

# CDPHP Commercial Clinical Formulary-2 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 20201, 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 দিন: 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 اللغة مجاناً. 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).

# CDPHP® Commercial Formulary 2

## INTRODUCTION

CDPHP® (Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc.) is pleased to provide the *CDPHP Commercial Formulary 2* 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 Formulary 2* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information. This *CDPHP Commercial Formulary 2* 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 Formulary 2* 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 Formulary 2* does not apply to the CDPHP Medicare products that offer prescription drug benefits. For information on these plans, please visit the Medicare section on <http://www.cdphp.com>.

## PREFACE

The *CDPHP Commercial Formulary 2* 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. Products are listed alphabetically within each tier. This is a comprehensive list, only dosage forms and strengths of the drug cited are included in the *CDPHP Commercial Formulary 2*. **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 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. Non self-administered Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Commercial Formulary 2* are covered under the prescription drug coverage section of the member contract. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered.

Drugs represented in the *CDPHP Commercial Formulary 2* 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 be excluded from 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. Drugs Listed on the formulary in **lowercase font** indicate generic drug and listings in **upper case font** indicate Brand drug.

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 review 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. 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) OR MEDICAL NECESSITY PRIOR AUTHORIZATION (MNPA)**

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 or MNPA " 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.

Drugs that require step therapy are noted within this booklet by the "**ST**" symbol. The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive.

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 by submitting the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

## 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](http://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 Formulary 2* 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  
Email: [pharmacy@cdphp.com](mailto:pharmacy@cdphp.com)  
[www.cdphp.com](http://www.cdphp.com)

## LEGEND

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

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of Capital District Physicians' Health Plan, Inc., Capital Physicians' Healthcare Network, Inc., and CDPHP Universal Benefits, Inc. (collectively known as CDPHP). ©2013. All rights reserved.

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	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin childrens 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec adult low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>aspirin regimen 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer advanced aspirin reg st 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer aspirin ec low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin adult low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin ec 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cvs aspirin low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs genuine aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ecotrin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ecotrin arthrtis pain 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ecotrin low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin adult low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ft enteric coated aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>genuine aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp adult aspirin low strength 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin adults 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>h-e-b aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm adult aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>kls aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>kp aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>medi-first aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>medique aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>meijer aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>mm aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc enteric aspirin 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin adult low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin adult low strength 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra aspirin childrens 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra aspirin ec adult low st 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra pain relief aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb aspirin 325 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb low dose asa ec 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin adult low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin ec 325 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin ec low strength 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm childrens aspirin 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>st joseph aspirin 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>st joseph low dose 81 mg chew tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>st joseph low dose 81 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	QL 180 ea / 30 day(s)
<i>celecoxib 100 mg cap</i>	1	QL 60 EA / 30 day(s)
<i>celecoxib 200 mg cap</i>	1	QL 60 EA / 30 day(s)
<i>celecoxib 400 mg cap</i>	2	QL 60 EA / 30 day(s)
<i>celecoxib 50 mg cap</i>	1	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	RX4L Rx4Less Program
<i>diclofenac sodium 75 mg tab dr</i>	1	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	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
FENOPROFEN CALCIUM 600 MG TAB	2	
<i>flurbiprofen 100 mg tab</i>	1	
FLURBIPROFEN 100 MG TAB	1	
FLURBIPROFEN 50 MG TAB	1	
LURBIPR 100 MG TAB	1	
<i>childrens advil 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>childrens ibuprofen 100 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>childrens ibuprofen 200 mg/10ml suspension</i>	1	OTC Over the Counter
<i>childrens medi-profen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>childrens motrin 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>cvs childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>cvs ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>eq ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>eql childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>ft ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>gnp childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>goodsense ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>hm ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>hyvee ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<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	OTC Over the Counter
<i>ibuprofen 200 mg/10ml suspension</i>	1	
<i>ibuprofen 400 mg tab</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 800 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>ibuprofen childrens 200 mg/10ml suspension</i>	1	OTC Over the Counter
<i>qc childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>qc ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>ra ibuprofen childrens 100 mg/5ml suspension</i>	1	OTC Over the Counter
<i>sm childrens ibuprofen 100 mg/5ml suspension</i>	1	OTC Over the Counter
<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 50 MG CAP	1	
KETOPROFEN ER 200 MG CAP ER 24H	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 EA / 30 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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	2	QL 30 EA / 30 day(s)
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	2	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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	QLC 5 ML / 30 day(s)
<i>codeine sulfate 30 mg tab</i>	3	
CODEINE SULFATE 30 MG TAB	3	
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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)
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	QL 180 EA / 30 day(s)
<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
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>nalbuphine hcl 10 mg/ml solution</i>	1	PA
<i>nalbuphine hcl 20 mg/ml solution</i>	1	PA
<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
<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 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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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)
<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)
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	2	
<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	2	
<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>burn gel 2 % gel</i>	1	OTC Over the Counter
<i>glydo 2 % prsy</i>	1	
<i>jelcaine sterile 2 % gel</i>	1	OTC Over the Counter
<i>lidocaine hcl 3 % cream</i>	1	
LIDOCAINE HCL 3 % CREAM	1	
LIDOCAINE HCL 3 % LOTION	1	
<i>lidocaine hcl 4 % solution</i>	1	
<i>lidocaine hcl urethral/mucosal 2 % prsy</i>	1	
<i>lidoease 2 % gel</i>	1	OTC Over the Counter
LIDOPIN 3 % CREAM	1	
LIDO-SORB 3 % LOTION	1	
PROXIVOL 2 % GEL	1	
<i>regeneicare ha 2 % gel</i>	1	OTC Over the Counter
<i>xeroburn 2 % gel</i>	1	OTC Over the Counter
ZIONODIL 100 3 % LOTION	1	
ZIONODIL 3 % LOTION	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine-prilocaine 2.5-2.5 % cream</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	
OPIOID DEPENDENCE		
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	QL 0.36 mL / 28 days SP Specialty
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	QL 0.18 mL / 28 days SP Specialty
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	QL 0.27 mL / 28 days SP Specialty
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	QL 0.32 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	QL 0.48 mL / 7 days SP Specialty
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	QL 0.64 ml / 7 days SP Specialty
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	QLC 0.32 mL / 7 days SP Specialty
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	QL 0.5 mL / 28 days
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	QL 1.5 mL / 28 days
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	2	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	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	2	QL 90 EA / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	2	QL 90 EA / 30 day(s)
ZUBSOLV 0.7-0.18 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 11.4-2.9 MG SL TAB	2	QL 30 EA / 30 day(s)
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 OTC Over the Counter PD Preventive Drug
<i>cvs nicotine 21 mg/24hr patch 24hr</i>	1	ACA Affordable Care Act OTC Over the Counter PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>habitrol 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicoderm cq 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicoderm cq 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicoderm cq 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
NICOTINE 21-14-7 MG/24HR KIT	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicotine 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</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>
<i>qc nicotine transdermal system 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>qc nicotine transdermal system 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>ra nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>ra nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine 14 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine 21 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine 7 mg/24hr patch 24hr</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>

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

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

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

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>ra nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine polacrilex 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine polacrilex 2 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine polacrilex 4 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>sm nicotine polacrilex 4 mg lozenge</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
<i>thrive 2 mg gum</i>	1	<p>ACA Affordable Care Act</p> <p>OTC Over the Counter</p> <p>PD Preventive Drug</p>
CHANTIX 0.5 MG TAB	3	<p>PD Preventive Drug</p>
<i>varenicline tartrate 0.5 mg tab</i>	3	<p>ACA Affordable Care Act</p> <p>PD Preventive Drug</p>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 &amp; 1 mg x 42 tab thpk</i>	3	ACA Affordable Care Act PD Preventive Drug
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>gentamicin sulfate 0.1 % cream</i>	1	
<i>gentamicin sulfate 0.1 % ointment</i>	1	
<i>neomycin sulfate 500 mg tab</i>	1	
<b>STREPTOMYCIN SULFATE 1 GM RECON SOLN</b>	2	PA
<b>ANTIBACTERIALS, OTHER</b>		
<i>acetic acid 2 % solution</i>	1	
<i>aztreonam 1 gm recon soln</i>	3	PA
<i>aztreonam 2 gm recon soln</i>	3	PA
<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	
<b>CLEOCIN 100 MG SUPPOS</b>	2	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>daptomycin 500 mg recon soln</i>	3	PA
<b>DAPTOMYCIN 500 MG RECON SOLN</b>	3	PA
<i>fosfomycin tromethamine 3 gm packet</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	2	
<i>linezolid 600 mg tab</i>	2	
<i>methenamine hippurate 1 gm tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	2	
<i>metronidazole 0.75 % cream</i>	2	
<i>metronidazole 0.75 % gel</i>	2	
<i>metronidazole 0.75 % gel</i>	2	
<i>metronidazole 0.75 % lotion</i>	2	
<i>metronidazole 0.75 % lotion</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
VANDAZOLE 0.75 % GEL	1	
<i>nitrofurantoin 25 mg/5ml suspension</i>	2	
<i>nitrofurantoin 50 mg/10ml suspension</i>	2	
NITROFURANTOIN 50 MG/5ML SUSPENSION	2	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	
<i>nitrofurantoin macrocrystal 25 mg cap</i>	2	
<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	3	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>	3	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	2	
<i>vancomycin hcl 250 mg cap</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
CEFACLOR ER 500 MG TAB ER 12H	2	
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>cefepime hcl 1 gm recon soln</i>	2	PA
<i>cefepime hcl 2 gm recon soln</i>	2	PA
<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	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	
<i>cefpodoxime proxetil 100 mg tab</i>	1	
<i>cefpodoxime 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>ceftazidime 1 gm recon soln</i>	2	PA
<i>ceftazidime 2 gm recon soln</i>	2	PA
CEFTAZIDIME 6 GM RECON SOLN	2	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tazicef 1 gm recon soln</i>	3	PA
TAZICEF 1 GM RECON SOLN	3	PA
<i>tazicef 2 gm recon soln</i>	3	PA
TAZICEF 6 GM RECON SOLN	3	PA
<i>ceftriaxone sodium 10 gm recon soln</i>	2	PA
<i>ceftriaxone sodium 10 gm recon soln</i>	2	PA
<i>ceftriaxone sodium 1 gm recon soln</i>	2	PA
CEFTRIAZONE SODIUM 1 GM RECON SOLN	2	PA
<i>ceftriaxone sodium 1 gm recon soln</i>	2	PA
CEFTRIAZONE SODIUM 1 GM RECON SOLN	2	PA
<i>ceftriaxone sodium 250 mg recon soln</i>	2	PA
<i>ceftriaxone sodium 250 mg recon soln</i>	2	PA
<i>ceftriaxone sodium 2 gm recon soln</i>	2	PA
<i>ceftriaxone sodium 2 gm recon soln</i>	2	PA
CEFTRIAZONE SODIUM 2 GM RECON SOLN	2	PA
<i>ceftriaxone sodium 500 mg recon soln</i>	2	PA
<i>ceftriaxone sodium 500 mg recon soln</i>	2	PA
<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>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
AMOXICILLIN 125 MG CHEW TAB	1	
<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	
<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	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<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 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
BAXDELA 450 MG TAB	3	PA MNPA
<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	
<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	3	PA MNPA
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>TETRACYCLINES</b>		
<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>doxycycline monohydrate 100 mg cap</i>	1	
<i>doxycycline monohydrate 150 mg cap</i>	3	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	1	
<i>doxycycline monohydrate 50 mg cap</i>	1	
<i>doxycycline monohydrate 75 mg cap</i>	3	
<i>mondoxylene nl 100 mg cap</i>	1	
<i>minocycline hcl 100 mg cap</i>	1	
<i>minocycline hcl 50 mg cap</i>	1	
<i>minocycline hcl 75 mg cap</i>	1	
<i>tetracycline hcl 250 mg cap</i>	3	
<i>tetracycline hcl 500 mg cap</i>	3	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
FYCOMPA 10 MG TAB	3	PA 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>ethosuximide 250 mg cap</i>	1	PD Preventive Drug
CELONTIN 300 MG CAP	3	PD Preventive Drug
<i>methsuximide 300 mg cap</i>	3	PD Preventive Drug
<b>GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>clobazam 10 mg tab</i>	3	PA MNPA PD Preventive Drug
<i>clobazam 10 mg tab</i>	3	PA MNPA PD Preventive Drug
<i>clobazam 20 mg tab</i>	3	PA MNPA PD Preventive Drug
<i>clobazam 20 mg tab</i>	3	PA MNPA 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>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gabapentin 300 mg/6ml solution</i>	2	
<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 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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 SP Specialty PD Preventive Drug
<i>vigabatrin 500 mg tab</i>	3	PA SP Specialty PD Preventive Drug
<i>vigadrone 500 mg packet</i>	3	PA SP Specialty PD Preventive Drug
<i>vigadrone 500 mg tab</i>	3	PA SP Specialty PD Preventive Drug
<i>vigpoder 500 mg packet</i>	3	PA SP Specialty PD Preventive Drug
<b>SODIUM CHANNEL AGENTS</b>		
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
APTIOM 200 MG TAB	3	! See important benefit information at end of document PD Preventive Drug
<i>eslicarbazepine acetate 200 mg tab</i>	3	QL 30 EA / 30 days PD Preventive Drug
<i>eslicarbazepine acetate 400 mg tab</i>	3	QL 30 EA / 30 days PD Preventive Drug
<i>eslicarbazepine acetate 600 mg tab</i>	3	QL 60 EA / 30 days PD Preventive Drug
<i>eslicarbazepine acetate 800 mg tab</i>	3	QL 30 EA / 30 days PD Preventive Drug
<i>lacosamide 100 mg/10ml solution</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
<i>phenytoin sodium extended 100 mg cap</i>	1	PD Preventive Drug
<i>rufinamide 200 mg tab</i>	3	PA PD Preventive Drug
<i>rufinamide 400 mg tab</i>	3	PA PD Preventive Drug
<i>rufinamide 40 mg/ml suspension</i>	3	PA 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYBALVI 20-10 MG TAB	3	PA
LYBALVI 5-10 MG TAB	3	PA
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
MONOAMINE OXIDASE INHIBITORS		
MARPLAN 10 MG TAB	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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 60 MG TAB	2	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
NEFAZODONE HCL 100 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	
NEFAZODONE HCL 250 MG TAB	1	
<i>paroxetine hcl 10 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>paroxetine hcl 20 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<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>	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	RX4L Rx4Less Program
<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>amoxapine 100 mg tab</i>	3	
<i>amoxapine 150 mg tab</i>	3	
<i>amoxapine 25 mg tab</i>	3	
<i>amoxapine 50 mg tab</i>	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meclizine hcl 12.5 mg tab</i>	1	
<i>meclizine hcl 25 mg tab</i>	1	
<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	
<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	
<i>scopolamine 1 mg/3days patch 72hr</i>	3	
<i>trimethobenzamide hcl 300 mg cap</i>	1	
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
<i>aprepitant 125 mg cap</i>	3	QL 2 EA / 30 day(s)
<i>aprepitant 40 mg cap</i>	3	QL 2 EA / 30 day(s)
<i>aprepitant 80 &amp; 125 mg cap</i>	3	QL 6 EA / 30 day(s)
<i>aprepitant 80 mg cap</i>	3	QL 4 EA / 30 day(s)
EMEND 125 MG/5ML RECON SUSP	3	QL 3 EA / 15 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 1 EA / 15 day(s)
<i>granisetron hcl 1 mg tab</i>	1	QLC 6 EA / 15 day(s)
<i>ondansetron 4 mg tab disp</i>	1	
<i>ondansetron 8 mg tab disp</i>	1	
ONDANSETRON HCL 24 MG TAB	1	QLC 1 EA / 15 day(s)
<i>ondansetron hcl 4 mg/5ml solution</i>	1	QLC 100 ML / 15 day(s)
<i>ondansetron hcl 4 mg tab</i>	1	
<i>ondansetron hcl 8 mg tab</i>	1	
PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR	3	PA QLC 5 ML / 15 day(s)
<i>palonosetron hcl 0.25 mg/5ml solution</i>	3	PA QLC 5 ML / 15 day(s)
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	2	QL 4 EA / 28 day(s) PA
<b>ANTIFUNGALS</b>		
AMPHOTERICIN B 50 MG RECON SOLN	2	PA
ABELCET 5 MG/ML SUSPENSION	2	PA
ERAXIS 100 MG RECON SOLN	3	PA
ERAXIS 50 MG RECON SOLN	3	PA
<i>casprofungin acetate 50 mg recon soln</i>	3	PA
CASPOFUNGIN ACETATE 50 MG RECON SOLN	3	PA
<i>casprofungin acetate 70 mg recon soln</i>	3	PA
CASPOFUNGIN ACETATE 70 MG RECON SOLN	3	PA
<i>ciclopirox olamine 0.77 % cream</i>	1	
<i>clotrimazole 10 mg troche</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<i>fluconazole 50 mg tab</i>	1	
<i>flucytosine 250 mg cap</i>	3	PA
<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	
CRESEMBA 186 MG CAP	3	
CRESEMBA 74.5 MG CAP	3	
<i>itraconazole 100 mg cap</i>	2	
<i>itraconazole 10 mg/ml solution</i>	3	
<i>ketoconazole 200 mg tab</i>	1	
<i>ketoconazole 2 % cream</i>	1	
<i>ketoconazole 2 % shampoo</i>	1	
LULICONAZOLE 1 % CREAM	3	PA
LUZU 1 % CREAM	3	
<i>antifungal 2 % cream</i>	1	OTC Over the Counter
<i>baza antifungal 2 % cream</i>	1	OTC Over the Counter
<i>desenex 2 % cream</i>	1	OTC Over the Counter
<i>ft antifungal 2 % cream</i>	1	OTC Over the Counter
<i>medpura antifungal 2 % cream</i>	1	OTC Over the Counter
<i>micaderm 2 % cream</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>miconazole antifungal 2 % cream</i>	1	OTC Over the Counter
<i>miconazole nitrate 2 % cream</i>	1	OTC Over the Counter
<i>secura antifungal extra thick 2 % cream</i>	1	OTC Over the Counter
<i>sm antifungal miconazole 2 % cream</i>	1	OTC Over the Counter
<i>tineacide 2 % cream</i>	1	OTC Over the Counter
NAFTIFINE HCL 1 % CREAM	3	
<i>naftifine hcl 2 % cream</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	
NOXAFIL 40 MG/ML SUSPENSION	3	
<i>posaconazole 100 mg tab dr</i>	3	
<i>posaconazole 40 mg/ml suspension</i>	3	
EXELDERM 1 % CREAM	3	
SULCONAZOLE NITRATE 1 % CREAM	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>voriconazole 200 mg tab</i>	3	
<i>voriconazole 50 mg tab</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIGOUT AGENTS</b>		
<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	
MITIGARE 0.6 MG CAP	2	
<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	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>dapsone 100 mg tab</i>	1	
<i>dapsone 25 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	3	
<b>ANTITUBERCULARS</b>		
SIRTURO 100 MG TAB	3	PA
SIRTURO 20 MG TAB	3	PA
CYCLOSERINE 250 MG CAP	1	
CYCLOSERINE 250 MG CAP	1	
<i>ethambutol hcl 100 mg tab</i>	1	
<i>ethambutol hcl 400 mg tab</i>	1	
TRECTOR 250 MG TAB	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
GLIADEL WAFER 7.7 MG WAFER	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	
GLEOSTINE 100 MG CAP	2	SP Specialty
GLEOSTINE 10 MG CAP	2	SP Specialty
GLEOSTINE 40 MG CAP	2	SP Specialty
<i>lomustine 100 mg cap</i>	2	SP Specialty
<i>lomustine 10 mg cap</i>	2	SP Specialty
<i>lomustine 40 mg cap</i>	2	SP Specialty
VALCHLOR 0.016 % GEL	3	PA
MELPHALAN 2 MG TAB	2	
MATULANE 50 MG CAP	2	SP Specialty
<i>temozolomide 100 mg cap</i>	3	PA SP Specialty
<i>temozolomide 140 mg cap</i>	3	PA SP Specialty
<i>temozolomide 180 mg cap</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temozolomide 20 mg cap</i>	3	PA SP Specialty
<i>temozolomide 250 mg cap</i>	3	PA SP Specialty
<i>temozolomide 5 mg cap</i>	3	PA SP Specialty
<b>ANTIANDROGENS</b>		
<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
XTANDI 80 MG TAB	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
POMALYST 1 MG CAP	3	PA MNPA SP Specialty
POMALYST 2 MG CAP	3	PA MNPA SP Specialty
POMALYST 3 MG CAP	3	PA MNPA SP Specialty
POMALYST 4 MG CAP	3	PA MNPA SP Specialty
THALOMID 100 MG CAP	3	PA SP Specialty
THALOMID 150 MG CAP	3	PA SP Specialty
THALOMID 200 MG CAP	3	PA SP Specialty
THALOMID 50 MG CAP	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTIESTROGENS/MODIFIERS</b>		
EMCYT 140 MG CAP	2	SP Specialty
<i>tamoxifen citrate 10 mg tab</i>	1	ACA Affordable Care Act
<i>tamoxifen citrate 20 mg tab</i>	1	ACA Affordable Care Act
<i>toremifene citrate 60 mg tab</i>	2	
<b>ANTIMETABOLITES</b>		
<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 2000 mg/100ml suspension</i>	2	QL 100.2 ML / 30 day(s) PA SP Specialty
<i>mercaptopurine 50 mg tab</i>	1	
TABLOID 40 MG TAB	3	SP Specialty
<b>ANTINEOPLASTICS, OTHER</b>		
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
AYVAKIT 50 MG TAB	3	QL 30 EA / 30 day(s) PA
TICE BCG 50 MG RECON SUSP	3	
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>mitoxantrone hcl 20 mg/10ml conc</i>	3	PA
<i>mitoxantrone hcl 20 mg/10ml conc</i>	3	PA
<i>mitoxantrone hcl 25 mg/12.5ml conc</i>	3	PA
<i>mitoxantrone hcl 25 mg/12.5ml conc</i>	3	PA
<i>mitoxantrone hcl 30 mg/15ml conc</i>	3	PA
OGSIVEO 100 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
OGSIVEO 150 MG TAB	3	QL 60 ea / 30 day(s) PA SP Specialty
OGSIVEO 50 MG TAB	3	QL 180 EA / 30 days PA SP Specialty
VONJO 100 MG CAP	3	PA
VANFLYTA 17.7 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
VANFLYTA 26.5 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
AUGTYRO 160 MG CAP	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUGTYRO 40 MG CAP	3	PA SP Specialty
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	3	QL 16 EA / 28 DAYS PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
ZANOSAR 1 GM RECON SOLN	3	PA
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
ZOLINZA 100 MG CAP	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ETOPOSIDE 50 MG CAP	1	
HYCANTIN 0.25 MG CAP	3	PA SP Specialty
HYCANTIN 1 MG CAP	3	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHYRAGO 100 MG TAB	3	PA SP Specialty
PHYRAGO 140 MG TAB	3	PA SP Specialty
PHYRAGO 20 MG TAB	3	PA SP Specialty
PHYRAGO 50 MG TAB	3	PA SP Specialty
PHYRAGO 70 MG TAB	3	PA SP Specialty
PHYRAGO 80 MG TAB	3	PA SP Specialty
BALVERSA 3 MG TAB	3	PA SP Specialty
BALVERSA 4 MG TAB	3	PA SP Specialty
BALVERSA 5 MG TAB	3	PA SP Specialty
<i>erlotinib hcl 100 mg tab</i>	3	PA SP Specialty
<i>erlotinib hcl 150 mg tab</i>	3	PA SP Specialty
<i>erlotinib hcl 25 mg tab</i>	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>	3	PA SP Specialty
<i>imatinib mesylate 400 mg tab</i>	3	PA SP Specialty
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>	3	QL 112 EA / 28 Days PA SP Specialty
<i>nilotinib hcl 200 mg cap</i>	3	QL 112 EA / 28 Days PA SP Specialty
<i>nilotinib hcl 50 mg cap</i>	3	QL 120 EA / 30 Days PA SP Specialty
TASIGNA 150 MG CAP	3	PA SP Specialty
TASIGNA 200 MG CAP	3	PA SP Specialty
TASIGNA 50 MG CAP	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAKAFI 25 MG TAB	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
JAKAFI 5 MG TAB	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ODOMZO 200 MG CAP	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>sorafenib tosylate 200 mg tab</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>sunitinib malate 12.5 mg cap</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>sunitinib malate 25 mg cap</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>sunitinib malate 37.5 mg cap</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>sunitinib malate 50 mg cap</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
MEKINIST 0.05 MG/ML RECON SOLN	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
MEKINIST 0.5 MG TAB	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
MEKINIST 2 MG TAB	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
CAPRELSA 100 MG TAB	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
CAPRELSA 300 MG TAB	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
ZELBORAF 240 MG TAB	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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		
PANRETIN 0.1 % GEL	3	PA
<i>bexarotene 75 mg cap</i>	3	PA SP Specialty
<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>	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
<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>	3	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	3	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	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	
TRIHXYPHENIDYL 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolcapone 100 mg tab</i>	3	PA
DOPAMINE AGONISTS		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	3	PA SP Specialty
ONAPGO 98 MG/20ML SOLN CART	3	PA QLC 600 mL / 30 days SP Specialty
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
NEUPRO 1 MG/24HR PATCH 24HR	2	
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 25 mg tab</i>	3	
<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>	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>ANTISPASTICITY AGENTS</b>		
<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	
<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	
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<i>foscarnet sodium 6000 mg/250ml solution</i>	3	
ZIRGAN 0.15 % GEL	3	
PREVYMIS 240 MG TAB	3	PA
PREVYMIS 480 MG TAB	3	PA
LIVTENCITY 200 MG TAB	3	PA
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 450 mg tab</i>	3	
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil 10 mg tab</i>	3	PA
BARACLUDE 0.05 MG/ML SOLUTION	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
MAVYRET 50-20 MG PACKET	3	PA SP Specialty
RIBAVIRIN 200 MG CAP	3	PA SP Specialty
RIBAVIRIN 200 MG TAB	3	PA SP Specialty
SOVALDI 150 MG PACKET	3	PA SP Specialty
SOVALDI 200 MG PACKET	3	PA SP Specialty
SOVALDI 200 MG TAB	3	PA SP Specialty
SOVALDI 400 MG TAB	3	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 SP Specialty ACA Affordable Care Act
TIVICAY 50 MG TAB	2	
TIVICAY PD 5 MG TAB SOL	2	
DOVATO 50-300 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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-tenofov 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zidovudine 50 mg/5ml syrup</i>	1	
ANTI-HIV AGENTS, OTHER		
TYBOST 150 MG TAB	2	
FUZEON 90 MG RECON SOLN	3	
RUKOBIA 600 MG TAB ER 12H	2	
YEZTUGO 463.5 MG/1.5ML SOLUTION	3	<ul style="list-style-type: none"> <li>QL 3 ML / 168 day(s)</li> <li>SP Specialty</li> <li>ACA Affordable Care Act</li> </ul>
<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	
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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
APTIVUS 250 MG CAP	2	
ANTI-INFLUENZA AGENTS		
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QLC 1 EA / 180 day(s)
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	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
JENTADUETO 2.5-1000 MG TAB	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-500 MG TAB	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO 2.5-850 MG TAB	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 60 EA / 30 day(s) PD Preventive Drug
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PD Preventive Drug
<i>liraglutide 18 mg/3ml soln pen</i>	2	QL 0.3 / 1 DAYS DUR PD Preventive Drug
VICTOZA 18 MG/3ML SOLN PEN	2	QL 9 ML / 30 day(s) DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl 1000 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 1000 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 500 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 500 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 850 mg tab</i>	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
<i>metformin hcl 850 mg tab</i>	1	ACA Affordable Care Act 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
<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
MIGLITOL 100 MG TAB	3	PD Preventive Drug
MIGLITOL 25 MG TAB	3	PD Preventive Drug
MIGLITOL 50 MG TAB	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	3	PD Preventive Drug
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	3	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
<b>GLYCEMIC AGENTS</b>		
<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 HYOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN	3	PA MNPA PD Preventive Drug
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
APIDRA SOLOSTAR 100 UNIT/ML SOLN PEN	3	PA MNPA PD Preventive Drug
ADMELOG 100 UNIT/ML SOLUTION	3	PA MNPA PD Preventive Drug
HUMALOG 100 UNIT/ML SOLUTION	3	PA MNPA PD Preventive Drug
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	PA MNPA PD Preventive Drug
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	3	PA MNPA PD Preventive Drug
NOVOLIN N 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	OTC Over the Counter PD Preventive Drug
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	OTC Over the Counter PD Preventive Drug
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	OTC Over the Counter PD Preventive Drug
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	OTC Over the Counter PD Preventive Drug
<b>BLOOD PRODUCTS AND MODIFIERS</b>		
<b>ANTICOAGULANTS</b>		
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
FRAGMIN 10000 UNIT/4ML SOLUTION	3	PA
FRAGMIN 10000 UNIT/ML SOLN PRSYR	3	PA
FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR	3	PA
FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR	3	PA
FRAGMIN 18000 UNT/0.72ML SOLN PRSYR	3	PA
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR	3	PA
FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR	3	PA
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR	3	PA
FRAGMIN 95000 UNIT/3.8ML SOLUTION	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SAVAYSA 15 MG TAB	3	PA MNPA PD Preventive Drug
<i>enoxaparin sodium 100 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 120 mg/0.8ml soln prsyr</i>	1	
<i>enoxaparin sodium 150 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	1	
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	
<i>enoxaparin sodium 80 mg/0.8ml soln prsyr</i>	1	
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	3	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	3	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	3	
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	3	
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) 5000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	PA
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	PA
<i>heparin sodium (porcine) +rfid 1000 unit/ml solution</i>	1	PA
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	3	PA SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	3	PA SP Specialty

