 mg tab</i>	1	PD Preventive Drug
<i>ethacrynic acid 25 mg tab</i>	3	
<i>furosemide 10 mg/ml solution</i>	1	PA PD Preventive Drug
FUROSEMIDE 10 MG/ML SOLUTION	1	PA PD Preventive Drug
<i>furosemide 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>furosemide 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>furosemide 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>toremide 100 mg tab</i>	1	
<i>toremide 10 mg tab</i>	1	
<i>toremide 20 mg tab</i>	1	
<i>toremide 5 mg tab</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	1	
<i>amiloride hcl 5 mg tab</i>	1	
<i>eplerenone 25 mg tab</i>	1	
<i>eplerenone 50 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>spironolactone 100 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 25 mg/5ml suspension</i>	2	PD Preventive Drug
<i>spironolactone 25 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 50 mg tab</i>	1	PD Preventive Drug
<i>triamterene 100 mg cap</i>	3	
<i>triamterene 50 mg cap</i>	3	
DIURETICS, THIAZIDE		
DIURIL 250 MG/5ML SUSPENSION	3	PD Preventive Drug
<i>chlorthalidone 25 mg tab</i>	1	PD Preventive Drug
<i>chlorthalidone 50 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg cap</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>hydrochlorothiazide 25 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>hydrochlorothiazide 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>hydrochlorothiazide 50 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>indapamide 1.25 mg tab</i>	1	PD Preventive Drug
<i>indapamide 2.5 mg tab</i>	1	PD Preventive Drug
<i>metolazone 10 mg tab</i>	1	
<i>metolazone 10 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metolazone 2.5 mg tab</i>	1	
<i>metolazone 2.5 mg tab</i>	1	
<i>metolazone 5 mg tab</i>	1	
<i>metolazone 5 mg tab</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibric acid 135 mg cap dr</i>	1	PD Preventive Drug
<i>fenofibric acid 45 mg cap dr</i>	1	PD Preventive Drug
<i>fenofibrate 120 mg tab</i>	3	PD Preventive Drug
<i>fenofibrate 145 mg tab</i>	1	PD Preventive Drug
FENOFIBRATE 150 MG CAP	2	PD Preventive Drug
<i>fenofibrate 160 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 40 mg tab</i>	3	PD Preventive Drug
<i>fenofibrate 48 mg tab</i>	1	PD Preventive Drug
FENOFIBRATE 50 MG CAP	2	PD Preventive Drug
<i>fenofibrate 54 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 67 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 130 mg cap</i>	3	PD Preventive Drug
<i>fenofibrate micronized 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 43 mg cap</i>	2	PD Preventive Drug
<i>fenofibrate micronized 67 mg cap</i>	1	PD Preventive Drug
FENOFIBRIC ACID 105 MG TAB	2	PD Preventive Drug
FENOFIBRIC ACID 35 MG TAB	1	PD Preventive Drug
FIBRICOR 105 MG TAB	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gemfibrozil 600 mg tab</i>	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>atorvastatin calcium 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>lovastatin 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>lovastatin 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>lovastatin 40 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>pravastatin sodium 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>pravastatin sodium 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>pravastatin sodium 40 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pravastatin sodium 80 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>rosuvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium 40 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium 5 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>rosuvastatin calcium 5 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin 10 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin 20 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 40 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin 40 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin tab 5 mg</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>simvastatin tab 80 mg</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>simvastatin 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
DYSLIPIDEMICS, OTHER		
NEXLIZET 180-10 MG TAB	3	QL 30 ea / 30 day(s) PA
<i>cholestyramine 4 gm/dose powder</i>	1	PD Preventive Drug
<i>cholestyramine 4 gm packet</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm/dose powder</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm packet</i>	1	PD Preventive Drug
<i>prevalite 4 gm/dose powder</i>	1	PD Preventive Drug
<i>prevalite 4 gm packet</i>	1	PD Preventive Drug
<i>colesevelam hcl 3.75 gm packet</i>	2	PD Preventive Drug
<i>colesevelam hcl 625 mg tab</i>	2	PD Preventive Drug
<i>colestipol hcl 1 gm tab</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm granules</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm packet</i>	1	PD Preventive Drug
REPATHA 140 MG/ML SOLN PRSYR	2	QL 2 ML / 28 day(s)
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	QL 3.5 ML / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	QL 2 ML / 28 day(s)
<i>ezetimibe 10 mg tab</i>	1	PD Preventive Drug
<i>ezetimibe-simvastatin 10-10 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-20 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-40 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-80 mg tab</i>	3	PD Preventive Drug
<i>icosapent ethyl 0.5 gm cap</i>	2	PD Preventive Drug
<i>icosapent ethyl 1 gm cap</i>	2	PD Preventive Drug
JUXTAPID 10 MG CAP	3	PA SP Specialty
JUXTAPID 20 MG CAP	3	PA SP Specialty
JUXTAPID 30 MG CAP	3	PA SP Specialty
JUXTAPID 5 MG CAP	3	PA SP Specialty
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	1	PD Preventive Drug
<i>niacin er (antihyperlipidemic) 1000 mg tab er</i>	2	PD Preventive Drug
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	2	PD Preventive Drug
<i>niacin er (antihyperlipidemic) 750 mg tab er</i>	2	PD Preventive Drug
NIACOR 500 MG TAB	1	PD Preventive Drug
<i>omega-3-acid ethyl esters 1 gm cap</i>	3	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 10 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 2.5 mg tab</i>	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate 10 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 30 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 40 mg tab</i>	2	PD Preventive Drug
<i>isosorbide dinitrate 5 mg tab</i>	1	PD Preventive Drug
<i>isosorbide mononitrate 10 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 10 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate 20 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 20 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate er 120 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>isosorbide mononitrate er 60 mg tab er 24h</i>	1	PD Preventive Drug
NITRO-BID 2 % OINTMENT	3	PD Preventive Drug
NITRO-DUR 0.3 MG/HR PATCH 24HR	2	PD Preventive Drug
NITRO-DUR 0.8 MG/HR PATCH 24HR	3	PD Preventive Drug
<i>nitroglycerin 0.1 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.2 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.3 mg sl tab</i>	1	
<i>nitroglycerin 0.4 mg/hr patch 24hr</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitroglycerin 0.4 mg sl tab</i>	1	
<i>nitroglycerin 0.4 mg/spray solution</i>	1	
<i>nitroglycerin 0.6 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.6 mg sl tab</i>	1	
NITROLINGUAL 0.4 MG/SPRAY SOLUTION	1	
CENTRAL NERVOUS SYSTEM		
ANTIDEMENTIA		
<i>donepezil hcl 10 mg tab</i>	1	
<i>donepezil hcl 10 mg tab disp</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	
<i>donepezil hcl 5 mg tab</i>	1	
<i>donepezil hcl 5 mg tab disp</i>	1	
<i>galantamine hydrobromide 12 mg tab</i>	1	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	
<i>galantamine hydrobromide 4 mg tab</i>	1	
<i>galantamine hydrobromide 8 mg tab</i>	1	
<i>galantamine hydrobromide er 16 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 24 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 8 mg cap er 24h</i>	1	
<i>memantine hcl 10 mg/5ml solution</i>	2	
<i>memantine hcl 10 mg tab</i>	2	
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	2	
<i>memantine hcl 2 mg/ml solution</i>	2	
<i>memantine hcl 5 mg tab</i>	2	
<i>memantine hcl er 14 mg cap er 24h</i>	2	
<i>memantine hcl er 21 mg cap er 24h</i>	2	
<i>memantine hcl er 28 mg cap er 24h</i>	2	
<i>memantine hcl er 7 mg cap er 24h</i>	2	
<i>rivastigmine 13.3 mg/24hr patch 24hr</i>	2	
<i>rivastigmine 4.6 mg/24hr patch 24hr</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rivastigmine 9.5 mg/24hr patch 24hr</i>	2	
<i>rivastigmine tartrate 1.5 mg cap</i>	1	
<i>rivastigmine tartrate 3 mg cap</i>	1	
<i>rivastigmine tartrate 4.5 mg cap</i>	1	
<i>rivastigmine tartrate 6 mg cap</i>	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	3	QL 2.4 ML / 56 day(s)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	3	QL 3.2 ml / 56 day(s)
ABILIFY MAINTENA 300 MG PRSYR	3	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 300 MG SRER	3	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 400 MG PRSYR	3	QL 1 EA / 28 day(s)
ABILIFY MAINTENA 400 MG SRER	3	QL 1 EA / 28 day(s)
<i>aripiprazole 10 mg tab</i>	1	
<i>aripiprazole 10 mg tab disp</i>	2	PA
<i>aripiprazole 15 mg tab</i>	1	
<i>aripiprazole 15 mg tab disp</i>	2	PA
<i>aripiprazole 1 mg/ml solution</i>	2	QL 600 ML / 30 day(s)
<i>aripiprazole 20 mg tab</i>	1	
<i>aripiprazole 2 mg tab</i>	1	
<i>aripiprazole 30 mg tab</i>	1	
<i>aripiprazole 5 mg tab</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	3	QL 3.9 ml / 56 day(s)
ARISTADA 441 MG/1.6ML PRSYR	3	QL 1.6 ml / 28 day(s)
ARISTADA 662 MG/2.4ML PRSYR	3	QL 2.4 ml / 28 day(s)
ARISTADA 882 MG/3.2ML PRSYR	3	QL 3.2 ml / 28 day(s)
SECUADO 3.8 MG/24HR PATCH 24HR	3	PA
SECUADO 5.7 MG/24HR PATCH 24HR	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SECUADO 7.6 MG/24HR PATCH 24HR	3	PA
<i>asenapine maleate 10 mg sl tab</i>	2	
<i>asenapine maleate 2.5 mg sl tab</i>	2	
<i>asenapine maleate 5 mg sl tab</i>	2	
REXULTI 0.25 MG TAB	3	PA
REXULTI 0.5 MG TAB	3	PA
REXULTI 1 MG TAB	3	PA
REXULTI 2 MG TAB	3	PA
REXULTI 3 MG TAB	3	PA
REXULTI 4 MG TAB	3	PA
VRAYLAR 0.5 MG CAP	3	PA
VRAYLAR 0.75 MG CAP	3	PA
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 30 EA / 30 day(s) PA
VRAYLAR 1.5 MG CAP	3	PA
VRAYLAR 3 MG CAP	3	PA
VRAYLAR 4.5 MG CAP	3	PA
VRAYLAR 6 MG CAP	3	PA
<i>chlorpromazine hcl 100 mg tab</i>	1	
<i>chlorpromazine hcl 100 mg tab</i>	1	
<i>chlorpromazine hcl 10 mg tab</i>	1	
<i>chlorpromazine hcl 10 mg tab</i>	1	
<i>chlorpromazine hcl 200 mg tab</i>	1	
<i>chlorpromazine hcl 200 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg tab</i>	1	
<i>chlorpromazine hcl 50 mg tab</i>	1	
<i>chlorpromazine hcl 50 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 100 mg tab disp</i>	3	
<i>clozapine 100 mg tab disp</i>	3	
<i>clozapine 12.5 mg tab disp</i>	3	
<i>clozapine 150 mg tab disp</i>	3	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 200 mg tab disp</i>	3	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 25 mg tab disp</i>	3	
<i>clozapine 25 mg tab disp</i>	3	
<i>clozapine 50 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	PA
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	PA
<i>fluphenazine hcl 10 mg tab</i>	1	
<i>fluphenazine hcl 10 mg tab</i>	1	
<i>fluphenazine hcl 1 mg tab</i>	1	
<i>fluphenazine hcl 1 mg tab</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
<i>fluphenazine hcl 2.5 mg tab</i>	1	
<i>fluphenazine hcl 2.5 mg tab</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
<i>fluphenazine hcl 5 mg tab</i>	1	
<i>fluphenazine hcl 5 mg tab</i>	1	
<i>haloperidol 0.5 mg tab</i>	1	
<i>haloperidol 10 mg tab</i>	1	
<i>haloperidol 1 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 20 mg tab</i>	1	
<i>haloperidol 2 mg tab</i>	1	
<i>haloperidol 5 mg tab</i>	1	
HALDOL DECANOATE 100 MG/ML SOLUTION	3	PA
HALDOL DECANOATE 50 MG/ML SOLUTION	3	PA
<i>haloperidol decanoate 100 mg/ml solution</i>	1	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate 2 mg/ml conc</i>	1	
<i>haloperidol lactate 5 mg/ml solution</i>	1	PA
FANAPT 10 MG TAB	3	PA
FANAPT 12 MG TAB	3	PA
FANAPT 1 MG TAB	3	PA
FANAPT 2 MG TAB	3	PA
FANAPT 4 MG TAB	3	PA
FANAPT 6 MG TAB	3	PA
FANAPT 8 MG TAB	3	PA
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	3	QL 60 EA / 30 day(s) PA
<i>loxapine succinate 10 mg cap</i>	1	
<i>loxapine succinate 25 mg cap</i>	1	
<i>loxapine succinate 50 mg cap</i>	1	
<i>loxapine succinate 5 mg cap</i>	1	
CAPLYTA 10.5 MG CAP	3	PA
CAPLYTA 21 MG CAP	3	PA
CAPLYTA 42 MG CAP	3	PA
<i>lurasidone hcl 120 mg tab</i>	1	
<i>lurasidone hcl 20 mg tab</i>	1	
<i>lurasidone hcl 40 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lurasidone hcl 60 mg tab</i>	1	
<i>lurasidone hcl 80 mg tab</i>	1	
<i>olanzapine 10 mg tab</i>	1	
<i>olanzapine 10 mg tab disp</i>	2	
<i>olanzapine 15 mg tab</i>	1	
<i>olanzapine 15 mg tab disp</i>	2	
<i>olanzapine 20 mg tab</i>	1	
<i>olanzapine 20 mg tab disp</i>	2	
<i>olanzapine 2.5 mg tab</i>	1	
<i>olanzapine 5 mg tab</i>	1	
<i>olanzapine 5 mg tab disp</i>	2	
<i>olanzapine 7.5 mg tab</i>	1	
<i>paliperidone er 1.5 mg tab er 24h</i>	2	
<i>paliperidone er 3 mg tab er 24h</i>	2	
<i>paliperidone er 6 mg tab er 24h</i>	2	
<i>paliperidone er 9 mg tab er 24h</i>	2	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	QL 3.5 ml / 180 day(s)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	QL 5 ml / 180 day(s)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	
PIMOZIDE 1 MG TAB	3	
PIMOZIDE 2 MG TAB	3	
<i>quetiapine fumarate 100 mg tab</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUETIAPINE FUMARATE 150 MG TAB	3	
<i>quetiapine fumarate 200 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 25 mg tab</i>	1	
<i>quetiapine fumarate 300 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 400 mg tab</i>	1	
<i>quetiapine fumarate 50 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate er 150 mg tab er 24h</i>	2	
<i>quetiapine fumarate er 200 mg tab er 24h</i>	2	
<i>quetiapine fumarate er 300 mg tab er 24h</i>	2	
<i>quetiapine fumarate er 400 mg tab er 24h</i>	2	
<i>quetiapine fumarate er 50 mg tab er 24h</i>	2	
<i>risperidone 0.25 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.25 mg tab</i>	1	RX4L Rx4Less Program
RISPERIDONE 0.25 MG TAB DISP	1	
<i>risperidone 0.5 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.5 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.5 mg tab disp</i>	1	
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 1 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg tab disp</i>	1	
<i>risperidone 2 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 2 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 2 mg tab disp</i>	1	
<i>risperidone 3 mg tab</i>	1	
<i>risperidone 3 mg tab</i>	1	
<i>risperidone 3 mg tab disp</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>risperidone 4 mg tab</i>	1	
<i>risperidone 4 mg tab</i>	1	
<i>risperidone 4 mg tab disp</i>	1	
UZEDY 100 MG/0.28ML SUSP PRSYR	3	QL 0.28 ml / 28 day(s)
UZEDY 125 MG/0.35ML SUSP PRSYR	3	QL 0.35 ml / 28 day(s)
UZEDY 150 MG/0.42ML SUSP PRSYR	3	QL 0.42 ml / 56 day(s)
UZEDY 200 MG/0.56ML SUSP PRSYR	3	QL 0.56 ml / 56 day(s)
UZEDY 250 MG/0.7ML SUSP PRSYR	3	QL 0.7 ml / 56 day(s)
UZEDY 50 MG/0.14ML SUSP PRSYR	3	QL 0.14 ml / 28 day(s)
UZEDY 75 MG/0.21ML SUSP PRSYR	3	QL 0.21 ml / 28 day(s)
<i>thioridazine hcl 100 mg tab</i>	1	
<i>thioridazine hcl 10 mg tab</i>	1	
<i>thioridazine hcl 25 mg tab</i>	1	
<i>thioridazine hcl 50 mg tab</i>	1	
<i>thiothixene 10 mg cap</i>	1	
<i>thiothixene 1 mg cap</i>	1	
<i>thiothixene 2 mg cap</i>	1	
<i>thiothixene 5 mg cap</i>	1	
<i>trifluoperazine hcl 10 mg tab</i>	1	
<i>trifluoperazine hcl 1 mg tab</i>	1	
<i>trifluoperazine hcl 2 mg tab</i>	1	
<i>trifluoperazine hcl 5 mg tab</i>	1	
<i>ziprasidone hcl 20 mg cap</i>	2	
<i>ziprasidone hcl 40 mg cap</i>	2	
<i>ziprasidone hcl 60 mg cap</i>	2	
<i>ziprasidone hcl 80 mg cap</i>	2	
ANXIOLYTICS		
<i>alprazolam 0.25 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 0.25 mg tab disp</i>	1	QL 150 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alprazolam 0.5 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 0.5 mg tab disp</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 1 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 1 mg tab disp</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 2 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 2 mg tab disp</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam er 0.5 mg tab er 24h</i>	1	
<i>alprazolam er 1 mg tab er 24h</i>	1	
<i>alprazolam er 2 mg tab er 24h</i>	1	
<i>alprazolam er 3 mg tab er 24h</i>	1	
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	QL 300 ML / 30 day(s)
<i>alprazolam xr 0.5 mg tab er 24h</i>	1	
<i>alprazolam xr 1 mg tab er 24h</i>	1	
<i>alprazolam xr 2 mg tab er 24h</i>	1	
<i>alprazolam xr 3 mg tab er 24h</i>	1	
<i>bupirone hcl 10 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 10 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 15 mg tab</i>	1	
<i>bupirone hcl 15 mg tab</i>	1	
<i>bupirone hcl 30 mg tab</i>	1	
<i>bupirone hcl 30 mg tab</i>	1	
<i>bupirone hcl 5 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 5 mg tab</i>	1	RX4L Rx4Less Program
<i>bupirone hcl 7.5 mg tab</i>	1	
<i>bupirone hcl 7.5 mg tab</i>	1	
<i>chlordiazepoxide hcl 10 mg cap</i>	1	
<i>chlordiazepoxide hcl 10 mg cap</i>	1	
<i>chlordiazepoxide hcl 25 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlordiazepoxide hcl 25 mg cap</i>	1	
<i>chlordiazepoxide hcl 5 mg cap</i>	1	
<i>chlordiazepoxide hcl 5 mg cap</i>	1	
<i>clonazepam 0.125 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.125 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	QL 300 EA / 30 day(s) PD Preventive Drug
<i>clonazepam 2 mg tab disp</i>	1	PD Preventive Drug
<i>clonazepam 2 mg tab disp</i>	1	PD Preventive Drug
<i>clorazepate dipotassium 15 mg tab</i>	1	
<i>clorazepate dipotassium 3.75 mg tab</i>	1	
<i>clorazepate dipotassium 7.5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 2 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 2 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 5 mg/5ml solution</i>	1	QL 1200 ML / 30 day(s)
<i>diazepam 5 mg/5ml solution</i>	1	QL 1200 ML / 30 day(s)
<i>diazepam 5 mg/ml conc</i>	2	QL 240 ML / 30 day(s)
<i>diazepam 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam intensol 5 mg/ml conc</i>	2	QL 240 ML / 30 day(s)
<i>lorazepam 0.5 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>lorazepam 1 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>lorazepam 2 mg/ml conc</i>	2	QL 150 ML / 30 day(s)
<i>lorazepam 2 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>lorazepam intensol 2 mg/ml conc</i>	2	QL 150 ML / 30 day(s)
<i>midazolam hcl 2 mg/ml syrup</i>	1	
<i>oxazepam 10 mg cap</i>	1	QL 120 EA / 30 day(s)
<i>oxazepam 15 mg cap</i>	1	QL 120 EA / 30 day(s)
<i>oxazepam 30 mg cap</i>	1	QL 120 EA / 30 day(s)
MIGRAINE		
<i>almotriptan malate 12.5 mg tab</i>	3	QL 8 EA / 30 day(s)
<i>almotriptan malate 6.25 mg tab</i>	3	QL 8 EA / 30 day(s)
QULIPTA 10 MG TAB	3	PA
QULIPTA 30 MG TAB	3	PA
QULIPTA 60 MG TAB	3	PA
<i>candesartan cilexetil 16 mg tab</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	1	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	2	QL 8 ML / 30 day(s)
MIGRANAL 4 MG/ML SOLUTION	2	QL 8 ML / 30 day(s)
<i>eletriptan hydrobromide 20 mg tab</i>	2	QL 12 EA / 30 day(s)
<i>eletriptan hydrobromide 40 mg tab</i>	2	QL 12 EA / 30 day(s)
AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA
ERGOTAMINE-CAFFEINE 1-100 MG TAB	3	
MIGERGOT 2-100 MG SUPPOS	2	
AJOVY 225 MG/1.5ML SOLN A-INJ	2	QL 1.5 ML / 28 day(s) PA
AJOVY 225 MG/1.5ML SOLN PRSYR	2	QL 1.5 ML / 28 day(s) PA
<i>frovatriptan succinate 2.5 mg tab</i>	2	QLC 12 EA/30 DAYS
EMGALITY 120 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA
EMGALITY 120 MG/ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA QLC 9 ML / 180 day(s)
REYVOW 100 MG TAB	3	QL 8 EA / 30 day(s) PA
REYVOW 50 MG TAB	3	QL 8 EA / 30 day(s) PA
<i>naratriptan hcl 1 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>naratriptan hcl 2.5 mg tab</i>	1	QL 12 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NURTEC 75 MG TAB DISP	3	QL 16 EA / 30 day(s) PA
<i>rizatriptan benzoate 10 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 10 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>rizatriptan benzoate 5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan 20 mg/act solution</i>	1	QL 6 EA / 30 day(s)
<i>sumatriptan 5 mg/act solution</i>	1	QL 6 EA / 30 day(s)
<i>sumatriptan succinate 100 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 25 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate 50 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i>	1	QL 3 ML / 30 day(s)
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
<i>timolol maleate 10 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 20 mg tab</i>	1	PD Preventive Drug
TIMOLOL MALEATE 20 MG TAB	1	PD Preventive Drug
<i>timolol maleate 5 mg tab</i>	1	PD Preventive Drug
TIMOLOL MALEATE 5 MG TAB	1	PD Preventive Drug
UBRELVY 100 MG TAB	3	QL 16 EA / 30 day(s) PA
UBRELVY 50 MG TAB	3	QL 16 EA / 30 day(s) PA
<i>zolmitriptan 2.5 mg tab</i>	2	QL 12 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan 2.5 mg tab disp</i>	2	QL 12 EA / 30 day(s)
<i>zolmitriptan 5 mg solution</i>	2	QL 6 EA / 30 day(s)
<i>zolmitriptan 5 mg tab</i>	2	QL 12 EA / 30 day(s)
<i>zolmitriptan 5 mg tab disp</i>	2	QL 12 EA / 30 day(s)
<i>zomig 2.5 mg tab</i>	2	QL 12 EA / 30 day(s)
<i>zomig 5 mg tab</i>	2	QL 12 EA / 30 day(s)
MISCELLANEOUS		
EQUETRO 100 MG CAP ER 12H	2	
EQUETRO 200 MG CAP ER 12H	2	
EQUETRO 300 MG CAP ER 12H	2	
<i>lithium 8 meq/5ml solution</i>	1	
<i>lithium carbonate 150 mg cap</i>	1	
LITHIUM CARBONATE 150 MG CAP	1	
<i>lithium carbonate 300 mg cap</i>	1	
LITHIUM CARBONATE 300 MG CAP	1	
<i>lithium carbonate 300 mg tab</i>	1	
<i>lithium carbonate 600 mg cap</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate er 300 mg tab er</i>	1	
<i>lithium carbonate er 450 mg tab er</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	2	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	2	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine 10 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	1	QL 90 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amphetamine-dextroamphetamine 15 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 5 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphetamine 7.5 mg tab</i>	1	QL 90 EA / 30 day(s)
<i>amphetamine-dextroamphet er 10 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 15 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 25 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 30 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>amphetamine-dextroamphet er 5 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>dextroamphetamine sulfate 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	1	
<i>dextroamphetamine sulfate 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	1	QL 120 EA / 30 day(s)
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	1	QL 120 EA / 30 day(s)
<i>procentra 5 mg/5ml solution</i>	1	
<i>zenzedi 10 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>zenzedi 5 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>lisdexamfetamine dimesylate 10 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 10 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 20 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 20 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 30 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 30 mg chew tab</i>	2	QL 30 ea / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisdexamfetamine dimesylate 40 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 40 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 50 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 50 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 60 mg cap</i>	2	QL 30 EA / 30 days
<i>lisdexamfetamine dimesylate 60 mg chew tab</i>	2	QL 30 ea / 30 day(s)
<i>lisdexamfetamine dimesylate 70 mg cap</i>	2	QL 30 EA / 30 days
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl 100 mg cap</i>	1	
<i>atomoxetine hcl 10 mg cap</i>	1	
<i>atomoxetine hcl 18 mg cap</i>	1	
<i>atomoxetine hcl 25 mg cap</i>	1	
<i>atomoxetine hcl 40 mg cap</i>	1	
<i>atomoxetine hcl 60 mg cap</i>	1	
<i>atomoxetine hcl 80 mg cap</i>	1	
<i>clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)</i>	1	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	
<i>clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)</i>	1	
<i>Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 30 EA / 30 day(s)
<i>guanfacine hcl er 1 mg tab er 24h</i>	1	
<i>guanfacine hcl er 1 mg tab er 24h</i>	1	
<i>guanfacine hcl er 2 mg tab er 24h</i>	1	
<i>guanfacine hcl er 2 mg tab er 24h</i>	1	
<i>guanfacine hcl er 3 mg tab er 24h</i>	1	
<i>guanfacine hcl er 3 mg tab er 24h</i>	1	
<i>guanfacine hcl er 4 mg tab er 24h</i>	1	
<i>guanfacine hcl er 4 mg tab er 24h</i>	1	
<i>Methylphenidate 10 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 15 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA)</i>	3	QL 30 EA / 30 day(s)
<i>Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)</i>	2	
<i>Methylphenidate HCl 10 MG CHEW TAB (generic of METHYLIN)</i>	3	
<i>Methylphenidate HCl 10 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 20 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl 2.5 MG CHEW TAB (generic of METHYLIN)</i>	3	
<i>Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 1800 ML / 30 day(s)
<i>Methylphenidate HCl 5 MG CHEW TAB (generic of METHYLIN)</i>	3	
<i>Methylphenidate HCl 5 MG TAB (generic of RITALIN)</i>	1	QL 90 EA / 30 day(s)
<i>Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)</i>	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)</i>	3	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (la) 20 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er (la) 40 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER (LA) 60 MG CAP ER 24H (generic of RITALIN LA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (osm) 27 mg tab er</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	QL 60 EA / 30 day(s)
QUILLICHEW ER 20 MG CHER	3	QL 60 EA / 30 day(s)
QUILLICHEW ER 30 MG CHER	3	QL 60 EA / 30 day(s)
QUILLICHEW ER 40 MG CHER	3	QL 60 EA / 30 day(s)
QUILLIVANT XR 25 MG/5ML SRER	3	QL 360 ML / 30 day(s)
CENTRAL NERVOUS SYSTEM, OTHER		
<i>benzphetamine hcl 50 mg tab</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	QL 180 ea / 30 day(s)
TENCON 50-325 MG TAB	1	
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	1	QL 180 ea / 30 day(s)
<i>esgic 50-325-40 mg cap</i>	1	QL 180 ea / 30 day(s)
AUSTEDO 12 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO 6 MG TAB	3	PA SP Specialty
AUSTEDO 9 MG TAB	3	PA SP Specialty
AUSTEDO XR 12 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 18 MG TAB ER 24H	3	QL 30 EA / 30 day(s) PA SP Specialty
AUSTEDO XR 24 MG TAB ER 24H	3	QL 60 EA / 30 days PA SP Specialty
AUSTEDO XR 30 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 36 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 42 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 48 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR 6 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	QL 28 EA / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	PA SP Specialty
NUEDEXTA 20-10 MG CAP	3	PA
<i>diethylpropion hcl 25 mg tab</i>	1	
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1	
RADICAVA ORS 105 MG/5ML SUSPENSION	3	PA SP Specialty
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	3	PA SP Specialty
CONTRAVE 8-90 MG TAB ER 12H	3	PA
<i>phendimetrazine tartrate 35 mg tab</i>	1	
<i>phentermine hcl 15 mg cap</i>	1	
<i>phentermine hcl 30 mg cap</i>	1	
<i>phentermine hcl 37.5 mg cap</i>	1	
<i>phentermine hcl 37.5 mg tab</i>	1	
<i>phentermine-topiramate er 11.25-69 mg cap er 24h</i>	3	QL 30 EA / 30 days PA
<i>phentermine-topiramate er 15-92 mg cap er 24h</i>	3	QL 30 EA / 30 days PA
<i>phentermine-topiramate er 3.75-23 mg cap er 24h</i>	3	QL 45 EA / 30 days PA
<i>phentermine-topiramate er 7.5-46 mg cap er 24h</i>	3	QL 30 EA / 30 days PA
<i>phentermine-topiramate erxdnu 11.25-69 mg cap er 24h</i>	3	QL 30 EA / 30 days PA
<i>phentermine-topiramate erxdnu 15-92 mg cap er 24h</i>	3	QL 30 EA / 30 days PA
<i>phentermine-topiramate erxdnu 3.75-23 mg cap er 24h</i>	3	QL 45 EA / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phentermine-topiramate erxdnu 7.5-46 mg cap er 24h</i>	3	QL 30 EA / 30 days PA
QSYMIA 11.25-69 MG CAP ER 24H	3	QL 30 ea / 30 day(s) PA
QSYMIA 15-92 MG CAP ER 24H	3	QL 30 ea / 30 day(s) PA
QSYMIA 3.75-23 MG CAP ER 24H	3	QL 45 ea / 30 day(s) PA
QSYMIA 7.5-46 MG CAP ER 24H	3	QL 30 ea / 30 day(s) PA
<i>riluzole 50 mg tab</i>	3	
<i>tetrabenazine 12.5 mg tab</i>	3	PA SP Specialty
<i>tetrabenazine 25 mg tab</i>	3	PA SP Specialty
INGREZZA 40 & 80 MG CAP THPK	3	PA SP Specialty
INGREZZA 40 MG CAP	3	PA SP Specialty
INGREZZA 60 MG CAP	3	PA SP Specialty
INGREZZA 80 MG CAP	3	PA SP Specialty
FIBROMYALGIA AGENTS		
<i>duloxetine hcl 20 mg cp dr part</i>	1	
<i>duloxetine hcl 30 mg cp dr part</i>	1	
<i>duloxetine hcl 40 mg cp dr part</i>	3	
<i>duloxetine hcl 60 mg cp dr part</i>	1	
SAVELLA 100 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAVELLA 12.5 MG TAB	2	
SAVELLA 25 MG TAB	2	
SAVELLA 50 MG TAB	2	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	2	
<i>pregabalin 100 mg cap</i>	1	
<i>pregabalin 150 mg cap</i>	1	
<i>pregabalin 200 mg cap</i>	1	
<i>pregabalin 20 mg/ml solution</i>	1	
<i>pregabalin 225 mg cap</i>	1	
<i>pregabalin 25 mg cap</i>	1	
<i>pregabalin 300 mg cap</i>	1	
<i>pregabalin 50 mg cap</i>	1	
<i>pregabalin 75 mg cap</i>	1	
MULTIPLE SCLEROSIS AGENTS		
<i>cladribine (10 tabs) 10 mg tab thpk</i>	3	PA SP Specialty
<i>cladribine (4 tabs) 10 mg tab thpk</i>	3	PA SP Specialty
<i>cladribine (5 tabs) 10 mg tab thpk</i>	3	PA SP Specialty
<i>cladribine (6 tabs) 10 mg tab thpk</i>	3	PA SP Specialty
<i>cladribine (7 tabs) 10 mg tab thpk</i>	3	PA SP Specialty
<i>cladribine (8 tabs) 10 mg tab thpk</i>	3	PA SP Specialty
<i>cladribine (9 tabs) 10 mg tab thpk</i>	3	PA SP Specialty
MAVENCLAD (10 TABS) 10 MG TAB THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (4 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (5 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (6 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (7 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (8 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (9 TABS) 10 MG TAB THPK	3	PA SP Specialty
<i>dalfampridine er 10 mg tab er 12h</i>	1	SP Specialty
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL 60 ea / 30 day(s) SP Specialty
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL 60 ea / 30 day(s) SP Specialty
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	2	PA SP Specialty
VUMERITY 231 MG CAP DR	2	PA SP Specialty
<i> fingolimod hcl 0.5 mg cap</i>	1	QL 30 ea / 30 day(s) SP Specialty
<i> glatiramer acetate 20 mg/ml soln prsy</i>	2	QL 30 ml / 30 day(s) SP Specialty
<i> glatiramer acetate 40 mg/ml soln prsy</i>	2	QL 12 ml / 28 day(s) SP Specialty
<i> glatopa 20 mg/ml soln prsy</i>	2	QL 30 ml / 30 day(s) SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glatopa 40 mg/ml soln prsy</i>	2	<ul style="list-style-type: none"> QL 12 ml / 28 day(s) SP Specialty
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	3	<ul style="list-style-type: none"> PA SP Specialty
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	3	<ul style="list-style-type: none"> PA SP Specialty
REBIF 22 MCG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA SP Specialty
REBIF 44 MCG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA SP Specialty
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> PA SP Specialty
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	2	<ul style="list-style-type: none"> PA SP Specialty
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	<ul style="list-style-type: none"> PA SP Specialty
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	<ul style="list-style-type: none"> PA SP Specialty
BETASERON 0.3 MG KIT	2	<ul style="list-style-type: none"> PA SP Specialty
BAFIERTAM 95 MG CAP DR	2	<ul style="list-style-type: none"> PA SP Specialty
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	<ul style="list-style-type: none"> PA SP Specialty
ZEPOSIA 0.92 MG CAP	2	<ul style="list-style-type: none"> PA SP Specialty
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	<ul style="list-style-type: none"> PA SP Specialty
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	<ul style="list-style-type: none"> PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT 0.25 MG TAB	2	PA SP Specialty
MAYZENT 1 MG TAB	2	PA SP Specialty
MAYZENT 2 MG TAB	2	PA SP Specialty
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	PA SP Specialty
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	PA SP Specialty
<i>teriflunomide 14 mg tab</i>	1	QL 30 ea / 30 day(s) SP Specialty
<i>teriflunomide 7 mg tab</i>	1	QL 30 ea / 30 day(s) SP Specialty
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	2	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard 0.12 % solution</i>	1	
<i>pilocarpine hcl 5 mg tab</i>	1	
<i>pilocarpine hcl 7.5 mg tab</i>	1	
GELCLAIR GEL	2	
CLINPRO 5000 1.1 % PASTE	1	
<i>denta 5000 plus 1.1 % cream</i>	1	
DENTA 5000 PLUS 1.1 % CREAM	1	
DENTAGEL 1.1 % GEL	1	
FLUORIDEX 1.1 % PASTE	1	
FLUORIDEX ENHANCED WHITENING 1.1 % PASTE	1	
FLUORIMAX 5000 1.1 % PASTE	1	
FRAICHE 5000 DENTAL 1.1 % GEL	1	
JUST RIGHT 5000 1.1 % PASTE	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVIDENT 0.2 % SOLUTION	2	
SF 1.1 % GEL	1	
SF 5000 PLUS 1.1 % CREAM	1	
SODIUM FLUORIDE 0.2 % SOLUTION	1	
SODIUM FLUORIDE 1.1 % CREAM	1	
SODIUM FLUORIDE 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	1	
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	1	
SODIUM FLUORIDE 5000 PPM 1.1 % GEL	1	
SODIUM FLUORIDE 5000 PPM 1.1 % PASTE	1	
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	1	
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % GEL	1	
FLUORIMAX 5000 SENSITIVE 1.1-5 % GEL	1	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % GEL	1	
PREVIDENT 5000 SENSITIVE 1.1-5 % GEL	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
<i>kourzeq 0.1 % paste</i>	1	
<i>oralone 0.1 % paste</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acitretin 10 mg cap</i>	2	
<i>acitretin 17.5 mg cap</i>	2	
<i>acitretin 25 mg cap</i>	2	
<i>adapalene 0.1 % cream</i>	1	
<i>adapalene 0.1 % gel</i>	1	OTC Over the Counter
<i>adapalene 0.3 % gel</i>	2	
DIFFERIN 0.1 % LOTION	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	2	QL 45 GM / 30 days
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	2	QL 45 GM / 30 days
<i>azelaic acid 15 % gel</i>	2	QL 50 GM / 30 days
FINACEA 15 % FOAM	2	QL 50 GM / 30 days
AZELEX 20 % CREAM	3	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
WINLEVI 1 % CREAM	3	PA
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	QL 50 GM / 30 days
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	QL 45 GM / 30 days
<i>neuac 1.2-5 % gel</i>	1	QL 45 GM / 30 days
<i>clindamycin-tretinoin 1.2-0.025 % gel</i>	3	
<i>accutane 10 mg cap</i>	1	
<i>accutane 20 mg cap</i>	1	
<i>accutane 30 mg cap</i>	3	
<i>accutane 40 mg cap</i>	1	
<i>amnesteem 10 mg cap</i>	1	
<i>amnesteem 20 mg cap</i>	1	
<i>amnesteem 30 mg cap</i>	3	
<i>amnesteem 40 mg cap</i>	1	
<i>claravis 10 mg cap</i>	1	
<i>claravis 20 mg cap</i>	1	
<i>claravis 30 mg cap</i>	3	
<i>claravis 40 mg cap</i>	1	
<i>isotretinoin 10 mg cap</i>	1	
<i>isotretinoin 20 mg cap</i>	1	
<i>isotretinoin 30 mg cap</i>	3	
<i>isotretinoin 40 mg cap</i>	1	
<i>zenatane 10 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zenatane 20 mg cap</i>	1	
<i>zenatane 30 mg cap</i>	3	
<i>zenatane 40 mg cap</i>	1	
<i>tazarotene 0.05 % cream</i>	3	
<i>tazarotene 0.05 % gel</i>	3	
<i>tazarotene 0.1 % cream</i>	3	
<i>tazarotene 0.1 % gel</i>	3	
<i>tretinoin 0.01 % gel</i>	1	
<i>tretinoin 0.025 % cream</i>	1	
<i>tretinoin 0.025 % gel</i>	1	
<i>tretinoin 0.05 % cream</i>	1	
<i>tretinoin 0.05 % gel</i>	3	
<i>tretinoin 0.1 % cream</i>	1	
<i>tretinoin microsphere 0.04 % gel</i>	3	
TRETINOIN MICROSPHERE 0.04 % GEL	3	
<i>tretinoin microsphere 0.08 % gel</i>	3	
<i>tretinoin microsphere 0.1 % gel</i>	3	
TRETINOIN MICROSPHERE 0.1 % GEL	3	
TRETINOIN MICROSPHERE PUMP 0.04 % GEL	3	
<i>tretinoin microsphere pump 0.08 % gel</i>	3	
TRETINOIN MICROSPHERE PUMP 0.1 % GEL	3	
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone dipropionate 0.05 % ointment</i>	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
AMCINONIDE 0.1 % CREAM	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	1	
<i>betamethasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone valerate 0.1 % cream</i>	1	
<i>betamethasone valerate 0.1 % lotion</i>	1	
BETAMETHASONE VALERATE 0.1 % LOTION	1	
<i>betamethasone valerate 0.1 % ointment</i>	1	
<i>clobetasol propionate 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % foam</i>	1	
<i>clobetasol propionate 0.05 % gel</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	2	
<i>clobetasol propionate 0.05 % lotion</i>	2	
<i>clobetasol propionate 0.05 % ointment</i>	1	
<i>clobetasol propionate 0.05 % shampoo</i>	2	
<i>clobetasol propionate 0.05 % solution</i>	1	
<i>clodan 0.05 % shampoo</i>	2	
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
EUCRISA 2 % OINTMENT	2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3.34 GM / 1 DAYS </div> <div style="display: flex; align-items: center; gap: 5px; margin-top: 2px;"> <div style="background-color: #800080; color: white; padding: 2px 5px; border-radius: 3px;">ST</div> </div>
<i>desonide 0.05 % cream</i>	1	
DESONIDE 0.05 % GEL	2	
<i>desonide 0.05 % ointment</i>	1	
<i>desoximetasone 0.05 % cream</i>	1	
DESOXIMETASONE 0.05 % GEL	1	
<i>desoximetasone 0.05 % ointment</i>	1	
<i>desoximetasone 0.25 % cream</i>	1	
<i>desoximetasone 0.25 % ointment</i>	1	
APEXICON E 0.05 % CREAM	3	
<i>fluocinolone acetonide 0.01 % cream</i>	1	
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide 0.025 % cream</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone acetonide scalp 0.01 % oil</i>	2	
<i>fluocinonide 0.05 % cream</i>	1	
<i>fluocinonide 0.05 % gel</i>	1	
<i>fluocinonide 0.05 % ointment</i>	1	
<i>fluocinonide 0.05 % solution</i>	1	
<i>fluocinonide 0.1 % cream</i>	3	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	
FLURANDRENOLIDE 0.05 % CREAM	3	
FLURANDRENOLIDE 0.05 % LOTION	3	
<i>fluticasone propionate 0.005 % ointment</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
<i>hydrocortisone butyrate 0.1 % lotion</i>	2	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM	3	
HYDROCORTISONE (PERIANAL) 1 % CREAM	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
PROCTOCORT 1 % CREAM	1	
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
<i>ala-cort 1 % cream</i>	1	
<i>aquanil hc 1 % lotion</i>	1	OTC Over the Counter
<i>beta hc 1 % lotion</i>	1	OTC Over the Counter
<i>cortizone-10 diabetics skin 1 % lotion</i>	1	OTC Over the Counter
<i>cortizone-10 eczema 1 % lotion</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cortizone-10 hydratensive 1 % lotion</i>	1	OTC Over the Counter
<i>cvs cortisone maximum strength 1 % lotion</i>	1	OTC Over the Counter
<i>dermarest eczema 1 % lotion</i>	1	OTC Over the Counter
<i>hydrocortisone 1 % cream</i>	1	
<i>hydrocortisone 1 % lotion</i>	1	OTC Over the Counter
<i>hydrocortisone 1 % ointment</i>	1	
<i>hydrocortisone 2.5 % cream</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone 2.5 % ointment</i>	1	
<i>sarnol-hc 1 % lotion</i>	1	OTC Over the Counter
<i>hydrocortisone valerate 0.2 % cream</i>	1	
<i>ammonium lactate 12 % cream</i>	1	
<i>ammonium lactate 12 % lotion</i>	1	
<i>mometasone furoate 0.1 % solution</i>	1	
<i>pimecrolimus 1 % cream</i>	2	QL 30 GM / 30 day(s)
<i>selenium sulfide 2.5 % lotion</i>	1	
SELENIUM SULFIDE 2.5 % LOTION	1	
<i>tacrolimus 0.03 % ointment</i>	2	QL 30 GM / 30 day(s)
<i>tacrolimus 0.1 % ointment</i>	2	QL 30 GM / 30 day(s)
<i>triamcinolone acetonide 0.025 % cream</i>	1	
<i>triamcinolone acetonide 0.025 % lotion</i>	1	
TRIAMCINOLONE ACETONIDE 0.025 % LOTION	1	
<i>triamcinolone acetonide 0.025 % ointment</i>	1	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	3	
<i>triamcinolone acetonide 0.1 % cream</i>	1	
<i>triamcinolone acetonide 0.1 % lotion</i>	1	
<i>triamcinolone acetonide 0.1 % ointment</i>	1	
<i>triamcinolone acetonide 0.5 % cream</i>	1	
<i>triamcinolone acetonide 0.5 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triderm 0.5 % cream</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
XERESE 5-1 % CREAM	3	
DRYSOL 20 % SOLUTION	2	
XERAC AC 6.25 % SOLUTION	2	
LEVULAN KERASTICK 20 % RECON SOLN	3	
OTEZLA 20 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
OTEZLA 30 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
REGRANEX 0.01 % GEL	2	
BENZEPRO 5.3 % FOAM	1	
BENZEPRO CREAMY WASH 7 % LIQUID	1	
BENZEPRO FOAMING CLOTHS 6 % MISC	3	
BENZOYL PEROXIDE 9.8 % FOAM	1	
<i>bp wash 2.5 % liquid</i>	1	OTC Over the Counter
<i>panoxyl 2.5 % liquid</i>	1	OTC Over the Counter
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
<i>calcipotriene 0.005 % cream</i>	1	
<i>calcipotriene 0.005 % ointment</i>	1	
<i>calcipotriene 0.005 % solution</i>	1	
CALCIPOTRIENE 0.005 % SOLUTION	1	
<i>calcitrene 0.005 % ointment</i>	1	
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	3	
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
SANTYL 250 UNIT/GM OINTMENT	3	
<i>diclofenac sodium 3 % gel</i>	2	
FLUOROURACIL 0.5 % CREAM	2	
FLUOROURACIL 2 % SOLUTION	1	
<i>fluorouracil 5 % cream</i>	1	
<i>fluorouracil 5 % solution</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM	1	
PROCTOFOAM HC 1-1 % FOAM	2	
<i>imiquimod 3.75 % cream</i>	3	
<i>imiquimod 5 % cream</i>	1	
<i>imiquimod pump 3.75 % cream</i>	3	
ZYCLARA PUMP 2.5 % CREAM	3	
<i>hydrocortisone-iodoquinol 1-1 % cream</i>	1	
HYDROCORTISONE-IODOQUINOL 1-1 % CREAM	1	
IDOQUIMEZ-HC 1-1.9 % CREAM	3	
<i>iodoquinol-hydrocortisone-aloe 1-1.9 % cream</i>	3	
IDOQUINOL-HYDROCORTISONE-ALOE 1-1.9 % CREAM	3	
LIDOCAINE-HYDROCORTISONE ACE 1-3 % KIT	1	
LIDOCAINE-HYDROCORTISONE ACE 3-0.5 % KIT	1	
LIDOCAINE-HYDROCORTISONE ACE 3-1 % KIT	1	
<i>lidocaine-hydrocortisone ace 3-2.5 % kit</i>	1	
LIDOCAINE-HYDROCORTISONE ACE 3-2.5 % KIT	1	
LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM	1	
LIDOCORT 3-0.5 % CREAM	1	
METHOXSALLEN RAPID 10 MG CAP	2	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>podofilox 0.5 % gel</i>	2	
PODOFILOX 0.5 % SOLUTION	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	1	
PRAMOSONE 1-1 % CREAM	3	
PRAMOSONE 1-2.5 % LOTION	3	
PRAMOSONE 1-2.5 % OINTMENT	3	
KERALYT 6 % SHAMPOO	1	
SALICYLIC ACID 26 % SOLUTION	1	
SALICYLIC ACID 6 % GEL	1	
SALICYLIC ACID 6 % SHAMPOO	1	
<i>salicylic acid wart remover 27.5 % liquid</i>	1	
SALICYLIC ACID WART REMOVER 27.5 % LIQUID	1	
<i>salynta 6 % gel</i>	1	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
OVACE PLUS 9.8 % LOTION	3	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
SULFACETAMIDE SODIUM 10 % LIQUID	1	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1	
AVAR CLEANSER 10-5 % LIQUID	1	
AVAR-E EMOLLIENT 10-5 % CREAM	1	
<i>avar-e green 10-5 % cream</i>	1	
BP 10-1 10-1 % EMULSION	1	
SSS 10-5 10-5 % CREAM	1	
SSS 10-5 10-5 % FOAM	1	
SULFACETAMIDE SODIUM-SULFUR 10-1 % EMULSION	1	
<i>sulfacetamide sodium-sulfur 10-2 % cream</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID	1	
<i>sulfacetamide sodium-sulfur 10-5 % cream</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM	1	
<i>sulfacetamide sodium-sulfur 10-5 % liquid</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION	1	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	1	
<i>sulfacetamide sodium-sulfur 8-4 % suspension</i>	1	
SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION	1	
SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID	1	
SULFACETAMIDE SOD-SULFUR WASH 9-4.5 % LIQUID	1	
SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID	1	
SULFACLEANSE 8/4 8-4 % SUSPENSION	1	
SULFAMEZ WASH 10-1 % EMULSION	1	
<i>cerovel 40 % lotion</i>	1	
<i>umecta mousse 40 % foam</i>	1	
UREA 39 % CREAM	1	
<i>urea 40 % cream</i>	1	
UREA 40 % CREAM	1	
UREA 40 % LOTION	1	
UREA 45 % CREAM	1	
UREA 47 % CREAM	1	
<i>urea nail 45 % gel</i>	1	
UREDEB 39 % CREAM	1	
UREMEZ-40 40 % CREAM	1	
XUREA 39 % CREAM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDICULICIDES/SCABICIDES		
CROTAN 10 % LOTION	2	
<i>ivermectin 1 % cream</i>	3	
SOOLANTRA 1 % CREAM	3	
<i>malathion 0.5 % lotion</i>	1	
<i>permethrin 5 % cream</i>	1	
SPINOSAD 0.9 % SUSPENSION	3	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % cream</i>	2	QL 5 gm / 30 days
<i>acyclovir 5 % ointment</i>	2	QL 15 GM / 30 day(s)
<i>ciclopirox 0.77 % gel</i>	1	
<i>ciclopirox 1 % shampoo</i>	1	
<i>ciclopirox 8 % solution</i>	1	
<i>clindacin 1 % foam</i>	2	
<i>clindamycin phos (once-daily) 1 % gel</i>	1	
<i>clindamycin phosphate 1 % foam</i>	2	
<i>clindamycin phosphate 1 % lotion</i>	1	
<i>clindamycin phosphate 1 % solution</i>	1	
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	
<i>dapsone 5 % gel</i>	3	
ERY 2 % PAD	1	
<i>erythromycin 2 % gel</i>	1	
ERYTHROMYCIN 2 % GEL	1	
<i>erythromycin 2 % solution</i>	1	
<i>mupirocin 2 % ointment</i>	1	
<i>mupirocin calcium 2 % cream</i>	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid 200 mg tab sol</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVERA LIQUID	2	OTC Over the Counter
ALITRAQ PACKET	2	OTC Over the Counter
ARGINAID EXTRA LIQUID	2	OTC Over the Counter
ARGINAID PACKET	2	OTC Over the Counter
BABY'S BIG SUPPORT POWDER	2	OTC Over the Counter
BALANCED NUTRITIONAL DRINK LIQUID	2	OTC Over the Counter
BALANCED NUTRITIONAL DRINK PLS LIQUID	2	OTC Over the Counter
BALANCED NUTRITIONAL SHAKE PLS LIQUID	2	OTC Over the Counter
BENECALORIE LIQUID	2	OTC Over the Counter
BOOST BREEZE 2-FLAVOR PACK LIQUID	2	OTC Over the Counter
BOOST BREEZE LIQUID	2	OTC Over the Counter
BOOST GLUCOSE CONTROL LIQUID	2	OTC Over the Counter
BOOST GLUCOSE CTRL MAX PROTEIN LIQUID	2	OTC Over the Counter
BOOST HIGH PROTEIN LIQUID	2	OTC Over the Counter
BOOST KID ESSENTIALS 1.0 CAL LIQUID	2	OTC Over the Counter
BOOST KID ESSENTIALS 1.5 CAL LIQUID	2	OTC Over the Counter
BOOST KID ESSENTIALS 1.5/FIBER LIQUID	2	OTC Over the Counter
BOOST LIQUID	2	OTC Over the Counter
BOOST MAX PROTEIN LIQUID	2	OTC Over the Counter
BOOST ORIGINAL LIQUID	2	OTC Over the Counter
BOOST PLUS LIQUID	2	OTC Over the Counter
BOOST VERY HIGH CALORIE LIQUID	2	OTC Over the Counter
BOOST VHC LIQUID	2	OTC Over the Counter
BOOST WOMEN LIQUID	2	OTC Over the Counter
BRAINSUSTAIN FOR KIDS POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRAINSUSTAIN PACKET	2	OTC Over the Counter
BRIGHT BEGINNINGS PEDIATRIC LIQUID	2	OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS LIQUID	2	OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS PACKET	2	OTC Over the Counter
CFPREOP LIQUID	2	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS PEDI POWDER	2	OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS POWDER	2	OTC Over the Counter
COMPLEAT LIQUID	2	OTC Over the Counter
COMPLEAT ORGANIC BLENDS LIQUID	2	OTC Over the Counter
COMPLEAT ORG BLEND 1.2-CHICKEN LIQUID	2	OTC Over the Counter
COMPLEAT ORG BLEND 1.2-PLANT LIQUID	2	OTC Over the Counter
COMPLEAT ORIGINAL PLANT-BASED LIQUID	2	OTC Over the Counter
COMPLEAT PEDIATRIC LIQUID	2	OTC Over the Counter
COMPLEAT PEDIATRIC ORG BLENDS LIQUID	2	OTC Over the Counter
COMPLEAT PEDIATRIC PEPTIDE 1.0 LIQUID	2	OTC Over the Counter
COMPLEAT PEDI ORIG PLANT-BASED LIQUID	2	OTC Over the Counter
COMPLEAT PEDI PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
COMPLEAT PEDI STANDARD 1.0 LIQUID	2	OTC Over the Counter
COMPLEAT PEDI STANDARD 1.4 LIQUID	2	OTC Over the Counter
COMPLEAT PED ORGBLEND 1.2-CHIC LIQUID	2	OTC Over the Counter
COMPLEAT PED ORGBLEND 1.2-PLNT LIQUID	2	OTC Over the Counter
COMPLEAT PEPTIDE 1.0 LIQUID	2	OTC Over the Counter
COMPLEAT PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
COMPLEAT STANDARD 1.4 LIQUID	2	OTC Over the Counter
COMPLEX ESSENTIAL MSD POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
CVS NUTRITION LIQUID LIQUID	2	OTC Over the Counter
CVS NUTRITION PLUS CHOCOLATE LIQUID	2	OTC Over the Counter
CVS NUTRITION PLUS LIQUID	2	OTC Over the Counter
CVS NUTRITION PLUS VANILLA LIQUID	2	OTC Over the Counter
DIABETISOURCE AC LIQUID	2	OTC Over the Counter
DIARESQ CHILDRENS PACKET	2	OTC Over the Counter
DIARESQ GENTLE RELIEF TODDLERS PACKET	2	OTC Over the Counter
DIARESQ PACKET	2	OTC Over the Counter
DPP DIPEPTIDE POWER LIQUID	2	OTC Over the Counter
EAA SUPPLEMENT PACKET	2	OTC Over the Counter
ELECARE JR POWDER	2	OTC Over the Counter
ENCALA PACKET	2	OTC Over the Counter
ENCALA POWDER	2	OTC Over the Counter
ENLIVE LIQUID	2	OTC Over the Counter
ENSURE ACTIVE HEART HEALTH LIQUID	2	OTC Over the Counter
ENSURE ACTIVE HIGH PROTEIN LIQUID	2	OTC Over the Counter
ENSURE ACTIVE LIGHT LIQUID	2	OTC Over the Counter
ENSURE ACTIVE LIQUID	2	OTC Over the Counter
ENSURE BONE HEALTH REVIGOR LIQUID	2	OTC Over the Counter
ENSURE CLEAR LIQUID	2	OTC Over the Counter
ENSURE CLINICAL ST REVIGOR LIQUID	2	OTC Over the Counter
ENSURE COMPACT LIQUID	2	OTC Over the Counter
ENSURE COMPLETE LIQUID	2	OTC Over the Counter
ENSURE COMPLETE SHAKE LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE ENLIVE LIQUID	2	OTC Over the Counter
ENSURE/FIBER LIQUID	2	OTC Over the Counter
ENSURE HARVEST 1.2 CAL LIQUID	2	OTC Over the Counter
ENSURE HEALTHY MOM LIQUID	2	OTC Over the Counter
ENSURE HIGH CALCIUM LIQUID	2	OTC Over the Counter
ENSURE HIGH PROTEIN LIQUID	2	OTC Over the Counter
ENSURE IMMUNE HEALTH LIQUID	2	OTC Over the Counter
ENSURE LIQUID	2	OTC Over the Counter
ENSURE MAX PROTEIN LIQUID	2	OTC Over the Counter
ENSURE MUSCLE HEALTH REVIGOR LIQUID	2	OTC Over the Counter
ENSURE NUTRA SHAKE HI-CAL LIQUID	2	OTC Over the Counter
ENSURE NUTRITION SHAKE LIQUID	2	OTC Over the Counter
ENSURE ORIGINAL/FIBER LIQUID	2	OTC Over the Counter
ENSURE ORIGINAL LIQUID	2	OTC Over the Counter
ENSURE ORIGINAL POWDER	2	OTC Over the Counter
ENSURE ORIG THERAPEUTIC NUTRI LIQUID	2	OTC Over the Counter
ENSURE PLANT-BASED PROTEIN LIQUID	2	OTC Over the Counter
ENSURE PLUS HIGH PROTEIN LIQUID	2	OTC Over the Counter
ENSURE PLUS HN LIQUID	2	OTC Over the Counter
ENSURE PLUS LIQUID	2	OTC Over the Counter
ENSURE PLUS WITH FIBER LIQUID	2	OTC Over the Counter
ENSURE PRE-SURGERY LIQUID	2	OTC Over the Counter
ENSURE SURGERY LIQUID	2	OTC Over the Counter
ENSURE SURGICAL NUTRITION LIQUID	2	OTC Over the Counter
ENTERADE IBS-D LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENTERADE LIQUID	2	OTC Over the Counter
ENU COMPLETE NUTRITION SHAKE LIQUID	2	OTC Over the Counter
ENU NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
EO28 SPLASH LIQUID	2	OTC Over the Counter
EQ NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
EQ NUTRITIONAL SHAKE PLUS LIQUID	2	OTC Over the Counter
EQUATE LIQUID	2	OTC Over the Counter
EQUATE PLUS LIQUID	2	OTC Over the Counter
EQ WEIGHT LOSS SHAKE LIQUID	2	OTC Over the Counter
EXPEDITE LIQUID	2	OTC Over the Counter
FIBER FLOW LIQUID	2	OTC Over the Counter
FIBERSOURCE HN LIQUID	2	OTC Over the Counter
FITFOOD LEAN COMPLETE PACKET	2	OTC Over the Counter
FRUITIVITS PACKET	2	OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
GA EXPRESS15 PACKET	2	OTC Over the Counter
GA GEL PACKET	2	OTC Over the Counter
GELATEIN MCT LIQUID	2	OTC Over the Counter
GLUCERNA 1.0 CAL/CARBSTEADY LIQUID	2	OTC Over the Counter
GLUCERNA 1.0 CAL/FIBER LIQUID	2	OTC Over the Counter
GLUCERNA 1.0 CAL LIQUID	2	OTC Over the Counter
GLUCERNA 1.2 CAL LIQUID	2	OTC Over the Counter
GLUCERNA 1.5 CAL/CARBSTEADY LIQUID	2	OTC Over the Counter
GLUCERNA 1.5 CAL LIQUID	2	OTC Over the Counter
GLUCERNA ADVANCE SHAKE LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCERNA CARBSTEADY LIQUID	2	OTC Over the Counter
GLUCERNA HUNGER SMART SHAKE LIQUID	2	OTC Over the Counter
GLUCERNA LIQUID	2	OTC Over the Counter
GLUCERNA OS LIQUID	2	OTC Over the Counter
GLUCERNA SELECT LIQUID	2	OTC Over the Counter
GLUCERNA SHAKE LIQUID	2	OTC Over the Counter
GLUCERNA SNACK SHAKE LIQUID	2	OTC Over the Counter
GLUCERNA WEIGHT LOSS SHAKE LIQUID	2	OTC Over the Counter
GLYCOSAIDE PACKET	2	OTC Over the Counter
GLYTROL PREBIO1 LIQUID	2	OTC Over the Counter
GOODSENSE NUTRISURE ORIGINAL LIQUID	2	OTC Over the Counter
GOODSENSE NUTRISURE PLUS LIQUID	2	OTC Over the Counter
HAELAN 951 FERMENTED SOY LIQUID	2	OTC Over the Counter
HAELAN HTPI FERMENTED SOY LIQUID	2	OTC Over the Counter
HCU ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
HCU COOLER15 LIQUID	2	OTC Over the Counter
HCU COOLER LIQUID	2	OTC Over the Counter
HCU GEL PACKET	2	OTC Over the Counter
HCU LOPHLEX LQ LIQUID	2	OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT LIQUID	2	OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT PLUS LIQUID	2	OTC Over the Counter
HI-CAL LIQUID	2	OTC Over the Counter
HIGH-PROTEIN NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
HM NUTRISURE LIQUID	2	OTC Over the Counter
HM NUTRISURE PLUS LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I5 PACKET	2	OTC Over the Counter
IMPACT ADVANCED RECOVERY LIQUID	2	OTC Over the Counter
IMPACT LIQUID	2	OTC Over the Counter
IMPACT PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
INNOVACIN LIQUID	2	OTC Over the Counter
INTROLITE LIQUID	2	OTC Over the Counter
ISOSOURCE 1.5 CAL LIQUID	2	OTC Over the Counter
ISOSOURCE HN LIQUID	2	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
JEVITY 1.2 CAL/FIBER LIQUID	2	OTC Over the Counter
JEVITY 1.2 CAL LIQUID	2	OTC Over the Counter
JEVITY 1.5 CAL/FIBER LIQUID	2	OTC Over the Counter
JEVITY 1 CAL/FIBER LIQUID	2	OTC Over the Counter
JEVITY 1 CAL LIQUID	2	OTC Over the Counter
JUICE PLUS FIBRE LIQUID	2	OTC Over the Counter
JUVEN NUTRIVIGOR PACKET	2	OTC Over the Counter
JUVEN PACKET	2	OTC Over the Counter
JUVEN REVIGOR PACKET	2	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS PEDIA POWDER	2	OTC Over the Counter
KALE/QUINOA/BERRIES PLUS POWDER	2	OTC Over the Counter
KATE FARMS GLUCOSE SUPPORT 1.2 LIQUID	2	OTC Over the Counter
KATE FARMS HIGH PROTEIN LIQUID	2	OTC Over the Counter
KATE FARMS KIDS NUTRITION LIQUID	2	OTC Over the Counter
KATE FARMS PED PEPTIDE 1.0 LIQUID	2	OTC Over the Counter
KATE FARMS PED PEPTIDE 1.5 LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KATE FARMS PED STANDARD 1.2 LIQUID	2	OTC Over the Counter
KATE FARMS PEPTIDE 1.0 LIQUID	2	OTC Over the Counter
KATE FARMS PEPTIDE 1.5 LIQUID	2	OTC Over the Counter
KATE FARMS RENAL SUPPORT 1.8 LIQUID	2	OTC Over the Counter
KATE FARMS STANDARD 1.0 LIQUID	2	OTC Over the Counter
KATE FARMS STANDARD 1.4 LIQUID	2	OTC Over the Counter
KETOCAL 2.5:1 LQ MULTI FIBER LIQUID	2	OTC Over the Counter
KETOCAL 4:1 LIQUID	2	OTC Over the Counter
KETOCAL 4:1 LQ MULTI FIBER LIQUID	2	OTC Over the Counter
KETOCAL 4:1 LQ MULTI-FIBER LIQUID	2	OTC Over the Counter
KETO LIQUID	2	OTC Over the Counter
KFLO LIQUID	2	OTC Over the Counter
KIDS PLANT PROTEIN SHAKE LIQUID	2	OTC Over the Counter
KIDS PROTEIN ORGANIC SHAKE LIQUID	2	OTC Over the Counter
KINDERSPROUT PLANT PROTEIN LIQUID	2	OTC Over the Counter
LANAFLEX PACKET	2	OTC Over the Counter
LIL MIXINS-EGG 5 GM/5GM POWDER	2	OTC Over the Counter
LIL MIXINS-PEANUT 5 GM/5GM POWDER	2	OTC Over the Counter
LIQUID HOPE LIQUID	2	OTC Over the Counter
LIQUID HOPE PEPTIDE BERRY LIQUID	2	OTC Over the Counter
LIQUID HOPE PEPTIDE HP LIQUID	2	OTC Over the Counter
LIQUID HOPE PEPTIDE LIQUID	2	OTC Over the Counter
LOPHLEX LQ 20 LIQUID	2	OTC Over the Counter
LOPHLEX PACKET	2	OTC Over the Counter
LPS CRITICAL CARE SUGAR FREE LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LPS SUGAR FREE LIQUID	2	OTC Over the Counter
LUTRISH CHOCOLATE SHAKE PACKET	2	OTC Over the Counter
LUTRISH VANILLA SHAKE PACKET	2	OTC Over the Counter
MALTOCARB POWDER	2	OTC Over the Counter
MCTPROCAL PACKET	2	OTC Over the Counter
MCT PRO-CAL PACKET	2	OTC Over the Counter
MMA/PA ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
MMA/PA COOLER15 LIQUID	2	OTC Over the Counter
MMA/PA EXPRESS 15 PACKET	2	OTC Over the Counter
MMA/PA GEL PACKET	2	OTC Over the Counter
MSUD ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
MSUD COOLER LIQUID	2	OTC Over the Counter
MSUD EXPRESS 15 PLUS PACKET	2	OTC Over the Counter
MSUD EXPRESS 20 PLUS PACKET	2	OTC Over the Counter
MSUD GEL PACKET	2	OTC Over the Counter
MSUD LOPHLEX LQ LIQUID	2	OTC Over the Counter
NEOCATE SPLASH LIQUID	2	OTC Over the Counter
NEOCATE SYNEO JUNIOR POWDER	2	OTC Over the Counter
NEPRO/CARBSTEADY LIQUID	2	OTC Over the Counter
NEPRO LIQUID	2	OTC Over the Counter
NOURISH LIQUID	2	OTC Over the Counter
NOURISH PEPTIDE BERRY MEDLEY LIQUID	2	OTC Over the Counter
NOURISH PEPTIDE FORMULA LIQUID	2	OTC Over the Counter
NOVASOURCE RENAL LIQUID	2	OTC Over the Counter
NUTRAMINE AMINO BITES PACKET	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTRAMINE PACKET	2	OTC Over the Counter
NUTRA/SHAKE LIQUID	2	OTC Over the Counter
NUTREN 1.0/FIBER LIQUID	2	OTC Over the Counter
NUTREN 1.0 LIQUID	2	OTC Over the Counter
NUTREN 1.5 LIQUID	2	OTC Over the Counter
NUTREN 2.0 LIQUID	2	OTC Over the Counter
NUTREN JR FIBER LIQUID	2	OTC Over the Counter
NUTREN JR LIQUID	2	OTC Over the Counter
NUTREN JUNIOR 1.0 LIQUID	2	OTC Over the Counter
NUTREN JUNIOR/FIBER LIQUID	2	OTC Over the Counter
NUTREN JUNIOR LIQUID	2	OTC Over the Counter
NUTREN PULMONARY LIQUID	2	OTC Over the Counter
NUTRICIA PREOP PACKET	2	OTC Over the Counter
NUTRIFOCUS LIQUID	2	OTC Over the Counter
NUTRIHEP 1.5 CAL LIQUID	2	OTC Over the Counter
NUTRITIONAL DRINK LIQUID	2	OTC Over the Counter
NUTRITIONAL DRINK PLUS LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE COMPLETE LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE HIGH PROTEIN LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE PLUS LIQUID	2	OTC Over the Counter
NUTRITIONAL SHAKE PLUS PROTEIN LIQUID	2	OTC Over the Counter
NUTRITIONAL SUPPLEMENT LIQUID	2	OTC Over the Counter
NUTRITIONAL SUPPLEMENT PLUS LIQUID	2	OTC Over the Counter
OPTICLEANSE GHI PACKET	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPTICLEANSE PLUS PACKET	2	OTC Over the Counter
OPTIMENTAL LIQUID	2	OTC Over the Counter
OPTIMETABOLIX 2:1 PACKET	2	OTC Over the Counter
OPTIMETABOLIX PACKET	2	OTC Over the Counter
ORGAIN KIDS PROTEIN ORGANIC NU LIQUID	2	OTC Over the Counter
ORGANIC MIX-INS STAGE1/STAGE 2 PACKET	2	OTC Over the Counter
ORGANIC NUTRITION SHAKE LIQUID	2	OTC Over the Counter
OSAPLEX MK-7 PACKET	2	OTC Over the Counter
OSMOLITE 1.2 CAL LIQUID	2	OTC Over the Counter
OSMOLITE 1.5 CAL LIQUID	2	OTC Over the Counter
OSMOLITE 1 CAL LIQUID	2	OTC Over the Counter
OSMOLITE HN LIQUID	2	OTC Over the Counter
OSMOLITE LIQUID	2	OTC Over the Counter
OXEPA 1.5 LIQUID	2	OTC Over the Counter
OXEPA LIQUID	2	OTC Over the Counter
PEDIASURE 1.0 CAL/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE 1.5 CAL/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE 1.5 CAL LIQUID	2	OTC Over the Counter
PEDIASURE ENTERAL 1.0CAL/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE ENTERAL 1.0 CAL LIQUID	2	OTC Over the Counter
PEDIASURE/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE GROW & GAIN/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE GROW & GAIN LIQUID	2	OTC Over the Counter
PEDIASURE GROW & GAIN ORGANIC LIQUID	2	OTC Over the Counter
PEDIASURE HARVEST 1.0 CAL LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE LIQUID	2	OTC Over the Counter
PEDIASURE NUTRIPALS LIQUID	2	OTC Over the Counter
PEDIASURE PEDIATRIC LIQUID	2	OTC Over the Counter
PEDIASURE PEPTIDE 1.0 CAL LIQUID	2	OTC Over the Counter
PEDIASURE PEPTIDE 1.5 CAL LIQUID	2	OTC Over the Counter
PEDIASURE REDUCED CALORIE LIQUID	2	OTC Over the Counter
PEDIASURE SHAKE/FIBER LIQUID	2	OTC Over the Counter
PEDIASURE SIDEKICKS CLEAR LIQUID	2	OTC Over the Counter
PEDIASURE SIDEKICKS LIQUID	2	OTC Over the Counter
PEDIASURE SIDEKICKS SHAKE LIQUID	2	OTC Over the Counter
PEDIATRIC DRINK LIQUID	2	OTC Over the Counter
PEPTAMEN 1.5 CAL LIQUID	2	OTC Over the Counter
PEPTAMEN 1.5 CAL/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN 1 CAL/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN AF LIQUID	2	OTC Over the Counter
PEPTAMEN INTENSE VHP LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1.5 CAL LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1.5 LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR FIBER LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR HP LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR PHGG 1.2 LIQUID	2	OTC Over the Counter
PEPTAMEN JUNIOR/PREBIO1 LIQUID	2	OTC Over the Counter
PEPTAMEN LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEPTAMEN/PREBIO1 LIQUID	2	OTC Over the Counter
PERATIVE 1.3 CAL LIQUID	2	OTC Over the Counter
PERATIVE LIQUID	2	OTC Over the Counter
PHENYLADE60 DRINK MIX PACKET	2	OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX PACKET	2	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER PACKET	2	OTC Over the Counter
PHENYLADE GMP MIX DHA/FIBER POWDER	2	OTC Over the Counter
PHENYLADE GMP MIX-IN PACKET	2	OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	2	OTC Over the Counter
PHENYLADE GMP PACKET	2	OTC Over the Counter
PHENYLADE GMP READY LIQUID	2	OTC Over the Counter
PHENYLADE GMP ULTRA PACKET	2	OTC Over the Counter
PHENYLADE RTD PKU 10 LIQUID	2	OTC Over the Counter
PHLEXY-10 PACKET	2	OTC Over the Counter
PIVOT 1.5 CAL LIQUID	2	OTC Over the Counter
PKU AIR20 GOLD LIQUID	2	OTC Over the Counter
PKU AIR20 GREEN LIQUID	2	OTC Over the Counter
PKU AIR20 YELLOW LIQUID	2	OTC Over the Counter
PKU COOLER 10 LIQUID	2	OTC Over the Counter
PKU COOLER 15 LIQUID	2	OTC Over the Counter
PKU COOLER 20 LIQUID	2	OTC Over the Counter
PKU EASY SHAKE & GO POWDER	2	OTC Over the Counter
PKU EXPLORE10 PACKET	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU EXPLORE5 PACKET	2	OTC Over the Counter
PKU GEL PACKET	2	OTC Over the Counter
PKU LOPHLEX LQ 20 LIQUID	2	OTC Over the Counter
PKU PERIFLEX EARLY YEARS POWDER	2	OTC Over the Counter
PKU SPHERE 15 PACKET	2	OTC Over the Counter
PKU SPHERE 20 LIQUID	2	OTC Over the Counter
PKU SPHERE 20 PACKET	2	OTC Over the Counter
PKU SPHERE NEXT 15 LIQUID	2	OTC Over the Counter
PKU START POWDER	2	OTC Over the Counter
PKU TRIO POWDER	2	OTC Over the Counter
PPA/MMA EXPRESS PACKET	2	OTC Over the Counter
PROMOD LIQUID	2	OTC Over the Counter
PROMOTE 1.0 LIQUID	2	OTC Over the Counter
PROMOTE 1.0 WITH FIBER LIQUID	2	OTC Over the Counter
PROMOTE/FIBER LIQUID	2	OTC Over the Counter
PROMOTE LIQUID	2	OTC Over the Counter
PROSOURCE LIQUID	2	OTC Over the Counter
PROSOURCE LIQUID	2	OTC Over the Counter
PROSOURCE PLUS LIQUID	2	OTC Over the Counter
PROSOURCE PLUS LIQUID	2	OTC Over the Counter
PROSOURCE TF LIQUID	2	OTC Over the Counter
PROSOURCE XTRACAL LIQUID	2	OTC Over the Counter
PROSOURCE ZAC LIQUID	2	OTC Over the Counter
PROSOURCE ZAC LIQUID	2	OTC Over the Counter
PROSURE LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTALITY LIQUID	2	OTC Over the Counter
PULMOCARE 1.5 LIQUID	2	OTC Over the Counter
PULMOCARE LIQUID	2	OTC Over the Counter
PUSH 20+ ADVANCED LIQUID	2	OTC Over the Counter
REAL FOOD BLENDS LIQUID	2	OTC Over the Counter
REAL FOOD BLENDS MINI LIQUID	2	OTC Over the Counter
REASON LIQUID	2	OTC Over the Counter
REGULAR NUTRITIONAL SHAKE LIQUID	2	OTC Over the Counter
RENALCAL LIQUID	2	OTC Over the Counter
RENASTART POWDER	2	OTC Over the Counter
RENASTEP LIQUID	2	OTC Over the Counter
RE/NEPH LIQUID	2	OTC Over the Counter
RE/NEPH LP/HC LIQUID	2	OTC Over the Counter
RE/NEPH REDUCED SUGAR LIQUID	2	OTC Over the Counter
REPLETE FIBER 1 CAL LIQUID	2	OTC Over the Counter
REPLETE FIBER LIQUID	2	OTC Over the Counter
REPLETE LIQUID	2	OTC Over the Counter
RESOURCE 2.0 LIQUID	2	OTC Over the Counter
RESURGEX PACKET	2	OTC Over the Counter
RESURGEX PLUS PACKET	2	OTC Over the Counter
RESURGEX SELECT PACKET	2	OTC Over the Counter
SB COMPLETE NUTRITION LIQUID	2	OTC Over the Counter
SB COMPLETE NUTRITION PLUS LIQUID	2	OTC Over the Counter
SERACAL PACKET	2	OTC Over the Counter
SERACAL POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SM NUTRI-DRINK LIQUID	2	OTC Over the Counter
SM NUTRI-DRINK + LIQUID	2	OTC Over the Counter
S.O.S. 25 PACKET	2	OTC Over the Counter
SUPLENA 1.8/CARBSTEADY LIQUID	2	OTC Over the Counter
SUPLENA/CARB STEADY LIQUID	2	OTC Over the Counter
SUPLENA LIQUID	2	OTC Over the Counter
THICK-IT THICKENED CRANBERRY LIQUID	2	OTC Over the Counter
TOLEREX PACKET	2	OTC Over the Counter
TWOCAL HN 2.0 LIQUID	2	OTC Over the Counter
TWOCAL HN LIQUID	2	OTC Over the Counter
TYR ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
TYR COOLER LIQUID	2	OTC Over the Counter
TYR GEL PACKET	2	OTC Over the Counter
TYR GOLIKE PLUS PACKET	2	OTC Over the Counter
TYR LOPHLEX GMP MIX-IN PACKET	2	OTC Over the Counter
TYR LOPHLEX LQ LIQUID	2	OTC Over the Counter
UCD TRIO POWDER	2	OTC Over the Counter
ULTRIENT 1.5 SAFE-T FEED LIQUID	2	OTC Over the Counter
UTYMAX PACKET	2	OTC Over the Counter
UTYMAX PACKET	2	OTC Over the Counter
VITAL 1.0 CAL LIQUID	2	OTC Over the Counter
VITAL 1.5 CAL LIQUID	2	OTC Over the Counter
VITAL AF 1.2 CAL ADV FORMULA LIQUID	2	OTC Over the Counter
VITAL AF 1.2 CAL LIQUID	2	OTC Over the Counter
VITAL HIGH PROTEIN LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAL HN PACKET	2	OTC Over the Counter
VITAL HP 1.0 CAL LIQUID	2	OTC Over the Counter
VITAL JR LIQUID	2	OTC Over the Counter
VITAL PEPTIDE 1.5 CAL LIQUID	2	OTC Over the Counter
VIVONEX PEDIATRIC PACKET	2	OTC Over the Counter
VIVONEX PEDIATRIC POWDER	2	OTC Over the Counter
VIVONEX PEDIATRIC RTF LIQUID	2	OTC Over the Counter
VIVONEX PLUS PACKET	2	OTC Over the Counter
VIVONEX RTF LIQUID	2	OTC Over the Counter
VIVONEX T.E.N. PACKET	2	OTC Over the Counter
XTRACAL PLUS LIQUID	2	OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug
<i>klor-con 10 10 meq tab er</i>	1	
KLOR-CON 10 10 MEQ TAB ER	1	
<i>klor-con 20 meq packet</i>	1	
KLOR-CON 8 MEQ TAB ER	1	
<i>potassium chloride 10 % solution</i>	1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	1	
<i>potassium chloride 20 meq packet</i>	1	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	1	
<i>potassium chloride er 10 meq cap er</i>	1	
<i>potassium chloride er 10 meq tab er</i>	1	
<i>potassium chloride er 20 meq tab er</i>	1	
<i>potassium chloride er 8 meq cap er</i>	1	
<i>potassium chloride er 8 meq tab er</i>	1	
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	3	
<i>klor-con m20 20 meq tab er</i>	1	
<i>potassium chloride crys er 10 meq tab er</i>	1	
<i>potassium chloride crys er 15 meq tab er</i>	3	
<i>potassium chloride crys er 20 meq tab er</i>	1	
<i>potassium citrate er 10 meq (1080 mg) tab er</i>	1	
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	1	
<i>potassium citrate er 5 meq (540 mg) tab er</i>	1	
<i>maxpro-18g liquid</i>	2	OTC Over the Counter
<i>prosource no carb liquid</i>	2	OTC Over the Counter
<i>prosource no carb liquid</i>	2	OTC Over the Counter
SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB	1	ACA Affordable Care Act
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox 125 mg tab sol</i>	3	SP Specialty
<i>deferasirox 250 mg tab sol</i>	3	SP Specialty
<i>deferasirox 500 mg tab sol</i>	3	SP Specialty
<i>deferiprone 1000 mg tab</i>	3	PA SP Specialty
<i>deferiprone 500 mg tab</i>	3	PA SP Specialty
FERRIPROX 100 MG/ML SOLUTION	3	PA SP Specialty
FERRIPROX TWICE-A-DAY 1000 MG TAB	3	PA SP Specialty
JYNARQUE 15 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JYNARQUE 15 MG TAB THPK	3	PA SP Specialty
JYNARQUE 30 & 15 MG TAB THPK	3	PA SP Specialty
JYNARQUE 30 MG TAB	3	PA SP Specialty
JYNARQUE 45 & 15 MG TAB THPK	3	PA SP Specialty
JYNARQUE 60 & 30 MG TAB THPK	3	PA SP Specialty
JYNARQUE 90 & 30 MG TAB THPK	3	PA SP Specialty
<i>tolvaptan 15 mg tab</i>	3	PA SP Specialty
<i>tolvaptan 15 mg tab thpk</i>	3	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 30 & 15 mg tab thpk</i>	3	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 30 mg tab</i>	3	PA SP Specialty
<i>tolvaptan 45 & 15 mg tab thpk</i>	3	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 60 & 30 mg tab thpk</i>	3	QL 60 EA / 30 days PA SP Specialty
<i>tolvaptan 90 & 30 mg tab thpk</i>	3	QL 60 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trientine hcl 250 mg cap</i>	3	PA SP Specialty
TRIENTINE HCL 500 MG CAP	3	PA SP Specialty
PHOSPHATE BINDERS		
<i>calcium acetate 667 mg tab</i>	2	
<i>calcium acetate (phos binder) 667 mg cap</i>	1	
<i>calcium acetate (phos binder) 667 mg tab</i>	2	
FOSRENOL 1000 MG PACKET	3	
<i>lanthanum carbonate 1000 mg chew tab</i>	2	
<i>lanthanum carbonate 500 mg chew tab</i>	2	
<i>lanthanum carbonate 750 mg chew tab</i>	2	
<i>sevelamer carbonate 0.8 gm packet</i>	2	
<i>sevelamer carbonate 2.4 gm packet</i>	2	
<i>sevelamer carbonate 800 mg tab</i>	1	
<i>sevelamer hcl 800 mg tab</i>	2	
POTASSIUM BINDERS		
VELTASSA 16.8 GM PACKET	2	
VELTASSA 25.2 GM PACKET	2	
VELTASSA 8.4 GM PACKET	2	
<i>kionex 15 gm/60ml suspension</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
LOKELMA 10 GM PACKET	2	
LOKELMA 5 GM PACKET	2	
VITAMINS		
<i>nac 600 600 mg cap</i>	1	OTC Over the Counter
<i>nac 600 mg cap</i>	1	OTC Over the Counter
n-acetyl cysteine 600 mg cap	1	OTC Over the Counter
<i>nf formulas nac 600 mg cap</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>add-ins complete packet</i>	2	OTC Over the Counter
<i>amino action 1200-100 mg tab</i>	1	OTC Over the Counter
<i>daily amino acid tab</i>	1	OTC Over the Counter
<i>phenylade phebloc tab</i>	1	OTC Over the Counter
<i>phlexy-10 tab</i>	1	OTC Over the Counter
<i>pre protein tab</i>	1	OTC Over the Counter
<i>proteinex tab</i>	1	OTC Over the Counter
<i>super amino acids tab</i>	1	OTC Over the Counter
<i>triamino tab</i>	1	OTC Over the Counter
FOLBEE PLUS CZ 5 MG TAB	1	
ACTIVITE 1 MG TAB	1	
DEXIFOL 5 MG TAB	1	
DIALYVITE TAB	1	
FOLBEE PLUS TAB	1	OTC Over the Counter
<i>genicin vita-s 1 mg tab</i>	1	
MI-VITE RX 1 MG TAB	1	OTC Over the Counter
MYNEPHRON 1 MG CAP	1	
<i>nephronex tab</i>	1	
RENAL 1 MG CAP	1	
RENO CAPS 1 MG CAP	1	OTC Over the Counter
TM-VITE RX 1 MG TAB	1	
TRIPHROCAPS 1 MG CAP	1	
TRONVITE 1 MG TAB	1	
<i>virt-caps 1 mg cap</i>	1	
VITASURE 1 MG TAB	1	
WESCAPS 1 MG CAP	1	
DIALYVITE/ZINC TAB	3	
NEPHPLEX RX TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>icar 15 mg/1.25ml suspension</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>wee care 15 mg/1.25ml suspension</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
<i>dodex 1000 mcg/ml solution</i>	1	
MULTIGEN 70 MG TAB	3	
MULTIGEN FOLIC 70-150-2-1 MG TAB	3	
FERRALET 90 90-1 MG TAB	3	
TRIGELS-F FORTE 460-60-0.01-1 MG CAP	1	
FOLIVANE-PLUS CAP	3	
<i>ferocon cap</i>	1	
FEROTRINSIC CAP	1	
FOLTRIN CAP	1	
TRICON CAP	1	
<i>bprotected pedia iron 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs slow release iron 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>fer-in-sol 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 220 (44 fe) mg/5ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 300 (60 fe) mg/5ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ferrous sulfate er 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fe-vite iron 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft iron slow release 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp iron 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron high-potency 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron slow release 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron supplement 220 (44 fe) mg/5ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron supplement childrens 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>pc pediatric iron drops 15 mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>slow fe 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm slow release iron 45 mg tab er</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs folic acid 800 mcg tab</i>	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>folate 400 mcg tab</i>	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>folic acid 1 mg tab</i>	1	RX4L Rx4Less Program
<i>folic acid 400 mcg tab</i>	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ft folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ft folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>gnp folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>kp folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>qc folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>ra folic acid 800 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>sm folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
<i>true folic acid 400 mcg tab</i>	1	<ul style="list-style-type: none"> QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>yl folic acid 400 mcg tab</i>	1	<p>QL 100 EA / 30 day(s)</p> <p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p>
<i>folbic 2.5-25-2 mg tab</i>	1	OTC Over the Counter
<i>westab max 2.5-25-2 mg tab</i>	1	OTC Over the Counter
AIRAVITE 2.5-25-1 MG TAB	1	
<i>fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab</i>	1	
<i>folbee 2.5-25-1 mg tab</i>	1	OTC Over the Counter
FOLPLEX 2.2 2.2-25-0.5 MG TAB	1	
NUFOL 2.5-25-1 MG TAB	1	
<i>westab one 2.5-25-1 mg tab</i>	1	OTC Over the Counter
ADVANTAGE INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
ALFAMINO INFANT POWDER	2	OTC Over the Counter
ALIMENTUM POWDER	2	OTC Over the Counter
ALSOY SOY FORMULA CONC	2	OTC Over the Counter
ALSOY SOY FORMULA POWDER	2	OTC Over the Counter
BABYS ONLY ORGANIC/DAIRY POWDER	2	OTC Over the Counter
BABYS ONLY ORGANIC/DHA & ARA POWDER	2	OTC Over the Counter
BABYS ONLY ORGANIC/SOY POWDER	2	OTC Over the Counter
BABYS ONLY ORGNIC/GENT DHA-ARA POWDER	2	OTC Over the Counter
BABYS ONLY ORGNIC/GENTLE DAIRY POWDER	2	OTC Over the Counter
BABYS ONLY ORGNIC/SENS DHA-ARA POWDER	2	OTC Over the Counter
CALCILO XD POWDER	2	OTC Over the Counter
CVS ADVANTAGE/IRON POWDER	2	OTC Over the Counter
CVS GENTLE INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
CVS INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
CVS SENSITIVITY/IRON POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS TENDER/IRON POWDER	2	OTC Over the Counter
CVS TODDLER BEGINNINGS-IRON POWDER	2	OTC Over the Counter
CVS TODDLER & INFANT/IRON POWDER	2	OTC Over the Counter
DR BROWN GOOD START GENTLE PRO POWDER	2	OTC Over the Counter
DR BROWN GOOD START SOOTHE PRO POWDER	2	OTC Over the Counter
DR BROWN GOOD ST SOY-EASE PRO POWDER	2	OTC Over the Counter
ELECARE DHA/ARA/IRON INFANT POWDER	2	OTC Over the Counter
ENFAGROW PREMIUM LIPIL POWDER	2	OTC Over the Counter
ENFAGROW PREMIUM OLDER TODDLER POWDER	2	OTC Over the Counter
ENFAGROW PREMIUM TODDLER GENTL POWDER	2	OTC Over the Counter
ENFAGROW PREMIUM TODDLER POWDER	2	OTC Over the Counter
ENFAMIL A.R. INFANT POWDER	2	OTC Over the Counter
ENFAMIL AR SPIT-UP POWDER	2	OTC Over the Counter
ENFAMIL ENSPIRE GENTLEASE POWDER	2	OTC Over the Counter
ENFAMIL ENSPIRE/IRON POWDER	2	OTC Over the Counter
ENFAMIL ENSPIRE OPTIMUM POWDER	2	OTC Over the Counter
ENFAMIL GENTLEASE POWDER	2	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER CONC	2	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER PACKET	2	OTC Over the Counter
ENFAMIL INFANT POWDER	2	OTC Over the Counter
ENFAMIL MILK-BASED W/IRON POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE PACKET	2	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO INFANT PACKET	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL NEUROPRO INFANT POWDER	2	OTC Over the Counter
ENFAMIL NEUROPRO SENSITIVE POWDER	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN LIPIL CONC	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN PROBIOT LGG POWDER	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN TOD/ENF LGG POWDER	2	OTC Over the Counter
ENFAMIL PREMIUM INFANT POWDER	2	OTC Over the Counter
ENFAMIL PREMIUM LIPIL CONC	2	OTC Over the Counter
ENFAMIL PREMIUM NEWBORN POWDER	2	OTC Over the Counter
ENFAMIL PROSOBEE LIPIL CONC	2	OTC Over the Counter
ENFAMIL PROSOBEE SOY POWDER	2	OTC Over the Counter
ENFAMIL REGULINE-IRON POWDER	2	OTC Over the Counter
GERBER EXTENSIVE HA POWDER	2	OTC Over the Counter
GERBER GOOD START A2-IRON POWDER	2	OTC Over the Counter
GERBER GOOD START A2-TODDLER POWDER	2	OTC Over the Counter
GERBER GOOD START GENTLE 2 POWDER	2	OTC Over the Counter
GERBER GOOD START GENTLE CONC	2	OTC Over the Counter
GERBER GOOD START GENTLE POWDER	2	OTC Over the Counter
GERBER GOOD START GENTLEPRO 2 POWDER	2	OTC Over the Counter
GERBER GOOD START GENTLEPRO/FE CONC	2	OTC Over the Counter
GERBER GOOD START GENTLEPRO/FE POWDER	2	OTC Over the Counter
GERBER GOOD START GENTLEPRO POWDER	2	OTC Over the Counter
GERBER GOOD START GROW 3 POWDER	2	OTC Over the Counter
GERBER GOOD START NOURISH POWDER	2	OTC Over the Counter
GERBER GOOD START PREMATURE POWDER	2	OTC Over the Counter
GERBER GOOD START PROTECT/IRON POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER GOOD START SOOTHE 1 POWDER	2	OTC Over the Counter
GERBER GOOD START SOOTHE 2 POWDER	2	OTC Over the Counter
GERBER GOOD START SOOTHE POWDER	2	OTC Over the Counter
GERBER GOOD START SOOTHEPRO/FE POWDER	2	OTC Over the Counter
GERBER GOOD START SOOTHEPRO POWDER	2	OTC Over the Counter
GERBER GOOD START SOY/IRON CONC	2	OTC Over the Counter
GERBER GOOD START SOY/IRON POWDER	2	OTC Over the Counter
GERBER GOOD START SOY POWDER	2	OTC Over the Counter
GERBER GOOD START SOY POWDER	2	OTC Over the Counter
GERBER GOOD START SUPREME/IRON CONC	2	OTC Over the Counter
GERBER GOOD START SUPREME/IRON POWDER	2	OTC Over the Counter
GERBER GRADUATES GENTLE/IRON POWDER	2	OTC Over the Counter
GERBER GRADUATES PROTECT/IRON POWDER	2	OTC Over the Counter
GERBER GRADUATES SOOTHE POWDER	2	OTC Over the Counter
GERBER GRADUATES SOY/IRON POWDER	2	OTC Over the Counter
GERBER NATURA STAGE 1 POWDER	2	OTC Over the Counter
GERBER NATURA STAGE 2 POWDER	2	OTC Over the Counter
GERBER NATURA STAGE 3 POWDER	2	OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON CONC	2	OTC Over the Counter
GOOD START 2 ESSENTIALS SOY/FE POWDER	2	OTC Over the Counter
GOOD START 2 SUPREME/IRON CONC	2	OTC Over the Counter
GOOD START 2 SUPREME/IRON POWDER	2	OTC Over the Counter
GOOD START ESSENTIALS/IRON POWDER	2	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON CONC	2	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOOD START/FE CONC	2	OTC Over the Counter
GOOD START/FE POWDER	2	OTC Over the Counter
GOOD START GENTLE PLUS CONC	2	OTC Over the Counter
GOOD START GENTLE PLUS POWDER	2	OTC Over the Counter
GOOD START NATURAL CULTURES POWDER	2	OTC Over the Counter
GOOD START POWDER	2	OTC Over the Counter
GOOD START SOY PLUS 2 POWDER	2	OTC Over the Counter
GOOD START SUPREME/IRON CONC	2	OTC Over the Counter
GOOD START SUPREME/IRON POWDER	2	OTC Over the Counter
ISOMIL 2 POWDER	2	OTC Over the Counter
ISOMIL/IRON CONC	2	OTC Over the Counter
ISOMIL/IRON POWDER	2	OTC Over the Counter
ISOMIL SF/IRON CONC	2	OTC Over the Counter
ISOMIL SOY/IRON POWDER	2	OTC Over the Counter
MSUD ANALOG POWDER	2	OTC Over the Counter
NEOCATE SYNEO INFANT POWDER	2	OTC Over the Counter
NESTLE NAN PRO 1-IRON POWDER	2	OTC Over the Counter
NESTLE NAN PRO-TODDLER POWDER	2	OTC Over the Counter
PEPTICATE POWDER	2	OTC Over the Counter
PERIFLEX INFANT POWDER	2	OTC Over the Counter
PHENYL-FREE 1 POWDER	2	OTC Over the Counter
PREGESTIMIL POWDER	2	OTC Over the Counter
PREMIUM INFANT FORMULA/IRON POWDER	2	OTC Over the Counter
PURAMINO DHA/ARA POWDER	2	OTC Over the Counter
PURAMINO JR POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURE BLISS ORG/A2 MILK/IRON POWDER	2	OTC Over the Counter
PURE BLISS ORGANIC/IRON POWDER	2	OTC Over the Counter
RCF CONC	2	OTC Over the Counter
RCF LOW-IRON CONC	2	OTC Over the Counter
SIMILAC 2 ADVANCE POWDER	2	OTC Over the Counter
SIMILAC 2-IRON POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE POWDER	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE SENS POWDER	2	OTC Over the Counter
SIMILAC ADVANCE COMPLETE POWDER	2	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD CONC	2	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD POWDER	2	OTC Over the Counter
SIMILAC ADVANCE/IRON PACKET	2	OTC Over the Counter
SIMILAC ADVANCE-IRON POWDER	2	OTC Over the Counter
SIMILAC ADVANCE LAMEHADRIN POWDER	2	OTC Over the Counter
SIMILAC ADVANCE NON-GMO POWDER	2	OTC Over the Counter
SIMILAC ADVANCE OPTIGRO/IRON POWDER	2	OTC Over the Counter
SIMILAC ADVANCE ORGANIC POWDER	2	OTC Over the Counter
SIMILAC ALIMENTUM-IRON POWDER	2	OTC Over the Counter
SIMILAC ALIMENTUM TODDLER POWDER	2	OTC Over the Counter
SIMILAC FOR SPIT-UP/OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC FOR SPIT-UP POWDER	2	OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION POWDER	2	OTC Over the Counter
SIMILAC GO & GROW EARLY SHIELD POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC GO & GROW HMO POWDER	2	OTC Over the Counter
SIMILAC GO & GROW NON-GMO POWDER	2	OTC Over the Counter
SIMILAC GO & GROW OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC GO & GROW TODDLER PACKET	2	OTC Over the Counter
SIMILAC GO & GROW TODDLER POWDER	2	OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER CONC	2	OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER POWDER	2	OTC Over the Counter
SIMILAC/IRON CONC	2	OTC Over the Counter
SIMILAC/IRON PACKET	2	OTC Over the Counter
SIMILAC/IRON POWDER	2	OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE POWDER	2	OTC Over the Counter
SIMILAC LACTOSE FREE POWDER	2	OTC Over the Counter
SIMILAC LOW-IRON CONC	2	OTC Over the Counter
SIMILAC LOW-IRON POWDER	2	OTC Over the Counter
SIMILAC NEOSURE OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC NEOSURE POWDER	2	OTC Over the Counter
SIMILAC ORGANIC/A2 MILK/IRON POWDER	2	OTC Over the Counter
SIMILAC ORGANIC/IRON POWDER	2	OTC Over the Counter
SIMILAC PM POWDER	2	OTC Over the Counter
SIMILAC POWDER	2	OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON POWDER	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE/IRON POWDER	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO POWDER	2	OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC PURE BLISS/IRON POWDER	2	OTC Over the Counter
SIMILAC PURE BLISS POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE CONC	2	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD CONC	2	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE FUSSINESS POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE NON-GMO POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO/IRON POWDER	2	OTC Over the Counter
SIMILAC SENSITIVE POWDER	2	OTC Over the Counter
SIMILAC SOY ISOMIL CONC	2	OTC Over the Counter
SIMILAC SOY ISOMIL PACKET	2	OTC Over the Counter
SIMILAC SOY ISOMIL POWDER	2	OTC Over the Counter
SIMILAC SPIT-UP OPTIGRO/IRON POWDER	2	OTC Over the Counter
SIMILAC TOTAL CMFRT OPTIGRO/FE POWDER	2	OTC Over the Counter
SIMILAC TOTAL COMFORT POWDER	2	OTC Over the Counter
SOD ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
UCD ANAMIX INFANT POWDER	2	OTC Over the Counter
XLEU ANALOG POWDER	2	OTC Over the Counter
XLYS XTRP ANALOG POWDER	2	OTC Over the Counter
XMET ANALOG POWDER	2	OTC Over the Counter
XMTVI ANALOG POWDER	2	OTC Over the Counter
XPHE-XTYR ANALOG POWDER	2	OTC Over the Counter
XPTM ANALOG POWDER	2	OTC Over the Counter
CORVITA 150 150-1.25 MG TAB	3	
<i>iferex 150 forte 150-25-1 mg-mcg-mg cap</i>	1	
POLY-IRON 150 FORTE 150-25-1 MG-MCG-MG CAP	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POLYSACCHARIDE IRON FORTE 150-25-1 MG-MCG-MG CAP	1	
ICAR-C PLUS 100-250-0.025-1 MG TAB	2	
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine 330 mg tab</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
AFLORA TAB	3	
ANTIOXIDANT A/C/E/SELENIUM TAB	1	OTC Over the Counter
ANTIOXIDANT VITAMINS TAB	1	OTC Over the Counter
A THRU Z ADVANCED ADULT TAB	1	OTC Over the Counter
A THRU Z ADVANCED TAB	1	OTC Over the Counter
A THRU Z HIGH POTENCY TAB	1	OTC Over the Counter
A THRU Z SELECT 50+ ADVANCED TAB	1	OTC Over the Counter
A THRU Z SELECT 50+ MENS TAB	1	OTC Over the Counter
A THRU Z SELECT ADVANCED TAB	1	OTC Over the Counter
A THRU Z SELECT TAB	1	OTC Over the Counter
A THRU Z SELECT ULTIMATE WOMEN TAB	1	OTC Over the Counter
A THRU Z ULTIMATE MENS TAB	1	OTC Over the Counter
BACMIN TAB	3	
BIOCEL TAB	1	
B-PLEX PLUS TAB	1	
CENTAVITE A-Z COMPLETE-MINERAL TAB	1	OTC Over the Counter
CENTRAVITES 50 PLUS TAB	1	OTC Over the Counter
CENTRAVITES TAB	1	OTC Over the Counter
CENTURY MATURE TAB	1	OTC Over the Counter
CENTURY TAB	1	OTC Over the Counter
CEROVITE SENIOR TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CERTAVITE/ANTIOXIDANTS TAB	1	OTC Over the Counter
COMPANION TAB	1	OTC Over the Counter
COMPETE TAB	1	OTC Over the Counter
COREVIA TAB	3	
CORVITA TAB	3	
CVS DAILY MULTIPLE FOR MEN TAB	1	OTC Over the Counter
CVS DAILY MULTIPLE WOMEN 50+ TAB	1	OTC Over the Counter
CVS EYE HEALTH & LUTEIN TAB	1	OTC Over the Counter
CVS ONE DAILY ESSENTIAL TAB	1	OTC Over the Counter
CVS ONE DAILY MENS FORMULA TAB	1	OTC Over the Counter
CVS ONE DAILY WOMENS FORMULA TAB	1	OTC Over the Counter
CVS SPECTRAVITE ADVANCED TAB	1	OTC Over the Counter
CVS SPECTRAVITE MEN 50+ TAB	1	OTC Over the Counter
CVS SPECTRAVITE MEN TAB	1	OTC Over the Counter
CVS SPECTRAVITE SENIOR TAB	1	OTC Over the Counter
CVS SPECTRAVITE ULTRA MENS TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMEN 50+ TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMENS SENIOR TAB	1	OTC Over the Counter
CVS SPECTRAVITE WOMEN TAB	1	OTC Over the Counter
CVS WOMENS ACTIVE DAILY TAB	1	OTC Over the Counter
DAILY BETIC TAB	1	OTC Over the Counter
DAILY COMBO MULTI VITAMINS TAB	1	OTC Over the Counter
DAILY MULTIPLE VITAMINS/MIN TAB	1	OTC Over the Counter
DAYAVITE TAB	3	
DEPLIN MA CAP	3	
DEPLINPRO MOOD HEALTH CAP	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMACINRX MULTITAM TAB	3	
DERMACINRX RIBOTIN-E TAB	3	
DERMACINRX ZINTREXYL-C TAB	3	
DIABETES HEALTH FORMULA TAB	1	OTC Over the Counter
DIALYVITE 800/ULTRA D TAB	1	OTC Over the Counter
DIALYVITE SUPREME D TAB	3	
DIATROL TAB	3	
EQ COMPLETE MULTIVIT ADULT 50+ TAB	1	OTC Over the Counter
EQL CENTURY MATURE MEN 50+ TAB	1	OTC Over the Counter
EQL CENTURY MATURE TAB	1	OTC Over the Counter
EQL CENTURY MATURE WOMEN 50+ TAB	1	OTC Over the Counter
EQL CENTURY TAB	1	OTC Over the Counter
EQL ONE DAILY MENS 50+ ADVANCE TAB	1	OTC Over the Counter
EQL ONE DAILY MENS HEALTH TAB	1	OTC Over the Counter
EQL ONE DAILY WOMENS 50+ ADV TAB	1	OTC Over the Counter
EQL VISION FORMULA TAB	1	OTC Over the Counter
EQ ONE DAILY WOMENS HEALTH TAB	1	OTC Over the Counter
ESSENTIAL BALANCE TAB	1	OTC Over the Counter
ESSENTIA TAB	1	OTC Over the Counter
EYE-VITES TAB	1	OTC Over the Counter
FLORRAVITE TAB	3	
FLORRAXYL TAB	3	
FOLAGENT DHA CAP	3	
FOLAMAX TAB	3	
FOLAMED DHA CAP	3	
FOLAPRIME TAB	3	
FOLASYNC DHA CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FOLATEN TAB	3	
FOLIFLEX TAB	3	
FOLITIN-Z TAB	3	
FOLIXIA TAB	3	
GERIVITE COMPLETE TAB	1	OTC Over the Counter
GNP CENTURY MATURE WOMEN'S 50+ TAB	1	OTC Over the Counter
GNP HAIR/SKIN/NAILS TAB	1	OTC Over the Counter
GNP HEALTHY EYES TAB	1	OTC Over the Counter
GNP MEGA MULTI FOR MEN TAB	1	OTC Over the Counter
GNP MEGA MULTI FOR WOMEN TAB	1	OTC Over the Counter
GNP ONE DAILY MENS HEALTH 50+ TAB	1	OTC Over the Counter
GNP ONE DAILY MENS/LYCOPENE TAB	1	OTC Over the Counter
GNP ONE DAILY WOMENS 50+ TAB	1	OTC Over the Counter
GNP ONE DAILY WOMENS TAB	1	OTC Over the Counter
GNP THERAPEUTIC-M TAB	1	OTC Over the Counter
HAIR SKIN AND NAILS FORMULA TAB	1	OTC Over the Counter
HAIR/SKIN/NAILS TAB	1	OTC Over the Counter
HEALTHY EYES TAB	1	OTC Over the Counter
HI-KOVITE 2-PART FORMULA TAB	1	OTC Over the Counter
<i>hm complete women tab</i>	1	OTC Over the Counter
<i>hm womens 50+ advanced daily tab</i>	1	OTC Over the Counter
HYLAZINC TAB	3	
ICAPS MV TAB	1	OTC Over the Counter
I-VITE TAB	1	OTC Over the Counter
KEYFOLIC TAB	3	
KEYLOSA TAB	3	
KP ADULTS 50+ DAILY FORMULA TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KP ADULTS DAILY FORMULA TAB	1	OTC Over the Counter
KP MENS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP MENS DAILY FORMULA TAB	1	OTC Over the Counter
KP VISION FORMULA/LUTEIN TAB	1	OTC Over the Counter
KP VISION FORMULA TAB	1	OTC Over the Counter
KP WOMENS 50+ DAILY FORMULA TAB	1	OTC Over the Counter
KP WOMENS DAILY FORMULA TAB	1	OTC Over the Counter
LIVITA ADULTS LIQUID	3	
LYSIPLEX PLUS TAB	1	
MACUVITE EYE CARE TAB	1	OTC Over the Counter
<i>macuvite/lutein tab</i>	1	OTC Over the Counter
MACUVITE TAB	1	OTC Over the Counter
MAXIMUM DAILY GREEN TAB	1	OTC Over the Counter
MEIJER ADVANCED FORMULA TAB	1	OTC Over the Counter
MENATROL CAP	3	
MENS LIFE PACK TAB	1	OTC Over the Counter
MULTI COMPLETE/IRON TAB	1	OTC Over the Counter
MULTI FOR HER 50+ TAB	1	OTC Over the Counter
MULTI FOR HER TAB	1	OTC Over the Counter
MULTI FOR HIM 50+ TAB	1	OTC Over the Counter
MULTI FOR HIM TAB	1	OTC Over the Counter
MULTIPLE VITAMINS/WOMENS TAB	1	OTC Over the Counter
MULTIPLE VIT/MINERALS/NO IRON TAB	1	OTC Over the Counter
MULTIPRO CAP	1	
MULTITOL-M TAB	3	
MULTIVITAMIN ADULTS 50+ TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN ADULTS TAB	1	OTC Over the Counter
MULTIVITAMIN MEN 50+ TAB	1	OTC Over the Counter
MULTI VITAMIN/MINERALS TAB	1	OTC Over the Counter
MULTI-VITAMIN/MINERALS TAB	1	OTC Over the Counter
MULTIVITAMIN WOMEN 50+ TAB	1	OTC Over the Counter
MULTIVITAMIN WOMENS 50+ ADV TAB	1	OTC Over the Counter
MULTIVITAMIN WOMEN TAB	1	OTC Over the Counter
MYAMULTI TAB	1	OTC Over the Counter
NEOVITE TAB	3	
NICADAN TAB	3	
NICAZEL FORTE TAB	3	
NICAZEL TAB	3	
NUTRALYN TAB	3	
NUTRICAP TAB	3	
NUTRIFAC ZX TAB	1	
OCUTABS-LUTEIN TAB	1	OTC Over the Counter
OCUTABS TAB	1	OTC Over the Counter
OCUVEL CAP	3	
OCUVITE EXTRA TAB	1	OTC Over the Counter
OCUVITE EYE + MULTI TAB	1	OTC Over the Counter
OCUVITE-LUTEIN TAB	1	OTC Over the Counter
<i>one-a-day teen advantage/her tab</i>	1	OTC Over the Counter
ONE DAILY 50 PLUS TAB	1	OTC Over the Counter
ONE DAILY CALCIUM/IRON TAB	1	OTC Over the Counter
ONE DAILY COMPLETE FOR MEN TAB	1	OTC Over the Counter
ONE DAILY COMPLETE TAB	1	OTC Over the Counter
ONE DAILY FOR MEN 50+ ADVANCED TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONE DAILY FOR MEN/LYCOPENE TAB	1	OTC Over the Counter
ONE DAILY FOR WOMEN 50+ ADV TAB	1	OTC Over the Counter
ONE DAILY FOR WOMEN TAB	1	OTC Over the Counter
ONE DAILY HEALTHY WEIGHT ADV TAB	1	OTC Over the Counter
ONE DAILY HEALTHY WEIGHT TAB	1	OTC Over the Counter
ONE DAILY MAXIMUM TAB	1	OTC Over the Counter
ONE DAILY MENS 50+/LYCOPENE TAB	1	OTC Over the Counter
ONE DAILY MENS 50+ MULTIVIT TAB	1	OTC Over the Counter
ONE DAILY MENS HEALTH TAB	1	OTC Over the Counter
ONE DAILY MENS TAB	1	OTC Over the Counter
ONE DAILY/MINERALS TAB	1	OTC Over the Counter
ONE DAILY MULTIVITAMIN MEN TAB	1	OTC Over the Counter
ONE DAILY MULTIVITAMIN WOMEN TAB	1	OTC Over the Counter
ONE DAILY MULTIVIT/IRON-FREE TAB	1	OTC Over the Counter
ONE-DAILY MULTI-VIT/MINERAL TAB	1	OTC Over the Counter
ONE DAILY WOMENS 50 PLUS TAB	1	OTC Over the Counter
ONE DAILY WOMENS 50+ TAB	1	OTC Over the Counter
ONE DAILY WOMENS TAB	1	OTC Over the Counter
ONEVITE TAB	3	
OPTIC-VITES TAB	1	OTC Over the Counter
OPTIC-VITES WITH LUTEIN TAB	1	OTC Over the Counter
OPTIMUM PMS TAB	1	OTC Over the Counter
OSTEOPRIME ULTRA TAB	1	OTC Over the Counter
PREV-RX TAB	3	
PROFOLA TAB	3	
PROSIGHT TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QC DAILY MULTIVIT/MULTIMINERAL TAB	1	OTC Over the Counter
QC HAIR SKIN & NAILS TAB	1	OTC Over the Counter
QC MENS DAILY MULTIVITAMIN TAB	1	OTC Over the Counter
QC MULTI-VITE 50 & OVER TAB	1	OTC Over the Counter
QC MULTI-VITE TAB	1	OTC Over the Counter
QC THERIN-M TAB	1	OTC Over the Counter
QC WOMENS DAILY MULTIVITAMIN TAB	1	OTC Over the Counter
QUINTABS-M TAB	1	OTC Over the Counter
<i>ra central-vite mens mature tab</i>	1	OTC Over the Counter
<i>ra central-vite womens mature tab</i>	1	OTC Over the Counter
<i>ra one daily maximum tab</i>	1	OTC Over the Counter
<i>ra one daily mens 50+ w/vit d3 tab</i>	1	OTC Over the Counter
<i>ra one daily mens multi tab</i>	1	OTC Over the Counter
<i>ra one daily mens/vit d-3 tab</i>	1	OTC Over the Counter
REMEDIENT CAP	3	
RENAPLEX TAB	1	OTC Over the Counter
SENIOR TABS TAB	1	OTC Over the Counter
SENTRY SENIOR TAB	1	OTC Over the Counter
SENTRY TAB	1	OTC Over the Counter
SIDEROL TAB	3	
<i>sm antioxidant vitamins tab</i>	1	OTC Over the Counter
<i>sm complete 50+ tab</i>	1	OTC Over the Counter
<i>sm complete 50+ ultimate mens tab</i>	1	OTC Over the Counter
<i>sm complete 50+ ultimate women tab</i>	1	OTC Over the Counter
<i>sm complete advanced formula tab</i>	1	OTC Over the Counter
<i>sm complete senior formula tab</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm complete tab</i>	1	OTC Over the Counter
<i>sm daily diet support tab</i>	1	OTC Over the Counter
<i>sm hair/skin/nails tab</i>	1	OTC Over the Counter
<i>sm opti-vitamins tab</i>	1	OTC Over the Counter
STRESS B COMPLEX/ANTIOXID/ZINC TAB	1	OTC Over the Counter
STRESSTABS ADVANCED TAB	1	OTC Over the Counter
STROVITE ONE TAB	3	
SUPER AYTINAL 50 PLUS TAB	1	OTC Over the Counter
SUPER AYTINAL TAB	1	OTC Over the Counter
<i>super multiple tab</i>	1	OTC Over the Counter
SUPER THERA VITE M TAB	1	OTC Over the Counter
SUPER VITA-MINS TAB	1	OTC Over the Counter
SUPPORT LIQUID	3	
THERABASIC-M TAB	1	OTC Over the Counter
<i>theradex m/beta carotene tab</i>	1	OTC Over the Counter
<i>theradex m tab</i>	1	OTC Over the Counter
THERAPEUTIC FORMULA/HEMATINICS TAB	1	OTC Over the Counter
THERAPEUTIC-M TAB	1	OTC Over the Counter
<i>theratrum complete 50 plus tab</i>	1	OTC Over the Counter
THERATRUM COMPLETE 50 PLUS TAB	1	OTC Over the Counter
<i>theratrum complete tab</i>	1	OTC Over the Counter
THERATRUM COMPLETE TAB	1	OTC Over the Counter
THERA VITAL-M TAB	1	OTC Over the Counter
THERA VITAL M TAB	1	OTC Over the Counter
THRIVE FOR LIFE WOMENS TAB	1	OTC Over the Counter
UDAMIN SP TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ULTRACHOICE ADVANCED FORMULA TAB	1	OTC Over the Counter
ULTRACHOICE ADV FORMULA MATURE TAB	1	OTC Over the Counter
ULTRA FREEDA/IRON TAB	1	OTC Over the Counter
ULTRA FREEDA TAB	1	OTC Over the Counter
V-C FORTE CAP	1	
VENEXA FE TAB	3	
VENEXA TAB	3	
VENTRIXYL FE TAB	3	
VENTRIXYL TAB	3	
VIC-FORTE CAP	1	
VISION FORMULA/LUTEIN TAB	1	OTC Over the Counter
VISION VITAMINS TAB	1	OTC Over the Counter
VITABASIC COMPLETE TAB	1	OTC Over the Counter
VITABASIC SENIOR TAB	1	OTC Over the Counter
VITACEL TAB	1	
VITA HAIR TAB	1	OTC Over the Counter
VITAMINS A-D-E/SELENIUM TAB	1	OTC Over the Counter
VITAROCA PLUS TAB	3	
VITA S FORTE TAB	1	
<i>vitatum complete tab</i>	1	OTC Over the Counter
VITRAMYN TAB	3	
VITRANOL FE TAB	3	
VITRANOL TAB	3	
VITREXATE FE TAB	3	
VITREXATE TAB	3	
VITREXYL + IRON TAB	3	
VITREXYL TAB	3	
<i>vitrum senior tab</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WELLFOLA TAB	3	
<i>womens daily form/fa/ca/fe tab</i>	1	OTC Over the Counter
WOMENS DAILY FORMULA TAB	1	OTC Over the Counter
WOMENS LIFE PACK TAB	1	OTC Over the Counter
WOMENS MULTIVITAMIN TAB	1	OTC Over the Counter
FOLGARD OS 500-1.1 MG TAB	3	
ALFAMINO JUNIOR POWDER	2	OTC Over the Counter
CHICKEN/PEAS/CARROTS POWDER	2	OTC Over the Counter
KALE/QUINOA/BERRIES POWDER	2	OTC Over the Counter
LIPISTART POWDER	2	OTC Over the Counter
PEDIASMART PEA PROTEIN POWDER	2	OTC Over the Counter
PKU START POWDER	2	OTC Over the Counter
RESTORE FUSION RENAL SUPPORT POWDER	2	OTC Over the Counter
RESTORE RENAL SUPPORT POWDER	2	OTC Over the Counter
<i>cvs fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>cvs natural fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>eql fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>eql omega 3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil burp-less 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil concentrate 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil high potency 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil omega-3 1000 mg cap</i>	1	OTC Over the Counter
<i>fish oil/super potent/no burp 1000 mg cap</i>	1	OTC Over the Counter
<i>gnp fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>hm fish oil 1000 mg cap</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>maxepa 1000 mg cap</i>	1	OTC Over the Counter
<i>maximum epa 1000 mg cap</i>	1	OTC Over the Counter
<i>norwegian salmon oil 1000 mg cap</i>	1	OTC Over the Counter
<i>omega 3 1000 mg cap</i>	1	OTC Over the Counter
<i>omega-3 1000 mg cap</i>	1	OTC Over the Counter
<i>omega-3 cf 1000 mg cap</i>	1	OTC Over the Counter
<i>omega 3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>omega-3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>qc fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>ra fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>sb omega-3 fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>sea-omega 1000 mg cap</i>	1	OTC Over the Counter
<i>sm fish oil 1000 mg cap</i>	1	OTC Over the Counter
<i>super dha gems 1000 mg cap</i>	1	OTC Over the Counter
<i>super omega-3 1000 mg cap</i>	1	OTC Over the Counter
<i>theromega 1000 mg cap</i>	1	OTC Over the Counter
<i>ultra omega 3 1000 mg cap</i>	1	OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
POLY-VI-FLOR 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VITAMIN WITH FLUORIDE 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug OTC Over the Counter
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	PD Preventive Drug
POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION	3	PD Preventive Drug OTC Over the Counter
EFFER-K 25 MEQ EFFER TAB	1	
<i>klor-con/ef 25 meq effer tab</i>	1	
k-prime 25 meq effer tab	1	
EFFER-K 10 MEQ EFFER TAB	3	
EFFER-K 20 MEQ EFFER TAB	3	
PRENATE 0.6-0.4 MG CHEW TAB	3	
NEONATAL FE 90-1 MG TAB	3	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	3	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	3	
OBSTETRIX DHA 29-1 & 350 MG MISC	3	OTC Over the Counter
NEONATAL + DHA 29-1 & 200 MG MISC	3	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	3	
SELECT-OB+DHA 29-1 & 250 MG MISC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAFOL-ONE 29-1-200 MG CAP	3	
NEONATAL 19 1 MG TAB	3	
PRENATAL 19 29-1 MG TAB	3	
PRENATAL 19 TAB	1	OTC Over the Counter
SE-NATAL 19 29-1 MG TAB	3	
ATABEX EC 29-1 MG TAB DR	3	
INATAL GT TAB	1	
VINATE II 29-1 MG TAB	3	
NATACHEW 28-1 MG CHEW TAB	3	
CONCEPT DHA 53.5-38-1 MG CAP	3	
TARON-C DHA 35-1 MG CAP	3	
ENBRACE HR CAP	3	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	3	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	3	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	3	
C-NATE DHA 28-1-200 MG CAP	3	
RELNATE DHA 28-1-200 MG CAP	3	
VIVA DHA 28-1-200 MG CAP	3	
WESNATE DHA 28-1-200 MG CAP	3	
COMPLETENATE 29-1 MG CHEW TAB	3	
CO-NATAL FA TAB	3	
MATRONEX 27-1 MG TAB	3	
M-NATAL PLUS 27-1 MG TAB	3	
NATALVIT TAB	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL COMPLETE 29-1 MG TAB	3	
NEONATAL PLUS 27-1 MG TAB	3	
NIVA-PLUS 27-1 MG TAB	3	
ONE VITE WOMENS PLUS 27-1 MG TAB	3	
PNV 27-CA/FE/FA 60-1 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATABS FA 29-1 MG TAB	1	OTC Over the Counter
PRENATAL 19 29-1 MG CHEW TAB	3	
PRENATAL 19 CHEW TAB	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	3	
PRENATRIX 27-1 MG TAB	3	
PRENATRYL 27-1 MG TAB	3	
RELEVIA 27-1 MG TAB	3	
SE-NATAL 19 29-1 MG CHEW TAB	3	
TRICARE TAB	3	
TRINATAL RX 1 60-1 MG TAB	3	
TRINATE TAB	1	
VINATE ONE 60-1 MG TAB	3	
VITAFOL-OB TAB	3	
VITATHELY WITH GINGER 27-1 MG TAB	3	
WESTAB PLUS 27-1 MG TAB	3	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
OB COMPLETE PREMIER 30-20-1 MG TAB	3	
ELITE-OB 50-1.25 MG TAB	1	
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	3	
OB COMPLETE 50-1.25 MG TAB	1	
PRENATABS RX 29-1 MG TAB	3	OTC Over the Counter
THRIVITE RX 29-1 MG TAB	3	
SELECT-OB 29-0.6-0.4 MG CHEW TAB	3	
SELECT-OB 29-1 MG CHEW TAB	3	
NESTABS DHA 32-1 MG MISC	3	