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eltrombopag olamine 50 mg tab</i>	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>eltrombopag olamine 75 mg tab</i>	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
PROMACTA 12.5 MG PACKET	3	<ul style="list-style-type: none"> <li>SP Specialty</li> <li>! See important benefit information at end of document</li> </ul>
PROMACTA 12.5 MG TAB	3	<ul style="list-style-type: none"> <li>SP Specialty</li> <li>! See important benefit information at end of document</li> </ul>
PROMACTA 25 MG PACKET	3	<ul style="list-style-type: none"> <li>SP Specialty</li> <li>! See important benefit information at end of document</li> </ul>
PROMACTA 25 MG TAB	3	<ul style="list-style-type: none"> <li>SP Specialty</li> <li>! See important benefit information at end of document</li> </ul>
PROMACTA 50 MG TAB	3	<ul style="list-style-type: none"> <li>SP Specialty</li> <li>! See important benefit information at end of document</li> </ul>
PROMACTA 75 MG TAB	3	<ul style="list-style-type: none"> <li>SP Specialty</li> <li>! See important benefit information at end of document</li> </ul>
PROCRIT 40000 UNIT/ML SOLUTION	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
RETACRIT 10000 UNIT/ML SOLUTION	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
RETACRIT 20000 UNIT/ML SOLUTION	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
RETACRIT 2000 UNIT/ML SOLUTION	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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
MOZOBIL 24 MG/1.2ML SOLUTION	3	PA SP Specialty
<i>plerixafor 24 mg/1.2ml solution</i>	3	PA SP Specialty
<i>tranexamic acid 1000 mg/10ml solution</i>	1	
<i>tranexamic acid 650 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HEMOSTASIS AGENTS</b>		
<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	
<b>PLATELET MODIFYING AGENTS</b>		
<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	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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		
EDARBI 40 MG TAB	3	PD Preventive Drug
EDARBI 80 MG TAB	3	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	PD Preventive Drug
<i>valsartan 320 mg tab</i>	3	PD Preventive Drug
<i>valsartan 40 mg tab</i>	3	PD Preventive Drug
<i>valsartan 80 mg tab</i>	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>trandolapril 2 mg tab</i>	1	PD Preventive Drug
<i>trandolapril 4 mg tab</i>	1	PD Preventive Drug
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl 100 mg tab</i>	2	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>amiodarone hcl 400 mg tab</i>	1	
<i>pacerone 100 mg tab</i>	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dofetilide 125 mcg cap</i>	3	
<i>dofetilide 250 mcg cap</i>	3	
<i>dofetilide 500 mcg cap</i>	3	
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>procainamide hcl 100 mg/ml solution</i>	1	PA
<i>procainamide hcl 500 mg/ml solution</i>	3	PA
<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	
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<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
<i>carvedilol 6.25 mg tab</i>	1	RX4L Rx4Less Program 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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 er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 60 mg tab er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg tab er 24h</i>	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>dilt-xr 120 mg cap er 24h</i>	1	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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>tiadytl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadytl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadytl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadytl er 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadytl er 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>tiadytl 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PD Preventive Drug
VERELAN 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>acetazolamide sodium 500 mg recon soln</i>	2	PA
<i>acetazolamide sodium 500 mg recon soln</i>	2	PA
<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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>digoxin 250 mcg tab</i>	1	
<i>digoxin 62.5 mcg tab</i>	3	
<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
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1	PD Preventive Drug
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMZYOS 15 MG CAP	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
CAMZYOS 2.5 MG CAP	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
CAMZYOS 5 MG CAP	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	RX4L Rx4Less Program PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab</i>	1	PD Preventive Drug
<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>torseamide 100 mg tab</i>	1	
<i>torseamide 10 mg tab</i>	1	
<i>torseamide 20 mg tab</i>	1	
<i>torseamide 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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eplerenone 50 mg tab</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metolazone 10 mg tab</i>	1	
<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 145 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 160 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 48 mg tab</i>	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 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 67 mg cap</i>	1	PD Preventive Drug
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atorvastatin calcium 80 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
<i>fluvastatin sodium 20 mg cap</i>	3	ACA Affordable Care Act PD Preventive Drug
<i>fluvastatin sodium 40 mg cap</i>	3	ACA Affordable Care Act 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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	PD Preventive Drug
<i>colesevelam hcl 625 mg tab</i>	3	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)
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 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-DUR 0.3 MG/HR PATCH 24HR	2	PD Preventive Drug
NITRO-DUR 0.8 MG/HR PATCH 24HR	2	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
<i>nitroglycerin 0.4 mg sl tab</i>	1	
<i>nitroglycerin 0.6 mg/hr patch 24hr</i>	1	PD Preventive Drug
<i>nitroglycerin 0.6 mg sl tab</i>	1	
RECTIV 0.4 % OINTMENT	3	PA
CENTRAL NERVOUS SYSTEM		
ANTIDEMENTIA		
<i>donepezil hcl 10 mg tab</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	
<i>donepezil hcl 5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERGOLOID MESYLATES 1 MG TAB	1	PA
<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	
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	PA
<i>fluphenazine hcl 10 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	
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	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	3	PA
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	3	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	
<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>	1	
<i>olanzapine 15 mg tab</i>	1	
<i>olanzapine 15 mg tab disp</i>	1	
<i>olanzapine 20 mg tab</i>	1	
<i>olanzapine 20 mg tab disp</i>	1	
<i>olanzapine 2.5 mg tab</i>	1	
<i>olanzapine 5 mg tab</i>	1	
<i>olanzapine 5 mg tab disp</i>	1	
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	PA
PIMOZIDE 2 MG TAB	3	PA
<i>quetiapine fumarate 100 mg tab</i>	1	RX4L Rx4Less Program
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 0.5 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 1 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam 2 mg tab</i>	1	QL 150 EA / 30 day(s)
<i>alprazolam er 0.5 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam er 1 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam er 2 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam er 3 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 0.5 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 1 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 2 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<i>alprazolam xr 3 mg tab er 24h</i>	2	QL 60 EA / 30 day(s)
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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>	2	PD Preventive Drug
<i>clonazepam 0.125 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	2	PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	PD Preventive Drug
<i>clonazepam 2 mg tab disp</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam 2 mg tab disp</i>	2	PD Preventive Drug
<i>clorazepate dipotassium 15 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>clorazepate dipotassium 3.75 mg tab</i>	1	QL 120 EA / 30 day(s)
<i>clorazepate dipotassium 7.5 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 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 tab</i>	1	QL 120 EA / 30 day(s)
<i>diazepam 5 mg tab</i>	1	QL 120 EA / 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 tab</i>	1	QL 150 EA / 30 day(s)
<i>meprobamate 200 mg tab</i>	2	
<i>meprobamate 400 mg tab</i>	2	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>candesartan cilexetil 16 mg tab</i>	2	PD Preventive Drug
<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
ERGOMAR 2 MG SL TAB	3	QLC 20 / 28 Day(s) PA MNPA
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
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 DAY(S)
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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naratriptan hcl 2.5 mg tab</i>	1	QL 12 EA / 30 day(s)
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)
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 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 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZOLMITRIPTAN 2.5 MG SOLUTION	3	QL 6 EA / 30 day(s)
<i>zolmitriptan 2.5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>zolmitriptan 2.5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
<i>zolmitriptan 5 mg solution</i>	3	QL 6 EA / 30 day(s)
<i>zolmitriptan 5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>zolmitriptan 5 mg tab disp</i>	1	QL 12 EA / 30 day(s)
ZOMIG 2.5 MG SOLUTION	3	QL 6 EA / 30 day(s)
<i>zomig 2.5 mg tab</i>	1	QL 12 EA / 30 day(s)
<i>zomig 5 mg tab</i>	1	QL 12 EA / 30 day(s)
MISCELLANEOUS		
<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 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)
<i>amphetamine-dextroamphetamine 15 mg tab</i>	1	QL 90 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 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>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)
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>methamphetamine hcl 5 mg tab</i>	3	
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)
<i>Dexmethylphenidate HCl ER 35 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 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 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 5 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 1800 ML / 30 day(s)
<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	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 60 EA / 30 day(s)
<i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	
<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)
<i>methylphenidate hcl er (la) 40 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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>butalbital-acetaminophen 50-325 mg tab</i>	1	QL 180 ea / 30 day(s)
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 30 MG TAB ER 24H	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
AUSTEDO XR 36 MG TAB ER 24H	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
AUSTEDO XR 42 MG TAB ER 24H	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
AUSTEDO XR 48 MG TAB ER 24H	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
AUSTEDO XR 6 MG TAB ER 24H	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	<ul style="list-style-type: none"> <li>QL 28 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
NUEDEXTA 20-10 MG CAP	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
RADICAVA ORS 105 MG/5ML SUSPENSION	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
CONTRACE 8-90 MG TAB ER 12H	3	<ul style="list-style-type: none"> <li>PA</li> </ul>
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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
RILUTEK 50 MG TAB	3	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<b>FIBROMYALGIA AGENTS</b>		
<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	3	
SAVELLA 12.5 MG TAB	3	
SAVELLA 25 MG TAB	3	
SAVELLA 50 MG TAB	3	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	3	
<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	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<i>cladribine (10 tabs) 10 mg tab thpk</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dimethyl fumarate 240 mg cap dr</i>	1	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>SP Specialty</li> </ul>
<i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
VUMERITY 231 MG CAP DR	2	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i> fingolimod hcl 0.5 mg cap</i>	1	<ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>SP Specialty</li> </ul>
<i>glatiramer acetate 20 mg/ml soln prsy</i>	2	<ul style="list-style-type: none"> <li>QL 30 ML / 30 day(s)</li> <li>SP Specialty</li> </ul>
<i>glatiramer acetate 40 mg/ml soln prsy</i>	2	<ul style="list-style-type: none"> <li>QL 12 ML / 28 day(s)</li> <li>SP Specialty</li> </ul>
<i>glatopa 20 mg/ml soln prsy</i>	2	<ul style="list-style-type: none"> <li>QL 30 ML / 30 day(s)</li> <li>SP Specialty</li> </ul>
<i>glatopa 40 mg/ml soln prsy</i>	2	<ul style="list-style-type: none"> <li>QL 12 ML / 28 day(s)</li> <li>SP Specialty</li> </ul>
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
REBIF 22 MCG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
REBIF 44 MCG/0.5ML SOLN PRSYR	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	3	PA SP Specialty
BETASERON 0.3 MG KIT	3	PA SP Specialty
BAFIERTAM 95 MG CAP DR	2	PA SP Specialty
TYSABRI 300 MG/15ML CONC	3	PA SP Specialty
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	PA SP Specialty
ZEPOSIA 0.92 MG CAP	2	PA SP Specialty
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA SP Specialty
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>periogard 0.12 % solution</i>	1	
KEPIVANCE 5.16 MG RECON SOLN	3	PA
<i>pilocarpine hcl 5 mg tab</i>	1	
<i>pilocarpine hcl 7.5 mg tab</i>	1	
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	
SF 1.1 % GEL	1	
SF 5000 PLUS 1.1 % CREAM	1	
SODIUM FLUORIDE 0.2 % SOLUTION	2	
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	
DEBACTEROL 30-50 % SOLUTION	3	PA MNPA
DEBACTEROL 30-50 % SOLUTION	3	PA MNPA
<i>kourzeq 0.1 % paste</i>	1	
<i>oralone 0.1 % paste</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acitretin 10 mg cap</i>	3	
<i>acitretin 17.5 mg cap</i>	3	
<i>acitretin 25 mg cap</i>	3	
<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	
<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>acutane 10 mg cap</i>	1	
<i>acutane 20 mg cap</i>	1	
<i>acutane 30 mg cap</i>	1	
<i>acutane 40 mg cap</i>	1	
<i>amnesteam 10 mg cap</i>	1	
<i>amnesteam 20 mg cap</i>	1	
<i>amnesteam 30 mg cap</i>	1	
<i>amnesteam 40 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>claravis 10 mg cap</i>	1	
<i>claravis 20 mg cap</i>	1	
<i>claravis 30 mg cap</i>	1	
<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>	1	
<i>isotretinoin 40 mg cap</i>	1	
<i>zenatane 10 mg cap</i>	1	
<i>zenatane 20 mg cap</i>	1	
<i>zenatane 30 mg cap</i>	1	
<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 0.1 % cream</i>	1	
<i>tretinoin microsphere 0.08 % gel</i>	3	
<i>tretinoin microsphere pump 0.08 % gel</i>	3	
<b>DERMATITIS AND PRURITUS AGENTS</b>		
<i>alclometasone dipropionate 0.05 % ointment</i>	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % OINTMENT	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>betamethasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	2	
<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 % lotion</i>	1	
<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	QL 3.34 GM / 1 DAYS ST
<i>desonide 0.05 % cream</i>	1	
<i>desonide 0.05 % ointment</i>	1	
<i>desoximetasone 0.05 % cream</i>	3	
DESOXIMETASONE 0.05 % GEL	3	
<i>desoximetasone 0.25 % cream</i>	3	
<i>desoximetasone 0.25 % ointment</i>	3	
<i>doxepin hcl 5 % cream</i>	3	PA
<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	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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	
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	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>hydrocortisone 2.5 % cream</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone 2.5 % ointment</i>	1	
<i>hydrocortisone valerate 0.2 % cream</i>	1	
<i>al12 12 % lotion</i>	1	OTC Over the Counter
<i>amlactin daily 12 % lotion</i>	1	OTC Over the Counter
<i>amlactin daily nourish 12 % lotion</i>	1	OTC Over the Counter
<i>ammonium lactate 12 % cream</i>	1	OTC Over the Counter
<i>ammonium lactate 12 % lotion</i>	1	OTC Over the Counter
<i>cvs hydrating skin treatment 12 % lotion</i>	1	OTC Over the Counter
<i>cvs skin treatment 12 % lotion</i>	1	OTC Over the Counter
<i>ft ammonium lactate 12 % lotion</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	
<i>triderm 0.5 % cream</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
DRYSOL 20 % SOLUTION	2	
		QL 60 EA / 30 day(s)
OTEZLA 20 MG TAB	2	PA SP Specialty
		QL 60 EA / 30 day(s)
OTEZLA 30 MG TAB	2	PA SP Specialty
<i>acne-clear 10 % gel</i>	1	OTC Over the Counter
<i>acne foaming wash 10 % liquid</i>	1	OTC Over the Counter
<i>acne medication 10 10 % gel</i>	1	OTC Over the Counter
<i>acne medication 5 5 % gel</i>	1	OTC Over the Counter
<i>acne treatment 10 % gel</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>benzoyl peroxide 10 % gel</i>	1	OTC Over the Counter
<i>benzoyl peroxide 10 % liquid</i>	1	OTC Over the Counter
<i>benzoyl peroxide 5 % gel</i>	1	OTC Over the Counter
<i>benzoyl peroxide acne wash 10 % liquid</i>	1	OTC Over the Counter
<i>benzoyl peroxide wash 10 % liquid</i>	1	OTC Over the Counter
<i>benzoyl peroxide wash 10 % liquid</i>	1	OTC Over the Counter
<i>bp wash 10 % liquid</i>	1	OTC Over the Counter
<i>clean &amp; clear persa-gel 10 10 % gel</i>	1	OTC Over the Counter
<i>cvs acne foaming face wash 10 % liquid</i>	1	OTC Over the Counter
<i>cvs acne treatment 10 % gel</i>	1	OTC Over the Counter
<i>cvs foaming acne face wash 10 % liquid</i>	1	OTC Over the Counter
<i>medpura benzoyl peroxide 10 % gel</i>	1	OTC Over the Counter
<i>medpura benzoyl peroxide 10 % liquid</i>	1	OTC Over the Counter
<i>medpura benzoyl peroxide 5 % gel</i>	1	OTC Over the Counter
<i>panoxyl foaming wash 10 % liquid</i>	1	OTC Over the Counter
<i>calcipotriene 0.005 % cream</i>	2	
<i>calcipotriene 0.005 % ointment</i>	2	
<i>calcipotriene 0.005 % solution</i>	3	
CALCIPOTRIENE 0.005 % SOLUTION	3	
<i>calcitrene 0.005 % ointment</i>	2	
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	3	
CALCITRIOL 3 MCG/GM OINTMENT	3	
VECTICAL 3 MCG/GM OINTMENT	3	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
SANTYL 250 UNIT/GM OINTMENT	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diclofenac sodium 3 % gel</i>	3	
FLUOROURACIL 2 % SOLUTION	1	
<i>fluorouracil 5 % cream</i>	1	
<i>fluorouracil 5 % solution</i>	1	
ANALPRAM HC 2.5-1 % CREAM	2	
ANALPRAM HC SINGLES 2.5-1 % CREAM	2	
HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM	2	
PROCTOFOAM HC 1-1 % FOAM	3	
<i>imiquimod 5 % cream</i>	1	
METHOXSALLEN RAPID 10 MG CAP	3	
NEO-SYNALAR 0.5-0.025 % CREAM	3	PA
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	
<i>podofilox 0.5 % gel</i>	3	
PODOFILOX 0.5 % SOLUTION	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
SELENIUM SULFIDE 2.25 % SHAMPOO	1	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
VEREGEN 15 % OINTMENT	3	PA
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
SODIUM SULFACETAMIDE WASH 10 % LIQUID	1	
<i>sulfacetamide sodium 10 % liquid</i>	1	
SULFACETAMIDE SODIUM 10 % LIQUID	1	
AVAR CLEANSER 10-5 % LIQUID	1	
AVAR-E EMOLLIENT 10-5 % CREAM	1	
<i>avar-e green 10-5 % cream</i>	1	
SSS 10-5 10-5 % CREAM	1	
<i>sulfacetamide sodium-sulfur 10-5 % cream</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium-sulfur 10-5 % liquid</i>	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID	1	
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION	1	
PEDICULICIDES/SCABICIDES		
CROTAN 10 % LOTION	3	
<i>ivermectin 1 % cream</i>	3	
SOOLANTRA 1 % CREAM	3	
<i>malathion 0.5 % lotion</i>	3	
<i>permethrin 5 % cream</i>	1	
NATROBA 0.9 % SUSPENSION	3	
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>clindamycin phos (once-daily) 1 % gel</i>	1	
<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	
<i>erythromycin 2 % gel</i>	1	
ERYTHROMYCIN 2 % GEL	1	
<i>erythromycin 2 % solution</i>	1	
MAFENIDE ACETATE 5 % PACKET	3	
SULFAMYLON 5 % PACKET	3	PA
<i>mupirocin 2 % ointment</i>	1	
<i>penciclovir 1 % cream</i>	3	QL 5 gm / 30 days PA MNPA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>pku goliike plus 16+ packet</i>	2	OTC Over the Counter
PKU GOLIKE PLUS 16+ PACKET	2	OTC Over the Counter
<i>pku goliike plus 4-16 packet</i>	2	OTC Over the Counter
PKU GOLIKE PLUS 4-16 PACKET	2	OTC Over the Counter
<i>xphe maxamum packet</i>	2	OTC Over the Counter
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	
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 40 meq/15ml (20%) solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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>	2	
<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
ARGYLE STERILE SALINE 0.9 % SOLUTION	1	
CURITY STERILE SALINE 0.9 % SOLUTION	1	
<i>sodium chloride 0.9 % solution</i>	1	
SODIUM CHLORIDE 0.9 % SOLUTION	1	
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	PA SP Specialty
<i>deferasirox 250 mg tab sol</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>deferasirox 500 mg tab sol</i>	3	PA 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
CHEMET 100 MG CAP	3	
JYNARQUE 15 MG TAB	3	PA SP Specialty
JYNARQUE 15 MG TAB THPK	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolvaptan 30 &amp; 15 mg tab thpk</i>	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>tolvaptan 30 mg tab</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>tolvaptan 45 &amp; 15 mg tab thpk</i>	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>tolvaptan 60 &amp; 30 mg tab thpk</i>	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>tolvaptan 90 &amp; 30 mg tab thpk</i>	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>trientine hcl 250 mg cap</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
TRIENTINE HCL 500 MG CAP	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<b>PHOSPHATE BINDERS</b>		
<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	
FOSRENOL 750 MG PACKET	3	
<i>lanthanum carbonate 1000 mg chew tab</i>	3	
<i>lanthanum carbonate 500 mg chew tab</i>	3	
<i>lanthanum carbonate 750 mg chew tab</i>	3	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sevelamer hcl 400 mg tab</i>	3	
<i>sevelamer hcl 800 mg tab</i>	3	
<b>POTASSIUM BINDERS</b>		
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	
LOKELMA 10 GM PACKET	2	
LOKELMA 5 GM PACKET	2	
<b>VITAMINS</b>		
<i>nac 600 600 mg cap</i>	1	OTC Over the Counter
<i>nac 600 mg cap</i>	1	OTC Over the Counter
<i>n-acetyl cysteine 600 mg cap</i>	1	OTC Over the Counter
N-A-C SUSTAIN 600 MG TAB ER	1	OTC Over the Counter
<i>nf formulas nac 600 mg cap</i>	1	OTC Over the Counter
<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>argiment at packet</i>	2	OTC Over the Counter
<i>argiment at packet</i>	2	OTC Over the Counter
<i>daily amino acid tab</i>	1	OTC Over the Counter
<i>phenylade40 drink mix packet</i>	2	OTC Over the Counter
<i>phenylade amino acid blend packet</i>	2	OTC Over the Counter
<i>phenylade mte amino acid blend packet</i>	2	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>pku golike plus 16+ packet</i>	2	OTC Over the Counter
<i>pku golike plus 4-16 packet</i>	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<i>xphe maxamum packet</i>	2	OTC Over the Counter
<i>xphe maxamum packet</i>	2	OTC Over the Counter
<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	
<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>	3	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
<i>fe-vite iron 75 (15 fe) mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 (ferrous sulfate) 75 (15 fe) mg/ml solution</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 infant &amp; toddler 15 mg/ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>iron infant/toddler 75 (15 fe) mg/ml solution</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 15 mg/ml 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	ACA Affordable Care Act OTC Over the Counter
<i>folate 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>folic acid 1 mg tab</i>	1	RX4L Rx4Less Program OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>kp folic acid 1 mg tab</i>	1	OTC Over the Counter
<i>kp folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra folic acid 800 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>true folic acid 1 mg tab</i>	1	OTC Over the Counter
<i>true folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>yl folic acid 400 mcg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>folbic 2.5-25-2 mg tab</i>	1	OTC Over the Counter
<i>niva-fol 2.5-25-2 mg tab</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>westab max 2.5-25-2 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 LAMEHADRIIN 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
PHYSIOLYTE SOLUTION	1	
<i>physiosol irrigation solution</i>	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cv</i> s natural fish oil 1000 mg cap	1	OTC Over the Counter
<i>eql</i> fish oil 1000 mg cap	1	OTC Over the Counter
<i>eql</i> omega 3 fish oil 1000 mg cap	1	OTC Over the Counter
<i>fish oil</i> 1000 mg cap	1	OTC Over the Counter
<i>fish oil burp-less</i> 1000 mg cap	1	OTC Over the Counter
<i>fish oil concentrate</i> 1000 mg cap	1	OTC Over the Counter
<i>fish oil high potency</i> 1000 mg cap	1	OTC Over the Counter
<i>fish oil omega-3</i> 1000 mg cap	1	OTC Over the Counter
<i>fish oil/super potent/no burp</i> 1000 mg cap	1	OTC Over the Counter
<i>gnp</i> fish oil 1000 mg cap	1	OTC Over the Counter
<i>hm</i> fish oil 1000 mg cap	1	OTC Over the Counter
<i>maxepa</i> 1000 mg cap	1	OTC Over the Counter
<i>maximum epa</i> 1000 mg cap	1	OTC Over the Counter
<i>norwegian salmon oil</i> 1000 mg cap	1	OTC Over the Counter
<i>omega 3</i> 1000 mg cap	1	OTC Over the Counter
<i>omega-3</i> 1000 mg cap	1	OTC Over the Counter
<i>omega-3 cf</i> 1000 mg cap	1	OTC Over the Counter
<i>omega 3 fish oil</i> 1000 mg cap	1	OTC Over the Counter
<i>omega-3 fish oil</i> 1000 mg cap	1	OTC Over the Counter
<i>qc</i> fish oil 1000 mg cap	1	OTC Over the Counter
<i>ra</i> fish oil 1000 mg cap	1	OTC Over the Counter
<i>sb</i> omega-3 fish oil 1000 mg cap	1	OTC Over the Counter
<i>sea-omega</i> 1000 mg cap	1	OTC Over the Counter
<i>sm</i> fish oil 1000 mg cap	1	OTC Over the Counter
<i>super dha gems</i> 1000 mg cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	OTC Over the Counter PD Preventive Drug
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	OTC Over the Counter PD Preventive Drug
MULTIVITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	OTC Over the Counter PD Preventive Drug
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	OTC Over the Counter 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	OTC Over the Counter PD Preventive Drug
VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION	1	OTC Over the Counter PD Preventive Drug
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	PD Preventive Drug
EFFER-K 25 MEQ EFFER TAB	2	
<i>klor-con/ef 25 meq effer tab</i>	2	
<i>k-prime 25 meq effer tab</i>	2	
NEONATAL FE 90-1 MG TAB	3	
NEONATAL + DHA 29-1 & 200 MG MISC	3	
NEONATAL 19 1 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MATRONEX 27-1 MG TAB	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS 27-1 MG TAB	1	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	1	
PRENATRIX 27-1 MG TAB	1	
PRENATRYL 27-1 MG TAB	1	
RELEVIA 27-1 MG TAB	1	
PRENAISSANCE PLUS 28-1-250 MG CAP	3	
CITRANATAL 90 DHA 90-1 & 300 MG MISC	3	
CITRANATAL ASSURE 35-1 & 300 MG MISC	3	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	3	
CITRANATAL HARMONY 27-1-260 MG CAP	3	
VITAFOL STRIPS 1 MG FILM	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>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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	
LINZESS 145 MCG CAP	2	QL 30 ea / 30 day(s)
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) PA MNPA
<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)
MOVIPREP 100 GM RECON SOLN	3	ACA Affordable Care Act
<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 packet</i>	1	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>eq laxative 17 gm packet</i>	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 packet</i>	1	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
<i>healthylax 17 gm packet</i>	1	OTC Over the Counter
<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>miralax mix-in pax 17 gm packet</i>	1	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 packet</i>	1	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 packet</i>	1	OTC Over the Counter
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 packet</i>	1	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>	3	ACA Affordable Care Act
<b>ANTI-DIARRHEAL AGENTS</b>		
<i>alosetron hcl 0.5 mg tab</i>	3	
<i>alosetron hcl 1 mg tab</i>	3	
MYTESI 125 MG TAB DR	3	PA MNPA
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	
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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 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	
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB	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	
GASTROINTESTINAL AGENTS, OTHER		
MOTOFEN 1-0.025 MG TAB	3	
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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine 300 mg tab</i>	1	
<i>cimetidine 400 mg tab</i>	1	
<i>cimetidine 800 mg tab</i>	3	
<i>cimetidine hcl 300 mg/5ml solution</i>	3	
<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	
<b>NIZATIDINE 300 MG CAP</b>	3	
<b>PROTECTANTS</b>		
<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	
<b>PROTON PUMP INHIBITORS</b>		
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
FABRAZYME 35 MG RECON SOLN	3	PA SP Specialty
FABRAZYME 5 MG RECON SOLN	3	PA SP Specialty
LUMIZYME 50 MG RECON SOLN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARALAST NP 1000 MG RECON SOLN	3	PA SP Specialty
ARALAST NP 500 MG RECON SOLN	3	PA MNPA SP Specialty
GLASSIA 1000 MG/50ML SOLUTION	3	PA MNPA SP Specialty
PROLASTIN-C 1000 MG RECON SOLN	2	PA SP Specialty
ZEMAIRA 1000 MG RECON SOLN	3	PA SP Specialty
ZEMAIRA 4000 MG RECON SOLN	3	PA SP Specialty
ZEMAIRA 5000 MG RECON SOLN	3	PA SP Specialty
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
<i>betaine powder</i>	3	PA
CHOLBAM 250 MG CAP	3	PA
CYSTAGON 150 MG CAP	3	PA SP Specialty
CYSTAGON 50 MG CAP	3	PA SP Specialty
l-glutamine 5 gm packet	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CEREZYME 400 UNIT RECON SOLN	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	PA SP Specialty
<i>miglustat 100 mg cap</i>	3	PA SP Specialty
<i>yargesa 100 mg cap</i>	3	PA SP Specialty
OPFOLDA 65 MG CAP	3	PA SP Specialty
<i>nitisinone 10 mg cap</i>	3	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 12000-38000 UNIT CP DR PART	3	
CREON 24000-76000 UNIT CP DR PART	2	
CREON 24000-76000 UNIT CP DR PART	3	
CREON 3000-9500 UNIT CP DR PART	2	
CREON 3000-9500 UNIT CP DR PART	3	
CREON 36000-114000 UNIT CP DR PART	2	
CREON 36000-114000 UNIT CP DR PART	3	
CREON 6000-19000 UNIT CP DR PART	2	
CREON 6000-19000 UNIT CP DR PART	3	
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	
PERTZYE 4000-14375 UNIT CP DR PART	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERTZYE 4000 UNIT CP DR PART	3	
PERTZYE 8000 UNIT CP DR PART	3	
VIOKACE 10440-39150 UNIT TAB	3	
VIOKACE 20880-78300 UNIT TAB	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	
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 tab</i>	3	PA SP Specialty
<i>javygtor 500 mg packet</i>	3	PA SP Specialty
<i>sapropterin dihydrochloride 100 mg packet</i>	3	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	SP Specialty
<i>zelvysia 500 mg packet</i>	3	PA SP Specialty
<i>sodium phenylbutyrate 500 mg tab</i>	3	PA SP Specialty
VYNDAQEL 20 MG CAP	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DAYBUE 200 MG/ML SOLUTION	3	PA SP Specialty
VOXZOGO 0.4 MG RECON SOLN	3	PA SP Specialty
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	
<i>fesoterodine fumarate er 4 mg tab er 24h</i>	3	PA MNPA
<i>flavoxate hcl 100 mg tab</i>	2	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolterodine tartrate 2 mg tab</i>	2	
<i>tolterodine tartrate er 2 mg cap er 24h</i>	3	
<i>tolterodine tartrate er 4 mg cap er 24h</i>	3	
<i>trospium chloride 20 mg tab</i>	2	
<i>trospium chloride er 60 mg cap er 24h</i>	2	
GEMTESA 75 MG TAB	3	QL 30 EA / 30 day(s)
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>	3	
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	3	
<i>finasteride 5 mg tab</i>	1	
<i>silodosin 4 mg cap</i>	3	
<i>silodosin 8 mg cap</i>	3	
<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		
<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	
RENACIDIN SOLUTION	3	PA MNPA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
<i>penicillamine 250 mg tab</i>	3	SP Specialty
ELMIRON 100 MG CAP	3	
<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	
<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)
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
CORTROPHIN 80 UNIT/ML GEL	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desonide 0.05 % lotion</i>	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	
<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	3	
<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	
<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	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
OVIDREL 250 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	3	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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
MYFEMBREE 40-1-0.5 MG TAB	2	PA
GENOTROPIN 12 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 12 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 24 MG CARTRIDGE	3	PA SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN	2	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
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>methyltestosterone 10 mg cap</i>	3	
<i>methyltestosterone 10 mg cap</i>	3	
<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)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TESTOSTERONE 50 MG/5GM (1%) GEL	2	QL 300 GM / 30 day(s)
VOGELXO 50 MG/5GM (1%) GEL	2	QL 300 GM / 30 day(s)
VOGELXO PUMP 12.5 MG/ACT (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 CYPIONATE 200 MG/ML SOLUTION	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)
<b>ESTROGENS</b>		
<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	3	
PREMPRO 0.3-1.5 MG TAB	3	
PREMPRO 0.45-1.5 MG TAB	3	
PREMPRO 0.625-2.5 MG TAB	3	
PREMPRO 0.625-5 MG TAB	3	
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MENEST 2.5 MG TAB	3	
COVARYX 1.25-2.5 MG TAB	3	
COVARYX HS 0.625-1.25 MG TAB	3	
EEMT 1.25-2.5 MG TAB	3	
EEMT HS 0.625-1.25 MG TAB	3	
<i>est estrogens-methyltest 1.25-2.5 mg tab</i>	3	
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB	3	
EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB	3	
<i>est estrogens-methyltest hs 0.625-1.25 mg tab</i>	3	
EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB	3	
<i>estratest f.s. 1.25-2.5 mg tab</i>	3	
ESTRATEST H.S. 0.625-1.25 MG TAB	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>	1	
<i>dotti 0.0375 mg/24hr patch tw</i>	1	
<i>dotti 0.05 mg/24hr patch tw</i>	1	
<i>dotti 0.075 mg/24hr patch tw</i>	1	
<i>dotti 0.1 mg/24hr patch tw</i>	1	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	3	
<i>estradiol 0.025 mg/24hr patch tw</i>	1	
<i>estradiol 0.025 mg/24hr patch wk</i>	1	
<i>estradiol 0.0375 mg/24hr patch tw</i>	1	
<i>estradiol 0.0375 mg/24hr patch wk</i>	1	
<i>estradiol 0.05 mg/24hr patch tw</i>	1	
<i>estradiol 0.05 mg/24hr patch wk</i>	1	
<i>estradiol 0.06 mg/24hr patch wk</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol 0.075 mg/24hr patch tw</i>	1	
<i>estradiol 0.075 mg/24hr patch wk</i>	1	
<i>estradiol 0.1 mg/24hr patch tw</i>	1	
<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>	1	
<i>lyllana 0.0375 mg/24hr patch tw</i>	1	
<i>lyllana 0.05 mg/24hr patch tw</i>	1	
<i>lyllana 0.075 mg/24hr patch tw</i>	1	
<i>lyllana 0.1 mg/24hr patch tw</i>	1	
MENOSTAR 14 MCG/24HR PATCH WK	3	
FEMRING 0.05 MG/24HR RING	3	QL 1 EA / 90 day(s)
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol-norethindrone acet 1-0.5 mg tab</i>	1	
<i>mimvey 1-0.5 mg tab</i>	1	
<i>estradiol 0.01 % cream</i>	1	
<i>estradiol 10 mcg tab</i>	1	
ESTRING 7.5 MCG/24HR RING	3	
<i>yuvaferm 10 mcg tab</i>	1	
<i>estradiol valerate 10 mg/ml oil</i>	3	
<i>estradiol valerate 20 mg/ml oil</i>	3	
<i>estradiol valerate 40 mg/ml oil</i>	3	
NATAZIA 3/2-2/2-3/1 MG TAB	2	ACA Affordable Care Act
PREMARIN 0.3 MG TAB	3	
PREMARIN 0.45 MG TAB	3	
PREMARIN 0.625 MG TAB	3	
PREMARIN 0.9 MG TAB	3	
PREMARIN 1.25 MG TAB	3	
PREMARIN 0.625 MG/GM CREAM	3	
<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>	3	ACA Affordable Care Act
<i>enilloring 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
<i>haloette 0.12-0.015 mg/24hr ring</i>	3	ACA Affordable Care Act
<i>afirmelle 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>ashlyna 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese 0.15-0.03 &amp;0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese lo 0.1-0.02 &amp; 0.01 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>daysee 0.15-0.03 &amp;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 &amp;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 &amp; eth est 42-21-21-7 days tab</i>	2	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp;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 &amp; 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
<i>simpesse 0.15-0.03 &amp;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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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
<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>	3	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>	3	ACA Affordable Care Act
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	3	ACA Affordable Care Act
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	3	ACA Affordable Care Act
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	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
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	3	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>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
<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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	2	
<i>levothyroxine sodium 100 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 112 MCG CAP	2	
<i>levothyroxine sodium 112 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 125 MCG CAP	2	
<i>levothyroxine sodium 125 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 137 MCG CAP	2	
<i>levothyroxine sodium 137 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 13 MCG CAP	2	
LEVOTHYROXINE SODIUM 150 MCG CAP	2	
<i>levothyroxine sodium 150 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 175 MCG CAP	2	
<i>levothyroxine sodium 175 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 200 MCG CAP	2	
<i>levothyroxine sodium 200 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 25 MCG CAP	2	
<i>levothyroxine sodium 25 mcg tab</i>	1	
<i>levothyroxine sodium 300 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 50 MCG CAP	2	
<i>levothyroxine sodium 50 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 75 MCG CAP	2	
<i>levothyroxine sodium 75 mcg tab</i>	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	2	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	
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	2	
TIROSINT 112 MCG CAP	2	
TIROSINT 125 MCG CAP	2	
TIROSINT 137 MCG CAP	2	
TIROSINT 13 MCG CAP	2	
TIROSINT 150 MCG CAP	2	
TIROSINT 175 MCG CAP	2	
TIROSINT 200 MCG CAP	2	
TIROSINT 25 MCG CAP	2	
TIROSINT 37.5 MCG CAP	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIROSINT 44 MCG CAP	2	
TIROSINT 50 MCG CAP	2	
TIROSINT 62.5 MCG CAP	2	
TIROSINT 75 MCG CAP	2	
TIROSINT 88 MCG CAP	2	
TIROSINT-SOL 100 MCG/ML SOLUTION	2	
TIROSINT-SOL 112 MCG/ML SOLUTION	2	
TIROSINT-SOL 125 MCG/ML SOLUTION	2	
TIROSINT-SOL 137 MCG/ML SOLUTION	2	
TIROSINT-SOL 13 MCG/ML SOLUTION	2	
TIROSINT-SOL 150 MCG/ML SOLUTION	2	
TIROSINT-SOL 175 MCG/ML SOLUTION	2	
TIROSINT-SOL 200 MCG/ML SOLUTION	2	
TIROSINT-SOL 25 MCG/ML SOLUTION	2	
TIROSINT-SOL 37.5 MCG/ML SOLUTION	2	
TIROSINT-SOL 44 MCG/ML SOLUTION	2	
TIROSINT-SOL 50 MCG/ML SOLUTION	2	
TIROSINT-SOL 62.5 MCG/ML SOLUTION	2	
TIROSINT-SOL 75 MCG/ML SOLUTION	2	
TIROSINT-SOL 88 MCG/ML SOLUTION	2	
<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	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>unithroid 75 mcg tab</i>	1	
<i>unithroid 88 mcg tab</i>	1	
<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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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>cetrotide acetate 0.25 mg kit</i>	2	PA
CETROTIDE 0.25 MG KIT	2	PA
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	3	PA SP Specialty
FIRMAGON 80 MG RECON SOLN	3	PA SP Specialty
ORLISSA 150 MG TAB	2	PA
ORLISSA 200 MG TAB	2	PA
<i>fyremadel 250 mcg/0.5ml soln prsy</i>	2	PA SP Specialty
<i>ganirelix acetate 250 mcg/0.5ml soln prsy</i>	2	PA SP Specialty
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
<i>lanreotide acetate 120 mg/0.5ml solution</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	3	PA SP Specialty
SOMATULINE DEPOT 60 MG/0.2ML SOLUTION	3	PA SP Specialty
SOMATULINE DEPOT 90 MG/0.3ML SOLUTION	3	PA SP Specialty
<i>leuprolide acetate 1 mg/0.2ml kit</i>	3	SP Specialty
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	3	SP Specialty
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	3	SP Specialty
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	3	SP Specialty
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	3	SP Specialty
LUPRON DEPOT (4-MONTH) 30 MG KIT	3	SP Specialty
LUPRON DEPOT (6-MONTH) 45 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (1-MONTH) 15 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	3	SP Specialty
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	3	SP Specialty
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	3	SP Specialty
SYNAREL 2 MG/ML SOLUTION	2	
<i>octreotide acetate 1000 mcg/ml solution</i>	3	SP Specialty
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	3	SP Specialty
<i>octreotide acetate 100 mcg/ml solution</i>	3	SP Specialty
<i>octreotide acetate 200 mcg/ml solution</i>	3	SP Specialty
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	3	SP Specialty
<i>octreotide acetate 500 mcg/ml solution</i>	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	3	SP Specialty
<i>octreotide acetate 50 mcg/ml solution</i>	3	SP Specialty
SOMAVERT 10 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 15 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 20 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 25 MG RECON SOLN	3	PA SP Specialty
SOMAVERT 30 MG RECON SOLN	3	PA 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 MNPA SP Specialty
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	3	PA MNPA SP Specialty
<i>sajazir 30 mg/3ml soln prsyr</i>	3	PA MNPA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
IMMUNOGLOBULINS		
HYQVIA 10 GM/100ML KIT	3	PA MNPA SP Specialty
GAMMAGARD 1 GM/10ML SOLUTION	3	PA SP Specialty
GAMMAKED 1 GM/10ML SOLUTION	3	PA SP Specialty
IMMUNOLOGICAL AGENTS, OTHER		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 55 EA / 28 day(s) PA SP Specialty
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	2	QL 55 EA / 28 DAYS PA SP Specialty
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	2	QL 41 EA / 28 day(s) PA SP Specialty
RIDAURA 3 MG CAP	3	PA MNPA
SIMULECT 10 MG RECON SOLN	3	PA
SIMULECT 20 MG RECON SOLN	3	PA
BENLYSTA 200 MG/ML SOLN A-INJ	3	PA SP Specialty
BENLYSTA 200 MG/ML SOLN PRSYR	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	PA SP Specialty
DUPIXENT 300 MG/2ML SOLN A-INJ	2	PA SP Specialty
DUPIXENT 300 MG/2ML SOLN PRSYR	2	PA SP Specialty
TREMFYA 100 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 56 days SP Specialty
TREMFYA 200 MG/2ML SOLN PRSYR	2	PA QLC 2 mL / 28 days SP Specialty
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	2	PA QLC 1 ML / 56 days SP Specialty
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 300 MG/2ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 4 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
XOLAIR 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (1 MG DAILY DOSE) 1 X 1 MG CSPK	3	<ul style="list-style-type: none"> <li>QL 15 EA / 15 DAYS</li> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (300 MG TITRATION) 300 MG PACKET	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEVZARA 200 MG/1.14ML SOLN A-INJ	3	<ul style="list-style-type: none"> <li>QL 2.28 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
KEVZARA 200 MG/1.14ML SOLN PRSYR	3	<ul style="list-style-type: none"> <li>QL 2.28 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENSPRYNG 120 MG/ML SOLN PRSYR	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
COSENTYX 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.5 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 2 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 1 ML / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 2 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 1.91 ml / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
XELJANZ 10 MG TAB	2	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ 1 MG/ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 240 mL / 24 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
XELJANZ 5 MG TAB	2	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
STELARA 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul>
STELARA 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul>
STELARA 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 mL / 56 days</li> <li>PA</li> <li>QLC 1 ML / 56 days</li> <li>SP Specialty</li> </ul>
USTEKINUMAB 45 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul>
USTEKINUMAB 45 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 0.5 mL / 84 days</li> <li>PA</li> <li>QLC 0.5 mL / 84 days</li> <li>SP Specialty</li> </ul>
USTEKINUMAB 90 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 1 mL / 56 days</li> <li>PA</li> <li>QLC 1 ML / 56 days</li> <li>SP Specialty</li> </ul>

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOSTIMULANTS</b>		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	3	PA SP Specialty
PEGASYS 180 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
PEGASYS 180 MCG/ML SOLUTION	3	PA SP Specialty
<b>IMMUNOSUPPRESSANTS</b>		
HUMIRA 10 MG/0.1ML PREF SY KT	2	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL 2 ea / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	2	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	QL 4 ea / 28 day(s) PA SP Specialty
HUMIRA 40 MG/0.4ML PREF SY KT	2	QL 4 EA / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 6 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 3 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-PED>=40KG CROHNS START 80 MG/0.8ML PREF SY KT	2	<ul style="list-style-type: none"> <li>QL 3 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-PED<40KG CROHNS STARTER 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	2	<ul style="list-style-type: none"> <li>QL 2 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-PED>=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 4 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	2	<ul style="list-style-type: none"> <li>QL 3 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>azathioprine 50 mg tab</i>	1	
<i>azathioprine 50 mg tab</i>	1	
NULOJIX 250 MG RECON SOLN	3	PA
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL 25 MG/0.5ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENBREL 25 MG/0.5ML SOLUTION	2	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENBREL 50 MG/ML SOLN PRSYR	2	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENBREL MINI 50 MG/ML SOLN CART	2	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	<ul style="list-style-type: none"> <li>QL 4 mL / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
<i>everolimus 0.25 mg tab</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>everolimus 0.5 mg tab</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>everolimus 0.75 mg tab</i>	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
<i>everolimus 1 mg tab</i>	3	<ul style="list-style-type: none"> <li>SP Specialty</li> </ul>
<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	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mycophenolate sodium 180 mg tab dr</i>	3	
<i>mycophenolate sodium 360 mg tab dr</i>	3	
<i>mycophenolic acid 180 mg tab dr</i>	3	
<i>mycophenolic acid 360 mg tab dr</i>	3	
<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	
<i>tacrolimus 0.5 mg cap</i>	1	
<i>tacrolimus 1 mg cap</i>	1	
<i>tacrolimus 5 mg cap</i>	1	
<i>temsirolimus 25 mg/ml solution</i>	3	PA
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
RINVOQ 45 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
LUPKYNIS 7.9 MG CAP	3	PA
VACCINES		
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	3	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
<b>AMINOSALICYLATES</b>		
<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 4 gm enema</i>	1	
<i>mesalamine 800 mg tab dr</i>	2	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	
<b>PENTASA 250 MG CAP ER</b>	2	
<i>mesalamine-cleanser 4 gm kit</i>	1	
<b>DIPENTUM 250 MG CAP</b>	3	
<i>sulfasalazine 500 mg tab</i>	1	
<i>sulfasalazine 500 mg tab dr</i>	1	
<b>GLUCOCORTICOIDS</b>		
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er 9 mg tab er 24h</i>	3	QLC 90 EA / 365 days
<b>TARPEYO 4 MG CAP DR</b>	3	PA
<i>hydrocortisone 10 mg tab</i>	1	
<i>hydrocortisone 20 mg tab</i>	1	
<i>hydrocortisone 5 mg tab</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>TYMLOS 3120 MCG/1.56ML SOLN PEN</b>	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
<b>ALENDRONATE SODIUM 5 MG TAB</b>	1	PD Preventive Drug
<i>alendronate sodium 70 mg/75ml solution</i>	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alendronate sodium 70 mg tab</i>	1	RX4L Rx4Less Program PD Preventive Drug
FOSAMAX PLUS D 70-5600 MG-UNIT TAB	3	PD Preventive Drug
<i>calcitonin (salmon) 200 unit/act solution</i>	1	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>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
d3-50 1.25 mg (50000 ut) cap	2	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
d-400 10 mcg (400 unit) tab	1	OTC Over the Counter
<i>decara 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>delta d3 10 mcg (400 unit) tab</i>	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
<i>eql vitamin d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>gnp vitamin d 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>gnp vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>healthy kids vitamin d3 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>kp vitamin d 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>optimal d3 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>pharmacist choice d-vitamin 400 unit/ml liquid</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>qc vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>sm vitamin d 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>true vitamin d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>true vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>true vitamin d3 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>vitamin d 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>vitamin d 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>vitamin d3 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>vitamin d3 10 mcg (400 unit) chew tab</i>	1	OTC Over the Counter
<i>vitamin d3 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>vitamin d3 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) cap</i>	1	OTC Over the Counter
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) tab</i>	1	OTC Over the Counter
<i>vitamin d high potency 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>vitamin d infant 10 mcg/ml liquid</i>	1	OTC Over the Counter
<i>weekly-d 1.25 mg (50000 ut) cap</i>	2	OTC Over the Counter
<i>cinacalcet hcl 30 mg tab</i>	2	SP Specialty
<i>cinacalcet hcl 60 mg tab</i>	2	SP Specialty
<i>cinacalcet hcl 90 mg tab</i>	2	SP Specialty
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibandronate sodium 150 mg tab</i>	3	PD Preventive Drug
<i>pamidronate disodium 30 mg/10ml solution</i>	2	PA
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION	2	PA
<i>pamidronate disodium 90 mg/10ml solution</i>	2	PA
<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 57.6 ML / 730 day(s) SP Specialty
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL SWABS	1	OTC Over the Counter
BARIUM SULFATE POWDER	3	
CONTOUR BLOOD GLUCOSE SYSTEM W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
CONTOUR NEXT EZ W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	2	QLC 1 EA/180 day(s) OTC Over the Counter PD Preventive Drug
CONTOUR NEXT LINK W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug
CONTOUR NEXT MONITOR W/DEVICE KIT	2	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT ONE KIT	2	OTC Over the Counter PD Preventive Drug
CONTOUR PLUS BLUE W/DEVICE KIT	2	QLC 1 EA / 180 DAYS OTC Over the Counter PD Preventive Drug
FEMCAP 22 MM DEVICE	2	ACA Affordable Care Act
FEMCAP 26 MM DEVICE	2	ACA Affordable Care Act
FEMCAP 30 MM DEVICE	2	ACA Affordable Care Act
FC2 FEMALE CONDOM MISC	2	ACA Affordable Care Act OTC Over the Counter
DEXCOM G6 RECEIVER DEVICE	2	QLC 1 / 365 days
DEXCOM G7 RECEIVER DEVICE	2	QLC 1 / 365 days
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QLC 1 / 365 days
FREESTYLE LIBRE 2 READER DEVICE	2	QLC 1 / 365 days
FREESTYLE LIBRE 3 READER DEVICE	2	QLC 1 / 365 Days
FREESTYLE LIBRE 2 SENSOR MISC	2	QL 2 / 28 day(s)
DEXCOM G6 TRANSMITTER MISC	2	QLC 1 / 84 days
DEXCOM G6 SENSOR MISC	2	QL 3 / 30 day(s)
DEXCOM G7 15 DAY SENSOR MISC	2	QL 2 EA / 30 day(s)
DEXCOM G7 SENSOR MISC	2	QL 3 / 30 day(s)
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL 2 / 28 day(s)
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	QL 2 EA / 28 day(s)
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	QL 2 EA / 28 DAYS
FREESTYLE LIBRE 3 SENSOR MISC	2	QL 2 / 28 day(s)
MIUDELLA INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act
PARAGARD INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
D-XYLOSE POWDER	3	
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	2	OTC Over the Counter PD Preventive Drug
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	
LANCETS	2	OTC Over the Counter
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	2	
<i>liraglutide -weight management 18 mg/3ml soln pen</i>	3	QL 15 ML / 30 day(s) PA
SAXENDA 18 MG/3ML SOLN PEN	3	QL 15 ML / 30 day(s) PA
LAGEVRIO 200 MG CAP	3	QLC 80 EA / 30 day(s)
OPVEE 2.7 MG/0.1ML SOLUTION	2	
AKEEGA 100-500 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
AKEEGA 50-500 MG TAB	3	QL 60 EA / 30 Days PA SP Specialty
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QLC 20 EA /30 days
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
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	OTC Over the Counter PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EVRYSDI 0.75 MG/ML RECON SOLN	3	PA SP Specialty
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	3	QL 3 ML / 28 day(s) PA
WEGOVY 1 MG/0.5ML SOLN A-INJ	3	QL 2 ML / 28 day(s) PA
WEGOVY 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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
LACRISERT 5 MG INSERT	3	PA
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>cyclosporine 0.05 % emulsion</i>	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	
XDEMVIY 0.25 % SOLUTION	3	PA
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROCKLATAN 0.02-0.005 % SOLUTION	3	
MIEBO 1.338 GM/ML SOLUTION	3	PA
ALTAFRIN 10 % SOLUTION	1	
ALTAFRIN 2.5 % SOLUTION	1	
<i>phenylephrine hcl 10 % solution</i>	1	
<i>phenylephrine hcl 2.5 % solution</i>	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>tropicamide 0.5 % solution</i>	1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
LASTACAFT 0.25 % SOLUTION	3	OTC Over the Counter
<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	
<i>alaway 0.035 % solution</i>	1	OTC Over the Counter
<i>alaway childrens allergy 0.035 % solution</i>	1	OTC Over the Counter
<i>cvs allergy eye drops 0.035 % solution</i>	1	OTC Over the Counter
<i>cvs eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>eq eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>ketotifen fumarate 0.035 % solution</i>	1	OTC Over the Counter
<i>ra eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
<i>sm eye itch relief 0.035 % solution</i>	1	OTC Over the Counter
ALOMIDE 0.1 % SOLUTION	3	PA MNPA
ALOCRIAL 2 % SOLUTION	3	
<i>olopatadine hcl 0.2 % solution</i>	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE 1 % SOLUTION	3	PA
KLARITY-A 1 % SOLUTION	3	PA
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	
NATACYN 5 % SUSPENSION	3	
<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	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium 0.07 % solution</i>	3	
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
<i>difluprednate 0.05 % emulsion</i>	2	
<i>fluorometholone 0.1 % suspension</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
<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	
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>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ILEVRO 0.3 % SUSPENSION	3	
NEVANAC 0.1 % SUSPENSION	3	
PRED FORTE 1 % SUSPENSION	1	
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	2	
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	
<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 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	3	
<i>brimonidine tartrate 0.15 % solution</i>	1	
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brimonidine tartrate 0.2 % solution</i>	1	
<i>brinzolamide 1 % suspension</i>	3	
SIMBRINZA 1-0.2 % SUSPENSION	3	PA MNPA
<i>dorzolamide hcl 2 % solution</i>	1	
PHOSPHOLINE IODIDE 0.125 % RECON SOLN	3	
<i>methazolamide 25 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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>	3	
<i>pilocarpine hcl 2 % solution</i>	1	
<i>pilocarpine hcl 4 % solution</i>	1	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
BIMATOPROST 0.01 % SOLUTION	2	
<i>bimatoprost 0.03 % solution</i>	3	
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>	3	
OTIC AGENTS		
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	2	
CIPROFLOXACIN-FLUOCINOLONE PF 0.3-0.025 % SOLUTION	3	PA PA MNPA
<i>ciprofloxacin hcl 0.2 % solution</i>	3	PA QLC 14 mL / 7 Day(s)
<i>ciprofloxacin-hydrocortisone 0.2-1 % suspension</i>	3	
CIPRO HC 0.2-1 % SUSPENSION	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	
<i>neomycin-polymyxin-hc 1 % solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ofloxacin 0.3 % solution</i>	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
QVAR REDIHALER 40 MCG/ACT AERO BA	2	QL 21.2 GM / 30 day(s)
QVAR REDIHALER 80 MCG/ACT AERO BA	2	QL 21.2 GM / 30 day(s)
<i>budesonide 0.25 mg/2ml suspension</i>	1	QL 120 ML / 30 day(s) PD Preventive Drug
<i>budesonide 0.5 mg/2ml suspension</i>	1	QL 120 ML / 30 day(s) PD Preventive Drug
<i>budesonide 1 mg/2ml suspension</i>	2	QL 60 ML / 30 day(s) 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
ALVESCO 160 MCG/ACT AERO SOLN	3	PD Preventive Drug
<i>flunisolide 25 mcg/act (0.025%) solution</i>	3	QL 50 ML / 30 day(s)
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	2	QL 120 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	2	QL 240 EA / 30 day(s) PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	2	QL 120 EA / 30 day(s) PD Preventive Drug
<i>fluticasone propionate 50 mcg/act suspension</i>	1	QL 16 GM / 30 day(s)
XHANCE 93 MCG/ACT EXHU	3	QL 16 ml / 30 day(s)
<i>mometasone furoate 50 mcg/act suspension</i>	2	
ANTIHISTAMINES		
<i>azelastine hcl 0.15 % solution</i>	3	
<i>azelastine hcl 0.1 % solution</i>	1	QL 60 ML / 30 day(s)
<i>azelastine hcl 137 mcg/spray solution</i>	1	QL 60 ML / 30 day(s)
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	3	
<i>carbinoxamine maleate 4 mg tab</i>	1	
<i>cetirizine hcl 1 mg/ml solution</i>	1	
<i>cetirizine hcl 5 mg/5ml solution</i>	1	
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>desloratadine 5 mg tab</i>	3	
RYCLORA 2 MG/5ML SOLUTION	3	
<i>banophen 50 mg cap</i>	1	OTC Over the Counter
<i>dimetane allergy relief ex st 50 mg cap</i>	1	OTC Over the Counter
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	1	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
<i>diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter
<i>diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	PA
<i>diphenhydramine hcl 50 mg/ml solution</i>	1	PA
<i>kp diphenhydramine hcl 50 mg cap</i>	1	OTC Over the Counter
<i>pharbedryl 50 mg cap</i>	1	OTC Over the Counter
12hr allergy relief 60 mg tab	3	OTC Over the Counter
24hr allergy relief 180 mg tab	3	OTC Over the Counter
<i>allegra allergy 180 mg tab</i>	3	OTC Over the Counter
<i>allegra allergy 60 mg tab</i>	3	OTC Over the Counter
<i>allegra hives 24hr 180 mg tab</i>	3	OTC Over the Counter
<i>allergy 24-hr 180 mg tab</i>	3	OTC Over the Counter
<i>allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>allergy relief/indoor/outdoor 180 mg tab</i>	3	OTC Over the Counter
<i>cvs allergy &amp; hives relief 180 mg tab</i>	3	OTC Over the Counter
<i>cvs allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>cvs allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>eq allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>eql allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>ft allergy relief 12 hour 60 mg tab</i>	3	OTC Over the Counter
<i>ft allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>ft allergy relief 24 hour 180 mg tab</i>	3	OTC Over the Counter
<i>gnp allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>gnp fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>goodsense aller-ease 180 mg tab</i>	3	OTC Over the Counter
<i>hm fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>hm fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>kls aller-fex 180 mg tab</i>	3	OTC Over the Counter
<i>kp fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>mm allergy relief 24 hour 180 mg tab</i>	3	OTC Over the Counter
<i>mm fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>qc allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>qc allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>ra allergy relief 180 mg tab</i>	3	OTC Over the Counter
<i>sm allergy relief 60 mg tab</i>	3	OTC Over the Counter
<i>sm fexofenadine hcl 180 mg tab</i>	3	OTC Over the Counter
<i>sm fexofenadine hcl 60 mg tab</i>	3	OTC Over the Counter
<i>wal-fex 180 mg tab</i>	3	OTC Over the Counter
<i>wal-fex allergy 180 mg tab</i>	3	OTC Over the Counter
<i>wal-fex allergy 60 mg tab</i>	3	OTC Over the Counter
<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	
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	
<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	
<b>ANTILEUKOTRIENES</b>		
<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
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<i>ipratropium bromide 0.02 % solution</i>	1	QL 300 ML / 30 day(s) RX4L Rx4Less Program
ATROVENT HFA 17 MCG/ACT AERO SOLN	3	QL 26 GM / 30 day(s)
<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	QL 375 ML / 30 day(s)
<i>albuterol sulfate 1.25 mg/3ml nebu soln</i>	1	QL 375 ML / 30 day(s)
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln</i>	1	QL 60 EA / 30 day(s)
<i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>	1	QL 375 ML / 30 day(s) 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	QL 60 EA / 30 day(s)
<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 GM / 30 day(s)
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	1	QL 36 GM / 30 day(s)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	2	
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	3	QL 120 ML / 30 day(s)
EPINEPHRINE 0.1 MG/10ML SOLN PRSYR	1	
EPINEPHRINE 1 MG/10ML SOLN PRSYR	1	
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	1	QLC 6 EA / 365 day(s)
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN PRSYR	2	QLC 6 EA / 365 day(s)
EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
EPIPEN 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEFFY 2 MG/0.1ML SOLUTION	3	QLC 6 mL / 365 Day(s)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	3	QL 120 ML / 30 day(s)
<i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>	1	QL 288 ML / 30 day(s)
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	3	QL 288 ML / 30 day(s)
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	3	QL 288 EA / 30 day(s)
<i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>	3	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	QL 30 GM / 30 day(s)
XOPENEX HFA 45 MCG/ACT AEROSOL	2	QL 30 GM / 30 day(s)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	3	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		
PULMOZYME 2.5 MG/2.5ML SOLUTION	3	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 25 MG PACKET	3	PA SP Specialty
KALYDECO 50 MG PACKET	3	PA SP Specialty
KALYDECO 5.8 MG PACKET	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 75 MG PACKET	3	PA SP Specialty
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
<i>tobramycin 300 mg/5ml nebu soln</i>	3	SP Specialty
TOBRAMYCIN 300 MG/5ML NEBU SOLN	3	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
THEOPHYLLINE ER 100 MG TAB ER 12H	1	PD Preventive Drug
THEOPHYLLINE ER 200 MG TAB ER 12H	1	PD Preventive Drug
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMONARY ANTIHYPERTENSIVES		
<i>ambrisentan 10 mg tab</i>	3	QL 30 EA / 30 day(s) PA SP Specialty
<i>ambrisentan 5 mg tab</i>	3	QL 30 EA / 30 day(s) PA SP Specialty
<i>bosentan 125 mg tab</i>	3	QL 60 EA / 30 day(s) SP Specialty
<i>bosentan 62.5 mg tab</i>	3	QL 60 EA / 30 day(s) SP Specialty
TRACLEER 32 MG TAB SOL	3	SP Specialty
<i>epoprostenol sodium 0.5 mg recon soln</i>	3	PA SP Specialty
<i>epoprostenol sodium 1.5 mg recon soln</i>	3	PA 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/12.5ml solution</i>	3	PA SP Specialty
<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
<i>treprostinil 100 mg/20ml solution</i>	3	PA SP Specialty
<i>treprostinil 200 mg/20ml solution</i>	3	PA SP Specialty
<i>treprostinil 20 mg/20ml solution</i>	3	PA SP Specialty
<i>treprostinil 50 mg/20ml solution</i>	3	PA SP Specialty
TYVASO 0.6 MG/ML SOLUTION	3	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	3	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	3	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	3	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	3	PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	3	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	3	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	3	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	3	PA SP Specialty
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	3	PA SP Specialty
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	3	PA SP Specialty
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	PA SP Specialty
TYVASO REFILL 0.6 MG/ML SOLUTION	3	PA SP Specialty
TYVASO STARTER 0.6 MG/ML SOLUTION	3	PA SP Specialty
PULMONARY FIBROSIS AGENTS		
OFEV 100 MG CAP	3	PA SP Specialty
OFEV 150 MG CAP	3	PA SP Specialty
<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	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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 200 mg cap</i>	1	
<i>breynga 160-4.5 mcg/act aerosol</i>	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
<i>breynga 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 / 30 day(s) PD Preventive Drug
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	QL 240 ML / 30 day(s) 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
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
ADVAIR HFA 115-21 MCG/ACT AEROSOL	2	QL 12 GM / 30 day(s) PD Preventive Drug
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	QL 12 GM / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	<p>QL 12 GM / 30 day(s)</p> <p>PD Preventive Drug</p>
AIRDUO RESPICLICK 113/14 113-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
AIRDUO RESPICLICK 232/14 232-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 30 day(s)</p> <p>PD Preventive Drug</p>
AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA	1	<p>QL 1 EA / 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
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	QL 8 GM / 30 day(s)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	1	QL 540 ML / 30 day(s)
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
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	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	
TUSNEL C 30-10-100 MG/5ML SYRUP	1	OTC Over the Counter
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
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>carisoprodol 350 mg tab</i>	3	
<i>chlorzoxazone 500 mg tab</i>	1	
<i>cisatracurium besylate 20 mg/10ml solution</i>	3	PA MNPA
<i>cyclobenzaprine hcl 10 mg tab</i>	1	
<i>cyclobenzaprine hcl 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	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
NORGESIC 25-385-30 MG TAB	1	
NORGESIC FORTE 50-770-60 MG TAB	1	
ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 MG TAB	1	
ORPHENGESIC FORTE 50-770-60 MG TAB	1	
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<i>estazolam 1 mg tab</i>	1	QL 30 EA / 30 day(s)
<i>eszopiclone 1 mg tab</i>	2	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<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	3	QL 30 EA / 30 day(s) PA MNPA
DORAL 15 MG TAB	3	QL 30 EA / 30 day(s) PA MNPA
QUAZEPAM 15 MG TAB	3	QL 30 EA / 30 day(s) PA MNPA
<i>ramelteon 8 mg tab</i>	2	QL 30 EA / 30 day(s)
BELSOMRA 10 MG TAB	3	PA MNPA
BELSOMRA 15 MG TAB	3	PA MNPA
BELSOMRA 20 MG TAB	3	PA MNPA
BELSOMRA 5 MG TAB	3	PA MNPA
<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	QL 30 EA / 30 day(s)
<i>triazolam 0.25 mg tab</i>	1	QL 30 EA / 30 day(s)
<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)
<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	<ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	2	<ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	2	<ul style="list-style-type: none"> <li>QL 560 / 28 days</li> <li>PD Preventive Drug</li> </ul>
OTEZLA XR 75 MG TAB ER 24H	2	<ul style="list-style-type: none"> <li>QL 30 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
VANRAFIA 0.75 MG TAB	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
DOPTELET SPRINKLE 10 MG CAP SPRINK	3	<ul style="list-style-type: none"> <li>QL 60 EA / 30 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	3	<ul style="list-style-type: none"> <li>QL 66 EA / 28 days</li> <li>PA</li> <li>SP Specialty</li> </ul>
BOSULIF 100 MG CAP	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>
BOSULIF 50 MG CAP	3	<ul style="list-style-type: none"> <li>QL 30 EA / 30 Days</li> <li>PA</li> <li>SP Specialty</li> </ul>
TRUQAP 160 MG TAB THPK	3	<ul style="list-style-type: none"> <li>QL 64 EA / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
TRUQAP 200 MG TAB THPK	3	<ul style="list-style-type: none"> <li>QL 64 ea / 28 day(s)</li> <li>PA</li> <li>SP Specialty</li> </ul>
ALHEMO 150 MG/1.5ML SOLN PEN	3	<ul style="list-style-type: none"> <li>PA</li> <li>SP Specialty</li> </ul>