NESTABS 32-1 MG TAB	3	
PRENATE AM 1 MG TAB	3	
PRENATE ELITE 20-0.6-0.4 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUET DHA 400 25-1 & 400 MG MISC	3	
PRENATAL-U 106.5-1 MG CAP	3	
VINATE CARE 40-1 MG CHEW TAB	3	OTC Over the Counter
CONCEPT OB 130-92.4-1 MG CAP	3	
FOLIVANE-OB 85-1 MG CAP	3	
PROVIDA OB 20-20-1.25 MG CAP	3	
VITATRUE 30-1.4 & 300 MG MISC	3	
PRIMACARE 30-1-470 MG CAP	3	
TRISTART DHA 31-0.6-0.4-200 MG CAP	3	
PNV-DHA 27-0.6-0.4-300 MG CAP	3	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	3	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	3	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	3	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	3	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	3	
PRENA1 PEARL 30-1.4-200 MG CAP ER	3	
VITAPEARL 30-1.4-200 MG CAP ER	3	
NEEVO DHA 27-1.13 MG CAP	3	
VINATE DHA RF 27-1.13 MG CAP	3	
VITAFOL-NANO 18-0.6-0.4 MG TAB	3	
PRENATE DHA 18-0.6-0.4-300 MG CAP	3	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	3	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	3	
NESTABS ONE 38-1-225 MG CAP	3	
PRENAISSANCE PLUS 28-1-250 MG CAP	3	
OB COMPLETE ONE 50-1-476 MG CAP	3	
OB COMPLETE PETITE 35-5-1-200 MG CAP	3	
PRENATE MINI 18-0.6-0.4-350 MG CAP	3	
CITRANATAL 90 DHA 90-1 & 300 MG MISC	3	
CITRANATAL ASSURE 35-1 & 300 MG MISC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	3	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	3	
PRENAISSANCE 29-1.25-325 MG CAP	3	
CITRANATAL HARMONY 27-1-260 MG CAP	3	
CITRANATAL MEDLEY 27-1-200 MG CAP	3	
PRENA1 1.4 MG CHEW TAB	3	
VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB	3	
VITAFOL STRIPS 1 MG FILM	3	
OB COMPLETE/DHA 30-10-1-200 MG CAP	3	
<i>boost soothe liquid</i>	2	OTC Over the Counter
<i>prosource no carb liquid</i>	2	OTC Over the Counter
<i>prosource protein liquid</i>	2	OTC Over the Counter
SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA Affordable Care Act
SODIUM FLUORIDE 1.1 (0.5 F) MG TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB	1	ACA Affordable Care Act
SODIUM FLUORIDE 2.2 (1 F) MG TAB	1	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose 10 gm/15ml solution</i>	1	
<i>kristalose 10 gm packet</i>	2	
<i>kristalose 20 gm packet</i>	3	
<i>lactulose 10 gm/15ml solution</i>	1	
<i>lactulose 20 gm/30ml solution</i>	1	
<i>enulose 10 gm/15ml solution</i>	1	
<i>generlac 10 gm/15ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LINZESS 145 MCG CAP	2	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LINZESS 290 MCG CAP	2	QL 30 EA / 30 day(s)
LINZESS 72 MCG CAP	2	QL 30 EA / 30 day(s)
<i>lubiprostone 24 mcg cap</i>	1	QL 60 EA / 30 day(s)
<i>lubiprostone 8 mcg cap</i>	1	QL 60 ea / 30 day(s)
MOVANTIK 12.5 MG TAB	2	QL 30 EA / 30 day(s)
MOVANTIK 25 MG TAB	2	QL 30 EA / 30 day(s)
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	ACA Affordable Care Act
TRULANCE 3 MG TAB	2	QL 30 EA / 30 day(s)
<i>clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs purelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eql clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gavilax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gentlelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>glycolax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>instalax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>kls laxaclear 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>laxative osmotic 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>miralax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>mm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>peg 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc natura-lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>smooth lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>true laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl 0.5 mg tab</i>	3	
<i>alosetron hcl 1 mg tab</i>	3	
MYTESI 125 MG TAB DR	3	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
VIBERZI 100 MG TAB	3	PA
VIBERZI 75 MG TAB	3	PA
<i>loperamide hcl 2 mg cap</i>	1	
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide-clidinium 5-2.5 mg cap</i>	1	
CHLORDIAZEPOXIDE-CLIDINIUM 5-2.5 MG CAP	1	
<i>dicyclomine hcl 10 mg/5ml solution</i>	1	
<i>dicyclomine hcl 10 mg cap</i>	1	
<i>dicyclomine hcl 20 mg tab</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	3	PA
<i>glycopyrrolate 1 mg tab</i>	1	
<i>glycopyrrolate 2 mg tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg/5ml elixir</i>	1	
HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR	1	
<i>hyoscyamine sulfate 0.125 mg/ml solution</i>	1	
HYOSCYAMINE SULFATE 0.125 MG/ML SOLUTION	1	
<i>hyoscyamine sulfate 0.125 mg sl tab</i>	1	
HYOSCYAMINE SULFATE 0.125 MG SL TAB	1	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	
HYOSCYAMINE SULFATE 0.125 MG TAB	1	
<i>hyoscyamine sulfate 0.125 mg tab disp</i>	1	
HYOSCYAMINE SULFATE 0.125 MG TAB DISP	1	
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	1	
HYOSCYAMINE SULFATE ER 0.375 MG TAB ER 12H	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB	1	
HYOSYNE 0.125 MG/5ML ELIXIR	1	
HYOSYNE 0.125 MG/ML SOLUTION	1	
NULEV 0.125 MG TAB DISP	1	
OSCIMIN 0.125 MG SL TAB	1	
OSCIMIN 0.125 MG TAB	1	
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	2	
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	2	
<i>bis subcit-metronid-tetracyc 140-125-125 mg cap</i>	2	
ORLISTAT 120 MG CAP	3	PA
GAVILYTE-C 240 GM RECON SOLN	1	ACA Affordable Care Act
<i>gavilyte-g 236 gm recon soln</i>	1	ACA Affordable Care Act
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	ACA Affordable Care Act
GATTEX 5 MG KIT	3	PA SP Specialty
<i>ursodiol 250 mg tab</i>	1	
<i>ursodiol 300 mg cap</i>	1	
<i>ursodiol 500 mg tab</i>	1	
VOQUEZNA 10 MG TAB	3	PA
VOQUEZNA 20 MG TAB	3	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine 200 mg tab</i>	3	
<i>cimetidine 300 mg tab</i>	1	
<i>cimetidine 400 mg tab</i>	1	
<i>cimetidine 800 mg tab</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cimetidine hcl 300 mg/5ml solution</i>	1	
<i>famotidine 20 mg tab</i>	1	
<i>famotidine 40 mg/5ml recon susp</i>	3	
<i>famotidine 40 mg tab</i>	1	
<i>nizatidine 150 mg cap</i>	3	
NIZATIDINE 300 MG CAP	3	
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>sucralfate 1 gm/10ml suspension</i>	2	
<i>sucralfate 1 gm tab</i>	1	
PROTON PUMP INHIBITORS		
<i>cvs esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>eq esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>esomeprazole magnesium 10 mg packet</i>	3	
<i>esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>esomeprazole magnesium 20 mg cap dr</i>	2	
<i>esomeprazole magnesium 20 mg packet</i>	3	
<i>esomeprazole magnesium 40 mg cap dr</i>	2	
<i>esomeprazole magnesium 40 mg packet</i>	3	
<i>ft acid reducer 20 mg cap dr</i>	1	OTC Over the Counter
<i>gnp esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>goodsense esomeprazole 20 mg cap dr</i>	1	OTC Over the Counter
<i>hm esomeprazole magnesium dr 20 mg cap dr</i>	1	OTC Over the Counter
<i>kls esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>nexium 24hr 20 mg cap dr</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nexium 24hr clear minis 20 mg cap dr</i>	1	OTC Over the Counter
<i>qc esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>ra esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>sm esomeprazole magnesium 20 mg cap dr</i>	1	OTC Over the Counter
<i>lansoprazole 15 mg cap dr</i>	2	
<i>lansoprazole 15 mg tab dr disp</i>	2	
<i>lansoprazole 30 mg cap dr</i>	2	
<i>lansoprazole 30 mg tab dr disp</i>	2	
<i>omeprazole 10 mg cap dr</i>	2	
<i>omeprazole 20 mg cap dr</i>	2	
<i>omeprazole 40 mg cap dr</i>	2	
<i>cvs omeprazole-sod bicarbonate 20-1100 mg cap</i>	1	OTC Over the Counter
<i>goodsense omep/sod bicarb 20-1100 mg cap</i>	1	OTC Over the Counter
<i>omeprazole-sodium bicarbonate 20-1100 mg cap</i>	1	OTC Over the Counter
<i>zegerid otc 20-1100 mg cap</i>	1	OTC Over the Counter
FIRST-PANTOPRAZOLE 4 MG/ML SUSPENSION	2	
<i>pantoprazole sodium 20 mg tab dr</i>	2	
<i>pantoprazole sodium 40 mg tab dr</i>	2	
<i>rabeprazole sodium 20 mg tab dr</i>	3	QL 60 ea / 30 day(s)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
STRENSIQ 18 MG/0.45ML SOLUTION	3	PA SP Specialty
STRENSIQ 28 MG/0.7ML SOLUTION	3	PA SP Specialty
STRENSIQ 40 MG/ML SOLUTION	3	PA SP Specialty
STRENSIQ 80 MG/0.8ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cromolyn sodium 100 mg/5ml conc</i>	3	PD Preventive Drug
I-glutamine 5 gm packet	3	PA SP Specialty
RAVICTI 1.1 GM/ML LIQUID	3	PA SP Specialty
TEGSEDI 284 MG/1.5ML SOLN PRSYR	3	PA SP Specialty
JOENJA 70 MG TAB	3	PA SP Specialty
LIVMARLI 19 MG/ML SOLUTION	3	PA SP Specialty
LIVMARLI 9.5 MG/ML SOLUTION	3	PA SP Specialty
<i>miglustat 100 mg cap</i>	3	SP Specialty
<i>miglustat 100 mg cap</i>	3	SP Specialty
<i>yargesa 100 mg cap</i>	3	SP Specialty
OPFOLDA 65 MG CAP	3	PA SP Specialty
BYLVAY 1200 MCG CAP	3	PA SP Specialty
BYLVAY 400 MCG CAP	3	PA SP Specialty
BYLVAY (PELLETS) 200 MCG CAP SPRINK	3	PA SP Specialty
BYLVAY (PELLETS) 600 MCG CAP SPRINK	3	PA SP Specialty
SKYCLARYS 50 MG CAP	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOHONOS 10 MG CAP	3	PA SP Specialty
SOHONOS 1.5 MG CAP	3	PA SP Specialty
SOHONOS 1 MG CAP	3	PA SP Specialty
SOHONOS 2.5 MG CAP	3	PA SP Specialty
SOHONOS 5 MG CAP	3	PA SP Specialty
CREON 12000-38000 UNIT CP DR PART	2	
CREON 24000-76000 UNIT CP DR PART	2	
CREON 3000-9500 UNIT CP DR PART	2	
CREON 36000-114000 UNIT CP DR PART	2	
CREON 6000-19000 UNIT CP DR PART	2	
PANCREAZE 10500-35500 UNIT CP DR PART	3	
PANCREAZE 16800-56800 UNIT CP DR PART	3	
PANCREAZE 21000-54700 UNIT CP DR PART	3	
PANCREAZE 2600-8800 UNIT CP DR PART	3	
PANCREAZE 37000-97300 UNIT CP DR PART	3	
PANCREAZE 4200-14200 UNIT CP DR PART	3	
PERTZYE 16000-57500 UNIT CP DR PART	3	
PERTZYE 16000 UNIT CP DR PART	3	
PERTZYE 24000-86250 UNIT CP DR PART	3	
ZENPEP 10000-32000 UNIT CP DR PART	2	
ZENPEP 15000-47000 UNIT CP DR PART	2	
ZENPEP 20000-63000 UNIT CP DR PART	2	
ZENPEP 25000-79000 UNIT CP DR PART	2	
ZENPEP 3000-10000 UNIT CP DR PART	2	
ZENPEP 40000-126000 UNIT CP DR PART	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZENPEP 5000-24000 UNIT CP DR PART	2	
ZENPEP 60000-189600 UNIT CP DR PART	2	
SUCRAID 8500 UNIT/ML SOLUTION	3	PA SP Specialty
<i>javygtor 100 mg packet</i>	3	PA SP Specialty
<i>javygtor 100 mg tab</i>	3	PA SP Specialty
<i>javygtor 500 mg packet</i>	3	PA SP Specialty
<i>sapropterin dihydrochloride 100 mg packet</i>	3	PA SP Specialty
<i>sapropterin dihydrochloride 100 mg tab</i>	3	PA SP Specialty
<i>sapropterin dihydrochloride 500 mg packet</i>	3	PA SP Specialty
<i>zelvysia 100 mg packet</i>	3	PA SP Specialty
<i>zelvysia 500 mg packet</i>	3	PA SP Specialty
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	1	PA SP Specialty
<i>sodium phenylbutyrate 500 mg tab</i>	3	PA SP Specialty
VYNDAQEL 20 MG CAP	3	PA SP Specialty
DAYBUE 200 MG/ML SOLUTION	3	PA SP Specialty
VOXZOGO 0.4 MG RECON SOLN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOXZOGO 0.56 MG RECON SOLN	3	PA SP Specialty
VOXZOGO 1.2 MG RECON SOLN	3	PA SP Specialty
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er 15 mg tab er 24h</i>	3	
<i>darifenacin hydrobromide er 7.5 mg tab er 24h</i>	3	
MYRBETRIQ 25 MG TAB ER 24H	2	
MYRBETRIQ 50 MG TAB ER 24H	2	
MYRBETRIQ 8 MG/ML SRER	2	
GELNIQUE 10 % GEL	2	
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	
<i>oxybutynin chloride 5 mg tab</i>	1	
<i>oxybutynin chloride 5 mg tab</i>	1	
<i>oxybutynin chloride er 10 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 10 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 15 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 15 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	
<i>solifenacin succinate 10 mg tab</i>	2	
<i>solifenacin succinate 5 mg tab</i>	2	
<i>tolterodine tartrate 1 mg tab</i>	2	
<i>tolterodine tartrate 2 mg tab</i>	2	
<i>tolterodine tartrate er 2 mg cap er 24h</i>	2	
<i>tolterodine tartrate er 4 mg cap er 24h</i>	2	
<i>tropium chloride 20 mg tab</i>	2	
<i>tropium chloride er 60 mg cap er 24h</i>	2	
GEMTESA 75 MG TAB	3	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	
CARDURA XL 4 MG TAB ER 24H	3	
CARDURA XL 8 MG TAB ER 24H	3	
<i>dutasteride 0.5 mg cap</i>	2	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin 4 mg cap</i>	2	
<i>silodosin 8 mg cap</i>	2	
<i>tadalafil 10 mg tab</i>	3	QL 4 EA / 30 day(s)
<i>tadalafil 20 mg tab</i>	3	QL 4 EA / 30 day(s)
<i>tadalafil 2.5 mg tab</i>	3	QL 4 EA / 30 day(s)
<i>tadalafil 5 mg tab</i>	3	QL 30 EA / 30 day(s)
<i>tadalafil (pah) 20 mg tab</i>	3	QL 4 EA / 30 day(s) PA SP Specialty
<i>tamsulosin hcl 0.4 mg cap</i>	1	
GENITOURINARY AGENTS, OTHER		
CAVERJECT 20 MCG RECON SOLN	3	QL 6 EA / 30 day(s)
CAVERJECT 20 MCG RECON SOLN	3	QL 6 EA / 30 day(s)
CAVERJECT 40 MCG RECON SOLN	3	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 10 MCG KIT	3	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 20 MCG KIT	3	QL 6 EA / 30 day(s)
EDEX (2 CARTRIDGE) 40 MCG KIT	3	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 10 MCG KIT	3	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 20 MCG KIT	3	QL 6 EA / 30 day(s)
EDEX (6 CARTRIDGE) 40 MCG KIT	3	QL 6 EA / 30 day(s)
MUSE 1000 MCG PELLETT	3	QL 6 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MUSE 250 MCG PELLETT	3	QL 6 EA / 30 day(s)
MUSE 500 MCG PELLETT	3	QL 6 EA / 30 day(s)
<i>bethanechol chloride 10 mg tab</i>	1	
<i>bethanechol chloride 25 mg tab</i>	1	
<i>bethanechol chloride 50 mg tab</i>	1	
<i>bethanechol chloride 5 mg tab</i>	1	
ENCARE 100 MG SUPPOS	2	ACA Affordable Care Act OTC Over the Counter
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	2	ACA Affordable Care Act OTC Over the Counter
TODAY SPONGE 1000 MG MISC	2	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 28 % FILM	2	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 4 % GEL	2	ACA Affordable Care Act OTC Over the Counter
ELMIRON 100 MG CAP	2	
<i>phenazo 200 mg tab</i>	1	
<i>phenazopyridine hcl 100 mg tab</i>	1	
PHENAZOPYRIDINE HCL 100 MG TAB	1	
<i>phenazopyridine hcl 200 mg tab</i>	1	
PHENAZOPYRIDINE HCL 200 MG TAB	1	
PHOSPHA 250 NEUTRAL 155-852-130 MG TAB	1	
PHOSPHOROUS 155-852-130 MG TAB	1	
PHOSPHO-TRIN 250 NEUTRAL 155-852-130 MG TAB	1	
WES-PHOS 250 NEUTRAL 155-852-130 MG TAB	1	
<i>sildenafil citrate 100 mg tab</i>	2	QL 4 EA / 30 day(s)
<i>sildenafil citrate 25 mg tab</i>	2	QL 4 EA / 30 day(s)
<i>sildenafil citrate 50 mg tab</i>	2	QL 4 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tiopronin 100 mg tab</i>	3	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>alclometasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate aug 0.05 % cream</i>	1	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	
<i>betamethasone dipropionate 0.05 % ointment</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
ACTHAR 80 UNIT/ML GEL	3	PA SP Specialty
<i>desonide 0.05 % lotion</i>	1	
VERDESO 0.05 % FOAM	3	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone 0.5 mg tab</i>	1	
<i>dexamethasone 0.5 mg tab</i>	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	1	PA
<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	1	PA
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	1	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	1	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	1	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
ANUCORT-HC 25 MG SUPPOS	1	
ANUSOL-HC 25 MG SUPPOS	1	
HEMMOREX-HC 25 MG SUPPOS	1	
HEMMOREX-HC 30 MG SUPPOS	1	
<i>hydrocortisone acetate 25 mg suppos</i>	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	1	
<i>hydrocortisone acetate 30 mg suppos</i>	1	
HYDROCORTISONE ACETATE 30 MG SUPPOS	1	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
SOLU-CORTEF 100 MG RECON SOLN	1	
<i>hydrocortisone valerate 0.2 % ointment</i>	1	
MEDROL 2 MG TAB	2	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 4 mg tab</i>	1	
<i>methylprednisolone 4 mg tab</i>	1	
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone 8 mg tab</i>	1	
<i>methylprednisolone 8 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mifepristone 300 mg tab</i>	3	PA SP Specialty
<i>mometasone furoate 0.1 % cream</i>	1	
<i>mometasone furoate 0.1 % ointment</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP	2	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP	2	
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP	2	
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	
<i>prednisone 10 mg (21) tab thpk</i>	1	
<i>prednisone 10 mg (21) tab thpk</i>	1	
<i>prednisone 10 mg (48) tab thpk</i>	1	
<i>prednisone 10 mg (48) tab thpk</i>	1	
<i>prednisone 10 mg tab</i>	1	RX4L Rx4Less Program
<i>prednisone 10 mg tab</i>	1	RX4L Rx4Less Program
<i>prednisone 1 mg tab</i>	1	
<i>prednisone 1 mg tab</i>	1	
<i>prednisone 20 mg tab</i>	1	
<i>prednisone 20 mg tab</i>	1	
<i>prednisone 2.5 mg tab</i>	1	
<i>prednisone 2.5 mg tab</i>	1	
<i>prednisone 50 mg tab</i>	1	
<i>prednisone 50 mg tab</i>	1	
<i>prednisone 5 mg (21) tab thpk</i>	1	
<i>prednisone 5 mg (21) tab thpk</i>	1	
<i>prednisone 5 mg (48) tab thpk</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisone 5 mg (48) tab thpk</i>	1	
PREDNISONE 5 MG/5ML SOLUTION	1	
<i>prednisone 5 mg tab</i>	1	RX4L Rx4Less Program
<i>prednisone 5 mg tab</i>	1	RX4L Rx4Less Program
PREDNISONE INTENSOL 5 MG/ML CONC	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
OVIDREL 250 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	PA SP Specialty
PREGNYL 10000 UNIT RECON SOLN	2	PA SP Specialty
<i>desmopressin acetate 0.1 mg tab</i>	1	
<i>desmopressin acetate 0.2 mg tab</i>	1	
NOCDURNA 27.7 MCG SL TAB	3	PA
NOCDURNA 55.3 MCG SL TAB	3	PA
<i>desmopressin acetate spray 0.01 % solution</i>	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	2	PA
FOLLISTIM AQ 300 UNT/0.36ML SOLUTION	2	PA SP Specialty
FOLLISTIM AQ 600 UNT/0.72ML SOLUTION	2	PA SP Specialty
FOLLISTIM AQ 900 UNT/1.08ML SOLUTION	2	PA SP Specialty
INCRELEX 40 MG/4ML SOLUTION	3	PA SP Specialty
MENOPUR 75 UNIT RECON SOLN	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYFEMBREE 40-1-0.5 MG TAB	2	PA
GENOTROPIN 12 MG CARTRIDGE	3	PA SP Specialty
GENOTROPIN 5 MG CARTRIDGE	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.2 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.4 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.6 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.8 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.2 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.4 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.6 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.8 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 2 MG PRSYR	3	PA SP Specialty
HUMATROPE 12 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 24 MG CARTRIDGE	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMATROPE 6 MG CARTRIDGE	3	PA SP Specialty
NORDITROPIN FLEXPPO 10 MG/1.5ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPPO 15 MG/1.5ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPPO 30 MG/3ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPPO 5 MG/1.5ML SOLN PEN	2	PA SP Specialty
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	3	PA SP Specialty
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	3	PA SP Specialty
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	3	PA SP Specialty
OMNITROPE 10 MG/1.5ML SOLN CART	2	PA SP Specialty
OMNITROPE 5.8 MG RECON SOLN	2	PA SP Specialty
OMNITROPE 5 MG/1.5ML SOLN CART	2	PA SP Specialty
SAIZEN 5 MG RECON SOLN	3	PA SP Specialty
SAIZEN 8.8 MG RECON SOLN	3	PA SP Specialty
SEROSTIM 4 MG RECON SOLN	2	PA SP Specialty
SEROSTIM 5 MG RECON SOLN	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROSTIM 6 MG RECON SOLN	2	PA SP Specialty
EGRIFTA SV 2 MG RECON SOLN	3	PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
<i>danazol 100 mg cap</i>	1	
<i>danazol 200 mg cap</i>	1	
<i>danazol 50 mg cap</i>	1	
<i>testosterone 12.5 mg/act (1%) gel</i>	2	QL 300 GM / 30 day(s)
TESTOSTERONE 12.5 MG/ACT (1%) GEL	2	QL 300 GM / 30 day(s)
<i>testosterone 1.62 % gel</i>	2	QL 150 GM / 30 day(s)
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	2	QL 150 GM / 30 day(s)
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	2	QL 150 GM / 30 day(s)
<i>testosterone 20.25 mg/act (1.62%) gel</i>	2	QL 150 GM / 30 day(s)
<i>testosterone 25 mg/2.5gm (1%) gel</i>	2	QL 300 GM / 30 day(s)
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	2	QL 150 GM / 30 day(s)
<i>testosterone 50 mg/5gm (1%) gel</i>	2	QL 300 GM / 30 day(s)
TESTOSTERONE 50 MG/5GM (1%) GEL	2	QL 300 GM / 30 day(s)
<i>depo-testosterone 100 mg/ml solution</i>	1	
<i>depo-testosterone 200 mg/ml solution</i>	1	
<i>testosterone cypionate 100 mg/ml solution</i>	1	
<i>testosterone cypionate 200 mg/ml solution</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
XYOSTED 100 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 day(s)
XYOSTED 50 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 day(s)
XYOSTED 75 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS		
<i>clomid 50 mg tab</i>	2	
<i>clomiphene citrate 50 mg tab</i>	2	
<i>milophene 50 mg tab</i>	2	
DUAVEE 0.45-20 MG TAB	3	
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO 0.3-1.5 MG TAB	2	
PREMPRO 0.45-1.5 MG TAB	2	
PREMPRO 0.625-2.5 MG TAB	2	
PREMPRO 0.625-5 MG TAB	2	
<i>apri 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>cyred eq 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>enskyce 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>isibloom 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>juleber 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kalliga 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>reclipsen 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act
NEXTSTELLIS 3-14.2 MG TAB	2	ACA Affordable Care Act
<i>drosiprenone-ethinyl estradiol 3-0.02 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>jasmiel 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>loryna 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>lo-zumandimine 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>nikki 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>ocella 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>syeda 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>vestura 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>zumandimine 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	3	ACA Affordable Care Act
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	3	ACA Affordable Care Act
<i>tydemy 3-0.03-0.451 mg tab</i>	3	ACA Affordable Care Act
MENEST 0.3 MG TAB	3	
MENEST 0.625 MG TAB	3	
MENEST 1.25 MG TAB	3	
MENEST 2.5 MG TAB	3	
ALORA 0.025 MG/24HR PATCH TW	3	
ALORA 0.075 MG/24HR PATCH TW	3	
ALORA 0.1 MG/24HR PATCH TW	3	
DIVIGEL 0.25 MG/0.25GM GEL	3	
DIVIGEL 0.5 MG/0.5GM GEL	3	
DIVIGEL 0.75 MG/0.75GM GEL	3	
DIVIGEL 1.25 MG/1.25GM GEL	3	
DIVIGEL 1 MG/GM GEL	3	
<i>dotti 0.025 mg/24hr patch tw</i>	2	
<i>dotti 0.0375 mg/24hr patch tw</i>	2	
<i>dotti 0.05 mg/24hr patch tw</i>	2	
<i>dotti 0.075 mg/24hr patch tw</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dotti 0.1 mg/24hr patch tw</i>	2	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	3	
<i>estradiol 0.025 mg/24hr patch tw</i>	2	
<i>estradiol 0.025 mg/24hr patch wk</i>	1	
<i>estradiol 0.0375 mg/24hr patch tw</i>	2	
<i>estradiol 0.0375 mg/24hr patch wk</i>	1	
<i>estradiol 0.05 mg/24hr patch tw</i>	2	
<i>estradiol 0.05 mg/24hr patch wk</i>	1	
<i>estradiol 0.06 mg/24hr patch wk</i>	1	
<i>estradiol 0.075 mg/24hr patch tw</i>	2	
<i>estradiol 0.075 mg/24hr patch wk</i>	1	
<i>estradiol 0.1 mg/24hr patch tw</i>	2	
<i>estradiol 0.1 mg/24hr patch wk</i>	1	
<i>estradiol 0.25 mg/0.25gm gel</i>	3	
<i>estradiol 0.5 mg/0.5gm gel</i>	3	
<i>estradiol 0.5 mg tab</i>	1	
<i>estradiol 0.75 mg/0.75gm gel</i>	3	
<i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>	3	
<i>estradiol 1.25 mg/1.25gm gel</i>	3	
<i>estradiol 1 mg/gm gel</i>	3	
<i>estradiol 1 mg tab</i>	1	
<i>estradiol 2 mg tab</i>	1	
EVAMIST 1.53 MG/SPRAY SOLUTION	3	
<i>lyllana 0.025 mg/24hr patch tw</i>	2	
<i>lyllana 0.0375 mg/24hr patch tw</i>	2	
<i>lyllana 0.05 mg/24hr patch tw</i>	2	
<i>lyllana 0.075 mg/24hr patch tw</i>	2	
<i>lyllana 0.1 mg/24hr patch tw</i>	2	
MENOSTAR 14 MCG/24HR PATCH WK	3	
FEMRING 0.05 MG/24HR RING	3	QL 1 EA / 90 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FEMRING 0.1 MG/24HR RING	3	QL 1 EA / 90 day(s)
DEPO-ESTRADIOL 5 MG/ML OIL	3	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	2	
<i>abigale 1-0.5 mg tab</i>	1	
<i>abigale lo 0.5-0.1 mg tab</i>	1	
<i>amabelz 0.5-0.1 mg tab</i>	1	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	3	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	3	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab</i>	1	
<i>estradiol-norethindrone acet 1-0.5 mg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
BIJUVA 0.5-100 MG CAP	2	
BIJUVA 1-100 MG CAP	2	
<i>estradiol 0.01 % cream</i>	1	
<i>estradiol 10 mcg tab</i>	1	
ESTRING 7.5 MCG/24HR RING	3	
<i>yuvafem 10 mcg tab</i>	1	
DELESTROGEN 20 MG/ML OIL	3	
DELESTROGEN 40 MG/ML OIL	3	
<i>estradiol valerate 10 mg/ml oil</i>	1	
<i>estradiol valerate 20 mg/ml oil</i>	1	
<i>estradiol valerate 40 mg/ml oil</i>	1	
NATAZIA 3/2-2/2-3/1 MG TAB	2	ACA Affordable Care Act
PREMARIN 0.3 MG TAB	2	
PREMARIN 0.45 MG TAB	2	
PREMARIN 0.625 MG TAB	2	
PREMARIN 0.9 MG TAB	2	
PREMARIN 1.25 MG TAB	2	
PREMARIN 25 MG RECON SOLN	3	
PREMARIN 0.625 MG/GM CREAM	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kelnor 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kelnor 1/50 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>valtya 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>valtya 1/50 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>eluryng 0.12-0.015 mg/24hr ring</i>	2	ACA Affordable Care Act
<i>enilloring 0.12-0.015 mg/24hr ring</i>	2	ACA Affordable Care Act
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	2	ACA Affordable Care Act
<i>haloette 0.12-0.015 mg/24hr ring</i>	2	ACA Affordable Care Act
<i>afirmelle 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>altavera 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aubra eq 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aviane 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ayuna 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>chateal eq 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>delyla 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>falmina 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kurvelo 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lessina 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lutera 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>marlissa 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>portia-28 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>sronyx 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>vienva 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>amethia 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>ashlyna 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>daysee 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>iclevia 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>introvale 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>jaimiess 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>jolessa 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	2	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>rivelsa 42-21-21-7 days tab</i>	2	ACA Affordable Care Act
<i>rosyrah 42-21-21-7 days tab</i>	2	ACA Affordable Care Act
<i>setlakin 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>amethyst 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>dolishale 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
XULANE	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
ZAFEMY	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
<i>zafemy 150-35 mcg/24hr patch wk</i>	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>feirza 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>finzala 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>gemmily 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>junel fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>larin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>merzee 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i>	3	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>taysofy 1-20 mg-mcg(24) cap</i>	2	ACA Affordable Care Act
<i>fyavolv 0.5-2.5 mg-mcg tab</i>	3	
<i>fyavolv 1-5 mg-mcg tab</i>	3	
<i>jinteli 1-5 mg-mcg tab</i>	3	
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab</i>	3	
<i>norethindrone-eth estradiol 1-5 mg-mcg tab</i>	3	
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	2	ACA Affordable Care Act
<i>aurovela 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>luizza 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>balziva 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>briellyn 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>dasetta 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>philith 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>vyfemla 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wera 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	1	ACA Affordable Care Act
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>galbriela 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>estarylla 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mili 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mono-linyah 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nymyo 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>sprintec 28 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vylibra 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>cryselle 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>cryselle-28 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>elinest 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>turqoz 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
OSPHENA 60 MG TAB	2	
<i>raloxifene hcl 60 mg tab</i>	2	PD Preventive Drug
ANNOVERA 0.013-0.15 MG/24HR RING	3	QLC 1 EA / 365 day(s) ACA Affordable Care Act
PROGESTINS		
SLYND 4 MG TAB	3	ACA Affordable Care Act
NEXPLANON 68 MG IMPLANT	3	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHEXX 1.8-1-0.4 % GEL	3	ACA Affordable Care Act
PHEXXI 1.8-1-0.4 % GEL	3	ACA Affordable Care Act
KYLEENA 19.5 MG IUD	3	ACA Affordable Care Act
LILETTA (52 MG) 20.1 MCG/DAY IUD	2	ACA Affordable Care Act
MIRENA (52 MG) 20 MCG/DAY IUD	2	ACA Affordable Care Act
SKYLA 13.5 MG IUD	3	ACA Affordable Care Act
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	
<i>medroxyprogesterone acetate 5 mg tab</i>	1	
<i>medroxyprogesterone acetate 5 mg tab</i>	1	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	3	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>	1	ACA Affordable Care Act
<i>megestrol acetate 20 mg tab</i>	1	
<i>megestrol acetate 400 mg/10ml suspension</i>	1	
<i>megestrol acetate 40 mg/ml suspension</i>	1	
<i>megestrol acetate 40 mg tab</i>	1	
<i>megestrol acetate 800 mg/20ml suspension</i>	1	
<i>megestrol acetate 625 mg/5ml suspension</i>	2	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	2	
<i>gallifrey 5 mg tab</i>	1	
<i>norethindrone acetate 5 mg tab</i>	1	
<i>camila 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>deblitane 0.35 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>emzahh 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>errin 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>heather 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>incassia 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>jencycla 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>lyleq 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>lyza 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>meleya 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>nora-be 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norlyroc 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>orquidea 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>sharobel 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>progesterone 100 mg cap</i>	1	
<i>progesterone 200 mg cap</i>	1	
<i>progesterone 50 mg/ml oil</i>	1	PA
CRINONE 4 % GEL	2	PA
CRINONE 8 % GEL	2	PA
ENDOMETRIN 100 MG INSERT	3	PA
<i>progesterone 100 mg insert</i>	3	PA
ELLA 30 MG TAB	3	ACA Affordable Care Act
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox 100 mcg tab</i>	1	
<i>euthyrox 112 mcg tab</i>	1	
<i>euthyrox 125 mcg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>euthyrox 137 mcg tab</i>	1	
<i>euthyrox 150 mcg tab</i>	1	
<i>euthyrox 175 mcg tab</i>	1	
<i>euthyrox 200 mcg tab</i>	1	
<i>euthyrox 25 mcg tab</i>	1	
<i>euthyrox 50 mcg tab</i>	1	
<i>euthyrox 75 mcg tab</i>	1	
<i>euthyrox 88 mcg tab</i>	1	
<i>levo-t 100 mcg tab</i>	1	
<i>levo-t 112 mcg tab</i>	1	
<i>levo-t 125 mcg tab</i>	1	
<i>levo-t 137 mcg tab</i>	1	
<i>levo-t 150 mcg tab</i>	1	
<i>levo-t 175 mcg tab</i>	1	
<i>levo-t 200 mcg tab</i>	1	
<i>levo-t 25 mcg tab</i>	1	
<i>levo-t 300 mcg tab</i>	1	
<i>levo-t 50 mcg tab</i>	1	
<i>levo-t 75 mcg tab</i>	1	
<i>levo-t 88 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 100 MCG CAP	3	
<i>levothyroxine sodium 100 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 112 MCG CAP	3	
<i>levothyroxine sodium 112 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 125 MCG CAP	3	
<i>levothyroxine sodium 125 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 137 MCG CAP	3	
<i>levothyroxine sodium 137 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 13 MCG CAP	3	
LEVOTHYROXINE SODIUM 150 MCG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium 150 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 175 MCG CAP	3	
<i>levothyroxine sodium 175 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 200 MCG CAP	3	
<i>levothyroxine sodium 200 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 25 MCG CAP	3	
<i>levothyroxine sodium 25 mcg tab</i>	1	
<i>levothyroxine sodium 300 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 50 MCG CAP	3	
<i>levothyroxine sodium 50 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 75 MCG CAP	3	
<i>levothyroxine sodium 75 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	3	
<i>levothyroxine sodium 88 mcg tab</i>	1	
<i>levoxyl 100 mcg tab</i>	1	
<i>levoxyl 112 mcg tab</i>	1	
<i>levoxyl 125 mcg tab</i>	1	
<i>levoxyl 137 mcg tab</i>	1	
<i>levoxyl 150 mcg tab</i>	1	
<i>levoxyl 175 mcg tab</i>	1	
<i>levoxyl 200 mcg tab</i>	1	
<i>levoxyl 25 mcg tab</i>	1	
<i>levoxyl 50 mcg tab</i>	1	
<i>levoxyl 75 mcg tab</i>	1	
<i>levoxyl 88 mcg tab</i>	1	
SYNTHROID 100 MCG TAB	2	
SYNTHROID 112 MCG TAB	2	
SYNTHROID 125 MCG TAB	2	
SYNTHROID 137 MCG TAB	2	
SYNTHROID 150 MCG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNTHROID 175 MCG TAB	2	
SYNTHROID 200 MCG TAB	2	
SYNTHROID 25 MCG TAB	2	
SYNTHROID 300 MCG TAB	2	
SYNTHROID 50 MCG TAB	2	
SYNTHROID 75 MCG TAB	2	
SYNTHROID 88 MCG TAB	2	
TIROSINT 100 MCG CAP	3	
TIROSINT 112 MCG CAP	3	
TIROSINT 125 MCG CAP	3	
TIROSINT 137 MCG CAP	3	
TIROSINT 13 MCG CAP	3	
TIROSINT 150 MCG CAP	3	
TIROSINT 175 MCG CAP	3	
TIROSINT 200 MCG CAP	3	
TIROSINT 25 MCG CAP	3	
TIROSINT 37.5 MCG CAP	3	
TIROSINT 44 MCG CAP	3	
TIROSINT 50 MCG CAP	3	
TIROSINT 62.5 MCG CAP	3	
TIROSINT 75 MCG CAP	3	
TIROSINT 88 MCG CAP	3	
TIROSINT-SOL 37.5 MCG/ML SOLUTION	3	
TIROSINT-SOL 44 MCG/ML SOLUTION	3	
TIROSINT-SOL 62.5 MCG/ML SOLUTION	3	
<i>unithroid 100 mcg tab</i>	1	
<i>unithroid 112 mcg tab</i>	1	
<i>unithroid 125 mcg tab</i>	1	
<i>unithroid 137 mcg tab</i>	1	
<i>unithroid 150 mcg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unithroid 175 mcg tab</i>	1	
<i>unithroid 200 mcg tab</i>	1	
<i>unithroid 25 mcg tab</i>	1	
<i>unithroid 300 mcg tab</i>	1	
<i>unithroid 50 mcg tab</i>	1	
<i>unithroid 75 mcg tab</i>	1	
<i>unithroid 88 mcg tab</i>	1	
CYTOMEL 25 MCG TAB	2	
CYTOMEL 50 MCG TAB	3	
CYTOMEL 5 MCG TAB	2	
<i>liomny 25 mcg tab</i>	1	
<i>liomny 50 mcg tab</i>	1	
<i>liomny 5 mcg tab</i>	1	
<i>liothyronine sodium 25 mcg tab</i>	1	
<i>liothyronine sodium 50 mcg tab</i>	1	
<i>liothyronine sodium 5 mcg tab</i>	1	
ADTHYZA 120 MG TAB	1	
ADTHYZA 15 MG TAB	1	
ADTHYZA 30 MG TAB	1	
ADTHYZA 60 MG TAB	1	
ADTHYZA 90 MG TAB	1	
ARMOUR THYROID 120 MG TAB	1	
ARMOUR THYROID 15 MG TAB	1	
ARMOUR THYROID 180 MG TAB	1	
ARMOUR THYROID 240 MG TAB	1	
ARMOUR THYROID 300 MG TAB	1	
ARMOUR THYROID 30 MG TAB	1	
ARMOUR THYROID 60 MG TAB	1	
ARMOUR THYROID 90 MG TAB	1	
EVEXITHROID 120 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVEXITHROID 15 MG TAB	1	
EVEXITHROID 180 MG TAB	1	
EVEXITHROID 30 MG TAB	1	
EVEXITHROID 60 MG TAB	1	
EVEXITHROID 90 MG TAB	1	
NIVA THYROID 120 MG TAB	1	
NIVA THYROID 15 MG TAB	1	
NIVA THYROID 30 MG TAB	1	
NIVA THYROID 60 MG TAB	1	
NIVA THYROID 90 MG TAB	1	
NP THYROID 120 MG TAB	1	
NP THYROID 15 MG TAB	1	
NP THYROID 30 MG TAB	1	
NP THYROID 60 MG TAB	1	
NP THYROID 90 MG TAB	1	
THYROID 120 MG TAB	1	
THYROID 15 MG TAB	1	
THYROID 30 MG TAB	1	
THYROID 60 MG TAB	1	
THYROID 90 MG TAB	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	1	
<i>cetorelix acetate 0.25 mg kit</i>	2	PA
CETROTIDE 0.25 MG KIT	2	PA
ORLISSA 150 MG TAB	2	PA
ORLISSA 200 MG TAB	2	PA
<i>fyremadel 250 mcg/0.5ml soln prsyr</i>	2	PA SP Specialty
<i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i>	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	SP Specialty
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	2	SP Specialty
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	2	SP Specialty
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	2	SP Specialty
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	2	SP Specialty
LUPRON DEPOT (4-MONTH) 30 MG KIT	2	SP Specialty
LUPRON DEPOT (6-MONTH) 45 MG KIT	2	SP Specialty
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	2	SP Specialty
SYNAREL 2 MG/ML SOLUTION	2	
<i>octreotide acetate 1000 mcg/ml solution</i>	2	SP Specialty
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	2	SP Specialty
<i>octreotide acetate 100 mcg/ml solution</i>	2	SP Specialty
<i>octreotide acetate 200 mcg/ml solution</i>	2	SP Specialty
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	2	SP Specialty
<i>octreotide acetate 500 mcg/ml solution</i>	2	SP Specialty
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	2	SP Specialty
<i>octreotide acetate 50 mcg/ml solution</i>	2	SP Specialty
SIGNIFOR 0.3 MG/ML SOLUTION	3	PA SP Specialty
SIGNIFOR 0.6 MG/ML SOLUTION	3	PA SP Specialty
SIGNIFOR 0.9 MG/ML SOLUTION	3	PA SP Specialty
SOMAVERT 10 MG RECON SOLN	2	SP Specialty
SOMAVERT 15 MG RECON SOLN	2	SP Specialty
SOMAVERT 20 MG RECON SOLN	2	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOMAVERT 25 MG RECON SOLN	2	SP Specialty
SOMAVERT 30 MG RECON SOLN	2	SP Specialty
ORGOVYX 120 MG TAB	3	PA SP Specialty
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tab</i>	1	
<i>methimazole 10 mg tab</i>	1	
<i>methimazole 5 mg tab</i>	1	
<i>methimazole 5 mg tab</i>	1	
POTASSIUM IODIDE (EXPECTORANT) 1 GM/ML SOLUTION	3	
<i>propylthiouracil 50 mg tab</i>	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	3	PA SP Specialty
KALBITOR 10 MG/ML SOLUTION	3	PA SP Specialty
FIRAZYR 30 MG/3ML SOLN PRSYR	3	SP Specialty
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	3	SP Specialty
<i>sajazir 30 mg/3ml soln prsyr</i>	3	SP Specialty
TAKHZYRO 150 MG/ML SOLN PRSYR	3	PA SP Specialty
TAKHZYRO 300 MG/2ML SOLN PRSYR	3	PA SP Specialty
TAKHZYRO 300 MG/2ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOLOGICAL AGENTS, OTHER		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	<ul style="list-style-type: none"> QL 55 EA / 28 day(s) PA SP Specialty
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	2	<ul style="list-style-type: none"> QL 55 EA / 28 DAYS PA SP Specialty
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	2	<ul style="list-style-type: none"> QL 41 EA / 28 day(s) PA SP Specialty
BENLYSTA 200 MG/ML SOLN A-INJ	3	<ul style="list-style-type: none"> PA SP Specialty
BENLYSTA 200 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	<ul style="list-style-type: none"> PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA SP Specialty
DUPIXENT 300 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> PA SP Specialty
DUPIXENT 300 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA SP Specialty
TREMFYA 100 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA QLC 1 ML / 56 days SP Specialty
TREMFYA 200 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> PA QLC 2 mL / 28 days SP Specialty
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	2	<ul style="list-style-type: none"> PA QLC 1 ML / 56 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TREMFYA PEN 100 MG/ML SOLN A-INJ	2	PA QLC 1 ML / 56 days SP Specialty
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	2	QL 4 ML / 28 day(s) PA QLC 2 mL / 28 days SP Specialty
TREMFYA PEN 200 MG/2ML SOLN A-INJ	2	PA QLC 2 mL / 28 days SP Specialty
XOLAIR 150 MG/ML SOLN PRSYR	2	QL 2 ml / 28 day(s) PA SP Specialty
XOLAIR 300 MG/2ML SOLN PRSYR	2	QL 4 ml / 28 day(s) PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	QL 1 ml / 28 day(s) PA SP Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	PA SP Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	PA SP Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	PA SP Specialty
PALFORZIA (1 MG DAILY DOSE) 1 X 1 MG CSPK	3	QL 15 EA / 15 DAYS PA SP Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	PA SP Specialty
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	3	PA SP Specialty
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (300 MG TITRATION) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	PA SP Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	3	PA SP Specialty
PALFORZIA INITIAL DOSE 1-3YRS 0.5 & 1 & 1.5 & 3 MG CSPK	3	QL 7 EA / 1 day(s) PA SP Specialty
PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	PA SP Specialty
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	PA SP Specialty
EMPAVELI 1080 MG/20ML SOLUTION	3	PA
ARCALYST 220 MG RECON SOLN	3	PA SP Specialty
SKYRIZI 150 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 84 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	PA QLC 1 ML / 84 days SP Specialty
SKYRIZI 180 MG/1.2ML SOLN CART	2	PA QLC 1.2 ML / 56 days SP Specialty
SKYRIZI 360 MG/2.4ML SOLN CART	2	PA QLC 2.4 ML / 56 days SP Specialty
KEVZARA 150 MG/1.14ML SOLN A-INJ	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 150 MG/1.14ML SOLN PRSYR	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 200 MG/1.14ML SOLN A-INJ	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 200 MG/1.14ML SOLN PRSYR	3	QL 2.28 mL / 28 day(s) PA SP Specialty
ENSPRYNG 120 MG/ML SOLN PRSYR	3	PA SP Specialty
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA SP Specialty
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 1 ML / 28 day(s) PA SP Specialty
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 2 mL / 28 day(s) PA SP Specialty
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	<ul style="list-style-type: none"> QL 1.91 ml / 28 day(s) PA SP Specialty
XELJANZ 10 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
XELJANZ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 240 mL / 24 day(s) PA SP Specialty
XELJANZ 5 MG TAB	2	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
STELARA 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
STELARA 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
STELARA 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 mL / 56 days PA QLC 1 ML / 56 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
USTEKINUMAB 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
USTEKINUMAB 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> QL 0.5 mL / 84 days PA QLC 0.5 mL / 84 days SP Specialty
USTEKINUMAB 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> QL 1 mL / 56 days PA QLC 1 ML / 56 days SP Specialty
IMMUNOSUPPRESSANTS		
HUMIRA 10 MG/0.1ML PREF SY KT	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 2 ea / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	<ul style="list-style-type: none"> QL 4 ea / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA 40 MG/0.4ML PREF SY KT	2	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 6 ea / 28 day(s) PA SP Specialty
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA-PED>=40KG CROHNS START 80 MG/0.8ML PREF SY KT	2	<ul style="list-style-type: none"> QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	2	<ul style="list-style-type: none"> QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA-PED>=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 4 ea / 28 day(s) PA SP Specialty
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> QL 3 ea / 28 day(s) PA SP Specialty
<i>azasan 100 mg tab</i>	2	
<i>azasan 75 mg tab</i>	2	
<i>azathioprine 100 mg tab</i>	2	
<i>azathioprine 50 mg tab</i>	1	
<i>azathioprine 50 mg tab</i>	1	
<i>azathioprine 75 mg tab</i>	2	
IMURAN 50 MG TAB	2	
<i>cyclosporine 100 mg cap</i>	1	
<i>cyclosporine 25 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE 100 MG CAP	2	SP Specialty
SANDIMMUNE 100 MG/ML SOLUTION	2	SP Specialty
SANDIMMUNE 25 MG CAP	2	SP Specialty
<i>cyclosporine modified 100 mg cap</i>	1	
<i>cyclosporine modified 100 mg cap</i>	1	
<i>cyclosporine modified 100 mg/ml solution</i>	1	
<i>cyclosporine modified 25 mg cap</i>	1	
<i>cyclosporine modified 25 mg cap</i>	1	
<i>cyclosporine modified 50 mg cap</i>	1	
<i>gengraf 100 mg cap</i>	1	
<i>gengraf 100 mg/ml solution</i>	1	
<i>gengraf 25 mg cap</i>	1	
NEORAL 100 MG CAP	2	
NEORAL 100 MG/ML SOLUTION	2	
NEORAL 25 MG CAP	2	
ENBREL 25 MG/0.5ML SOLN PRSYR	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL 25 MG/0.5ML SOLUTION	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL 50 MG/ML SOLN PRSYR	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL MINI 50 MG/ML SOLN CART	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	QL 4 mL / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus 0.25 mg tab</i>	3	PA SP Specialty
<i>everolimus 0.5 mg tab</i>	3	PA SP Specialty
<i>everolimus 0.75 mg tab</i>	3	PA SP Specialty
<i>everolimus 1 mg tab</i>	3	PA SP Specialty
ZORTRESS 1 MG TAB	3	PA SP Specialty
<i>leflunomide 10 mg tab</i>	1	
<i>leflunomide 20 mg tab</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 1 gm/40ml solution</i>	1	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
TREXALL 10 MG TAB	2	
TREXALL 15 MG TAB	2	
TREXALL 5 MG TAB	2	
TREXALL 7.5 MG TAB	2	
CELLCEPT 200 MG/ML RECON SUSP	2	
CELLCEPT 250 MG CAP	2	
CELLCEPT 500 MG TAB	2	
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	2	
<i>mycophenolate mofetil 250 mg cap</i>	1	
<i>mycophenolate mofetil 500 mg tab</i>	1	
<i>mycophenolate sodium 180 mg tab dr</i>	2	
<i>mycophenolate sodium 360 mg tab dr</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolic acid 180 mg tab dr</i>	2	
<i>mycophenolic acid 360 mg tab dr</i>	2	
MYFORTIC 180 MG TAB DR	3	
MYFORTIC 360 MG TAB DR	3	
RAPAMUNE 0.5 MG TAB	3	SP Specialty
RAPAMUNE 1 MG/ML SOLUTION	2	
RAPAMUNE 1 MG TAB	3	SP Specialty
RAPAMUNE 2 MG TAB	3	SP Specialty
<i>sirolimus 0.5 mg tab</i>	2	
<i>sirolimus 1 mg/ml solution</i>	2	
<i>sirolimus 1 mg tab</i>	2	
<i>sirolimus 2 mg tab</i>	2	
PROGRAF 0.5 MG CAP	2	SP Specialty
PROGRAF 1 MG CAP	2	SP Specialty
PROGRAF 5 MG CAP	2	SP Specialty
<i>tacrolimus 0.5 mg cap</i>	1	
<i>tacrolimus 1 mg cap</i>	1	
<i>tacrolimus 5 mg cap</i>	1	
XELJANZ XR 11 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
XELJANZ XR 22 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
RINVOQ 15 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
RINVOQ 30 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RINVOQ 45 MG TAB ER 24H	2	<ul style="list-style-type: none"> QL 30 EA / 30 day(s) PA SP Specialty
LUPKYNIS 7.9 MG CAP	3	<ul style="list-style-type: none"> PA
VACCINES		
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	3	<ul style="list-style-type: none"> ACA Affordable Care Act
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium 750 mg cap</i>	1	
<i>mesalamine 1000 mg suppos</i>	2	
<i>mesalamine 1.2 gm tab dr</i>	2	
<i>mesalamine 400 mg cap dr</i>	2	
<i>mesalamine 4 gm enema</i>	1	
<i>mesalamine 800 mg tab dr</i>	2	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	
<i>mesalamine er 500 mg cap er</i>	2	
PENTASA 250 MG CAP ER	2	
SFROWASA 4 GM/60ML ENEMA	2	
<i>mesalamine-cleanser 4 gm kit</i>	1	
DIPENTUM 250 MG CAP	3	
<i>sulfasalazine 500 mg tab</i>	1	
<i>sulfasalazine 500 mg tab dr</i>	1	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er 9 mg tab er 24h</i>	3	<ul style="list-style-type: none"> QLC 90 EA / 365 days
TARPEYO 4 MG CAP DR	3	<ul style="list-style-type: none"> PA
<i>hydrocortisone 10 mg tab</i>	1	
<i>hydrocortisone 20 mg tab</i>	1	
<i>hydrocortisone 5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTIFOAM 10 % FOAM	2	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
METABOLIC BONE DISEASE AGENTS		
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	QL 1.56 ML / 30 day(s) SP Specialty
<i>alendronate sodium 10 mg tab</i>	1	PD Preventive Drug
<i>alendronate sodium 35 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
ALENDRONATE SODIUM 5 MG TAB	1	PD Preventive Drug
<i>alendronate sodium 70 mg/75ml solution</i>	1	PD Preventive Drug
<i>alendronate sodium 70 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>calcitonin (salmon) 200 unit/act solution</i>	1	PD Preventive Drug
<i>calcitonin (salmon) 200 unit/ml solution</i>	2	PD Preventive Drug
<i>calcitriol 0.25 mcg cap</i>	1	
<i>calcitriol 0.5 mcg cap</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>aqueous vitamin d 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>baby ddrops 10 mcg /0.028ml liquid</i>	1	OTC Over the Counter
<i>baby super daily d3 10 mcg /0.028ml liquid</i>	1	OTC Over the Counter
<i>baby vitamin d3 10 mcg /0.028ml liquid</i>	1	OTC Over the Counter
<i>bprotected pedia d-vite 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>cvs d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
d3 10 mcg (400 unit) chew tab	1	OTC Over the Counter
d3 high potency 10 mcg (400 unit) tab	1	OTC Over the Counter
d3 kids 10 mcg (400 unit) chew tab	1	OTC Over the Counter
D3 LIQUID 25 MCG/0.04ML LIQUID	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
d-400 10 mcg (400 unit) tab	1	OTC Over the Counter
delta d3 10 mcg (400 unit) tab	1	OTC Over the Counter
d-vi-sol 10 mcg/ml liquid	1	OTC Over the Counter
d-vite pediatric 10 mcg/ml liquid	1	OTC Over the Counter
eql vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
gnp vitamin d 10 mcg (400 unit) chew tab	1	OTC Over the Counter
gnp vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
healthy kids vitamin d3 10 mcg (400 unit) chew tab	1	OTC Over the Counter
kp vitamin d 10 mcg (400 unit) chew tab	1	OTC Over the Counter
pharmacist choice d-vitamin 400 unit/ml liquid	1	OTC Over the Counter
qc vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
sm vitamin d 10 mcg (400 unit) tab	1	OTC Over the Counter
true vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
true vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d 10 mcg/ml liquid	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) chew tab	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d3 10 mcg/ml liquid	1	OTC Over the Counter
vitamin d (cholecalciferol) 10 mcg (400 unit) cap	1	OTC Over the Counter
vitamin d (cholecalciferol) 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d infant 10 mcg/ml liquid	1	OTC Over the Counter
cinacalcet hcl 30 mg tab	2	SP Specialty
cinacalcet hcl 60 mg tab	2	SP Specialty
cinacalcet hcl 90 mg tab	2	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOXERCALCIFEROL 0.5 MCG CAP	2	
DOXERCALCIFEROL 1 MCG CAP	2	
DOXERCALCIFEROL 2.5 MCG CAP	2	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) 50000 unit cap</i>	1	
<i>ibandronate sodium 150 mg tab</i>	3	PD Preventive Drug
<i>paricalcitol 1 mcg cap</i>	2	
<i>paricalcitol 2 mcg cap</i>	2	
<i>paricalcitol 4 mcg cap</i>	2	
<i>risedronate sodium 150 mg tab</i>	1	PD Preventive Drug
<i>risedronate sodium 30 mg tab</i>	2	PD Preventive Drug
<i>risedronate sodium 35 mg tab</i>	1	PD Preventive Drug
<i>risedronate sodium 35 mg tab dr</i>	3	PD Preventive Drug
<i>risedronate sodium 5 mg tab</i>	2	PD Preventive Drug
FORTEO 560 MCG/2.24ML SOLN PEN	2	QLC 760 ML / 999 day(s) SP Specialty
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL SWABS	1	OTC Over the Counter
<i>iv prep wipes 70 % pad</i>	2	OTC Over the Counter
BARIUM SULFATE POWDER	3	
CONTOUR MONITOR DEVICE	2	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT EZ W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	2	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT LINK W/DEVICE KIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> Preventive Drug <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> Over the Counter </div>
CONTOUR NEXT MONITOR W/DEVICE KIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> Preventive Drug <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> Over the Counter </div>
CONTOUR NEXT ONE KIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> Preventive Drug <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> Over the Counter </div>
CONTOUR PLUS BLUE W/DEVICE KIT	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 1 EA / 180 DAYS <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> Preventive Drug <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> Over the Counter </div>
FEMCAP 22 MM DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act
FEMCAP 26 MM DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act
FEMCAP 30 MM DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act
DEXCOM G6 RECEIVER DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 1 / 365 days
DEXCOM G7 RECEIVER DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 1 / 365 days
FREESTYLE LIBRE 14 DAY READER DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 1 / 365 days
FREESTYLE LIBRE 2 READER DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 1 / 365 days
FREESTYLE LIBRE 3 READER DEVICE	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 1 / 365 Days
FREESTYLE LIBRE 2 SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 / 28 day(s)
DEXCOM G6 TRANSMITTER MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 1 / 84 days
DEXCOM G6 SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 / 30 day(s)
DEXCOM G7 15 DAY SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 EA / 30 day(s)
DEXCOM G7 SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 3 / 30 day(s)
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 / 28 day(s)
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 EA / 28 day(s)
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 EA / 28 DAYS
FREESTYLE LIBRE 3 SENSOR MISC	2	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 / 28 day(s)
MIUDELLA INTRAUTERINE COPPER IUD	3	<div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">ACA</div> Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PARAGARD INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act
FIXODENT EXTRA HOLD POWDER	3	OTC Over the Counter
KLUTCH POWDER	3	OTC Over the Counter
POLIGRIP SUPER STRONG EX ST POWDER	3	OTC Over the Counter
CAYA DIAPHRAGM	2	ACA Affordable Care Act
OMNIFLEX DIAPHRAGM DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	2	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	2	ACA Affordable Care Act
FIRST-MOUTHWASH BLM SUSPENSION	1	
D-XYLOSE POWDER	3	
SOLIRIS 300 MG/30ML SOLUTION	3	PA SP Specialty
VOWST CAP	3	PA SP Specialty
VEOZAH 45 MG TAB	3	PA
CONTOUR NEXT TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR PLUS TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
CONTOUR TEST STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALIMENTUM LIQUID	2	OTC Over the Counter
ALSOY SOY FORMULA LIQUID	2	OTC Over the Counter
ENFAGROW NEUROPRO TODDLER LIQUID	2	OTC Over the Counter
ENFAGROW NEXT STEP LIQUID	2	OTC Over the Counter
ENFAMIL 24 LIQUID	2	OTC Over the Counter
ENFAMIL AR LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL AR SPIT-UP LIQUID	2	OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT 20-40 MG/0.5ML LIQUID	2	OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT LIQUID	2	OTC Over the Counter
ENFAMIL ENFACARE LIQUID	2	OTC Over the Counter
ENFAMIL GENTLEASE LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL GENTLEASE LIQUID	2	OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER LIQUID	2	OTC Over the Counter
ENFAMIL MILK-BASED W/IRON LIQUID	2	OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE LIQUID	2	OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE LIQUID	2	OTC Over the Counter
ENFAMIL NEUROPRO INFANT LIQUID	2	OTC Over the Counter
ENFAMIL NUTRAMIGEN LIQUID	2	OTC Over the Counter
ENFAMIL PREGESTIMIL LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL PREMATURE LIQUID	2	OTC Over the Counter
ENFAMIL PREMIUM INFANT LIQUID	2	OTC Over the Counter
ENFAMIL PROSOBEE LIPIL LIQUID	2	OTC Over the Counter
ENFAMIL PROSOBEE/SENSITIVE LIQUID	2	OTC Over the Counter
ENFAPORT LIQUID	2	OTC Over the Counter
FORTINI INFANT FORMULA LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER GOOD START GENTLE LIQUID	2	OTC Over the Counter
GERBER GOOD START NOURISH LIQUID	2	OTC Over the Counter
GERBER GOOD START PREMATURE LIQUID	2	OTC Over the Counter
GERBER GOOD START SOY/IRON LIQUID	2	OTC Over the Counter
GERBER GOOD START SUPREME/IRON LIQUID	2	OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON LIQUID	2	OTC Over the Counter
GOOD START 2 SUPREME/IRON LIQUID	2	OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON LIQUID	2	OTC Over the Counter
GOOD START/FE LIQUID	2	OTC Over the Counter
GOOD START LIQUID	2	OTC Over the Counter
GOOD START SUPREME/IRON LIQUID	2	OTC Over the Counter
ISOMIL ADVANCE SOY FORMULA-FE LIQUID	2	OTC Over the Counter
ISOMIL DF LIQUID	2	OTC Over the Counter
ISOMIL/IRON LIQUID	2	OTC Over the Counter
ISOMIL SOY FORMULA/IRON LIQUID	2	OTC Over the Counter
NEOSURE ADVANCE LIQUID	2	OTC Over the Counter
PROTEIN FORTIFIER LIQUID	2	OTC Over the Counter
PURE BLISS ORGANIC/IRON LIQUID	2	OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO LIQUID	2	OTC Over the Counter
SIMILAC 360 TOT CARE SENS 5HMO LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE COMPLETE LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE-IRON LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE KOSHER LIQUID	2	OTC Over the Counter
SIMILAC ADVANCE ON-THE-GO LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC ADVANCE ORGANIC LIQUID	2	OTC Over the Counter
SIMILAC ALIMENTUM ADVANCE-IRON LIQUID	2	OTC Over the Counter
SIMILAC ALIMENTUM IMMUNESUPP LIQUID	2	OTC Over the Counter
SIMILAC EXPERT CARE ALIMENTUM LIQUID	2	OTC Over the Counter
SIMILAC EXPERT CARE DIARRHEA LIQUID	2	OTC Over the Counter
SIMILAC EXPERT CARE NEOSURE/FE LIQUID	2	OTC Over the Counter
SIMILAC FOR SPIT-UP LIQUID	2	OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION LIQUID	2	OTC Over the Counter
SIMILAC/IRON LIQUID	2	OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE LIQUID	2	OTC Over the Counter
SIMILAC LIQUID	2	OTC Over the Counter
SIMILAC LOW-IRON LIQUID	2	OTC Over the Counter
SIMILAC NATURAL CARE LIQUID	2	OTC Over the Counter
SIMILAC NEOSURE ADVANCE/IRON LIQUID	2	OTC Over the Counter
SIMILAC NEOSURE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC ORGANIC/IRON LIQUID	2	OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON LIQUID	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE LIQUID	2	OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT LIQUID	2	OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD LIQUID	2	OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO LIQUID	2	OTC Over the Counter
SIMILAC SENSITIVE SPIT-UP LIQUID	2	OTC Over the Counter
SIMILAC SOY ISOMIL LIQUID	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC SPECIAL CARE/IRON LIQUID	2	OTC Over the Counter
SIMILAC SPECIAL CARE LIQUID	2	OTC Over the Counter
SIMILAC SPECIAL CARE/LOW IRON LIQUID	2	OTC Over the Counter
SIMILAC SPECIAL CARE PREMATURE LIQUID	2	OTC Over the Counter
SIMILAC TOTAL COMFORT LIQUID	2	OTC Over the Counter
WATER ORAL LIQUID	2	OTC Over the Counter
MODD1 PATIENT WELCOME KIT KIT	2	QLC 1 EA / 700 Days
MODD1 SUPPLY KIT KIT	3	QLC 1/365 days
<i>Omnipod 5 DexG7G6 Pods Gen 5 MISC</i>	2	QL 15 EA / 30 day(s)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	QLC 1 EA / 700 Days
OMNIPOD 5 G6 PODS (GEN 5) MISC	2	QL 15 EA / 30 day(s)
<i>Omnipod 5 G7 Intro (Gen 5) KIT</i>	2	QLC 1 EA / 700 Days
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	QL 15 EA / 30 day(s)
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT	2	QLC 1 EA / 700 Days
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	2	QL 15 EA / 30 day(s)
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL 15 EA / 30 day(s)
OMNIPOD DASH INTRO (GEN 4) KIT	2	QLC 1 EA / 700 Days
OMNIPOD DASH PDM (GEN 4) KIT	2	QLC 1 EA / 700 Days
OMNIPOD DASH PODS (GEN 4) MISC	2	QL 15 EA / 30 day(s)
OMNIPOD POD PALS MISC	2	QL 10 / 30 day(s) OTC Over the Counter
PEN NEEDLES 30G X 5 MM MISC	2	
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	2	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	2	
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	2	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">PD</div> <div>Preventive Drug</div> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> <div>Over the Counter</div> </div>
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	2	
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	2	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	2	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	2	
PRECISION XTRA KETONE STRIP	2	<div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> Over the Counter
LANCETS	2	<div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">OTC</div> Over the Counter
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	2	
<i>liraglutide -weight management 18 mg/3ml soln pen</i>	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>15 ML / 30 day(s)</div> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
SAXENDA 18 MG/3ML SOLN PEN	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>15 ML / 30 day(s)</div> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>methergine 0.2 mg tab</i>	2	
<i>methylergonovine maleate 0.2 mg/ml solution</i>	2	
<i>methylergonovine maleate 0.2 mg tab</i>	2	
LAGEVRIO 200 MG CAP	3	<div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 80 EA / 30 day(s)
OPVEE 2.7 MG/0.1ML SOLUTION	2	
AKEEGA 100-500 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / 30 days</div> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
AKEEGA 50-500 MG TAB	3	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 EA / 30 days</div> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">SP</div> <div>Specialty</div> </div>
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	<div style="background-color: #663399; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> 20 EA /30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	2	QLC 11 EA / 90 DAYS
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QLC 30 EA /30 days
3232A INFANT FORMULA POWDER	2	OTC Over the Counter
ACERFLEX POWDER	2	OTC Over the Counter
BCAD 1 POWDER	2	OTC Over the Counter
BCAD 2 POWDER	2	OTC Over the Counter
CHOLEXTRA POWDER	2	OTC Over the Counter
CLICK ESPRESSO PROTEIN DRINK POWDER	2	OTC Over the Counter
CYCLINEX-1 POWDER	2	OTC Over the Counter
CYCLINEX-2 POWDER	2	OTC Over the Counter
CYCLINEX-2 POWDER	2	OTC Over the Counter
DUOCAL POWDER	2	OTC Over the Counter
EGG/PRO POWDER	2	OTC Over the Counter
ELECARE DHA/ARA INFANT POWDER	2	OTC Over the Counter
ELECARE DHA/ARA POWDER	2	OTC Over the Counter
ELECARE JR POWDER	2	OTC Over the Counter
ELECARE POWDER	2	OTC Over the Counter
ENCALA POWDER	2	OTC Over the Counter
ENSURE HIGH PROTEIN POWDER	2	OTC Over the Counter
ENSURE ORIGINAL POWDER	2	OTC Over the Counter
ENSURE POWDER	2	OTC Over the Counter
FORTA DRINK POWDER	2	OTC Over the Counter
FORTA SHAKE POWDER	2	OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
GA POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUTAREX-1 POWDER	2	OTC Over the Counter
GLUTAREX-2 POWDER	2	OTC Over the Counter
HCU ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
HCU ANAMIX NEXT POWDER	2	OTC Over the Counter
HCU MAXAMUM POWDER	2	OTC Over the Counter
HCY 1 POWDER	2	OTC Over the Counter
HCY 2 POWDER	2	OTC Over the Counter
HEALTH SOURCE POWDER	2	OTC Over the Counter
HOM 2 POWDER	2	OTC Over the Counter
HOMINEX-1 POWDER	2	OTC Over the Counter
HOMINEX-2 POWDER	2	OTC Over the Counter
IMMULIFE POWDER	2	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
IVA ANAMIX NEXT POWDER	2	OTC Over the Counter
I-VALEX-1 POWDER	2	OTC Over the Counter
I-VALEX-2 POWDER	2	OTC Over the Counter
IVA MAXAMUM POWDER	2	OTC Over the Counter
JUVEN POWDER	2	OTC Over the Counter
KETOCAL 3:1 POWDER	2	OTC Over the Counter
KETOCAL 4:1 POWDER	2	OTC Over the Counter
KETOGEN POWDER	2	OTC Over the Counter
KETONEX-1 POWDER	2	OTC Over the Counter
KETONEX-2 POWDER	2	OTC Over the Counter
K-PAX PROTEIN BLEND IMMUNE POWDER	2	OTC Over the Counter
LIPISTART POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LMD POWDER	2	OTC Over the Counter
METHIONAID POWDER	2	OTC Over the Counter
MMA/PA ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
MMA/PA ANAMIX NEXT POWDER	2	OTC Over the Counter
MMA/PA MAXAMUM POWDER	2	OTC Over the Counter
MODULEN POWDER	2	OTC Over the Counter
MONOGEN POWDER	2	OTC Over the Counter
MSUD 2 POWDER	2	OTC Over the Counter
MSUD AID POWDER	2	OTC Over the Counter
MSUD ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
MSUD MAXAMAID POWDER	2	OTC Over the Counter
MSUD MAXAMUM POWDER	2	OTC Over the Counter
NEOCATE INFANT DHA/ARA POWDER	2	OTC Over the Counter
NEOCATE JUNIOR POWDER	2	OTC Over the Counter
NEOCATE JUNIOR PREBIOTICS POWDER	2	OTC Over the Counter
NEOCATE SPOON POWDER	2	OTC Over the Counter
NUTRITIONAL DRINK MIX POWDER	2	OTC Over the Counter
NUTRITIONAL DRINK SHAKE MIX POWDER	2	OTC Over the Counter
OA 1 POWDER	2	OTC Over the Counter
OA 2 POWDER	2	OTC Over the Counter
OPTICLEANSE GHI POWDER	2	OTC Over the Counter
ORGANIC PEDIA SMART POWDER	2	OTC Over the Counter
OS 2 POWDER	2	OTC Over the Counter
PEDIASURE GROW & GAIN POWDER	2	OTC Over the Counter
PEDIASURE SHAKE MIX POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE SIDEKICKS POWDER	2	OTC Over the Counter
PERIFLEX ADVANCE POWDER	2	OTC Over the Counter
PERIFLEX JUNIOR POWDER	2	OTC Over the Counter
PFD 2 POWDER	2	OTC Over the Counter
PFD POWDER	2	OTC Over the Counter
PHENEX-1 POWDER	2	OTC Over the Counter
PHENEX-2 POWDER	2	OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	2	OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER POWDER	2	OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	2	OTC Over the Counter
PHENYLADE GMP POWDER	2	OTC Over the Counter
PHENYL-FREE 2HP POWDER	2	OTC Over the Counter
PHENYL-FREE 2 POWDER	2	OTC Over the Counter
PKU 2 POWDER	2	OTC Over the Counter
PKU 3 POWDER	2	OTC Over the Counter
PKU PERIFLEX EARLY YEARS POWDER	2	OTC Over the Counter
PKU PERIFLEX JUNIOR PLUS POWDER	2	OTC Over the Counter
PKU TRIO POWDER	2	OTC Over the Counter
POLYCAL POWDER	2	OTC Over the Counter
PORTAGEN POWDER	2	OTC Over the Counter
PROMOD POWDER	2	OTC Over the Counter
PRO-PHREE POWDER	2	OTC Over the Counter
PROPIMEX-1 POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROPIMEX-2 POWDER	2	OTC Over the Counter
PROSOURCE POWDER	2	OTC Over the Counter
PROVIMIN POWDER	2	OTC Over the Counter
PURECARB POWDER	2	OTC Over the Counter
RENASTART POWDER	2	OTC Over the Counter
SCANDICAL POWDER	2	OTC Over the Counter
SCANDISHAKE POWDER	2	OTC Over the Counter
SOL CARB POWDER	2	OTC Over the Counter
TYR ANAMIX EARLY YEARS POWDER	2	OTC Over the Counter
TYR ANAMIX NEXT POWDER	2	OTC Over the Counter
TYREX-1 POWDER	2	OTC Over the Counter
TYREX-2 POWDER	2	OTC Over the Counter
TYROS 1 POWDER	2	OTC Over the Counter
TYROS 2 POWDER	2	OTC Over the Counter
UCD 2 POWDER	2	OTC Over the Counter
UCD ANAMIX JUNIOR POWDER	2	OTC Over the Counter
UCD TRIO POWDER	2	OTC Over the Counter
ULTRAMINO SOY PROTEIN POWDER	2	OTC Over the Counter
VIVONEX PLUS PACKET	2	OTC Over the Counter
WND 1 POWDER	2	OTC Over the Counter
WND 2 POWDER	2	OTC Over the Counter
XLEU MAXAMAID POWDER	2	OTC Over the Counter
XLYS-XTRP MAXAMAID POWDER	2	OTC Over the Counter
XLYS-XTRP MAXAMUM POWDER	2	OTC Over the Counter
XMET MAXAMAID POWDER	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XMET XCYS MAXAMAID POWDER	2	OTC Over the Counter
XMTVI MAXAMAID POWDER	2	OTC Over the Counter
XPHE MAXAMAID POWDER	2	OTC Over the Counter
XPHE-XTYR MAXAMAID POWDER	2	OTC Over the Counter
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	2	
PEAK FLOW METERS	2	PD Preventive Drug OTC Over the Counter
CHEMSTRIP 2 STRIP	1	OTC Over the Counter
FIRST-PROGESTERONE VGS 100 MG SUPPOS	3	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	3	
EVRYSDI 0.75 MG/ML RECON SOLN	3	PA SP Specialty
WEGOVI 0.25 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA
WEGOVI 0.5 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA
WEGOVI 1.7 MG/0.75ML SOLN A-INJ	3	QL 3 ML / 28 day(s) PA
WEGOVI 1 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA
WEGOVI 2.4 MG/0.75ML SOLN A-INJ	3	QL 3 ML / 28 day(s) PA
SODIUM SACCHARIN POWDER	3	OTC Over the Counter
XPHOZAH 20 MG TAB	3	PA
XPHOZAH 30 MG TAB	3	PA
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	3	QL 2 ml / 28 day(s) PA
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	3	QL 2 mL / 28 day(s) PA
OPSITE 11"X11-3/4" MISC	2	OTC Over the Counter
OPSITE 11"X17-3/4" MISC	2	OTC Over the Counter
OPSITE 11"X6" MISC	2	OTC Over the Counter
OPSITE 17-3/4"X21-5/8" MISC	2	OTC Over the Counter
OPSITE 4"X5-1/2" MISC	2	OTC Over the Counter
OPSITE FLEXIGRID 2-3/8"X2-3/4" MISC	2	OTC Over the Counter
OPSITE FLEXIGRID 4-3/4"X10" MISC	2	OTC Over the Counter
OPSITE FLEXIGRID 4"X4-3/4" MISC	2	OTC Over the Counter
OPSITE FLEXIGRID 6"X8" MISC	2	OTC Over the Counter
OPSITE IV 3000 MISC	2	OTC Over the Counter
OPSITE POST-OP 10"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP 13-3/4"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP 4-3/4"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP 8"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP VISIBLE 10"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP VISIBLE 4X3-1/8 MISC	2	OTC Over the Counter
OPSITE POST-OP VISIBLE 6"X4" MISC	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPSITE POST-OP VISIBLE MISC	2	OTC Over the Counter
ARGYLE STERILE WATER SOLUTION	1	
<i>sterile water for irrigation solution</i>	1	
STERILE WATER FOR IRRIGATION SOLUTION	1	
<i>water for irrigation, sterile solution</i>	1	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
LACRISERT 5 MG INSERT	3	
ATROPINE SULFATE 0.025 % SOLUTION	1	
ATROPINE SULFATE 0.05 % SOLUTION	1	
ATROPINE SULFATE 1 % OINTMENT	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT	1	
<i>neo-polycin hc 1 % ointment</i>	1	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	2	
OXERVATE 0.002 % SOLUTION	3	PA SP Specialty
<i>cyclopentolate hcl 1 % solution</i>	1	
<i>cyclosporine 0.05 % emulsion</i>	2	
RESTASIS 0.05 % EMULSION	2	
RESTASIS MULTIDOSE 0.05 % EMULSION	2	
<i>dorzolamide hcl-timolol mal 2-0.5 % solution</i>	1	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	2	
HOMATROPAIRE 5 % SOLUTION	1	
XIIDRA 5 % SOLUTION	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYLET 0.5-0.3 % SUSPENSION	2	
XDEMVY 0.25 % SOLUTION	3	PA
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</i>	1	
NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT	1	
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 0.1 % suspension</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
ROCKLATAN 0.02-0.005 % SOLUTION	3	
MIEBO 1.338 GM/ML SOLUTION	3	PA
ALTAFRIN 2.5 % SOLUTION	1	
<i>phenylephrine hcl 2.5 % solution</i>	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
ALTACAINE 0.5 % SOLUTION	1	
ALTACAINE 0.5 % SOLUTION	1	
<i>tetracaine hcl 0.5 % solution</i>	1	
TETRACAINE HCL 0.5 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>tropicamide 1 % solution</i>	1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	1	
<i>bepotastine besilate 1.5 % solution</i>	2	
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug
<i>epinastine hcl 0.05 % solution</i>	2	
ALOMIDE 0.1 % SOLUTION	3	
ALOCRIIL 2 % SOLUTION	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olopatadine hcl 0.2 % solution</i>	3	OTC Over the Counter
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	3	
KLARITY-A 1 % SOLUTION	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 0.5 % solution</i>	3	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
<i>sulfacetamide sodium 10 % solution</i>	1	
SULFACETAMIDE SODIUM 10 % SOLUTION	1	
<i>tobramycin 0.3 % solution</i>	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium 0.07 % solution</i>	3	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	2	
PROLENSA 0.07 % SOLUTION	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>difluprednate 0.05 % emulsion</i>	2	
FLAREX 0.1 % SUSPENSION	3	
<i>fluorometholone 0.1 % suspension</i>	1	
FML FORTE 0.25 % SUSPENSION	3	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
ACUVAIL 0.45 % SOLUTION	3	
<i>ketorolac tromethamine 0.4 % solution</i>	1	
<i>ketorolac tromethamine 0.5 % solution</i>	1	
ALREX 0.2 % SUSPENSION	2	
LOTEMAX 0.5 % OINTMENT	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOTEMAX SM 0.38 % GEL	2	
<i>loteprednol etabonate 0.2 % suspension</i>	2	
<i>loteprednol etabonate 0.5 % gel</i>	2	
<i>loteprednol etabonate 0.5 % suspension</i>	2	
ILEVRO 0.3 % SUSPENSION	3	
NEVANAC 0.1 % SUSPENSION	3	
PRED MILD 0.12 % SUSPENSION	3	
<i>prednisolone acetate 1 % suspension</i>	1	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S 0.25 % SUSPENSION	3	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
BETIMOL 0.25 % SOLUTION	2	
BETIMOL 0.5 % SOLUTION	2	
<i>timolol maleate 0.25 % gel f soln</i>	1	
<i>timolol maleate 0.25 % solution</i>	1	
<i>timolol maleate 0.5 % gel f soln</i>	1	
<i>timolol maleate 0.5 % solution</i>	1	
<i>timolol maleate ocudose 0.5 % solution</i>	3	
<i>timolol maleate (once-daily) 0.5 % solution</i>	3	
<i>timolol maleate pf 0.25 % solution</i>	3	
<i>timolol maleate pf 0.5 % solution</i>	3	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	1	
<i>acetazolamide er 500 mg cap er 12h</i>	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate 0.15 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brimonidine tartrate 0.2 % solution</i>	1	
<i>brinzolamide 1 % suspension</i>	2	
SIMBRINZA 1-0.2 % SUSPENSION	3	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>methazolamide 25 mg tab</i>	1	
<i>methazolamide 25 mg tab</i>	1	
<i>methazolamide 50 mg tab</i>	1	
<i>methazolamide 50 mg tab</i>	1	
RHOPRESSA 0.02 % SOLUTION	3	
<i>pilocarpine hcl 1 % solution</i>	1	
<i>pilocarpine hcl 2 % solution</i>	1	
<i>pilocarpine hcl 4 % solution</i>	1	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	2	
LUMIGAN 0.01 % SOLUTION	2	
<i>latanoprost 0.005 % solution</i>	1	
VYZULTA 0.024 % SOLUTION	3	
<i>tafluprost (pf) 0.0015 % solution</i>	3	
<i>travoprost (bak free) 0.004 % solution</i>	2	
OTIC AGENTS		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	2	
<i>ciprofloxacin hcl 0.2 % solution</i>	3	
<i>flac 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	1	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	3	
<i>neomycin-polymyxin-hc 1 % solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
<i>ofloxacin 0.3 % solution</i>	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
QVAR REDHALER 40 MCG/ACT AERO BA	2	
QVAR REDHALER 80 MCG/ACT AERO BA	2	
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	3	QL 6.8 / 30 days
<i>budesonide 0.25 mg/2ml suspension</i>	1	PD Preventive Drug
<i>budesonide 0.5 mg/2ml suspension</i>	1	PD Preventive Drug
<i>budesonide 1 mg/2ml suspension</i>	2	PD Preventive Drug
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA	2	QL 1 EA / 30 day(s) PD Preventive Drug
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA	2	QL 1 EA / 30 day(s) PD Preventive Drug
<i>flunisolide 25 mcg/act (0.025%) solution</i>	3	
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	2	QL 21.2 GM / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	2	QL 120 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	2	<p>QL 240 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	2	<p>QL 120 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
XHANCE 93 MCG/ACT EXHU	3	<p>QL 16 ml / 30 day(s)</p>
<i>mometasone furoate 50 mcg/act suspension</i>	2	
ANTIHISTAMINES		
<i>azelastine hcl 0.15 % solution</i>	2	
<i>azelastine hcl 0.1 % solution</i>	1	
<i>azelastine hcl 137 mcg/spray solution</i>	1	
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	3	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	1	
<i>cyproheptadine hcl 4 mg tab</i>	1	
<i>banophen 50 mg cap</i>	1	<p>OTC Over the Counter</p>
<i>dimetane allergy relief ex st 50 mg cap</i>	1	<p>OTC Over the Counter</p>
<i>diphenhydramine hcl 50 mg cap</i>	1	<p>OTC Over the Counter</p>
<i>diphenhydramine hcl 50 mg cap</i>	1	<p>OTC Over the Counter</p>
<i>kp diphenhydramine hcl 50 mg cap</i>	1	<p>OTC Over the Counter</p>
<i>pharbedryl 50 mg cap</i>	1	<p>OTC Over the Counter</p>
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	
<i>hydroxyzine hcl 10 mg tab</i>	1	
<i>hydroxyzine hcl 10 mg tab</i>	1	
<i>hydroxyzine hcl 25 mg tab</i>	1	
<i>hydroxyzine hcl 25 mg tab</i>	1	
<i>hydroxyzine hcl 50 mg tab</i>	1	
<i>hydroxyzine hcl 50 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	3	
<i>promethazine hcl 12.5 mg/10ml solution</i>	1	
<i>promethazine hcl 6.25 mg/5ml solution</i>	1	
ANTILEUKOTRIENES		
<i>montelukast sodium 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>montelukast sodium 4 mg chew tab</i>	1	PD Preventive Drug
<i>montelukast sodium 4 mg packet</i>	1	PD Preventive Drug
<i>montelukast sodium 5 mg chew tab</i>	1	PD Preventive Drug
<i>zafirlukast 10 mg tab</i>	2	PD Preventive Drug
<i>zafirlukast 20 mg tab</i>	2	PD Preventive Drug
<i>zileuton er 600 mg tab er 12h</i>	3	PD Preventive Drug
BRONCHODILATORS, ANTICHOLINERGIC		
<i>ipratropium bromide 0.02 % solution</i>	1	RX4L Rx4Less Program
ATROVENT HFA 17 MCG/ACT AERO SOLN	3	
<i>ipratropium bromide 0.03 % solution</i>	1	
<i>ipratropium bromide 0.06 % solution</i>	1	
<i>tiotropium bromide 18 mcg cap</i>	2	QL 30 EA / 30 day(s)
SPIRIVA HANDIHALER 18 MCG CAP	2	QL 30 EA / 30 day(s)
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	2	QL 4 GM / 30 day(s)
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	2	QL 4 GM / 30 day(s)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate 0.63 mg/3ml nebu soln</i>	1	
<i>albuterol sulfate 1.25 mg/3ml nebu soln</i>	1	
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln</i>	1	
<i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>	1	RX4L Rx4Less Program
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate 2 mg tab</i>	1	
<i>albuterol sulfate 4 mg tab</i>	1	
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	
<i>albuterol sulfate 8 mg/20ml syrup</i>	1	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	1	QL 17 GM / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	1	QL 13.4 / 30 day(s)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	1	QL 36 / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	2	QL 17 GM / 30 day(s)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	3	
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	2	QLC 6 EA / 365 day(s)
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	2	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR	2	QLC 6 EA / 365 day(s)
EIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
EIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
NEFFY 1 MG/0.1ML SOLUTION	3	QLC 6 ML / 365 DAYS
NEFFY 2 MG/0.1ML SOLUTION	3	QLC 6 mL / 365 Day(s)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	3	
<i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	3	
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	3	
<i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>	3	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	QL 30 GM / 30 day(s)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s)
<i>terbutaline sulfate 2.5 mg tab</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	
CYSTIC FIBROSIS AGENTS		
CAYSTON 75 MG RECON SOLN	3	SP Specialty
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	SP Specialty
TRIKAFTA 100-50-75 & 150 MG TAB THPK	3	PA SP Specialty
TRIKAFTA 100-50-75 & 75 MG THER PACK	3	PA SP Specialty
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	3	PA SP Specialty
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	3	PA SP Specialty
KALYDECO 13.4 MG PACKET	3	PA SP Specialty
KALYDECO 150 MG TAB	3	PA SP Specialty
KALYDECO 25 MG PACKET	3	PA SP Specialty
KALYDECO 50 MG PACKET	3	PA SP Specialty
KALYDECO 5.8 MG PACKET	3	PA SP Specialty
KALYDECO 75 MG PACKET	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORKAMBI 100-125 MG PACKET	3	PA SP Specialty
ORKAMBI 100-125 MG TAB	3	PA SP Specialty
ORKAMBI 150-188 MG PACKET	3	PA SP Specialty
ORKAMBI 200-125 MG TAB	3	PA SP Specialty
ORKAMBI 75-94 MG PACKET	3	PA
SYMDEKO 100-150 & 150 MG TAB THPK	3	PA SP Specialty
SYMDEKO 50-75 & 75 MG TAB THPK	3	PA SP Specialty
TOBI PODHALER 28 MG CAP	2	SP Specialty
<i>tobramycin 300 mg/5ml nebu soln</i>	2	SP Specialty
TOBRAMYCIN 300 MG/5ML NEBU SOLN	2	SP Specialty
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 250 mcg tab</i>	3	QL 30 EA / 30 days PD Preventive Drug
<i>roflumilast 500 mcg tab</i>	1	PD Preventive Drug
<i>elixophyllin 80 mg/15ml elixir</i>	2	
THEO-24 100 MG CAP ER 24H	2	
THEO-24 200 MG CAP ER 24H	2	
THEO-24 300 MG CAP ER 24H	2	
THEO-24 400 MG CAP ER 24H	2	
<i>theophylline 80 mg/15ml elixir</i>	2	
THEOPHYLLINE ER 100 MG TAB ER 12H	1	PD Preventive Drug
THEOPHYLLINE ER 200 MG TAB ER 12H	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>theophylline er 300 mg tab er 12h</i>	1	
<i>theophylline er 400 mg tab er 24h</i>	1	
<i>theophylline er 450 mg tab er 12h</i>	1	
<i>theophylline er 600 mg tab er 24h</i>	1	
PULMONARY ANTIHYPERTENSIVES		
<i>ambrisentan 10 mg tab</i>	2	QL 30 EA / 30 day(s) SP Specialty
<i>ambrisentan 5 mg tab</i>	2	QL 30 EA / 30 day(s) SP Specialty
<i>bosentan 125 mg tab</i>	2	QL 60 EA / 30 day(s) SP Specialty
<i>bosentan 62.5 mg tab</i>	2	QL 60 EA / 30 day(s) SP Specialty
VENTAVIS 10 MCG/ML SOLUTION	2	SP Specialty
VENTAVIS 20 MCG/ML SOLUTION	2	SP Specialty
OPSUMIT 10 MG TAB	3	PA SP Specialty
ADEMPAS 0.5 MG TAB	3	PA SP Specialty
ADEMPAS 1.5 MG TAB	3	PA SP Specialty
ADEMPAS 1 MG TAB	3	PA SP Specialty
ADEMPAS 2.5 MG TAB	3	PA SP Specialty
ADEMPAS 2 MG TAB	3	PA SP Specialty
LIQREV 10 MG/ML SUSPENSION	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sildenafil citrate 10 mg/ml recon susp</i>	3	PA SP Specialty
<i>sildenafil citrate 20 mg tab</i>	1	SP Specialty
<i>alyq 20 mg tab</i>	3	PA SP Specialty
<i>tadalafil (pah) 20 mg tab</i>	3	PA SP Specialty
TYVASO 0.6 MG/ML SOLUTION	3	SP Specialty
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	3	SP Specialty
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	3	SP Specialty
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	3	SP Specialty
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	3	SP Specialty
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	3	SP Specialty
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	3	SP Specialty
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	3	SP Specialty
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	3	SP Specialty
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	3	SP Specialty
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	3	SP Specialty
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	3	SP Specialty
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	SP Specialty
TYVASO REFILL 0.6 MG/ML SOLUTION	3	SP Specialty
TYVASO STARTER 0.6 MG/ML SOLUTION	3	SP Specialty
PULMONARY FIBROSIS AGENTS		
OFEV 100 MG CAP	3	PA SP Specialty
OFEV 150 MG CAP	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pirfenidone 267 mg cap</i>	3	SP Specialty
<i>pirfenidone 267 mg tab</i>	3	SP Specialty
<i>pirfenidone 801 mg tab</i>	3	SP Specialty
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 10 % solution</i>	1	
<i>acetylcysteine 20 % solution</i>	1	
AIRSUPRA 90-80 MCG/ACT AEROSOL	3	PA QLC 21.4 gm / 23 DAY(S)
FASENRA PEN 30 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA SP Specialty
<i>benzonatate 100 mg cap</i>	1	
<i>benzonatate 150 mg cap</i>	3	
BENZONATATE 150 MG CAP	3	
<i>benzonatate 200 mg cap</i>	1	
<i>breyana 160-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>breyana 80-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL 23.6 GM / 28 day(s) PD Preventive Drug
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	PD Preventive Drug
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
ADVAIR HFA 115-21 MCG/ACT AEROSOL	2	<p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	<p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	<p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>fluticasone-salmeterol 100-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>fluticasone-salmeterol 250-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>fluticasone-salmeterol 500-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>wixela inhub 100-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>wixela inhub 250-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
<i>wixela inhub 500-50 mcg/act aer pow ba</i>	1	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	<p>QL 60 EA / 30 day(s)</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
g tussin ac 100-10 mg/5ml solution	1	OTC Over the Counter
guaifenesin ac 100-10 mg/5ml syrup	1	OTC Over the Counter
guaifenesin-codeine 100-10 mg/5ml solution	1	OTC Over the Counter
guaifenesin-codeine 100-10 mg/5ml solution	1	OTC Over the Counter
guaifenesin-codeine 200-20 mg/10ml solution	1	OTC Over the Counter
guaifenesin-codeine 200-20 mg/10ml solution	1	OTC Over the Counter
maxi-tuss ac 100-10 mg/5ml solution	1	OTC Over the Counter
NINJACOF-XG 200-8 MG/5ML LIQUID	3	OTC Over the Counter
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution	1	
hydrocodone bit-homatrop mbr 5-1.5 mg tab	1	
hydromet 5-1.5 mg/5ml solution	1	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	1	
NUCALA 100 MG/ML SOLN A-INJ	2	QL 3 ML / 28 day(s) PA SP Specialty
NUCALA 100 MG/ML SOLN PRSYR	2	QL 3 ml / 28 day(s) PA SP Specialty
NUCALA 40 MG/0.4ML SOLN PRSYR	2	QL 0.4 ml / 28 day(s) PA SP Specialty
DULERA 100-5 MCG/ACT AEROSOL	2	QL 13 GM / 30 day(s) PD Preventive Drug
DULERA 200-5 MCG/ACT AEROSOL	2	QL 13 GM / 30 day(s) PD Preventive Drug
DULERA 50-5 MCG/ACT AEROSOL	2	QL 13 GM / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAPCOF 5-2-10 MG/5ML SYRUP	3	OTC Over the Counter
PRO-RED AC 5-1-9 MG/5ML SYRUP	3	OTC Over the Counter
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
MAR-COF BP 30-2-7.5 MG/5ML LIQUID	3	OTC Over the Counter
NEBUSAL 3 % NEBU SOLN	1	
PULMOSAL 7 % NEBU SOLN	3	
SODIUM CHLORIDE 0.9 % NEBU SOLN	1	
SODIUM CHLORIDE 3 % NEBU SOLN	1	
SODIUM CHLORIDE 7 % NEBU SOLN	3	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	QL 4 GM / 30 day(s) PD Preventive Drug
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 350 mg tab</i>	3	
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cyclobenzaprine hcl 10 mg tab</i>	1	
<i>cyclobenzaprine hcl 5 mg tab</i>	1	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	1	
<i>fexmid 7.5 mg tab</i>	1	
<i>metaxalone 800 mg tab</i>	3	
<i>methocarbamol 500 mg tab</i>	1	
<i>methocarbamol 750 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
NORGESIC 25-385-30 MG TAB	1	
ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 MG TAB	1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
<i>estazolam 1 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>estazolam 2 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>eszopiclone 1 mg tab</i>	2	QL 30 EA / 30 day(s)
<i>eszopiclone 2 mg tab</i>	2	QL 30 EA / 30 day(s)
<i>eszopiclone 3 mg tab</i>	2	QL 30 EA / 30 day(s)
FLURAZEPAM HCL 15 MG CAP	1	
FLURAZEPAM HCL 30 MG CAP	1	
<i>ramelteon 8 mg tab</i>	2	QL 30 EA / 30 day(s)
<i>temazepam 15 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 22.5 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 30 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>temazepam 7.5 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>triazolam 0.125 mg tab</i>	1	
<i>triazolam 0.25 mg tab</i>	1	
<i>zaleplon 10 mg cap</i>	1	QL 30 EA / 30 day(s)
<i>zaleplon 5 mg cap</i>	1	QL 30 EA / 30 day(s)
EDLUAR 5 MG SL TAB	3	QL 30 EA / 30 day(s)
<i>zolpidem tartrate 10 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate 5 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate er 12.5 mg tab er</i>	1	QL 30 EA / 30 day(s)
<i>zolpidem tartrate er 6.25 mg tab er</i>	1	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil 150 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>armodafinil 200 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>armodafinil 250 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>armodafinil 50 mg tab</i>	1	QL 30 EA / 30 day(s)
XYWAV 500 MG/ML SOLUTION	3	PA SP Specialty
<i>modafinil 100 mg tab</i>	1	QL 60 EA / 30 day(s)
<i>modafinil 200 mg tab</i>	1	QL 30 EA / 30 day(s)
WAKIX 17.8 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
WAKIX 4.45 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
LUMRYZ 4.5 GM PACKET	3	QL 30 EA / 30 day(s) PA SP Specialty
LUMRYZ 6 GM PACKET	3	QL 30 EA / 30 day(s) PA SP Specialty
LUMRYZ 7.5 GM PACKET	3	QL 30 EA / 30 day(s) PA SP Specialty
LUMRYZ 9 GM PACKET	3	QL 30 EA / 30 day(s) PA SP Specialty
<i>sodium oxybate 500 mg/ml solution</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SODIUM OXYBATE 500 MG/ML SOLUTION	3	PA SP Specialty
SUNOSI 150 MG TAB	3	QL 30 EA / 30 day(s) PA
SUNOSI 75 MG TAB	3	QL 60 EA / 30 day(s) PA
Uncategorized		
Unclassified		
VIZZ 1.44 % SOLUTION	3	QL 10 mL / 25 days
TRYPTYR 0.003 % SOLUTION	3	QL 60 EA / 30 day(s) PA
ATTRUBY 356 MG TAB THPK	3	QL 112 EA / 28 day(s) PA SP Specialty
MYQORZO 10 MG TAB	3	QL 30 / 30 days PA SP Specialty
MYQORZO 15 MG TAB	3	QL 30 / 30 days PA SP Specialty
MYQORZO 20 MG TAB	3	QL 30 / 30 days PA SP Specialty
MYQORZO 5 MG TAB	3	QL 30 / 30 days PA SP Specialty
VIJOICE 50 MG PACKET	3	QL 30 EA / 30 DAYS PA SP Specialty
ELIQUIS 0.15 MG CAP SPRINK	2	QL 70 / 28 days PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELIQUIS 0.5 MG TAB SOL	2	QL 560 / 28 days PD Preventive Drug
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	2	QL 560 / 28 days PD Preventive Drug
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	2	QL 560 / 28 days PD Preventive Drug
OTEZLA XR 75 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
VANRAFIA 0.75 MG TAB	3	QL 30 EA / 30 days PA SP Specialty
DOPTELET SPRINKLE 10 MG CAP SPRINK	3	QL 60 EA / 30 day(s) PA SP Specialty
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	3	QL 66 EA / 28 days PA SP Specialty
BOSULIF 100 MG CAP	3	PA SP Specialty
BOSULIF 50 MG CAP	3	QL 30 EA / 30 Days PA SP Specialty
TRUQAP 160 MG TAB THPK	3	QL 64 EA / 28 day(s) PA SP Specialty
TRUQAP 200 MG TAB THPK	3	QL 64 EA / 28 day(s) PA SP Specialty
ALHEMO 150 MG/1.5ML SOLN PEN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALHEMO 300 MG/3ML SOLN PEN	3	<ul style="list-style-type: none"> QL 3 mL / 28 days PA SP Specialty
ALHEMO 60 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> PA SP Specialty
ACTHAR GEL 40 UNIT/0.5ML PEN	3	<ul style="list-style-type: none"> PA SP Specialty
ACTHAR GEL 80 UNIT/ML PEN	3	<ul style="list-style-type: none"> PA SP Specialty
CORTROPHIN GEL 40 UNIT/0.5ML PRSYR	3	<ul style="list-style-type: none"> QL 2 mL / 30 days PA SP Specialty
CORTROPHIN GEL 80 UNIT/ML PRSYR	3	<ul style="list-style-type: none"> QL 4 mL / 30 days PA SP Specialty
CRENESSITY 100 MG CAP	3	<ul style="list-style-type: none"> QL 60 ea / 30 days PA SP Specialty
CRENESSITY 25 MG CAP	3	<ul style="list-style-type: none"> QL 60 EA / 30 day(s) PA SP Specialty
CRENESSITY 50 MG CAP	3	<ul style="list-style-type: none"> QL 60 ea / 30 days PA SP Specialty
CRENESSITY 50 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 30 mL / 30 days PA SP Specialty
VOYDEYA 100 MG TAB	3	<ul style="list-style-type: none"> QL 180 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOYDEYA 50 & 100 MG TAB THPK	3	<ul style="list-style-type: none"> QL 180 EA / 30 days PA SP Specialty
AVERI 0.15-0.03 MG TAB	3	<ul style="list-style-type: none"> ACA Affordable Care Act
VYKAT XR 150 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
VYKAT XR 25 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
VYKAT XR 75 MG TAB ER 24H	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
MODEYSO 125 MG CAP	3	<ul style="list-style-type: none"> QL 20 / 28 days PA SP Specialty
IWILFIN 192 MG TAB	3	<ul style="list-style-type: none"> QL 240 EA / 30 days PA SP Specialty
IQIRVO 80 MG TAB	3	<ul style="list-style-type: none"> PA SP Specialty
ENSACOVE 100 MG CAP	3	<ul style="list-style-type: none"> QL 60 EA / 30 days PA SP Specialty
ENSACOVE 25 MG CAP	3	<ul style="list-style-type: none"> QL 60 EA / 30 days PA SP Specialty
OHTUVAYRE 3 MG/2.5ML SUSPENSION	3	<ul style="list-style-type: none"> QL 5 ML / 1 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WAINUA 45 MG/0.8ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 0.8 mL / 28 days PA SP Specialty
VYALEV 12-240 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 450 ml / 30 day(s) PA SP Specialty
ANDEMBRY 200 MG/1.2ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 1.2 mL / 28 days PA SP Specialty
DUVYZAT 8.86 MG/ML SUSPENSION	3	<ul style="list-style-type: none"> QL 420 ML / 30 days PA SP Specialty
XROMI 100 MG/ML SOLUTION	3	<ul style="list-style-type: none"> QL 148 ML / 30 day(s) PA
INLURIYO 200 MG TAB	3	<ul style="list-style-type: none"> QL 56 / 28 days PA SP Specialty
ITOVEBI 3 MG TAB	3	<ul style="list-style-type: none"> QL 56 EA / 28 day(s) PA SP Specialty
ITOVEBI 9 MG TAB	3	<ul style="list-style-type: none"> QL 28 EA / 28 day(s) PA SP Specialty
FABHALTA 200 MG CAP	3	<ul style="list-style-type: none"> QL 60 EA / 30 days PA SP Specialty
LAZCLUZE 240 MG TAB	3	<ul style="list-style-type: none"> QL 30 ea / 30 day(s) PA SP Specialty
LAZCLUZE 80 MG TAB	3	<ul style="list-style-type: none"> QL 60 ea / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ	3	<ul style="list-style-type: none"> QL 7.2 ML / 28 day(s) PA SP Specialty
YEZTUGO 300 MG TAB	3	<ul style="list-style-type: none"> QLC 4 EA / 365 days ACA Affordable Care Act SP Specialty
PREVYMIS 120 MG PACKET	3	<ul style="list-style-type: none"> QL 120 ea / 30 day(s) PA
PREVYMIS 20 MG PACKET	3	<ul style="list-style-type: none"> QL 120 ea / 30 day(s) PA
AQNEURSA 1 GM PACKET	3	<ul style="list-style-type: none"> PA SP Specialty
LIVMARLI 10 MG TAB	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
LIVMARLI 15 MG TAB	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
LIVMARLI 20 MG TAB	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
LIVMARLI 30 MG TAB	3	<ul style="list-style-type: none"> QL 30 EA / 30 days PA SP Specialty
XOLREMDI 100 MG CAP	3	<ul style="list-style-type: none"> QL 120 EA / 30 days PA SP Specialty
PENMENVY RECON SUSP	3	<ul style="list-style-type: none"> ACA Affordable Care Act
GOMEKLI 1 MG CAP	3	<ul style="list-style-type: none"> PA QLC 168 EA / 28 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOMEKLI 1 MG TAB SOL	3	PA QLC 168 EA / 28 days SP Specialty
GOMEKLI 2 MG CAP	3	PA QLC 84 EA / 28 days SP Specialty
ZURNAI 1.5 MG/0.5ML SOLN A-INJ	2	
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	3	QL 0.8 mL / 28 days PA SP Specialty
RIVFLOZA 160 MG/ML SOLN PRSYR	3	QL 1 mL / 28 days PA SP Specialty
RIVFLOZA 80 MG/0.5ML SOLUTION	3	QL 1 mL / 28 days PA SP Specialty
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	3	QL 0.8 mL / 28 days PA SP Specialty
XOLAIR 150 MG/ML SOLN A-INJ	2	QL 2 ml / 28 day(s) PA SP Specialty
XOLAIR 300 MG/2ML SOLN A-INJ	2	QL 4 ml / 28 day(s) PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN A-INJ	2	QL 1 ml / 28 day(s) PA SP Specialty
YORVIPATH 168 MCG/0.56ML SOLN PEN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YORVIPATH 294 MCG/0.98ML SOLN PEN	3	PA SP Specialty
YORVIPATH 420 MCG/1.4ML SOLN PEN	3	PA SP Specialty
REDEMPLO 25 MG/0.5ML SOLN PRSYR	3	QL 0.5 / 84 days PA SP Specialty
REZDIFFRA 100 MG TAB	3	PA SP Specialty
REZDIFFRA 60 MG TAB	3	PA SP Specialty
REZDIFFRA 80 MG TAB	3	PA SP Specialty
REVUFORJ 110 MG TAB	3	QL 120 ea / 30 day(s) PA SP Specialty
REVUFORJ 160 MG TAB	3	QL 60 ea / 30 day(s) PA SP Specialty
REVUFORJ 25 MG TAB	3	QL 240 EA / 30 day(s) PA SP Specialty
EDURANT PED 2.5 MG TAB SOL	3	
EVRYSDI 5 MG TAB	3	QL 30 EA / 30 DAYS PA SP Specialty
ENTRESTO 15-16 MG CAP SPRINK	3	
ENTRESTO 6-6 MG CAP SPRINK	3	
EKTERLY 300 MG TAB	3	PA QLC 4 EA / 30 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVDELZI 10 MG CAP	3	PA SP Specialty
RETEVMO 120 MG TAB	3	PA SP Specialty
RETEVMO 160 MG TAB	3	PA SP Specialty
RETEVMO 40 MG TAB	3	PA SP Specialty
RETEVMO 80 MG TAB	3	PA SP Specialty
HYRNUO 10 MG TAB	3	QL 120 / 30 days PA SP Specialty
VOYXACT 400 MG/2ML SOLN PRSYR	3	QL 2 / 28 days PA SP Specialty
WINREVAIR 2 X 45 MG KIT	3	QL 1 EA / 21 days PA SP Specialty
WINREVAIR 2 X 60 MG KIT	3	QL 1 EA / 21 days PA SP Specialty
WINREVAIR 45 MG KIT	3	QL 1 EA / 21 days PA SP Specialty
WINREVAIR 60 MG KIT	3	QL 1 EA / 21 days PA SP Specialty
JOURNAVX 50 MG TAB	3	QL 15 EA / 7 day(s) QLC 29 EA / 84 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBTROZI 200 MG CAP	3	<ul style="list-style-type: none"> QL 90 EA / 30 days PA SP Specialty
EGRIFTA WR 11.6 MG KIT	3	<ul style="list-style-type: none"> QL 4 EA / 28 day(s) PA
OJEMDA 100 MG TAB	3	<ul style="list-style-type: none"> QL 24 EA / 28 days PA SP Specialty
OJEMDA 25 MG/ML RECON SUSP	3	<ul style="list-style-type: none"> QL 96 ML / 28 days PA SP Specialty
DAYBUE STIX 5000 MG PACKET	3	<ul style="list-style-type: none"> QL 60 / 30 days PA SP Specialty
DAYBUE STIX 6000 MG PACKET	3	<ul style="list-style-type: none"> QL 60 / 30 days PA SP Specialty
DAYBUE STIX 8000 MG PACKET	3	<ul style="list-style-type: none"> QL 60 / 30 days PA SP Specialty
RINVOQ LQ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> QL 360 ML / 30 DAYS PA SP Specialty
INGREZZA 40 MG CAP SPRINK	3	<ul style="list-style-type: none"> PA SP Specialty
INGREZZA 60 MG CAP SPRINK	3	<ul style="list-style-type: none"> PA SP Specialty
INGREZZA 80 MG CAP SPRINK	3	<ul style="list-style-type: none"> PA SP Specialty
ROMVIMZA 14 MG CAP	3	<ul style="list-style-type: none"> PA QLC 8 EA / 30 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROMVIMZA 20 MG CAP	3	PA QLC 8 EA / 30 days SP Specialty
ROMVIMZA 30 MG CAP	3	PA QLC 8 EA / 30 days SP Specialty
VORANIGO 10 MG TAB	3	QL 60 ea / 30 day(s) PA SP Specialty
VORANIGO 40 MG TAB	3	QL 30 ea / 30 day(s) PA SP Specialty
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COBENFY 125-30 MG CAP	3	PA
COBENFY 50-20 MG CAP	3	PA
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	3	PA
BRUKINSA 160 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
KOMZIFTI 200 MG CAP	3	QL 90 / 30 days PA SP Specialty
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR	3	QL 11.65 mL / 28 days PA SP Specialty
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR	3	QL 16.1 mL / 28 days PA SP Specialty
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR	3	QL 22.68 mL / 28 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HERNEXEOS 60 MG TAB	3	QL 60 / 30 days PA SP Specialty
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	3	ACA Affordable Care Act

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ROMVIMZA	314,315	sb polyethylene glycol 3350	220
ropinirole hcl	79	SCANDICAL	283
ropinirole hcl er	79	SCANDISHAKE	283
rosuvastatin calcium	129	scopolamine	55
rosuvastatin calcium 10 mg tab	129	SE-NATAL 19	215,216
rosuvastatin calcium 5 mg tab	129	sea-omega	213
rosyrah	243	SECUADO	134,135
roweepra	43	SELECT-OB	216
ROZLYTREK	63	SELECT-OB+DHA	214
RUBRACA	75	selegiline hcl	80

selenium sulfide	164	SIMILAC ADVANCE/IRON	199
SELENIUM SULFIDE	164	SIMILAC ALIMENTUM ADVANCE-IRON	276
SELZENTRY	84	SIMILAC ALIMENTUM IMMUNESUPP	276
SENIOR TABS	209	SIMILAC ALIMENTUM TODDLER	199
SENTRY	209	SIMILAC ALIMENTUM-IRON	199
SENTRY SENIOR	209	SIMILAC EXPERT CARE ALIMENTUM	276
SERACAL	184	SIMILAC EXPERT CARE DIARRHEA	276
SEREVENT DISKUS	295	SIMILAC EXPERT CARE NEOSURE/FE	276
SEROSTIM	236,237	SIMILAC FOR SPIT-UP	199,276
sertraline hcl	52	SIMILAC FOR SPIT-UP/OPTIGRO	199
setlakin	243	SIMILAC FOR SUPPLEMENTATION	199,276
sevelamer carbonate	189	SIMILAC GO & GROW EARLY SHIELD	199
sevelamer hcl	189	SIMILAC GO & GROW HMO	200
SF	159	SIMILAC GO & GROW NON-GMO	200
SF 5000 PLUS	159	SIMILAC GO & GROW OPTIGRO	200
SFROWASA	268	SIMILAC GO & GROW TODDLER	200
sharobel	250	SIMILAC HUMAN MILK FORTIFIER	200
SHINGRIX	316	SIMILAC LACTOSE FREE	200
SIDEROL	209	SIMILAC LACTOSE FREE ADVANCE	200,276
SIGNIFOR	256	SIMILAC LOW-IRON	200,276
SIKLOS	62	SIMILAC NATURAL CARE	276
sildenafil citrate	230,298	SIMILAC NEOSURE	200
silodosin	229	SIMILAC NEOSURE ADVANCE/IRON	276
silver sulfadiazine	167	SIMILAC NEOSURE OPTIGRO	200,276
SIMBRINZA	290	SIMILAC ORGANIC/A2 MILK/IRON	200
SIMILAC	200,276	SIMILAC ORGANIC/IRON	200,276
SIMILAC 2 ADVANCE	199	SIMILAC PM	200
SIMILAC 2-IRON	199	SIMILAC PRO-ADVANCE OPTIGRO	200,276
SIMILAC 360 TOT CARE SENS 5HMO	275	SIMILAC PRO-ADVANCE WITH IRON	200,276
SIMILAC 360 TOTAL CARE	199	SIMILAC PRO-SENSITIVE	276
SIMILAC 360 TOTAL CARE 5 HMO	199,275	SIMILAC PRO-SENSITIVE OPTIGRO	200,276
SIMILAC 360 TOTAL CARE SENS	199	SIMILAC PRO-SENSITIVE/IRON	200
SIMILAC ADVANCE COMPLETE	199,275	SIMILAC PRO-TOTAL COMFORT	200,276
SIMILAC ADVANCE EARLY SHIELD	199,275	SIMILAC PURE BLISS	201
SIMILAC ADVANCE KOSHER	275	SIMILAC PURE BLISS/IRON	201
SIMILAC ADVANCE LAMEHADRIDIN	199	SIMILAC SENSITIVE	201
SIMILAC ADVANCE NON-GMO	199	SIMILAC SENSITIVE EARLY SHIELD	201,276
SIMILAC ADVANCE ON-THE-GO	275	SIMILAC SENSITIVE FUSSINESS	201
SIMILAC ADVANCE OPTIGRO/IRON	199	SIMILAC SENSITIVE NON-GMO	201
SIMILAC ADVANCE ORGANIC	199,276	SIMILAC SENSITIVE OPTIGRO	276
SIMILAC ADVANCE-IRON	199,275	SIMILAC SENSITIVE OPTIGRO/IRON	201