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

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

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

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

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

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
COBENFY 100-20 MG CAP	3	PA
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

# Index of covered drugs

<b>1</b>			
12hr allergy relief	270		
<b>2</b>			
24hr allergy relief	270		
<b>3</b>			
3232A INFANT FORMULA	256		
<b>7</b>			
7t lido	18		
<b>A</b>			
abacavir sulfate	83	ACTHAR	209
abacavir sulfate-lamivudine	83	ACTHAR GEL	287
ABELCET	54	ACTIMMUNE	242
abigale	218	acyclovir	85,161
abigale lo	218	adapalene	154
ABILIFY ASIMTUFI	129	adapalene-benzoyl peroxide	154
ABILIFY MAINTENA	129,130	add-ins complete	182
abiraterone acetate	59	adefovir dipivoxil	80
abirtega	59	ADEMPAS	276
acamprosate calcium	19	ADMELOG	94
acarbose	85	ADTHYZA	232
accutane	154	ADVAIR HFA	279,280
acebutolol hcl	109	ADVANTAGE INFANT FORMULA/IRON	186
ACERFLEX	256	ADVERA	162
ACETAMINOPHEN-CODEINE	13	afirmelle	219
acetaminophen-codeine	13	AIMOVIG	139
acetazolamide	115	AIRDUO RESPICLICK 113/14	280
acetazolamide er	266	AIRDUO RESPICLICK 232/14	280
acetazolamide sodium	115	AIRDUO RESPICLICK 55/14	280
acetic acid	31	AIRSUPRA	279
acetylcysteine	278	AJOVY	139
acitretin	154	AKEEGA	256
acne foaming wash	158	al12	157
acne medication 10	158	alaway	264
acne medication 5	158	alaway childrens allergy	264
acne treatment	158	albendazole	76
acne-clear	158	albuterol sulfate	273
		albuterol sulfate hfa	273
		albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)	273
		albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)	273
		ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	273
		alclometasone dipropionate	155,209
		ALCLOMETASONE DIPROPIONATE	155,209
		ALCOHOL SWABS	249
		ALECENSA	66
		alendronate sodium	246,247
		ALENDRONATE SODIUM	246,247