SIMILAC SENSITIVE SPIT-UP	276	sm fish oil	213
SIMILAC SOY ISOMIL	201,276	sm folic acid	193
SIMILAC SPECIAL CARE	277	sm hair/skin/nails	210
SIMILAC SPECIAL CARE PREMATURE	277	sm motion sickness	55
SIMILAC SPECIAL CARE/IRON	277	sm nicotine	26,32
SIMILAC SPECIAL CARE/LOW IRON	277	sm nicotine polacrilex	32,33
SIMILAC SPIT-UP OPTIGRO/IRON	201	SM NUTRI-DRINK	185
SIMILAC TOTAL CMFRT OPTIGRO/FE	201	SM NUTRI-DRINK +	185
SIMILAC TOTAL COMFORT	201,277	sm opti-vitamins	210
SIMILAC/IRON	200,276	sm slow release iron	192
simliya	238	sm vitamin d	270
simpesse	244	SMART SENSE GLUCOSE	95
simvastatin	129,130	smooth lax	220
simvastatin 10 mg tab	129	SOD ANAMIX EARLY YEARS	201
simvastatin 20 mg tab	129	SOD FLUORIDE-POTASSIUM NITRATE	159
simvastatin 40 mg tab	130	SODIUM CHLORIDE	302
simvastatin tab 5 mg	130	SODIUM FLUORIDE	159,187,218
simvastatin tab 80 mg	130	SODIUM FLUORIDE 5000 ENAMEL	159
sirolimus	267	SODIUM FLUORIDE 5000 PLUS	159
SIRTURO	59	sodium fluoride 5000 ppm	159
SKYCLARYS	225	SODIUM FLUORIDE 5000 PPM	159
SKYLA	249	SODIUM FLUORIDE 5000 SENSITIVE	159
SKYRIZI	260,261	sodium oxybate	304
SKYRIZI PEN	261	SODIUM OXYBATE	305
slow fe	192	sodium phenylbutyrate	227
SLYND	248	sodium polystyrene sulfonate	189
sm antioxidant vitamins	209	SODIUM SACCHARIN	284
sm aspirin adult low strength	9	SODIUM SULFACETAMIDE WASH	167
sm aspirin ec	9	SOHONOS	226
sm aspirin ec low strength	9	SOL CARB	283
sm aspirin low dose	9	solifenacin succinate	228
sm childrens aspirin	9	SOLIQUA	89
sm clearlax	220	SOLIRIS	273
sm complete	210	SOLTAMOX	61
sm complete 50+	209	SOLU-CORTEF	232
sm complete 50+ ultimate mens	209	SOMAVERT	256,257
sm complete 50+ ultimate women	209	SOOLANTRA	169
sm complete advanced formula	209	sorafenib tosylate	75
sm complete senior formula	209	sotalol hcl	111
sm daily diet support	210	sotalol hcl (af)	111
sm esomeprazole magnesium	224	SOTYLIZE	111