ALFAMINO INFANT . . . . .	186	amitriptyline hcl . . . . .	51
ALFAMINO JUNIOR . . . . .	193	amlactin daily . . . . .	157
alfuzosin hcl er . . . . .	208	amlactin daily nourish . . . . .	157
ALHEMO . . . . .	286,287	amlodipine besy-benazepril hcl . . . . .	115
ALIMENTUM . . . . .	186,251	amlodipine besylate . . . . .	111
ALINIA . . . . .	77	amlodipine besylate-valsartan . . . . .	116
aliskiren fumarate . . . . .	115	amlodipine-olmesartan . . . . .	116
ALITRAQ . . . . .	162	amlodipine-valsartan-hctz . . . . .	116,117
allegra allergy . . . . .	270	ammonium lactate . . . . .	157
allegra hives 24hr . . . . .	270	amnesteem . . . . .	154
allergy 24-hr . . . . .	270	amoxapine . . . . .	51
allergy relief . . . . .	270	amoxicillin . . . . .	35
allergy relief/indoor/outdoor . . . . .	270	AMOXICILLIN . . . . .	35
allopurinol . . . . .	57	amoxicillin-pot clavulanate . . . . .	35
almotriptan malate . . . . .	138	AMOXICILLIN-POT CLAVULANATE . . . . .	35
ALOCRI . . . . .	264	amoxicillin-pot clavulanate er . . . . .	35
ALOMIDE . . . . .	264	amphetamine-dextroamphet er . . . . .	142
alose tron hcl . . . . .	199	amphetamine-dextroamphetamine . . . . .	141,142
alprazolam . . . . .	136	AMPHOTERICIN B . . . . .	54
alprazolam er . . . . .	136	ampicillin . . . . .	35
alprazolam xr . . . . .	136	anagrelide hcl . . . . .	98
ALREX . . . . .	265	ANALPRAM HC . . . . .	160
ALSOY SOY FORMULA . . . . .	186,251	ANALPRAM HC SINGLES . . . . .	160
ALTABAX . . . . .	32	anastrozole . . . . .	65
ALTAFRIN . . . . .	264	ANDEMBRY . . . . .	289
altavera . . . . .	220	ANNOVERA . . . . .	226
ALVESCO . . . . .	268	ANORO ELLIPTA . . . . .	282
alyacen 1/35 . . . . .	224	antifungal . . . . .	55
alyacen 7/7/7 . . . . .	224	ANUCORT-HC . . . . .	210
alyq . . . . .	277	ANUSOL-HC . . . . .	210
amabelz . . . . .	218	APIDRA SOLOSTAR . . . . .	94
amantadine hcl . . . . .	77	apomorphine hcl . . . . .	78
ambrisentan . . . . .	276	APRACLONIDINE HCL . . . . .	266
AMCINONIDE . . . . .	155	aprepitant . . . . .	53
amethia . . . . .	220	APRETUDE . . . . .	81
amethyst . . . . .	221	apri . . . . .	215
amiloride hcl . . . . .	121	APTIOM . . . . .	45
AMILORIDE-HYDROCHLOROTHIAZIDE . . . . .	115	APTIVUS . . . . .	85
amino action . . . . .	182	AQ INSULIN SYRINGE . . . . .	255
aminocaproic acid . . . . .	102	AQNEURSA . . . . .	290
amiodarone hcl . . . . .	107	aqueous vitamin d . . . . .	247

ARALAST NP	203	aubra eq	220
ARANELLE	224	AUGMENTIN	35
ARANESP (ALBUMIN FREE)	98,99	AUGTYRO	63,64
ARCALYST	239	aurovela 1.5/30	223
arformoterol tartrate	273	aurovela 1/20	223
argument at	182	aurovela 24 fe	221
ARGINAID	162	aurovela fe 1.5/30	222
ARGINAID EXTRA	162	aurovela fe 1/20	222
ARGYLE STERILE SALINE	179	AUSTEDO	146
aripiprazole	130	AUSTEDO XR	146,147
ARISTADA	130	AUSTEDO XR PATIENT TITRATION	147
armodafinil	284	AUVELITY	47
ARMOUR THYROID	232	AVAR CLEANSER	160
ARNUITY ELLIPTA	268	AVAR-E EMOLLIENT	160
ascomp-codeine	14	avar-e green	160
asenapine maleate	130	AVERI	288
ashlyna	220	aviane	220
aspirin	1	AVMAPKI FAKZYNJA CO-PACK	286
aspirin 81	1	AVONEX PEN	151
aspirin adult low dose	1	AVONEX PREFILLED	151
aspirin adult low strength	1	ayuna	220
aspirin childrens	1	AYVAKIT	62
aspirin ec adult low dose	1	AZASITE	265
aspirin ec low dose	1	azathioprine	243
aspirin ec low strength	1	azelaic acid	154
aspirin low dose	2	azelastine hcl	264,269
aspirin regimen	2	azelastine-fluticasone	269
aspirin-dipyridamole er	102	AZELEX	154
atazanavir sulfate	84	azithromycin	36
atenolol	109	AZITHROMYCIN	36
atenolol-chlorthalidone	117	aztreonam	31
atomoxetine hcl	143	azurette	216
atorvastatin calcium	123,124		
atorvastatin calcium 10 mg tab	123	<b>B</b>	
atorvastatin calcium 20 mg tab	123	BABY'S BIG SUPPORT	162
atovaquone	76	BABYS ONLY ORGANIC/DAIRY	186
atovaquone-proguanil hcl	76	BABYS ONLY ORGANIC/DHA & ARA	186
ATROPINE SULFATE	263	BABYS ONLY ORGANIC/SOY	186
atropine sulfate	263	BABYS ONLY ORGNIC/GENT DHA-ARA	186
ATROVENT HFA	272	BABYS ONLY ORGNIC/GENTLE DAIRY	186
ATTRUBY	285	BABYS ONLY ORGNIC/SENS DHA-ARA	186

bac (butalbital-acetamin-caff) . . . . .	146	betaine . . . . .	203
BACITRA-NEOMYCIN-POLYMYXIN-HC . . . . .	263	betamethasone dipropionate . . . . .	156,209
BACITRACIN . . . . .	265	BETAMETHASONE DIPROPIONATE AUG . . . . .	155
BACITRACIN-POLYMYXIN B . . . . .	263	betamethasone dipropionate aug. . . . .	155,209
baclofen . . . . .	80	betamethasone valerate . . . . .	156
BAFIERTAM . . . . .	152	BETAMETHASONE VALERATE . . . . .	156
BALANCED NUTRITIONAL DRINK . . . . .	162	BETASERON . . . . .	152
BALANCED NUTRITIONAL DRINK PLS . . . . .	162	betaxolol hcl . . . . .	109
BALANCED NUTRITIONAL SHAKE PLS . . . . .	162	BETAXOLOL HCL . . . . .	266
balsalazide disodium . . . . .	246	bethanechol chloride . . . . .	208
BALVERSA . . . . .	69	BETOPTIC-S . . . . .	266
balziva . . . . .	224	bexarotene . . . . .	76
banophen . . . . .	269	bicalutamide . . . . .	59
BAQSIMI ONE PACK . . . . .	92	BIKTARVY . . . . .	81
BAQSIMI TWO PACK . . . . .	92	BIMATOPROST . . . . .	267
BARACLUDE . . . . .	80	bimatoprost . . . . .	267
BARIUM SULFATE . . . . .	249	bisoprolol fumarate . . . . .	109
BASAGLAR KWIKPEN . . . . .	94	bisoprolol-hydrochlorothiazide . . . . .	117
BASAGLAR TEMPO PEN . . . . .	94	blisovi 24 fe . . . . .	222
BAXDELA . . . . .	37	blisovi fe 1.5/30 . . . . .	222
bayer advanced aspirin reg st . . . . .	2	blisovi fe 1/20 . . . . .	222
bayer aspirin . . . . .	2	BONJESTA . . . . .	52
bayer aspirin ec low dose . . . . .	2	BOOST . . . . .	162
bayer low dose . . . . .	2	BOOST BREEZE . . . . .	162
baza antifungal . . . . .	55	BOOST BREEZE 2-FLAVOR PACK . . . . .	162
BCAD 1 . . . . .	256	BOOST GLUCOSE CONTROL . . . . .	162
BCAD 2 . . . . .	256	BOOST GLUCOSE CTRL MAX PROTEIN . . . . .	162
BELSOMRA . . . . .	283	BOOST HIGH PROTEIN . . . . .	162
benazepril hcl . . . . .	105	BOOST KID ESSENTIALS 1.0 CAL . . . . .	162
benazepril-hydrochlorothiazide . . . . .	117	BOOST KID ESSENTIALS 1.5 CAL . . . . .	162
BENECALORIE . . . . .	162	BOOST KID ESSENTIALS 1.5/FIBER . . . . .	162
BENLYSTA . . . . .	236	BOOST MAX PROTEIN . . . . .	162
benzonatate . . . . .	279	BOOST ORIGINAL . . . . .	163
benzoyl peroxide . . . . .	159	BOOST PLUS . . . . .	163
benzoyl peroxide acne wash . . . . .	159	boost soothe . . . . .	196
benzoyl peroxide wash . . . . .	159	BOOST VERY HIGH CALORIE . . . . .	163
benzoyl peroxide-erythromycin . . . . .	154	BOOST VHC . . . . .	163
benztropine mesylate . . . . .	77	BOOST WOMEN . . . . .	163
bepotastine besilate . . . . .	264	bosentan . . . . .	276
BERINERT . . . . .	235	BOSULIF . . . . .	67,286
BESIVANCE . . . . .	37	bp wash . . . . .	159

bprotected pedia d-vite . . . . .	247
bprotected pedia iron . . . . .	183
BRAINSUSTAIN . . . . .	163
BRAINSUSTAIN FOR KIDS . . . . .	163
BREO ELLIPTA . . . . .	279
breyana . . . . .	279
BREZTRI AEROSPHERE . . . . .	279
briellyn . . . . .	224
BRIGHT BEGINNINGS PEDIATRIC . . . . .	163
BRILINTA . . . . .	102
brimonidine tartrate . . . . .	266
brimonidine tartrate-timolol . . . . .	263
brinzolamide . . . . .	266
BRIXADI . . . . .	19
BRIXADI (WEEKLY) . . . . .	19
bromfed dm . . . . .	282
bromfenac sodium . . . . .	265
bromfenac sodium (once-daily) . . . . .	265
bromocriptine mesylate . . . . .	78
BRUKINSA . . . . .	65,295
budesonide . . . . .	246,268
budesonide er . . . . .	246
budesonide-formoterol fumarate . . . . .	279
bumetanide . . . . .	121
buprenorphine . . . . .	10
buprenorphine hcl . . . . .	19
buprenorphine hcl-naloxone hcl . . . . .	19,20
bupropion hcl . . . . .	47
bupropion hcl er (smoking det) . . . . .	20
bupropion hcl er (sr) . . . . .	47
bupropion hcl er (xl) . . . . .	47
burn gel . . . . .	18
bupirone hcl . . . . .	136,137
butalbital-acetaminophen . . . . .	146
butalbital-apap-caff-cod . . . . .	14
butalbital-apap-caffeine . . . . .	146
butalbital-asa-caff-codeine . . . . .	14
butalbital-aspirin-caffeine . . . . .	7
butorphanol tartrate . . . . .	14
BYLVAY . . . . .	204
BYLVAY (PELLETS) . . . . .	204

## C

cabergoline . . . . .	233
CABOMETYX . . . . .	67
CALCILO XD . . . . .	186
calcipotriene . . . . .	159
CALCIPOTRIENE . . . . .	159
calcipotriene-betameth diprop . . . . .	159
calcitonin (salmon) . . . . .	247
calcitrene . . . . .	159
CALCITRIOL . . . . .	159,247
calcitriol . . . . .	247
calcium acetate . . . . .	181
calcium acetate (phos binder) . . . . .	181
CALQUENCE . . . . .	66
camila . . . . .	227
camrese . . . . .	220
camrese lo . . . . .	220
CAMZYOS . . . . .	118,119
candesartan cilexetil . . . . .	104,139
capecitabine . . . . .	61
CAPLYTA . . . . .	133
CAPRELSA . . . . .	75
captopril . . . . .	105,106
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . . .	117
carbamazepine . . . . .	44,45
carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL) . . . . .	44
CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL) . . . . .	45
CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR) . . . . .	45
carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL) . . . . .	45
CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR) . . . . .	45
CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL) . . . . .	45
CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR) . . . . .	45
carbidopa . . . . .	79

carbidopa-levodopa . . . . .	79	CHICKEN/PEAS/CARROTS . . . . .	193
carbidopa-levodopa er . . . . .	79	CHICKEN/PEAS/CARROTS PLUS . . . . .	163
carbidopa-levodopa-entacapone . . . . .	77	CHICKEN/PEAS/CARROTS PLUS PEDI . . . . .	163
carbinoxamine maleate . . . . .	269	childrens advil . . . . .	8
CARDURA XL . . . . .	208	childrens aspirin . . . . .	2
carisoprodol . . . . .	282	childrens ibuprofen . . . . .	8
CARNATION BREAKFAST ESSENTIALS . . . . .	163	childrens ibuprofen 100 . . . . .	8
CARTEOLOL HCL . . . . .	266	childrens medi-profen . . . . .	8
cartia xt . . . . .	113	childrens motrin . . . . .	8
carvedilol . . . . .	109	chlordiazepoxide hcl . . . . .	137
caspofungin acetate . . . . .	54	chlordiazepoxide-clidinium . . . . .	199
CASPOFUNGIN ACETATE . . . . .	54	CHLORDIAZEPOXIDE-CLIDINIUM . . . . .	199
CAYA . . . . .	251	chlorhexidine gluconate . . . . .	153
CEFACTOR . . . . .	33	chloroquine phosphate . . . . .	76
CEFACTOR ER . . . . .	33	CHLOROQUINE PHOSPHATE . . . . .	76
CEFADROXIL . . . . .	33	chlorpromazine hcl . . . . .	131
cefadroxil . . . . .	33	chlorthalidone . . . . .	122
cefdinir . . . . .	33	chlorzoxazone . . . . .	282
cefepime hcl . . . . .	33	CHOLBAM . . . . .	203
cefixime . . . . .	33	cholestyramine . . . . .	126
CEFPODOXIME PROXETIL . . . . .	33	cholestyramine light . . . . .	126
cefpodoxime proxetil . . . . .	33	CHOLEXTRA . . . . .	256
cefprozil . . . . .	33	CHORIONIC GONADOTROPIN . . . . .	212
ceftazidime . . . . .	33	ciclopirox . . . . .	161
CEFTAZIDIME . . . . .	33,34	ciclopirox olamine . . . . .	54
ceftriaxone sodium . . . . .	34	cilostazol . . . . .	102
CEFTRIAZONE SODIUM . . . . .	34	CILOXAN . . . . .	37
cefuroxime axetil . . . . .	34	CIMDUO . . . . .	83
celecoxib . . . . .	7	cimetidine . . . . .	201
CELONTIN . . . . .	42	cimetidine hcl . . . . .	201
cephalexin . . . . .	34	cinacalcet hcl . . . . .	248
CEREZYME . . . . .	204	CIPRO HC . . . . .	267
cetirizine hcl . . . . .	269	ciprofloxacin hcl . . . . .	37,267
cetorelix acetate . . . . .	233	ciprofloxacin-dexamethasone . . . . .	267
CETROTIDE . . . . .	233	CIPROFLOXACIN-FLUOCINOLONE PF . . . . .	267
cevimeline hcl . . . . .	153	ciprofloxacin-hydrocortisone . . . . .	267
CFPREOP . . . . .	163	cisatracurium besylate . . . . .	282
CHANTIX . . . . .	30	citalopram hydrobromide . . . . .	48
charlotte 24 fe . . . . .	222	CITRANATAL 90 DHA . . . . .	196
chateal eq . . . . .	220	CITRANATAL ASSURE . . . . .	196
CHEMET . . . . .	180	CITRANATAL B-CALM . . . . .	196

CITRANATAL HARMONY	196	clorazepate dipotassium	138
cladribine (10 tabs)	149	clotrimazole	54,55
cladribine (4 tabs)	150	clotrimazole-betamethasone	159
cladribine (5 tabs)	150	CLOTTRIMAZOLE-BETAMETHASONE	159
cladribine (6 tabs)	150	clozapine	131
cladribine (7 tabs)	150	COARTEM	76
cladribine (8 tabs)	150	COBENFY	295
cladribine (9 tabs)	150	COBENFY STARTER PACK	295
claravis	155	codeine sulfate	14
CLARITHROMYCIN	36	CODEINE SULFATE	14
clarithromycin	36	colchicine	57
clarithromycin er	36	colchicine-probenecid	57
clean & clear persa-gel 10	159	colesevelam hcl	126
clearlax	197	colestipol hcl	126
CLEMASTINE FUMARATE	269	COMBIPATCH	218
CLEOCIN	31	COMBIVENT RESPIMAT	281
CLICK ESPRESSO PROTEIN DRINK	257	COMETRIQ (100 MG DAILY DOSE)	67
CLIMARA PRO	218	COMETRIQ (140 MG DAILY DOSE)	67
clindamycin hcl	31	COMETRIQ (60 MG DAILY DOSE)	67
clindamycin palmitate hcl	31	COMPLEAT	163
clindamycin phos (once-daily)	161	COMPLEAT ORG BLEND 1.2-CHICKEN	163
clindamycin phos (twice-daily)	161	COMPLEAT ORG BLEND 1.2-PLANT	163
clindamycin phos-benzoyl perox	154	COMPLEAT ORGANIC BLENDS	163
clindamycin phosphate	31,161	COMPLEAT ORIGINAL PLANT-BASED	163
clindamycin-tretinoin	154	COMPLEAT PED ORGBLEND 1.2-CHIC	164
CLINPRO 5000	153	COMPLEAT PED ORGBLEND 1.2-PLNT	164
clobazam	42	COMPLEAT PEDI ORIG PLANT-BASED	163
clobetasol prop emollient base	156	COMPLEAT PEDI PEPTIDE 1.5	163
clobetasol propionate	156	COMPLEAT PEDI STANDARD 1.0	163
clobetasol propionate e	209	COMPLEAT PEDI STANDARD 1.4	163
clodan	156	COMPLEAT PEDIATRIC	163
clomid	215	COMPLEAT PEDIATRIC ORG BLENDS	163
clomiphene citrate	215	COMPLEAT PEDIATRIC PEPTIDE 1.0	163
clomipramine hcl	51	COMPLEAT PEPTIDE 1.0	164
clonazepam	137,138	COMPLEAT PEPTIDE 1.5	164
clonidine	103	COMPLEAT STANDARD 1.4	164
clonidine hcl	103	COMPLERA	82
clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)	143	COMPLEX ESSENTIAL MSD	164
clonidine hcl er	143	compro	53
clopidogrel bisulfate	102	constulose	196
		CONTOUR BLOOD GLUCOSE SYSTEM	249

CONTOUR NEXT EZ . . . . .	249	cvs aspirin ec . . . . .	2
CONTOUR NEXT GEN MONITOR . . . . .	249	cvs aspirin low dose . . . . .	2
CONTOUR NEXT LINK . . . . .	249	cvs aspirin low strength . . . . .	3
CONTOUR NEXT MONITOR . . . . .	249	cvs childrens ibuprofen . . . . .	8
CONTOUR NEXT ONE . . . . .	250	cvs d3 . . . . .	247
CONTOUR NEXT TEST . . . . .	251	cvs esomeprazole magnesium . . . . .	201
CONTOUR PLUS BLUE . . . . .	250	cvs eye itch relief . . . . .	264
CONTOUR PLUS TEST . . . . .	251	cvs fish oil . . . . .	193
CONTOUR TEST . . . . .	251	cvs foaming acne face wash . . . . .	159
CONTRACE . . . . .	147	cvs folic acid . . . . .	184
CORDRAN . . . . .	157	CVS GENTLE INFANT FORMULA/IRON . . . . .	186
CORLANOR . . . . .	118	cvs genuine aspirin . . . . .	3
CORTROPHIN . . . . .	209	cvs hydrating skin treatment . . . . .	157
CORTROPHIN GEL . . . . .	287	cvs ibuprofen childrens . . . . .	8
COSENTYX . . . . .	240	CVS INFANT FORMULA/IRON . . . . .	186
COSENTYX (300 MG DOSE) . . . . .	240	cvs natural fish oil . . . . .	194
COSENTYX SENSOREADY (300 MG) . . . . .	240	cvs nicotine . . . . .	20,21,24
COSENTYX SENSOREADY PEN . . . . .	240	cvs nicotine polacrilex . . . . .	24
COSENTYX UNOREADY . . . . .	240	CVS NUTRITION LIQUID . . . . .	164
COTELLIC . . . . .	67	CVS NUTRITION PLUS . . . . .	164
COVARYX . . . . .	217	CVS NUTRITION PLUS CHOCOLATE . . . . .	164
COVARYX HS . . . . .	217	CVS NUTRITION PLUS VANILLA . . . . .	164
CRENESSITY . . . . .	287	CVS NUTRITIONAL SHAKE . . . . .	164
CREON . . . . .	205	cvs omeprazole-sod bicarbonate . . . . .	202
CRESEMBA . . . . .	55	cvs purelax . . . . .	197
CRINONE . . . . .	228	CVS SENSITIVITY/IRON . . . . .	186
CROMOLYN SODIUM . . . . .	264,279	cvs skin treatment . . . . .	157
cromolyn sodium . . . . .	279	cvs slow release iron . . . . .	183
CROTAN . . . . .	161	CVS TENDER/IRON . . . . .	186
cryselle . . . . .	226	CVS TODDLER & INFANT/IRON . . . . .	186
cryselle-28 . . . . .	226	CVS TODDLER BEGINNINGS-IRON . . . . .	186
CURITY STERILE SALINE . . . . .	179	cyanocobalamin . . . . .	183
cvs acne foaming face wash . . . . .	159	CYCLINEX-1 . . . . .	257
cvs acne treatment . . . . .	159	CYCLINEX-2 . . . . .	257
CVS ADVANTAGE/IRON . . . . .	186	cyclobenzaprine hcl . . . . .	282
cvs allergy & hives relief . . . . .	270	cyclophosphamide . . . . .	58
cvs allergy eye drops . . . . .	264	CYCLOPHOSPHAMIDE . . . . .	58
cvs allergy relief . . . . .	270	CYCLOSERINE . . . . .	57
cvs aspirin . . . . .	2	cyclosporine . . . . .	263
cvs aspirin adult low dose . . . . .	2	cyclosporine modified . . . . .	243
cvs aspirin adult low strength . . . . .	2	cyproheptadine hcl . . . . .	269

cyred eq . . . . .	215	depo-testosterone . . . . .	215
CYSTAGON . . . . .	203	DESCOVY . . . . .	83
<b>D</b>			
d-400 . . . . .	247	desenex . . . . .	55
d-vi-sol . . . . .	247	desipramine hcl . . . . .	51,52
d-vite pediatric . . . . .	247	desloratadine . . . . .	269
D-XYLOSE . . . . .	251	desmopressin ace spray refrig . . . . .	213
d3 . . . . .	247	desmopressin acetate . . . . .	212
d3 high potency . . . . .	247	desmopressin acetate spray . . . . .	213
d3 kids . . . . .	247	DESMOPRESSIN ACETATE SPRAY . . . . .	213
d3-50 . . . . .	247	desogestrel-ethinyl estradiol . . . . .	216
daily amino acid . . . . .	182	desonide . . . . .	156,210
dalfampridine er . . . . .	150	desoximetasone . . . . .	156
danazol . . . . .	214	DESOXIMETASONE . . . . .	156
dantrolene sodium . . . . .	80	desvenlafaxine succinate er . . . . .	48
dapsone . . . . .	57,161	dexamethasone . . . . .	210
daptomycin . . . . .	31	DEXAMETHASONE . . . . .	210
DAPTOMYCIN . . . . .	31	DEXAMETHASONE INTENSOL . . . . .	210
darifenacin hydrobromide er . . . . .	207	dexamethasone sodium phosphate . . . . .	210
darunavir . . . . .	84	DEXAMETHASONE SODIUM PHOSPHATE . . . . .	210,265
dasatinib . . . . .	68	DEXCOM G6 RECEIVER . . . . .	250
dasetta 1/35 . . . . .	224	DEXCOM G6 SENSOR . . . . .	250
dasetta 7/7/7 . . . . .	224	DEXCOM G6 TRANSMITTER . . . . .	250
DAYBUE . . . . .	207	DEXCOM G7 15 DAY SENSOR . . . . .	250
DAYBUE STIX . . . . .	294	DEXCOM G7 RECEIVER . . . . .	250
daysee . . . . .	221	DEXCOM G7 SENSOR . . . . .	250
DEBACTEROL . . . . .	153	Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN) . . . . .	143
deblitane . . . . .	227	Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN) . . . . .	143
decara . . . . .	247	Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN) . . . . .	143
deferasirox . . . . .	179,180	Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	143
deferiprone . . . . .	180	Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	143
DELSTRIGO . . . . .	82	Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	143
delta d3 . . . . .	247	Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	143
delyla . . . . .	220	Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	143
demeclocycline hcl . . . . .	38		
denta 5000 plus . . . . .	153		
DENTA 5000 PLUS . . . . .	153		
DENTAGEL . . . . .	153		
DEPO-ESTRADIOL . . . . .	218		
DEPO-SUBQ PROVERA 104 . . . . .	226		

Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	143	disulfiram . . . . .	19
Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	144	DIURIL . . . . .	122
Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR) . . . . .	144	divalproex sodium . . . . .	39
dextroamphetamine sulfate . . . . .	142	divalproex sodium er . . . . .	39
dextroamphetamine sulfate er . . . . .	142	DIVIGEL . . . . .	217
DIABETISOURCE AC . . . . .	164	dodex . . . . .	183
DIARESQ . . . . .	164	dofetilide . . . . .	108
DIARESQ CHILDRENS . . . . .	164	dolishale . . . . .	221
DIARESQ GENTLE RELIEF TODDLERS . . . . .	164	donepezil hcl . . . . .	128
diazepam . . . . .	42,138	DOPTELET . . . . .	102
diazoxide . . . . .	92	DOPTELET SPRINKLE . . . . .	286
diclofenac potassium . . . . .	7	DORAL . . . . .	283
diclofenac sodium . . . . .	7,160,265	dorzolamide hcl . . . . .	266
diclofenac sodium er . . . . .	7	dorzolamide hcl-timolol mal . . . . .	263
diclofenac-misoprostol . . . . .	7	dorzolamide hcl-timolol mal pf . . . . .	263
dicloxacin sodium . . . . .	35	dotti . . . . .	217
dicyclomine hcl . . . . .	199	DOVATO . . . . .	81
DIFICID . . . . .	36,37	doxazosin mesylate . . . . .	104
diflunisal . . . . .	7	doxepin hcl . . . . .	52,156
difluprednate . . . . .	265	DOXEPIN HCL . . . . .	52
digoxin . . . . .	117,118	DOXERCALCIFEROL . . . . .	248
DIGOXIN . . . . .	117,118	doxycycline hyclate . . . . .	38
dihydroergotamine mesylate . . . . .	139	doxycycline monohydrate . . . . .	38
dilt-xr . . . . .	113	doxylamine-pyridoxine . . . . .	52
diltiazem hcl . . . . .	112	DPP DIPEPTIDE POWER . . . . .	164
diltiazem hcl er . . . . .	112,113	DR BROWN GOOD ST SOY-EASE PRO . . . . .	186
diltiazem hcl er beads . . . . .	114	DR BROWN GOOD START GENTLE PRO . . . . .	186
diltiazem hcl er coated beads . . . . .	113,114	DR BROWN GOOD START SOOTHE PRO . . . . .	186
dimetane allergy relief ex st . . . . .	269	dronabinol . . . . .	54
dimethyl fumarate . . . . .	150,151	DROPSAFE SAFETY SYRINGE/NEEDLE . . . . .	255
dimethyl fumarate starter pack . . . . .	151	drospiren-eth estrad-levomefol . . . . .	216
DIPENTUM . . . . .	246	drospirenone-ethinyl estradiol . . . . .	216
diphenhydramine hcl . . . . .	269,270	DROXIA . . . . .	61
DIPHENHYDRAMINE HCL . . . . .	269,270	DRYSOL . . . . .	158
DIPHENOXYLATE-ATROPINE . . . . .	199	DUAVEE . . . . .	215
diphenoxylate-atropine . . . . .	199	DULERA . . . . .	281
dipyridamole . . . . .	102	duloxetine hcl . . . . .	149
disopyramide phosphate . . . . .	107	DUOCAL . . . . .	257
		DUOPA . . . . .	79
		DUPIXENT . . . . .	237
		dutasteride . . . . .	208

dutasteride-tamsulosin hcl . . . . .	208	ELMIRON . . . . .	209
DUVYZAT . . . . .	289	eltrombopag olamine . . . . .	99,100
<b>E</b>			
e.e.s. 400 . . . . .	36	eluryng . . . . .	219
E.E.S. 400 . . . . .	36	EMCYT . . . . .	61
EAA SUPPLEMENT . . . . .	164	EMEND . . . . .	53
EASY COMFORT INSULIN SYRINGE . . . . .	256	EMGALITY . . . . .	139
ec-naproxen . . . . .	9	EMGALITY (300 MG DOSE) . . . . .	139
econazole nitrate . . . . .	55	EMPAVELI . . . . .	239
ecotrin . . . . .	3	EMSAM . . . . .	48
ecotrin arthrtis pain . . . . .	3	emtricitab-rilpivir-tenofov df . . . . .	82
ecotrin low strength . . . . .	3	emtricitabine . . . . .	83
EDARBI . . . . .	104	emtricitabine-tenofovir df . . . . .	83
EDURANT . . . . .	82	EMTRIVA . . . . .	83
EDURANT PED . . . . .	292	emzahh . . . . .	227
EEMT . . . . .	217	enalapril maleate . . . . .	106
EEMT HS . . . . .	217	enalapril-hydrochlorothiazide . . . . .	118
EFAVIRENZ . . . . .	82	ENBREL . . . . .	244
efavirenz . . . . .	82	ENBREL MINI . . . . .	244
efavirenz-emtricitab-tenofo df . . . . .	82	ENBREL SURECLICK . . . . .	244
EFAVIRENZ-LAMIVUDINE-TENOFOVIR . . . . .	82	ENCALA . . . . .	164,257
efavirenz-lamivudine-tenofovir . . . . .	82	ENCARE . . . . .	209
EFFER-K . . . . .	195	endocet . . . . .	17
EGG/PRO . . . . .	257	ENDOMETRIN . . . . .	228
EGRIFTA SV . . . . .	214	ENFAGROW NEUROPRO TODDLER . . . . .	251
EGRIFTA WR . . . . .	294	ENFAGROW NEXT STEP . . . . .	251
EKTERLY . . . . .	292	ENFAGROW PREMIUM LIPIL . . . . .	186
ELECARE . . . . .	257	ENFAGROW PREMIUM OLDER TODDLER . . . . .	187
ELECARE DHA/ARA . . . . .	257	ENFAGROW PREMIUM TODDLER . . . . .	187
ELECARE DHA/ARA INFANT . . . . .	257	ENFAGROW PREMIUM TODDLER GENTL . . . . .	187
ELECARE DHA/ARA/IRON INFANT . . . . .	186	ENFAMIL 24 . . . . .	252
ELECARE JR . . . . .	164,257	ENFAMIL A.R. INFANT . . . . .	187
ELESTRIN . . . . .	217	ENFAMIL AR LIPIL . . . . .	252
eletriptan hydrobromide . . . . .	139	ENFAMIL AR SPIT-UP . . . . .	187,252
elinest . . . . .	226	ENFAMIL DHA & ARA SUPPLEMENT . . . . .	252
ELIQUIS . . . . .	95,285,286	ENFAMIL ENFACARE . . . . .	252
ELIQUIS (1.5 MG PACK) . . . . .	286	ENFAMIL ENSPIRE GENTLEASE . . . . .	187
ELIQUIS (2 MG PACK) . . . . .	286	ENFAMIL ENSPIRE OPTIMUM . . . . .	187
ELIQUIS DVT/PE STARTER PACK . . . . .	95	ENFAMIL ENSPIRE/IRON . . . . .	187
ELLA . . . . .	228	ENFAMIL GENTLEASE . . . . .	187,252
		ENFAMIL GENTLEASE LIPIL . . . . .	252
		ENFAMIL HUMAN MILK FORTIFIER . . . . .	187,252

ENFAMIL INFANT . . . . .	187	ENSURE HIGH CALCIUM . . . . .	165
ENFAMIL MILK-BASED W/IRON . . . . .	187,252	ENSURE HIGH PROTEIN . . . . .	165,257
ENFAMIL NEUROPRO ENFACARE . . . . .	187,252	ENSURE IMMUNE HEALTH . . . . .	165
ENFAMIL NEUROPRO GENTLEASE . . . . .	187,252	ENSURE MAX PROTEIN . . . . .	165
ENFAMIL NEUROPRO INFANT . . . . .	187,252	ENSURE MUSCLE HEALTH REVIGOR . . . . .	165
ENFAMIL NEUROPRO SENSITIVE . . . . .	187	ENSURE NUTRA SHAKE HI-CAL . . . . .	165
ENFAMIL NUTRAMIGEN . . . . .	252	ENSURE NUTRITION SHAKE . . . . .	165
ENFAMIL NUTRAMIGEN LIPIL . . . . .	187	ENSURE ORIG THERAPEUTIC NUTRI . . . . .	165
ENFAMIL NUTRAMIGEN PROBIOT LGG . . . . .	187	ENSURE ORIGINAL . . . . .	165,257
ENFAMIL NUTRAMIGEN TOD/ENF LGG . . . . .	187	ENSURE ORIGINAL/FIBER . . . . .	165
ENFAMIL PREGESTIMIL LIPIL . . . . .	252	ENSURE PLANT-BASED PROTEIN . . . . .	165
ENFAMIL PREMATURE . . . . .	252	ENSURE PLUS . . . . .	166
ENFAMIL PREMIUM INFANT . . . . .	187,252	ENSURE PLUS HIGH PROTEIN . . . . .	165
ENFAMIL PREMIUM LIPIL . . . . .	187	ENSURE PLUS HN . . . . .	165
ENFAMIL PREMIUM NEWBORN . . . . .	187	ENSURE PLUS WITH FIBER . . . . .	166
ENFAMIL PROSOBEE LIPIL . . . . .	188,252	ENSURE PRE-SURGERY . . . . .	166
ENFAMIL PROSOBEE SOY . . . . .	188	ENSURE SURGERY . . . . .	166
ENFAMIL PROSOBEE/SENSITIVE . . . . .	252	ENSURE SURGICAL NUTRITION . . . . .	166
ENFAMIL REGULINE-IRON . . . . .	188	ENSURE/FIBER . . . . .	165
ENFAPORT . . . . .	252	entacapone . . . . .	77
enilloring . . . . .	219	entecavir . . . . .	81
ENLIVE . . . . .	164	ENTERADE . . . . .	166
enoxaparin sodium . . . . .	96	ENTERADE IBS-D . . . . .	166
enpresse-28 . . . . .	220	ENTRESTO . . . . .	120,292
ENSACOVE . . . . .	288	ENU COMPLETE NUTRITION SHAKE . . . . .	166
enskyce . . . . .	215	ENU NUTRITIONAL SHAKE . . . . .	166
ENSPRYNG . . . . .	240	enulose . . . . .	196
ENSURE . . . . .	165,257	EO28 SPLASH . . . . .	166
ENSURE ACTIVE . . . . .	164	epinastine hcl . . . . .	264
ENSURE ACTIVE HEART HEALTH . . . . .	164	EPINEPHRINE . . . . .	273
ENSURE ACTIVE HIGH PROTEIN . . . . .	164	epinephrine . . . . .	273
ENSURE ACTIVE LIGHT . . . . .	164	EPIPEN 2-PAK . . . . .	273
ENSURE BONE HEALTH REVIGOR . . . . .	165	EPIPEN JR 2-PAK . . . . .	273
ENSURE CLEAR . . . . .	165	epitol . . . . .	45
ENSURE CLINICAL ST REVIGOR . . . . .	165	eplerenone . . . . .	121,122
ENSURE COMPACT . . . . .	165	epoprostenol sodium . . . . .	276
ENSURE COMPLETE . . . . .	165	eq allergy relief . . . . .	270
ENSURE COMPLETE SHAKE . . . . .	165	eq aspirin . . . . .	3
ENSURE ENLIVE . . . . .	165	eq aspirin adult low dose . . . . .	3
ENSURE HARVEST 1.2 CAL . . . . .	165	eq aspirin low dose . . . . .	3
ENSURE HEALTHY MOM . . . . .	165	eq clearlax . . . . .	197

eq esomeprazole magnesium	201	EST ESTROGENS-METHYLTEST	217
eq eye itch relief	264	EST ESTROGENS-METHYLTEST DS	217
eq ibuprofen childrens	8	est estrogens-methyltest hs	217
eq laxative	197	EST ESTROGENS-METHYLTEST HS	217
eq nicotine	21,24	estarylla	225
eq nicotine polacrilex	24,25	estazolam	282
eq nicotine step 3	21	estradiol	217,218,219
EQ NUTRITIONAL SHAKE	166	estradiol valerate	219
EQ NUTRITIONAL SHAKE PLUS	166	estradiol-norethindrone acet	218,219
EQ WEIGHT LOSS SHAKE	166	estratest f.s.	217
eql allergy relief	270	ESTRATEST H.S.	217
eql aspirin ec	3	ESTRING	219
eql aspirin low dose	3	eszopiclone	282,283
eql childrens ibuprofen	8	ethacrynic acid	121
eql clearlax	197	ethambutol hcl	57
eql fish oil	194	ethosuximide	42
eql omega 3 fish oil	194	ethynodiol diac-eth estradiol	219
eql vitamin d3	247	etodolac	7
EQUATE	166	etonogestrel-ethinyl estradiol	219
EQUATE PLUS	166	ETOPOSIDE	66
ERAXIS	54	etravirine	82
ergocalciferol	248	EUCRISA	156
ERGOLOID MESYLATES	129	euthyrox	228
ERGOMAR	139	EVAMIST	218
ERGOTAMINE-CAFFEINE	139	everolimus	69,70,244
ERIVEDGE	76	EVEXITHROID	232
ERLEADA	59	EVOTAZ	84
erlotinib hcl	69	EVRYSDI	262,292
errin	227	EXELDERM	56
ery-tab	36	exemestane	65
ERYTHROCIN STEARATE	36	EXPEDITE	166
erythromycin	36,161,265	eye itch relief	264
ERYTHROMYCIN	161	ezetimibe	126
ERYTHROMYCIN BASE	36	ezetimibe-simvastatin	126
erythromycin base	36		
erythromycin ethylsuccinate	36	<b>F</b>	
escitalopram oxalate	48,49	FABHALTA	289
esgic	146	FABRAZYME	202
eslicarbazepine acetate	45	falmina	220
esomeprazole magnesium	201	famciclovir	85
est estrogens-methyltest	217	famotidine	201

FANAPT.....	132	FIRMAGON.....	233
FANAPT TITRATION PACK A.....	132	FIRMAGON (240 MG DOSE).....	233
FANAPT TITRATION PACK B.....	133	FIRST-LANSOPRAZOLE.....	256
FANAPT TITRATION PACK C.....	133	FIRST-PANTOPRAZOLE.....	202
FARXIGA.....	86	fish oil.....	194
FASENRA PEN.....	279	fish oil burp-less.....	194
FC2 FEMALE CONDOM.....	250	fish oil concentrate.....	194
fe-vite iron.....	183	fish oil high potency.....	194
febuxostat.....	57	fish oil omega-3.....	194
feirza 1.5/30.....	222	fish oil/super potent/no burp.....	194
feirza 1/20.....	222	FITFOOD LEAN COMPLETE.....	166
felbamate.....	39	FIXODENT EXTRA HOLD.....	251
felodipine er.....	111	flac.....	267
FEMCAP.....	250	flavoxate hcl.....	207
FEMRING.....	218	flecainide acetate.....	108
fenofibrate.....	123	fluconazole.....	55
fenofibrate micronized.....	123	flucytosine.....	55
fenofibric acid.....	123	fludrocortisone acetate.....	210
FENOPROFEN CALCIUM.....	8	flunisolide.....	268
fentanyl.....	10,11	fluocinolone acetonide.....	156,267
fentanyl citrate.....	14	fluocinolone acetonide body.....	156
FENTANYL CITRATE.....	14,15	fluocinolone acetonide scalp.....	156
fer-in-sol.....	183	fluocinonide.....	157
FERRIPROX.....	180	FLUORIDEX.....	153
FERRIPROX TWICE-A-DAY.....	180	FLUORIDEX ENHANCED WHITENING.....	153
ferrous sulfate.....	183	FLUORIMAX 5000.....	153
ferrous sulfate er.....	183	fluorometholone.....	265
fesoterodine fumarate er.....	207	FLUOROURACIL.....	160
fexofenadine hcl.....	270	fluorouracil.....	160
FIASP.....	93	fluoxetine hcl.....	49
FIASP FLEXTOUCH.....	93	FLUOXETINE HCL.....	49
FIASP PENFILL.....	93	FLUOXETINE HCL (PMDD).....	49
FIASP PUMPCART.....	93	fluphenazine decanoate.....	131
FIBER FLOW.....	166	fluphenazine hcl.....	131,132
FIBERSOURCE HN.....	166	FLUPHENAZINE HCL.....	132
fidaxomicin.....	37	FLURANDRENOLIDE.....	157
FINACEA.....	154	FLURAZEPAM HCL.....	283
finasteride.....	208	flurbiprofen.....	8
fingolimod hcl.....	151	FLURBIPROFEN.....	8
FINTEPLA.....	39	FLURBIPROFEN SODIUM.....	265
finzala.....	222	fluticasone propionate.....	157,269

FLUTICASONE PROPIONATE DISKUS.....	269	ft aspirin.....	3
FLUTICASONE PROPIONATE HFA.....	268	ft aspirin low dose.....	3
fluticasone-salmeterol.....	280	ft clearlax.....	197
FLUTICASONE-SALMETEROL.....	280	ft enteric coated aspirin.....	4
fluvastatin sodium.....	124	ft folic acid.....	185
fluvoxamine maleate.....	49	ft ibuprofen childrens.....	8
folate.....	184	ft iron slow release.....	184
folbic.....	185	ft nicotine.....	21,25
folic acid.....	184,185	ft nicotine mini.....	25
FOLLISTIM AQ.....	213	furosemide.....	121
fondaparinux sodium.....	96	FUROSEMIDE.....	121
formoterol fumarate.....	274	FUZEON.....	84
FORTA DRINK.....	257	fyavolv.....	223
FORTA SHAKE.....	257	FYCOMPA.....	41
FORTEO.....	249	fyremadel.....	233
FORTINI INFANT FORMULA.....	252		
FOSAMAX PLUS D.....	247	<b>G</b>	
fosamprenavir calcium.....	84	g tussin ac.....	281
foscarnet sodium.....	80	GA.....	257
fosfomycin tromethamine.....	31	GA EXPRESS15.....	166
fosinopril sodium.....	106	GA GEL.....	166
fosinopril sodium-hctz.....	118	GA-1 ANAMIX EARLY YEARS.....	166,257
FOSRENOL.....	181	gabapentin.....	42,43
FRAGMIN.....	95	galantamine hydrobromide.....	129
FRAICHE 5000 DENTAL.....	153	GALANTAMINE HYDROBROMIDE.....	129
FREESTYLE LIBRE 14 DAY READER.....	250	galantamine hydrobromide er.....	129
FREESTYLE LIBRE 14 DAY SENSOR.....	250	galbriela.....	225
FREESTYLE LIBRE 2 PLUS SENSOR.....	250	gallifrey.....	227
FREESTYLE LIBRE 2 READER.....	250	GAMMAGARD.....	236
FREESTYLE LIBRE 2 SENSOR.....	250	GAMMAKED.....	236
FREESTYLE LIBRE 3 PLUS SENSOR.....	250	ganirelix acetate.....	233
FREESTYLE LIBRE 3 READER.....	250	GANIRELIX ACETATE.....	233
FREESTYLE LIBRE 3 SENSOR.....	250	gatifloxacin.....	265
frovatriptan succinate.....	139	gavilax.....	197
FRUITIVITS.....	166	GAVILYTE-C.....	200
ft acid reducer.....	201	gavilyte-g.....	200
ft allergy relief.....	270	gavilyte-n with flavor pack.....	197
ft allergy relief 12 hour.....	270	GAVRETO.....	74
ft allergy relief 24 hour.....	270	GELATEIN MCT.....	166
ft ammonium lactate.....	157	GELNIQUE.....	207
ft antifungal.....	55	gemfibrozil.....	123

gemmily . . . . .	222	GLIADEL WAFER . . . . .	58
GEMTESA . . . . .	208	glimepiride . . . . .	87
generlac . . . . .	196	glipizide . . . . .	87
gengraf . . . . .	243	GLIPIZIDE . . . . .	87,88
GENOTROPIN . . . . .	213	glipizide er . . . . .	88
gentamicin sulfate . . . . .	31,265	glipizide xl . . . . .	88
gentlelax . . . . .	198	glipizide-metformin hcl . . . . .	88
genuine aspirin . . . . .	4	GLUCAGEN HYPOKIT . . . . .	93
GENVOYA . . . . .	82	glucagon emergency . . . . .	92
GERBER EXTENSIVE HA . . . . .	188	GLUCAGON EMERGENCY . . . . .	93
GERBER GOOD START A2-IRON . . . . .	188	GLUCERNA . . . . .	167
GERBER GOOD START A2-TODDLER . . . . .	188	GLUCERNA 1.0 CAL . . . . .	167
GERBER GOOD START GENTLE . . . . .	188,252	GLUCERNA 1.0 CAL/CARBSTEADY . . . . .	166
GERBER GOOD START GENTLE 2 . . . . .	188	GLUCERNA 1.0 CAL/FIBER . . . . .	167
GERBER GOOD START GENTLEPRO . . . . .	188	GLUCERNA 1.2 CAL . . . . .	167
GERBER GOOD START GENTLEPRO 2 . . . . .	188	GLUCERNA 1.5 CAL . . . . .	167
GERBER GOOD START GENTLEPRO/FE . . . . .	188	GLUCERNA 1.5 CAL/CARBSTEADY . . . . .	167
GERBER GOOD START GROW 3 . . . . .	188	GLUCERNA ADVANCE SHAKE . . . . .	167
GERBER GOOD START NOURISH . . . . .	188,252	GLUCERNA CARBSTEADY . . . . .	167
GERBER GOOD START PREMATURE . . . . .	188,252	GLUCERNA HUNGER SMART SHAKE . . . . .	167
GERBER GOOD START PROTECT/IRON . . . . .	188	GLUCERNA OS . . . . .	167
GERBER GOOD START SOOTHE . . . . .	188	GLUCERNA SELECT . . . . .	167
GERBER GOOD START SOOTHE 1 . . . . .	188	GLUCERNA SHAKE . . . . .	167
GERBER GOOD START SOOTHE 2 . . . . .	188	GLUCERNA SNACK SHAKE . . . . .	167
GERBER GOOD START SOOTHEPRO . . . . .	188	GLUCERNA WEIGHT LOSS SHAKE . . . . .	167
GERBER GOOD START SOOTHEPRO/FE . . . . .	188	GLUTAREX-1 . . . . .	257
GERBER GOOD START SOY . . . . .	188,189	GLUTAREX-2 . . . . .	257
GERBER GOOD START SOY/IRON . . . . .	188,252	glyburide . . . . .	88,89
GERBER GOOD START SUPREME/IRON . . . . .	189,253	GLYBURIDE MICRONIZED . . . . .	89
GERBER GRADUATES GENTLE/IRON . . . . .	189	glyburide-metformin . . . . .	89
GERBER GRADUATES PROTECT/IRON . . . . .	189	glycolax . . . . .	198
GERBER GRADUATES SOOTHE . . . . .	189	glycopyrrolate . . . . .	200
GERBER GRADUATES SOY/IRON . . . . .	189	GLYCOSADE . . . . .	167
GERBER NATURA STAGE 1 . . . . .	189	glydo . . . . .	18
GERBER NATURA STAGE 2 . . . . .	189	GLYTROL PREBIO1 . . . . .	167
GERBER NATURA STAGE 3 . . . . .	189	GLYXAMBI . . . . .	86
GILOTRIF . . . . .	66	gnp adult aspirin low strength . . . . .	4
GLASSIA . . . . .	203	gnp allergy relief . . . . .	270
glatiramer acetate . . . . .	151	gnp aspirin . . . . .	4
glatopa . . . . .	151	gnp aspirin low dose . . . . .	4
GLEOSTINE . . . . .	58	gnp childrens ibuprofen . . . . .	8

gnp clearlax	198
gnp esomeprazole magnesium	201
gnp fexofenadine hcl	270
gnp fish oil	194
gnp folic acid	185
gnp iron	184
gnp nicotine	21,25,26
gnp nicotine mini	26
gnp nicotine polacrilex	26
gnp vitamin d	247
gnp vitamin d3	247
GOMEKLI	290,291
GOOD START	189,253
GOOD START 2 ESSENTIALS SOY/FE	189
GOOD START 2 ESSENTIALS/IRON	189,253
GOOD START 2 SUPREME/IRON	189,253
GOOD START ESSENTIALS SOY/IRON	189,253
GOOD START ESSENTIALS/IRON	189
GOOD START GENTLE PLUS	189
GOOD START NATURAL CULTURES	189
GOOD START SOY PLUS 2	189
GOOD START SUPREME/IRON	189,190,253
GOOD START/FE	189,253
goodsense aller-ease	271
goodsense aspirin	4
goodsense aspirin adults	4
goodsense aspirin low dose	4
goodsense clearlax	198
goodsense esomeprazole	201
goodsense ibuprofen childrens	8
goodsense nicotine	26,27
goodsense nicotine polacrilex	27
GOODSENSE NUTRISURE ORIGINAL	167
GOODSENSE NUTRISURE PLUS	167
goodsense omep/sod bicarb	202
granisetron hcl	54
griseofulvin microsize	55
griseofulvin ultramicrosize	55
guaifenesin ac	281
guaifenesin-codeine	281
guanfacine hcl	103

guanfacine hcl er	144
GVOKE HYPOPEN 1-PACK	92
GVOKE HYPOPEN 2-PACK	92,93
GVOKE KIT	93
GVOKE PFS	93