SPINOSAD	169	sulfatrim pediatric	39
SPIRIVA HANDIHALER	293	sulindac	12
SPIRIVA RESPIMAT	293	sumatriptan	145
spironolactone	126	sumatriptan succinate	145
spironolactone-hctz	124	SUMATRIPTAN SUCCINATE REFILL	145
SPRAVATO (56 MG DOSE)	49	sunitinib malate	75,76
SPRAVATO (84 MG DOSE)	49	SUNOSI	305
sprintec 28	247	super amino acids	190
sronyx	243	SUPER AYTINAL	210
ssd	167	SUPER AYTINAL 50 PLUS	210
SSS 10-5	167	super dha gems	213
st joseph aspirin	9	super multiple	210
st joseph low dose	10	super omega-3	213
STELARA	262	SUPER THERA VITE M	210
sterile water for irrigation	286	SUPER VITA-MINS	210
STERILE WATER FOR IRRIGATION	286	SUPLENA	185
STIOLTO RESPIMAT	302	SUPLENA 1.8/CARBSTEADY	185
STIVARGA	74	SUPLENA/CARB STEADY	185
STRENSIQ	224	SUPPORT	210
STRESS B COMPLEX/ANTIOXID/ZINC	210	sweet cheeks	93
STRESSTABS ADVANCED	210	syeda	239
STRIBILD	82	SYMDEKO	296
STROVITE ONE	210	SYMLINPEN 120	91
SUBLOCADE	22	SYMLINPEN 60	91
subvenite	42	SYMTUZA	85
SUCRAID	227	SYNAREL	256
sucralfate	223	SYNJARDY	87
SULCONAZOLE NITRATE	58	SYNJARDY XR	87
SULFACETAMIDE SOD-SULFUR WASH	168	SYNTHROID	252,253
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SULFACETAMIDE SODIUM	167,288	T	
sulfacetamide sodium (acne)	39	TABLOID	62
SULFACETAMIDE SODIUM-SULFUR	167,168	TABRECTA	63
sulfacetamide sodium-sulfur	167,168	tacrolimus	164,267
SULFACETAMIDE-PREDNISOLONE	287	tadalafil	229
SULFACETAMIDE-SULFUR IN UREA	167	tadalafil (pah)	229,298
SULFACLEANSE 8/4	168	TAFINLAR	68
sulfadiazine	39	tafluprost (pf)	290
sulfamethoxazole-trimethoprim	39	TAGRISSO	73
SULFAMEZ WASH	168	TAKHZYRO	257
sulfasalazine	268	tamoxifen citrate	61

tamsulosin hcl	229	theradex m/beta carotene	210
tarina 24 fe	245	THERAPEUTIC FORMULA/HEMATINICS	210
tarina fe 1/20 eq	245	THERAPEUTIC-M	210
TARON-C DHA	215	theratrum complete	210
TARPEYO	268	THERATRUM COMPLETE	210
TASIGNA	73	theratrum complete 50 plus	210
tavaborole	58	THERATRUM COMPLETE 50 PLUS	210
taysofy	245	theromega	213
tazarotene	161	THICK-IT THICKENED CRANBERRY	185
taztia xt	117	thioridazine hcl	140
TAZVERIK	65	thiothixene	140
TEGSEDI	225	thrive	33
telmisartan	107	THRIVE FOR LIFE WOMENS	210
telmisartan-hctz	124	THRIVITE RX	216
temazepam	303	THYROID	255
temozolomide	59,60	tiadylt er	117
TENCON	151	tiagabine hcl	45
tenofovir disoproxil fumarate	84	ticagrelor	105
terazosin hcl	107	tilia fe	246
terbinafine hcl	58	timolol maleate	145,289
terbutaline sulfate	295	TIMOLOL MALEATE	145
terconazole	58	timolol maleate (once-daily)	289
teriflunomide	158	timolol maleate ocudose	289
testosterone	237	timolol maleate pf	289
TESTOSTERONE	237	tinidazole	35
testosterone cypionate	237	tiopronin	231
TESTOSTERONE ENANTHATE	237	tiotropium bromide	293
tetrabenazine	154	TIROSINT	253
tetracaine hcl	287	TIROSINT-SOL	253
TETRACAINE HCL	287	TIVICAY	82
tetracycline hcl	40	TIVICAY PD	82
TEZSPIRE	262	tizanidine hcl	81
THALOMID	61	TM-VITE RX	190
THEO-24	296	TOBI PODHALER	296
theophylline	296	TOBRADEX	287
THEOPHYLLINE ER	296	tobramycin	288,296
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THERA VITAL M	210	tobramycin-dexamethasone	287
THERA VITAL-M	210	TODAY SPONGE	230
THERABASIC-M	210	tolcapone	78
theradex m	210	TOLEREX	185

tolterodine tartrate	228	tri-nymyo	248
tolterodine tartrate er	228	tri-sprintec	248
tolvaptan	188	TRI-VI-FLOR	214
topiramate	43	TRI-VITAMIN WITH FLUORIDE	214
toremifene citrate	62	TRI-VITE/FLUORIDE	214
torpenz	70,71	tri-vylibra	248
torseamide	125	tri-vylibra lo	248
TRADJENTA	89	triamcinolone acetonide	159,164
tramadol hcl	20	TRIAMCINOLONE ACETONIDE	164
TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)	15,16	triamino	190
TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)	16	triamterene	126
TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)	16	triamterene-hctz	124
tramadol-acetaminophen	20	triazolam	303
trandolapril	109,110	TRICARE	216
TRANDOLAPRIL-VERAPAMIL HCL ER	124	TRICON	191
tranexamic acid	104	tridacaine ii	20
tranylcypromine sulfate	50	tridacaine iii	20
travoprost (bak free)	290	triderm	165
trazodone hcl	52	trientine hcl	189
TRELEGY ELLIPTA	300	TRIENTINE HCL	189
TREMFYA	258	trifluoperazine hcl	140
TREMFYA ONE-PRESS	258	TRIFLURIDINE	86
TREMFYA PEN	259	TRIGELS-F FORTE	191
TREMFYA-CD/UC INDUCTION	259	TRIHEXYPHENIDYL HCL	78
tretinoin	77,161	trihexyphenidyl hcl	78
tretinoin microsphere	161	TRIJARDY XR	87
TRETINOIN MICROSPHERE	161	TRIKAFTA	295
TRETINOIN MICROSPHERE PUMP	161	trimethobenzamide hcl	55
tretinoin microsphere pump	161	trimethoprim	35
TREXALL	266	TRIMETHOPRIM	35
tri-estarylla	248	trimipramine maleate	54
tri-legest fe	246	TRINATAL RX 1	216
tri-linyah	248	TRINATE	216
tri-lo-estarylla	248	TRINTELLIX	53
tri-lo-marzia	248	TRIPHROCAPS	190
tri-lo-mili	248	TRISTART DHA	217
tri-lo-sprintec	248	TRIUMEQ	83
tri-mili	248	TRIUMEQ PD	83
		trivora (28)	243
		TRONVITE	190
		tropicamide	287

trosipium chloride	228	ULTRA FREEDA	211
trosipium chloride er	228	ULTRA FREEDA/IRON	211
true folic acid	193	ultra omega 3	213
true laxative	220	ULTRACHOICE ADV FORMULA MATURE	211
true vitamin d3	270	ULTRACHOICE ADVANCED FORMULA	211
TRULANCE	219	ULTRAMINO SOY PROTEIN	283
TRULICITY	86,87	ULTRIENT 1.5 SAFE-T FEED	185
TRUQAP	66,306	umecta mousse	168
TRYNGOLZA	311	unithroid	253,254
TRYPTYR	305	UP & UP GLUCOSE	95
turqoz	248	UREA	168
TWOCAL HN	185	urea	168
TWOCAL HN 2.0	185	urea nail	168
TYBOST	84	UREDEB	168
tydemy	239	URELLE	34
TYMLOS	269	UREMEZ-40	168
TYR ANAMIX EARLY YEARS	185,283	uribel	34
TYR ANAMIX NEXT	283	URO-MP	34
TYR COOLER	185	ursodiol	222
TYR GEL	185	USTEKINUMAB	263
TYR GOLIKE PLUS	185	UTYMAX	185
TYR LOPHLEX GMP MIX-IN	185	UZEDY	140
TYR LOPHLEX LQ	185		
TYREX-1	283	V	
TYREX-2	283	V-C FORTE	211
TYROS 1	283	valacyclovir hcl	86
TYROS 2	283	VALCHLOR	59
TYVASO	298	valganciclovir hcl	81
TYVASO DPI INSTITUTIONAL KIT	298	valproic acid	43
TYVASO DPI MAINTENANCE KIT	298	valsartan	107,108
TYVASO DPI TITRATION KIT	298	valsartan-hydrochlorothiazide	124,125
TYVASO REFILL	298	VALTOCO 10 MG DOSE	44
TYVASO STARTER	298	VALTOCO 15 MG DOSE	44
		VALTOCO 20 MG DOSE	44
		VALTOCO 5 MG DOSE	44
		valtya 1/35	242
		valtya 1/50	242
		value plus glucose	93
		vancomycin hcl	35
		VANFLYTA	64
		VANRAFIA	306
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UBRELVY	145		
UCD 2	283		
UCD ANAMIX INFANT	201		
UCD ANAMIX JUNIOR	283		
UCD TRIO	185,283		
UDAMIN SP	210		

varenicline tartrate	33	virt-caps	190
varenicline tartrate (starter)	33	VISION FORMULA/LUTEIN	211
varenicline tartrate(continue)	33	VISION VITAMINS	211
VARUBI (180 MG DOSE)	56	VITA HAIR	211
VCF VAGINAL CONTRACEPTIVE	230	VITA S FORTE	211
VELIVET	238	VITABASIC COMPLETE	211
VELTASSA	189	VITABASIC SENIOR	211
VENCLEXTA	76	VITACEL	211
VENCLEXTA STARTING PACK	76	VITAFOL FE+	215
VENEXA	211	VITAFOL GUMMIES	215
VENEXA FE	211	VITAFOL STRIPS	218
venlafaxine hcl	52	VITAFOL ULTRA	215
venlafaxine hcl er	52,53	VITAFOL-NANO	217
VENTAVIS	297	VITAFOL-OB	216
VENTRIXYL	211	VITAFOL-OB+DHA	214
VENTRIXYL FE	211	VITAFOL-ONE	215
VEOZAH	273	VITAL 1.0 CAL	185
verapamil hcl	117	VITAL 1.5 CAL	185
VERAPAMIL HCL ER	117,118	VITAL AF 1.2 CAL	185
verapamil hcl er	117	VITAL AF 1.2 CAL ADV FORMULA	185
VERDESO	231	VITAL HIGH PROTEIN	185
VERZENIO	66	VITAL HN	186
vestura	239	VITAL HP 1.0 CAL	186
VIBERZI	221	VITAL JR	186
VIC-FORTE	211	VITAL PEPTIDE 1.5 CAL	186
VICTOZA	90	VITAMEDMD ONE RX/QUATREFOLIC	217
vienna	243	VITAMEDMD REDICHEW RX	218
vigabatrin	45,46	vitamin d	270
vigadrone	46	vitamin d (cholecalciferol)	270
vigpoder	46	vitamin d (ergocalciferol)	271
VIJOICE	62,305	vitamin d infant	270
VILAMIT MB	34	vitamin d3	270
vilazodone hcl	53	VITAMINS A-D-E/SELENIUM	211
VILEVEV MB	34	VITAMINS ACD-FLUORIDE	214
VINATE CARE	217	VITAPEARL	217
VINATE DHA RF	217	VITAROCA PLUS	211
VINATE II	215	VITASURE	190
VINATE ONE	216	VITATHELY WITH GINGER	216
viorele	238	VITATRUE	217
VIRACEPT	85	vitatrum complete	211
VIREAD	84	VITRAMYN	211

VITRANOL	211	water for irrigation, sterile	286
VITRANOL FE	211	WATER ORAL	277
VITREXATE	211	wee care	191
VITREXATE FE	211	WEGOVY	284
VITREXYL	211	WELLFOLA	212
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VIVA DHA	215	WESCAP-PN DHA	217
VIVITROL	21	WESCAPS	190
VIVONEX PEDIATRIC	186	WESNATAL DHA COMPLETE	214
VIVONEX PEDIATRIC RTF	186	WESNATE DHA	215
VIVONEX PLUS	186,283	westab max	194
VIVONEX RTF	186	westab one	194
VIVONEX T.E.N.	186	WESTAB PLUS	216
VIZIMPRO	68,69	WIDE-SEAL DIAPHRAGM 60	273
VIZZ	305	WIDE-SEAL DIAPHRAGM 65	273
volnea	238	WIDE-SEAL DIAPHRAGM 70	273
VONJO	64	WIDE-SEAL DIAPHRAGM 75	273
VOQUEZNA	222	WIDE-SEAL DIAPHRAGM 80	273
VORANIGO	315	WIDE-SEAL DIAPHRAGM 85	273
voriconazole	58	WIDE-SEAL DIAPHRAGM 90	273
VOWST	273	WIDE-SEAL DIAPHRAGM 95	273
VOXZOGO	227,228	WINLEVI	160
VOYDEYA	307,308	WINREVAIR	313
VOYXACT	313	wixela inhub	300
VRAYLAR	135	WND 1	283
VUMERITY	156	WND 2	283
VYALEV	309	womens daily form/fa/ca/fe	212
vyfemla	247	WOMENS DAILY FORMULA	212
VYKAT XR	308	WOMENS LIFE PACK	212
vylibra	248	WOMENS MULTIVITAMIN	212
VYNDAMAX	124	wymzya fe	247
VYNDAQEL	227		
VYZULTA	290		
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WAINUA	309	XALKORI	68
WAKIX	304	xarah fe	246
walgreens glucose	94	XARELTO	98,99
WALGREENS GLUCOSE	95	XARELTO STARTER PACK	99
warfarin sodium	99,100	XCOPRI	40
		XCOPRI (250 MG DAILY DOSE)	40
		XCOPRI (350 MG DAILY DOSE)	40

XDEMVY	287	XULANE	244
XELJANZ	262	XULTOPHY	89
XELJANZ XR	267	XUREA	168
xelria fe	247	XYOSTED	237
XERAC AC	165	XYWAV	304
XERESE	165		
XHANCE	292	Y	
XIFAXAN	35	yargesa	225
XIGDUO XR	86	YEZTUGO	84,310
XIIDRA	286	yl folic acid	194
XLEU ANALOG	201	YORVIPATH	311,312
XLEU MAXAMAID	283	yumvs glucose gummies	94
XLYS XTRP ANALOG	201	yuvafem	241
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XMET ANALOG	201	ZAFEMY	244
XMET MAXAMAID	283	zafemy	244
XMET XCYS MAXAMAID	284	zafirlukast	293
XMTVI ANALOG	201	zaleplon	303
XMTVI MAXAMAID	284	ZARXIO	104
XOFLUZA (40 MG DOSE)	85	zegerid otc	224
XOFLUZA (80 MG DOSE)	85	ZEJULA	73
XOLAIR	259,311	ZELAPAR	80
XOLREMDI	310	ZELBORAF	76
XOSPATA	71	zelvysia	227
XPHE MAXAMAID	284	zenatane	160,161
XPHE-XTYR ANALOG	201	ZENPEP	226,227
XPHE-XTYR MAXAMAID	284	zenzedi	147
XPHOZAH	284	ZEPBOUND	284,285
XPOVIO (100 MG ONCE WEEKLY)	64	ZEPOSIA	157
XPOVIO (40 MG ONCE WEEKLY)	64	ZEPOSIA 7-DAY STARTER PACK	157
XPOVIO (40 MG TWICE WEEKLY)	65	ZEPOSIA STARTER KIT	157
XPOVIO (60 MG ONCE WEEKLY)	65	zidovudine	84
XPOVIO (60 MG TWICE WEEKLY)	65	ZIEXTENZO	104
XPOVIO (80 MG ONCE WEEKLY)	65	ZILBRYSQ	315
XPOVIO (80 MG TWICE WEEKLY)	65	zileuton er	293
XPTM ANALOG	201	ZIONODIL	21
XROMI	309	ZIONODIL 100	21
XTAMPZA ER	14	ziprasidone hcl	140
XTANDI	60,61	ZIRGAN	81
XTRACAL PLUS	186	ZOLINZA	66

zolmitriptan	145,146
zolpidem tartrate	303
zolpidem tartrate er	303
zomig	146
zonisamide	48
ZORTRESS	266
zovia 1/35 (28)	242
ZTALMY	41
ZUBSOLV	22,23
zumandimine	239
ZURNAI	311
ZURZUVAE	49
ZYCLARA PUMP	166
ZYDELIG	71
ZYKADIA	68
ZYLET	287

Formulary Changes Pending

The Plan's pharmacy & therapeutics (P&T) committee develops CDPHP drug formularies to ensure that the most clinically appropriate and cost-effective drugs are available to CDPHP enrollees. The committee meets every other month and will make formulary changes during those meetings. Current CDPHP enrollees using a drug therapy on the date of the change made at the P&T meeting will be able to continue to use the drug with the same benefit until the end of their current plan year if the change would be considered as a negative change. Enrollees new to CDPHP after the date of the P&T meeting will be subject to the formulary change made. Enrollees and their corresponding providers will be notified in writing of any pending negative change at least 90 days prior to the date the enrollee will be subject to the change made.

Please refer to the table below for pending formulary changes.

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Brilinta oral tablets	Brand Name Not Covered	6-11-2025	Date of enrollee's renewal after July 1, 2025
Promacta oral tablets and packets	Brand Name Not Covered	6-11-25	Date of enrollee's renewal after July 1, 2025