## H

h-e-b aspirin	4
habitrol	22
HAELAN 951 FERMENTED SOY	167
HAELAN HTPI FERMENTED SOY	167
hailey 1.5/30	223
hailey 24 fe	222
hailey fe 1.5/30	222
hailey fe 1/20	222
HALDOL DECANOATE	132
halobetasol propionate	157
haloette	219
haloperidol	132
haloperidol decanoate	132
haloperidol lactate	132
HCU ANAMIX EARLY YEARS	167,257
HCU ANAMIX NEXT	257
HCU COOLER	167
HCU COOLER15	167
HCU GEL	167
HCU LOPHLEX LQ	167
HCU MAXAMUM	257
HCY 1	257
HCY 2	257
HEALTH SOURCE	258
HEALTHY ACCENTS NUTRA FIT	168
HEALTHY ACCENTS NUTRA FIT PLUS	168
healthy kids vitamin d3	247
healthylax	198
heather	227
HEMMOREX-HC	210
heparin sodium (porcine)	96
heparin sodium (porcine) +rfid	96
heparin sodium (porcine) pf	96
HERNEXEOS	296

HI-CAL . . . . .	168	hydrocortisone (perianal) . . . . .	157
HIGH-PROTEIN NUTRITIONAL SHAKE . . . . .	168	HYDROCORTISONE ACE-PRAMOXINE . . . . .	160
hm adult aspirin . . . . .	4	hydrocortisone acetate . . . . .	210,211
hm aspirin . . . . .	4	HYDROCORTISONE ACETATE . . . . .	211
hm aspirin ec . . . . .	4	HYDROCORTISONE BUTYRATE . . . . .	157,211
hm clearlax . . . . .	198	hydrocortisone butyrate . . . . .	211
hm esomeprazole magnesium dr . . . . .	202	hydrocortisone valerate . . . . .	157,211
hm fexofenadine hcl . . . . .	271	hydrocortisone-acetic acid . . . . .	267
hm fish oil . . . . .	194	hydromet . . . . .	281
hm ibuprofen childrens . . . . .	8	hydromorphone hcl . . . . .	15
hm nicotine polacrilex . . . . .	27	hydromorphone hcl er . . . . .	11
HM NUTRISURE . . . . .	168	hydroxychloroquine sulfate . . . . .	77
HM NUTRISURE PLUS . . . . .	168	hydroxyurea . . . . .	61
HOM 2 . . . . .	258	hydroxyzine hcl . . . . .	271
HOMATROPAIRE . . . . .	263	HYDROXYZINE PAMOATE . . . . .	271,272
HOMINEX-1 . . . . .	258	hydroxyzine pamoate . . . . .	271,272
HOMINEX-2 . . . . .	258	hyoscyamine sulfate . . . . .	200
HUMALOG . . . . .	94	HYOSCYAMINE SULFATE . . . . .	200
HUMALOG MIX 50/50 KWIKPEN . . . . .	94	hyoscyamine sulfate er . . . . .	200
HUMATROPE . . . . .	213	HYOSCYAMINE SULFATE ER . . . . .	200
HUMIRA . . . . .	242	HYOSCYAMINE SULFATE SL . . . . .	200
HUMIRA (1 PEN) . . . . .	242	HYQVIA . . . . .	236
HUMIRA (2 PEN) . . . . .	242	HYRNUO . . . . .	293
HUMIRA (2 SYRINGE) . . . . .	242	hyvee ibuprofen childrens . . . . .	8
HUMIRA-CD/UC/HS STARTER . . . . .	243		
HUMIRA-PED<40KG CROHNS STARTER . . . . .	243	I	
HUMIRA-PED>/=40KG CROHNS START . . . . .	243	I-VALEX-1 . . . . .	258
HUMIRA-PED>/=40KG UC STARTER . . . . .	243	I-VALEX-2 . . . . .	258
HUMIRA-PSORIASIS/UEVIT STARTER . . . . .	243	I5 . . . . .	168
HUMULIN R U-500 (CONCENTRATED) . . . . .	95	ibandronate sodium . . . . .	249
HUMULIN R U-500 KWIKPEN . . . . .	95	IBRANCE . . . . .	73
HYCAMTIN . . . . .	66	IBTROZI . . . . .	294
hydralazine hcl . . . . .	127	ibu . . . . .	8
hydrochlorothiazide . . . . .	122	ibuprofen . . . . .	8,9
HYDROCOD POLI-CHLORPHE POLI ER . . . . .	281	ibuprofen childrens . . . . .	9
hydrocodone bit-homatrop mbr . . . . .	281	icar . . . . .	183
hydrocodone-acetaminophen . . . . .	15	icatibant acetate . . . . .	235
hydrocodone-ibuprofen . . . . .	15	iclevia . . . . .	221
HYDROCORT-PRAMOXINE (PERIANAL) . . . . .	160	ICLUSIG . . . . .	73,74
hydrocortisone . . . . .	157,246	icosapent ethyl . . . . .	127
HYDROCORTISONE . . . . .	157,246	ILEVRO . . . . .	266

imatinib mesylate	71	iron infant & toddler	184
IMBRUVICA	70,71	iron infant/toddler	184
imipramine hcl	52	iron slow release	184
imiquimod	160	iron supplement	184
IMITREX STATDOSE REFILL	140	iron supplement childrens	184
IMMULIFE	258	ISENTRESS	82
IMPACT	168	ISENTRESS HD	82
IMPACT ADVANCED RECOVERY	168	isibloom	215
IMPACT PEPTIDE 1.5	168	ISOMIL 2	190
INBRIJA	79	ISOMIL ADVANCE SOY FORMULA-FE	253
incassia	227	ISOMIL DF	253
INCRELEX	213	ISOMIL SF/IRON	190
INCRUSE ELLIPTA	272	ISOMIL SOY FORMULA/IRON	253
indapamide	122	ISOMIL SOY/IRON	190
indomethacin	9	ISOMIL/IRON	190,253
indomethacin er	9	isoniazid	57
INGREZZA	149,294	isosorbide dinitrate	128
INLURIYO	289	isosorbide mononitrate	128
INLYTA	67	ISOSORBIDE MONONITRATE	128
INNOVACIN	168	isosorbide mononitrate er	128
instalax	198	ISOSOURCE 1.5 CAL	168
INSULIN ASP PROT & ASP FLEXPEN	93	ISOSOURCE HN	168
INSULIN ASPART	93	isotretinoin	155
INSULIN ASPART FLEXPEN	93	isradipine	111
INSULIN ASPART PENFILL	93	ITOVEBI	289
INSULIN ASPART PROT & ASPART	93	itraconazole	55
INSULIN LISPRO	94	IVA ANAMIX EARLY YEARS	168,258
INSULIN SYRINGE-NEEDLE U-100	256	IVA ANAMIX NEXT	258
INTELENCE	82	IVA MAXAMUM	258
INTROLITE	168	ivabradine hcl	118
introvale	221	ivermectin	76,161
INVEGA HAFYERA	133,134	IWILFIN	288
INVEGA SUSTENNA	134		
INVEGA TRINZA	134	<b>J</b>	
ipratropium bromide	272	jaimiess	221
ipratropium-albuterol	281	JAKAFI	74,75
IQIRVO	288	jantoven	97
irbesartan	104	JARDIANCE	86
irbesartan-hydrochlorothiazide	118	jasmiel	216
iron (ferrous sulfate)	184	javygtor	206
iron high-potency	184	jelcaine sterile	18

jencycla . . . . .	227	KATE FARMS PED PEPTIDE 1.0 . . . . .	169
JENTADUETO . . . . .	89	KATE FARMS PED PEPTIDE 1.5 . . . . .	169
JENTADUETO XR . . . . .	89	KATE FARMS PED STANDARD 1.2 . . . . .	169
JESDUVROQ . . . . .	98	KATE FARMS PEPTIDE 1.0 . . . . .	169
JEVITY 1 CAL . . . . .	168	KATE FARMS PEPTIDE 1.5 . . . . .	169
JEVITY 1 CAL/FIBER . . . . .	168	KATE FARMS RENAL SUPPORT 1.8 . . . . .	169
JEVITY 1.2 CAL . . . . .	168	KATE FARMS STANDARD 1.0 . . . . .	169
JEVITY 1.2 CAL/FIBER . . . . .	168	KATE FARMS STANDARD 1.4 . . . . .	169
JEVITY 1.5 CAL/FIBER . . . . .	168	kelnor 1/35 . . . . .	219
jinteli . . . . .	223	kelnor 1/50 . . . . .	219
JOENJA . . . . .	204	KEPIVANCE . . . . .	153
jolessa . . . . .	221	KERENDIA . . . . .	87
JOURNAVX . . . . .	293	KESIMPTA . . . . .	152
JUICE PLUS FIBRE . . . . .	168	KETO . . . . .	169
juleber . . . . .	215	KETOCAL 2.5:1 LQ MULTI FIBER . . . . .	169
JULUCA . . . . .	82	KETOCAL 3:1 . . . . .	258
junel 1.5/30 . . . . .	223	KETOCAL 4:1 . . . . .	169,258
junel 1/20 . . . . .	223	KETOCAL 4:1 LQ MULTI FIBER . . . . .	169
junel fe 1.5/30 . . . . .	222	KETOCAL 4:1 LQ MULTI-FIBER . . . . .	169
junel fe 1/20 . . . . .	222	ketoconazole . . . . .	55
junel fe 24 . . . . .	222	KETOGEN . . . . .	258
JUST RIGHT 5000 . . . . .	153	KETONEX-1 . . . . .	258
JUVEN . . . . .	168,258	KETONEX-2 . . . . .	258
JUVEN NUTRIVIGOR . . . . .	168	KETOPROFEN . . . . .	9
JUVEN REVIGOR . . . . .	168	KETOPROFEN ER . . . . .	9
JUXTAPID . . . . .	127	ketorolac tromethamine . . . . .	9,265
JYNARQUE . . . . .	180	ketotifen fumarate . . . . .	264
<b>K</b>		KEVZARA . . . . .	239,240
K-PAX PROTEIN BLEND IMMUNE . . . . .	258	KFLO . . . . .	169
k-prime . . . . .	195	KIDS PLANT PROTEIN SHAKE . . . . .	169
kaitlib fe . . . . .	225	KIDS PROTEIN ORGANIC SHAKE . . . . .	169
KALE/QUINOA/BERRIES . . . . .	193	KINDERSPROUT PLANT PROTEIN . . . . .	169
KALE/QUINOA/BERRIES PLUS . . . . .	169	kionex . . . . .	182
KALE/QUINOA/BERRIES PLUS PEDIA . . . . .	168	KISQALI (200 MG DOSE) . . . . .	74
kalliga . . . . .	215	KISQALI (400 MG DOSE) . . . . .	74
KALYDECO . . . . .	274,275	KISQALI (600 MG DOSE) . . . . .	74
kariva . . . . .	216	KISQALI FEMARA (200 MG DOSE) . . . . .	64
KATE FARMS GLUCOSE SUPPORT 1.2 . . . . .	169	KISQALI FEMARA (400 MG DOSE) . . . . .	64
KATE FARMS HIGH PROTEIN . . . . .	169	KISQALI FEMARA (600 MG DOSE) . . . . .	64
KATE FARMS KIDS NUTRITION . . . . .	169	KLARITY-A . . . . .	265
		klayesta . . . . .	56

KLOR-CON.....	178	LANREOTIDE ACETATE.....	234
klor-con 10.....	178	lansoprazole.....	202
KLOR-CON 10.....	178	lanthanum carbonate.....	181
klor-con m10.....	179	LANTUS SOLOSTAR.....	94
klor-con m15.....	179	lapatinib ditosylate.....	71
klor-con m20.....	179	larin 1.5/30.....	223
klor-con/ef.....	195	larin 1/20.....	223
KLOXXADO.....	20	larin 24 fe.....	222
kls aller-fex.....	271	larin fe 1.5/30.....	222
kls aspirin low dose.....	5	larin fe 1/20.....	222
kls esomeprazole magnesium.....	202	LASTACRAFT.....	264
kls laxaclear.....	198	latanoprost.....	267
kls quit2.....	27	laxative osmotic.....	198
kls quit4.....	27	layolis fe.....	225
KLUTCH.....	251	LAZCLUZE.....	289
KOMZIFTI.....	295	LEDERLE LEUCOVORIN.....	62
kourzeq.....	153	leena.....	224
kp aspirin.....	5	leflunomide.....	244
kp diphenhydramine hcl.....	270	lenalidomide.....	60
kp fexofenadine hcl.....	271	LENVIMA (10 MG DAILY DOSE).....	71
kp folic acid.....	185	LENVIMA (12 MG DAILY DOSE).....	71
kp vitamin d.....	247	LENVIMA (14 MG DAILY DOSE).....	71
KRAZATI.....	61	LENVIMA (18 MG DAILY DOSE).....	71
kurvelo.....	220	LENVIMA (20 MG DAILY DOSE).....	71
KYLEENA.....	226	LENVIMA (24 MG DAILY DOSE).....	71
		LENVIMA (4 MG DAILY DOSE).....	71
		LENVIMA (8 MG DAILY DOSE).....	72
<b>L</b>		LEQEMBI IQLIK.....	290
l-glutamine.....	203	lessina.....	220
labetalol hcl.....	109	letrozole.....	65
lacosamide.....	45,46	leucovorin calcium.....	62,63
LACRISERT.....	263	LEUKERAN.....	58
lactulose.....	196	leuprolide acetate.....	234
lactulose encephalopathy.....	197	levalbuterol hcl.....	274
LAGEVRIO.....	256	LEVALBUTEROL TARTRATE.....	274
lamivudine.....	81,83	LEVEMIR FLEXPEN.....	94
lamivudine-zidovudine.....	83	levetiracetam.....	40,41
lamotrigine.....	39,40	levetiracetam er.....	41
lamotrigine er.....	40	levo-t.....	228,229
LANAFLEX.....	169	LEVOBUNOLOL HCL.....	266
LANCETS.....	256	levocetirizine dihydrochloride.....	272
lanreotide acetate.....	233		

levofloxacin . . . . .	37	lithium carbonate er . . . . .	141
levonest . . . . .	220	LIVDELZI . . . . .	293
levonorg-eth estrad triphasic . . . . .	220	LIVMARLI . . . . .	204,290
levonorgest-eth est & eth est . . . . .	221	LIVTENCITY . . . . .	80
levonorgest-eth estrad 91-day . . . . .	221	LMD . . . . .	258
levonorgestrel-ethinyl estrad . . . . .	220,221	LO LOESTRIN FE . . . . .	223
levora 0.15/30 (28) . . . . .	220	lo-zumandimine . . . . .	216
LEVOTHYROXINE SODIUM . . . . .	229,230,231,232	loestrin 1.5/30 (21) . . . . .	224
levothyroxine sodium . . . . .	229	loestrin 1/20 (21) . . . . .	223
levoxyl . . . . .	229,230	loestrin fe 1.5/30 . . . . .	222
LIDO-SORB . . . . .	18	loestrin fe 1/20 . . . . .	222
lidocaine . . . . .	18	lojaimiess . . . . .	221
lidocaine hcl . . . . .	18	LOKELMA . . . . .	182
LIDOCAINE HCL . . . . .	18	lomustine . . . . .	58
lidocaine hcl urethral/mucosal . . . . .	18	LONSURF . . . . .	65
lidocaine viscous hcl . . . . .	18	loperamide hcl . . . . .	199
lidocaine-prilocaine . . . . .	19	LOPHLEX . . . . .	170
lidocan . . . . .	18	LOPHLEX LQ 20 . . . . .	170
lidoease . . . . .	18	lopinavir-ritonavir . . . . .	84
LIDOPIN . . . . .	18	lorazepam . . . . .	138
LIL MIXINS-EGG . . . . .	169	loryna . . . . .	216
LIL MIXINS-PEANUT . . . . .	169	losartan potassium . . . . .	105
LILETTA (52 MG) . . . . .	226	losartan potassium-hctz . . . . .	118
linezolid . . . . .	31	LOTEMAX . . . . .	265
LINZESS . . . . .	197	LOTEMAX SM . . . . .	265
liomny . . . . .	232	loteprednol etabonate . . . . .	265
liothyronine sodium . . . . .	232	lovastatin . . . . .	124
LIPISTART . . . . .	193,258	low-ogestrel . . . . .	226
LIQREV . . . . .	276	loxapine succinate . . . . .	133
LIQUID HOPE . . . . .	169	LPS CRITICAL CARE SUGAR FREE . . . . .	170
LIQUID HOPE PEPTIDE . . . . .	170	LPS SUGAR FREE . . . . .	170
LIQUID HOPE PEPTIDE BERRY . . . . .	170	lubiprostone . . . . .	197
LIQUID HOPE PEPTIDE HP . . . . .	170	luizza 1.5/30 . . . . .	224
liraglutide . . . . .	89	luizza 1/20 . . . . .	224
liraglutide -weight management . . . . .	256	LULICONAZOLE . . . . .	55
lisdexamfetamine dimesylate . . . . .	142,143	LUMAKRAS . . . . .	65
lisinopril . . . . .	106	LUMIGAN . . . . .	267
lisinopril-hydrochlorothiazide . . . . .	118	LUMIZYME . . . . .	202
lithium . . . . .	141	LUMRYZ . . . . .	284
lithium carbonate . . . . .	141	LUPKYNIS . . . . .	245
LITHIUM CARBONATE . . . . .	141	LUPRON DEPOT (1-MONTH) . . . . .	234

LUPRON DEPOT (3-MONTH)	234	maxi-tuss ac	281
LUPRON DEPOT (4-MONTH)	234	maximum epa	194
LUPRON DEPOT (6-MONTH)	234	maxpro-18g	179
LUPRON DEPOT-PED (1-MONTH)	234	MAYZENT	152
LUPRON DEPOT-PED (3-MONTH)	234	MAYZENT STARTER PACK	152
LUPRON DEPOT-PED (6-MONTH)	234	MCT PRO-CAL	170
lurasidone hcl	133	MCTPROCAL	170
LURBIPR	8	meclizine hcl	53
lutera	220	MECLOFENAMATE SODIUM	9
LUTRISH CHOCOLATE SHAKE	170	medi-first aspirin	5
LUTRISH VANILLA SHAKE	170	medique aspirin	5
LUZU	55	medpura antifungal	55
LYBALVI	47,48	medpura benzoyl peroxide	159
lyleq	227	MEDROL	211
lyllana	218	medroxyprogesterone acetate	226,227
LYNPARZA	72,73	mefenamic acid	9
LYSODREN	63	mefloquine hcl	77
LYTGOBI (12 MG DAILY DOSE)	70	megestrol acetate	227
LYTGOBI (16 MG DAILY DOSE)	70	meijer aspirin ec	5
LYTGOBI (20 MG DAILY DOSE)	70	MEKINIST	75
lyza	227	meleya	227
		meloxicam	9
<b>M</b>		MELPHALAN	58
MAFENIDE ACETATE	161	memantine hcl	129
malathion	161	MEMANTINE HCL	129
MALTOCARB	170	memantine hcl er	129
maraviroc	84	MENEST	216,217
marlissa	220	MENOPUR	213
MARPLAN	48	MENOSTAR	218
MATRONEX	196	meprobamate	138
MATULANE	58	mercaptopurine	61
matzim la	113	merzee	222
MAVENCLAD (10 TABS)	150	mesalamine	246
MAVENCLAD (4 TABS)	150	mesalamine er	246
MAVENCLAD (5 TABS)	150	mesalamine-cleanser	246
MAVENCLAD (6 TABS)	150	MESNEX	63
MAVENCLAD (7 TABS)	150	metaxalone	282
MAVENCLAD (8 TABS)	150	metformin hcl	90
MAVENCLAD (9 TABS)	150	metformin hcl 850 mg tab	90
MAVYRET	81	metformin hcl er	90
maxepa	194		

METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR).....	90	Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD).....	145
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR).....	90	Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD).....	145
methadone hcl.....	11	Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD).....	145
methamphetamine hcl.....	143	Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD).....	145
methazolamide.....	266,267	Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD).....	145
methenamine hippurate.....	31	methylphenidate hcl er (la).....	145
methimazole.....	235	Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA).....	145
METHIONAID.....	258	Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA).....	145
methocarbamol.....	282	Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA).....	145
methotrexate sodium.....	244	Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA).....	145
METHOTREXATE SODIUM.....	244	methylphenidate hcl er (osm).....	145,146
methotrexate sodium (pf).....	244	Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER).....	144
METHOXSALLEN RAPID.....	160	Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER).....	144
methscopolamine bromide.....	200	methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA).....	144,145
methsuximide.....	42	methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA).....	144,145
methyl dopa.....	104	methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA).....	145
METHYLDOPA.....	104	methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA).....	145,146
Methylphenidate 10 MG/9HR PATCH (generic of DAYTRANA).....	144	methylprednisolone.....	211
Methylphenidate 15 MG/9HR PATCH (generic of DAYTRANA).....	144	methyltestosterone.....	214
Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA).....	144	metoclopramide hcl.....	53
Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA).....	144	metolazone.....	122,123
Methylphenidate HCl 10 MG TAB (generic of RITALIN).....	144	metoprolol succinate er.....	109,110
Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN).....	144	metoprolol tartrate.....	110
Methylphenidate HCl 20 MG TAB (generic of RITALIN).....	144	metoprolol-hydrochlorothiazide.....	119
Methylphenidate HCl 5 MG TAB (generic of RITALIN).....	144	metronidazole.....	32
Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN).....	144	metronidazole vaginal gel 0.75%.....	32
METHYLPHENIDATE HCL ER.....	144,145		
Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD).....	145		

mexiletine hcl . . . . .	108	MODD1 PATIENT WELCOME KIT . . . . .	255
mibelas 24 fe . . . . .	222	MODD1 SUPPLY KIT . . . . .	255
micaderm . . . . .	55	MODEYSO . . . . .	288
miconazole antifungal . . . . .	56	MODULEN . . . . .	258
miconazole nitrate . . . . .	56	moexipril hcl . . . . .	106
microgestin 1.5/30 . . . . .	224	mometasone furoate . . . . .	158,211,269
microgestin 1/20 . . . . .	224	mondoxyne nl . . . . .	38
microgestin 24 fe . . . . .	222	mono-lynyah . . . . .	225
microgestin fe 1.5/30 . . . . .	223	MONOGEN . . . . .	258
microgestin fe 1/20 . . . . .	222	montelukast sodium . . . . .	272
midodrine hcl . . . . .	104	morphine sulfate . . . . .	15,16
MIEBO . . . . .	264	MORPHINE SULFATE . . . . .	15,16
mifepristone . . . . .	211	morphine sulfate (concentrate) . . . . .	16
MIGLITOL . . . . .	90	MORPHINE SULFATE (CONCENTRATE) . . . . .	16
miglustat . . . . .	204	morphine sulfate er . . . . .	11
MIGRANAL . . . . .	139	MOTOFEN . . . . .	200
mili . . . . .	225	MOUNJARO . . . . .	92
milophene . . . . .	215	MOVANTIK . . . . .	197
mimvey . . . . .	219	MOVIPREP . . . . .	197
minocycline hcl . . . . .	38	moxifloxacin hcl . . . . .	37,265
minoxidil . . . . .	127	MOZOBIL . . . . .	101
miralax . . . . .	198	MSUD 2 . . . . .	259
miralax mix-in pax . . . . .	198	MSUD AID . . . . .	259
MIRENA (52 MG) . . . . .	226	MSUD ANALOG . . . . .	190
mirtazapine . . . . .	47	MSUD ANAMIX EARLY YEARS . . . . .	170,259
misoprostol . . . . .	201	MSUD COOLER . . . . .	170
MITIGARE . . . . .	57	MSUD EXPRESS 15 PLUS . . . . .	170
mitoxantrone hcl . . . . .	63	MSUD EXPRESS 20 PLUS . . . . .	170
MIUDELLA INTRAUTERINE COPPER . . . . .	250	MSUD GEL . . . . .	170
mm allergy relief 24 hour . . . . .	271	MSUD LOPHLEX LQ . . . . .	170
mm aspirin . . . . .	5	MSUD MAXAMAID . . . . .	259
mm clearlax . . . . .	198	MSUD MAXAMUM . . . . .	259
mm fexofenadine hcl . . . . .	271	MULPLETA . . . . .	101
MMA/PA ANAMIX EARLY YEARS . . . . .	170,258	MULTAQ . . . . .	108
MMA/PA ANAMIX NEXT . . . . .	258	MULTI-VITAMIN/FLUORIDE . . . . .	195
MMA/PA COOLER15 . . . . .	170	MULTI-VITAMIN/FLUORIDE/IRON . . . . .	195
MMA/PA EXPRESS 15 . . . . .	170	MULTIVITAMIN/FLUORIDE . . . . .	178,195
MMA/PA GEL . . . . .	170	mupirocin . . . . .	161
MMA/PA MAXAMUM . . . . .	258	mycophenolate mofetil . . . . .	244
MNEXSPIKE . . . . .	245	mycophenolate sodium . . . . .	245
modafinil . . . . .	284	mycophenolic acid . . . . .	245

MYFEMBREE.....	213	NEOCATE SYNEO INFANT.....	190
MYLERAN.....	58	NEOCATE SYNEO JUNIOR.....	170
MYQORZO.....	285	neomycin sulfate.....	31
MYRBETRIQ.....	207	neomycin-polymyxin-dexameth.....	263
MYTESI.....	199	NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	263
<b>N</b>		NEOMYCIN-POLYMYXIN-HC.....	263
N-A-C SUSTAIN.....	182	neomycin-polymyxin-hc.....	267
n-acetyl cysteine.....	182	NEONATAL + DHA.....	195
na sulfate-k sulfate-mg sulf.....	199	NEONATAL 19.....	195
nabumetone.....	9	NEONATAL FE.....	195
nac.....	182	NEOSURE ADVANCE.....	253
nac 600.....	182	NEPRO.....	171
nadolol.....	110	NEPRO/CARBSTEADY.....	170
NAFTIFINE HCL.....	56	NESTLE NAN PRO 1-IRON.....	190
naftifine hcl.....	56	NESTLE NAN PRO-TODDLER.....	190
NAFTIN.....	56	neuac.....	154
nalbuphine hcl.....	16	NEUPRO.....	79
naloxone hcl.....	20	NEVANAC.....	266
naltrexone hcl.....	20	nevirapine.....	82
naproxen.....	9,10	NEVIRAPINE.....	82
naproxen dr.....	10	nevirapine er.....	82
naproxen sodium.....	10	nexium 24hr.....	202
naratriptan hcl.....	139,140	nexium 24hr clear minis.....	202
NARCAN.....	20	NEXLETOL.....	117
NATACYN.....	265	NEXLIZET.....	126
NATAZIA.....	219	NEXPLANON.....	226
nateglinide.....	91	NEXTSTELLIS.....	216
NATROBA.....	161	nf formulas nac.....	182
NAYZILAM.....	19	niacin er (antihyperlipidemic).....	127
nebivolol hcl.....	110	nicardipine hcl.....	111
necon 0.5/35 (28).....	224	nicoderm cq.....	22
NEFAZODONE HCL.....	49	nicorette.....	27,28
NEFFY.....	273,274	nicorette mini.....	28
neo-polycin hc.....	263	nicorette starter kit.....	28
NEO-SYNALAR.....	160	nicotine.....	22
NEOCATE INFANT DHA/ARA.....	259	NICOTINE.....	22,23
NEOCATE JUNIOR.....	259	nicotine mini.....	28
NEOCATE JUNIOR PREBIOTICS.....	259	nicotine polacrilex.....	28,29
NEOCATE SPLASH.....	170	nicotine polacrilex mini.....	29
NEOCATE SPOON.....	259	nicotine step 1.....	22
		nicotine step 2.....	22

nicotine step 3	23	nortrel 0.5/35 (28)	224
NICOTROL	23	nortrel 1/35 (21)	224
NICOTROL NS	23	nortrel 1/35 (28)	224
nifedipine er	111,112	nortrel 7/7/7	224
nifedipine er osmotic release	112	nortriptyline hcl	52
nikki	216	norwegian salmon oil	194
nilotinib hcl	72	NOURISH	171
nilutamide	60	NOURISH PEPTIDE BERRY MEDLEY	171
nimodipine	112	NOURISH PEPTIDE FORMULA	171
NINLARO	62	NOVASOURCE RENAL	171
nisoldipine er	112	NOVOLIN 70/30	94
NISOLDIPINE ER	112	NOVOLIN 70/30 FLEXPEN	94
nitazoxanide	77	NOVOLIN 70/30 FLEXPEN RELION	94
nitisinone	204	NOVOLIN 70/30 RELION	95
NITRO-DUR	128	NOVOLIN N	94
nitrofurantoin	32	NOVOLIN N FLEXPEN	94
NITROFURANTOIN	32	NOVOLIN N FLEXPEN RELION	94
nitrofurantoin macrocrystal	32	NOVOLIN N RELION	94
nitrofurantoin monohyd macro	32	NOVOLIN R	95
nitroglycerin	128	NOVOLIN R FLEXPEN	95
NIVA THYROID	232,233	NOVOLIN R FLEXPEN RELION	95
niva-fol	185	NOVOLIN R RELION	95
nizatidine	201	NOVOLOG	93
NIZATIDINE	201	NOVOLOG 70/30 FLEXPEN RELION	93
NOC DURNA	213	NOVOLOG FLEXPEN	93
nora-be	227	NOVOLOG FLEXPEN RELION	93
NORDITROPIN FLEXPEN	213,214	NOVOLOG MIX 70/30	93
norelgestromin-eth estradiol	221	NOVOLOG MIX 70/30 FLEXPEN	93
norethin ace-eth estrad-fe	223	NOVOLOG MIX 70/30 RELION	93
norethin-eth estradiol-fe	225	NOVOLOG PENFILL	93
norethindron-ethinyl estrad-fe	223	NOVOLOG RELION	93
norethindrone	227	NOXAFIL	56
norethindrone acet-ethinyl est	224	NP THYROID	233
norethindrone acetate	227	NUBEQA	59
norethindrone-eth estradiol	223	NUCALA	281
NORGESIC	282	NUCYNTA	17
NORGESIC FORTE	282	NUCYNTA ER	13
norgestim-eth estrad triphasic	225	NUEDEXTA	147
norgestimate-eth estradiol	225	NULEV	200
norlyroc	227	NULOJIX	243
NORPACE CR	107	NURTEC	140

NUTRA/SHAKE	171	ODEFSEY	82
NUTRAMINE	171	ODOMZO	75
NUTRAMINE AMINO BITES	171	OFEV	278
NUTREN 1.0	171	OFLOXACIN	37
NUTREN 1.0/FIBER	171	ofloxacin	265,268
NUTREN 1.5	171	OGSIVEO	63
NUTREN 2.0	171	OHTUVAYRE	288
NUTREN JR	171	OJEMDA	294
NUTREN JR FIBER	171	olanzapine	133
NUTREN JUNIOR	171	olmesartan medoxomil	105
NUTREN JUNIOR 1.0	171	olmesartan medoxomil-hctz	119
NUTREN JUNIOR/FIBER	171	olmesartan-amlodipine-hctz	119
NUTREN PULMONARY	171	olopatadine hcl	264,272
NUTRICIA PREOP	171	omega 3	194
NUTRIFOCUS	171	omega 3 fish oil	194
NUTRIHEP 1.5 CAL	171	omega-3	194
NUTRITIONAL DRINK	171	omega-3 cf	194
NUTRITIONAL DRINK MIX	259	omega-3 fish oil	194
NUTRITIONAL DRINK PLUS	171	omega-3-acid ethyl esters	127
NUTRITIONAL DRINK SHAKE MIX	259	omeprazole	202
NUTRITIONAL SHAKE	172	OMEPRAZOLE+SYRSPEND SF ALKA	261
NUTRITIONAL SHAKE COMPLETE	171	omeprazole-sodium bicarbonate	202
NUTRITIONAL SHAKE HIGH PROTEIN	171	OMNIFLEX DIAPHRAGM	251
NUTRITIONAL SHAKE PLUS	172	Omnipod 5 DexG7G6 Pods Gen 5 MISC	255
NUTRITIONAL SHAKE PLUS PROTEIN	172	OMNIPOD 5 G6 INTRO (GEN 5)	255
NUTRITIONAL SUPPLEMENT	172	OMNIPOD 5 G6 PODS (GEN 5)	255
NUTRITIONAL SUPPLEMENT PLUS	172	Omnipod 5 G7 Intro (Gen 5) KIT	255
nyamyc	56	OMNIPOD 5 G7 PODS (GEN 5)	255
nylia 1/35	224	OMNIPOD 5 LIBRE2 G6 INTRO G5	255
nylia 7/7/7	224	OMNIPOD 5 LIBRE2 PLUS G6 PODS	255
nymyo	225	OMNIPOD CLASSIC PODS (GEN 3)	255
nystatin	56	OMNIPOD DASH INTRO (GEN 4)	255
nystatin-triamcinolone	160	OMNIPOD DASH PDM (GEN 4)	255
nystop	56	OMNIPOD DASH PODS (GEN 4)	255
		OMNIPOD POD PALS	255
<b>O</b>		OMNITROPE	214
OA 1	259	ONAPGO	78
OA 2	259	ondansetron	54
ocella	216	ONDANSETRON HCL	54
octreotide acetate	234,235	ondansetron hcl	54
OCTREOTIDE ACETATE	234,235	OPFOLDA	204

OPSUMIT.....	276	OXEPA.....	172
OPTICLEANSE GHI.....	172,259	OXEPA 1.5.....	172
OPTICLEANSE PLUS.....	172	OXERVATE.....	263
optimal d3.....	247	oxiconazole nitrate.....	56
OPTIMENTAL.....	172	OXISTAT.....	56
OPTIMETABOLIX.....	172	oxybutynin chloride.....	207
OPTIMETABOLIX 2:1.....	172	oxybutynin chloride er.....	207
OPTIONS GYNOL II CONTRACEPTIVE.....	209	oxycodone hcl.....	16,17
OPVEE.....	256	XYCODONE HCL ER.....	12
oralone.....	153	oxycodone-acetaminophen.....	17
ORGAIN KIDS PROTEIN ORGANIC NU.....	172	OXYCONTIN.....	12
ORGANIC MIX-INS STAGE1/STAGE 2.....	172	oxymorphone hcl.....	17
ORGANIC NUTRITION SHAKE.....	172	OXYMORPHONE HCL ER.....	12,13
ORGANIC PEDIA SMART.....	259	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	91
ORGOVYX.....	235	OZEMPIC (1 MG/DOSE).....	91
ORIAHNN.....	213	OZEMPIC (2 MG/DOSE).....	91
ORILISSA.....	233		
ORKAMBI.....	275	<b>P</b>	
ORLISTAT.....	200	pacerone.....	107
orphenadrine citrate er.....	282	PALFORZIA (1 MG DAILY DOSE).....	238
ORPHENADRINE-ASPIRIN-CAFFEINE.....	282	PALFORZIA (12 MG DAILY DOSE).....	238
ORPHENGESIC FORTE.....	282	PALFORZIA (120 MG DAILY DOSE).....	238
orquidea.....	227	PALFORZIA (160 MG DAILY DOSE).....	238
ORSERDU.....	59	PALFORZIA (20 MG DAILY DOSE).....	238
OS 2.....	259	PALFORZIA (200 MG DAILY DOSE).....	238
OSAPLEX MK-7.....	172	PALFORZIA (240 MG DAILY DOSE).....	238
OSCIMIN.....	200	PALFORZIA (3 MG DAILY DOSE).....	238
oseltamivir phosphate.....	85	PALFORZIA (300 MG MAINTENANCE).....	238
OSMOLITE.....	172	PALFORZIA (300 MG TITRATION).....	238
OSMOLITE 1 CAL.....	172	PALFORZIA (40 MG DAILY DOSE).....	238
OSMOLITE 1.2 CAL.....	172	PALFORZIA (6 MG DAILY DOSE).....	239
OSMOLITE 1.5 CAL.....	172	PALFORZIA (80 MG DAILY DOSE).....	239
OSMOLITE HN.....	172	PALFORZIA INITIAL DOSE 1-3YRS.....	239
OSPHENA.....	226	PALFORZIA INITIAL DOSE 4-17YRS.....	239
OTEZLA.....	158,236	PALFORZIA INITIAL ESCALATION.....	239
OTEZLA XR.....	286	paliperidone er.....	133
OTEZLA/OTEZLA XR INITIATION PK.....	236	PALONOSETRON HCL.....	54
OVIDREL.....	212	palonosetron hcl.....	54
oxaprozin.....	10	pamidronate disodium.....	249
oxazepam.....	138	PAMIDRONATE DISODIUM.....	249
oxcarbazepine.....	46	PANCREAZE.....	205

panoxyl foaming wash . . . . .	159	PEN NEEDLES . . . . .	255
PANRETIN . . . . .	76	penciclovir . . . . .	161
pantoprazole sodium . . . . .	202	penicillamine . . . . .	209
PARAGARD INTRAUTERINE COPPER . . . . .	250	PENICILLIN V POTASSIUM . . . . .	35
paricalcitol . . . . .	249	penicillin v potassium . . . . .	35
paroxetine hcl . . . . .	49,50	PENMENVY . . . . .	290
paroxetine hcl er . . . . .	50	pentamidine isethionate . . . . .	77
PAXLOVID (150/100) . . . . .	256	PENTASA . . . . .	246
PAXLOVID (300/100 & 150/100) . . . . .	256	pentoxifylline er . . . . .	120
PAXLOVID (300/100) . . . . .	256	PEPTAMEN . . . . .	174
pazopanib hcl . . . . .	73	PEPTAMEN 1 CAL/PREBIO1 . . . . .	173
PAZOPANIB HCL . . . . .	73	PEPTAMEN 1.5 CAL . . . . .	173
pc pediatric iron drops . . . . .	184	PEPTAMEN 1.5 CAL/PREBIO1 . . . . .	173
PEAK FLOW METERS . . . . .	261	PEPTAMEN AF . . . . .	173
PEDIASmart PEA PROTEIN . . . . .	193	PEPTAMEN INTENSE VHP . . . . .	173
PEDIASURE . . . . .	173	PEPTAMEN JUNIOR 1 CAL . . . . .	173
PEDIASURE 1.0 CAL/FIBER . . . . .	172	PEPTAMEN JUNIOR 1 CAL/PREBIO1 . . . . .	174
PEDIASURE 1.5 CAL . . . . .	172	PEPTAMEN JUNIOR 1.5 . . . . .	173
PEDIASURE 1.5 CAL/FIBER . . . . .	172	PEPTAMEN JUNIOR 1.5 CAL . . . . .	173
PEDIASURE ENTERAL 1.0 CAL . . . . .	173	PEPTAMEN JUNIOR FIBER . . . . .	174
PEDIASURE ENTERAL 1.0CAL/FIBER . . . . .	172	PEPTAMEN JUNIOR HP . . . . .	174
PEDIASURE GROW & GAIN . . . . .	173,259	PEPTAMEN JUNIOR PHGG 1.2 . . . . .	174
PEDIASURE GROW & GAIN ORGANIC . . . . .	173	PEPTAMEN JUNIOR/PREBIO1 . . . . .	174
PEDIASURE GROW & GAIN/FIBER . . . . .	173	PEPTAMEN/PREBIO1 . . . . .	174
PEDIASURE HARVEST 1.0 CAL . . . . .	173	PEPTICATE . . . . .	190
PEDIASURE NUTRIPALS . . . . .	173	PERATIVE . . . . .	174
PEDIASURE PEDIATRIC . . . . .	173	PERATIVE 1.3 CAL . . . . .	174
PEDIASURE PEPTIDE 1.0 CAL . . . . .	173	PERIFLEX ADVANCE . . . . .	259
PEDIASURE PEPTIDE 1.5 CAL . . . . .	173	PERIFLEX INFANT . . . . .	190
PEDIASURE REDUCED CALORIE . . . . .	173	PERIFLEX JUNIOR . . . . .	259
PEDIASURE SHAKE MIX . . . . .	259	PERINDOPRIL ERBUMINE . . . . .	106,107
PEDIASURE SHAKE/FIBER . . . . .	173	perindopril erbumine . . . . .	107
PEDIASURE SIDEKICKS . . . . .	173,259	periogard . . . . .	153
PEDIASURE SIDEKICKS CLEAR . . . . .	173	permethrin . . . . .	161
PEDIASURE SIDEKICKS SHAKE . . . . .	173	perphenazine . . . . .	53
PEDIASURE/FIBER . . . . .	173	PERTZYE . . . . .	205,206
PEDIATRIC DRINK . . . . .	173	PFD . . . . .	259
peg 3350 . . . . .	198	PFD 2 . . . . .	259
peg 3350-kcl-na bicarb-nacl . . . . .	197	pharbedryl . . . . .	270
peg-3350/electrolytes . . . . .	200	pharmacist choice d-vitamin . . . . .	247
PEGASYS . . . . .	242	phenazo . . . . .	209

phenazopyridine hcl . . . . .	209	phytonadione . . . . .	102
PHENAZOPYRIDINE HCL . . . . .	209	PIFELTRO . . . . .	82
PHENELZINE SULFATE . . . . .	48	pilocarpine hcl . . . . .	153,267
PHENEX-1 . . . . .	259	pimecrolimus . . . . .	158
PHENEX-2 . . . . .	259	PIMOZIDE . . . . .	134
phenobarbital . . . . .	43	pimtrea . . . . .	216
PHENOBARBITAL . . . . .	43	pindolol . . . . .	110
phenoxybenzamine hcl . . . . .	104	pioglitazone hcl . . . . .	91
phentermine hcl . . . . .	147	pioglitazone hcl-glimepiride . . . . .	91
phentermine-topiramate er . . . . .	148	pioglitazone hcl-metformin hcl . . . . .	91
phentermine-topiramate erxdnu . . . . .	148	PIQRAY (200 MG DAILY DOSE) . . . . .	66
PHENYL-FREE 1 . . . . .	190	PIQRAY (250 MG DAILY DOSE) . . . . .	66
PHENYL-FREE 2 . . . . .	260	PIQRAY (300 MG DAILY DOSE) . . . . .	66
PHENYL-FREE 2HP . . . . .	260	pirfenidone . . . . .	278
phenylade amino acid blend . . . . .	182	piroxicam . . . . .	10
PHENYLADE DRINK MIX . . . . .	260	PIVOT 1.5 CAL . . . . .	174
PHENYLADE ESSENTIAL DRINK MIX . . . . .	174,260	PKU 2 . . . . .	260
PHENYLADE ESSENTIAL MIX/FIBER . . . . .	174,260	PKU 3 . . . . .	260
PHENYLADE GMP . . . . .	174,260	PKU AIR20 GOLD . . . . .	174
PHENYLADE GMP MIX DHA/FIBER . . . . .	174	PKU AIR20 GREEN . . . . .	174
PHENYLADE GMP MIX-IN . . . . .	174,260	PKU AIR20 YELLOW . . . . .	175
PHENYLADE GMP READY . . . . .	174	PKU COOLER 10 . . . . .	175
PHENYLADE GMP ULTRA . . . . .	174	PKU COOLER 15 . . . . .	175
phenylade mte amino acid blend . . . . .	182	PKU COOLER 20 . . . . .	175
phenylade phebloc . . . . .	182	PKU EASY SHAKE & GO . . . . .	175
PHENYLADE RTD PKU 10 . . . . .	174	PKU EXPLORE10 . . . . .	175
phenylade40 drink mix . . . . .	182	PKU EXPLORE5 . . . . .	175
PHENYLADE60 DRINK MIX . . . . .	174,260	PKU GEL . . . . .	175
phenylephrine hcl . . . . .	264	pku golike plus 16+ . . . . .	162,182
phenytoin . . . . .	46	PKU GOLIKE PLUS 16+ . . . . .	162
phenytoin infatabs . . . . .	46	pku golike plus 4-16 . . . . .	162,182
phenytoin sodium extended . . . . .	46	PKU GOLIKE PLUS 4-16 . . . . .	162
PHEXX . . . . .	226	PKU LOPHLEX LQ 20 . . . . .	175
PHEXXI . . . . .	226	PKU PERIFLEX EARLY YEARS . . . . .	175,260
philith . . . . .	224	PKU PERIFLEX JUNIOR PLUS . . . . .	260
PHLEXY-10 . . . . .	174	PKU SPHERE 15 . . . . .	175
phlexy-10 . . . . .	182	PKU SPHERE 20 . . . . .	175
PHOSPHOLINE IODIDE . . . . .	266	PKU SPHERE NEXT 15 . . . . .	175
PHYRAGO . . . . .	69	PKU START . . . . .	175,193
PHYSIOLYTE . . . . .	193	PKU TRIO . . . . .	175,260
physiosol irrigation . . . . .	193	plerixafor . . . . .	101

podofilox . . . . .	160	PREMPRO . . . . .	215
PODOFILOX . . . . .	160	PRENAISSANCE PLUS . . . . .	196
POLIGRIP SUPER STRONG EX ST . . . . .	251	PRENATAL . . . . .	196
POLYCAL . . . . .	260	PRENATAL PLUS . . . . .	196
polycin . . . . .	263	PRENATAL PLUS VITAMIN/MINERAL . . . . .	196
polyethylene glycol 3350 . . . . .	198	PRENATRIX . . . . .	196
polymyxin b-trimethoprim . . . . .	265	PRENATRYL . . . . .	196
POMALYST . . . . .	60	PRETOMANID . . . . .	57
PORTAGEN . . . . .	260	prevalite . . . . .	126
portia-28 . . . . .	220	PREVYMIS . . . . .	80,290
posaconazole . . . . .	56	PREZCOBIX . . . . .	84
potassium chloride . . . . .	178	PREZISTA . . . . .	84
potassium chloride crys er . . . . .	179	PRIFTIN . . . . .	58
potassium chloride er . . . . .	179	primaquine phosphate . . . . .	77
POTASSIUM CHLORIDE ER . . . . .	179	PRIMAQUINE PHOSPHATE . . . . .	77
potassium citrate er . . . . .	179	PRIMIDONE . . . . .	43
POTASSIUM IODIDE (EXPECTORANT) . . . . .	235	primidone . . . . .	43
PPA/MMA EXPRESS . . . . .	175	PRO-PHREE . . . . .	260
pramipexole dihydrochloride . . . . .	78	probenecid . . . . .	57
pramipexole dihydrochloride er . . . . .	78	procainamide hcl . . . . .	108
prasugrel hcl . . . . .	102	prochlorperazine . . . . .	53
pravastatin sodium . . . . .	124	prochlorperazine maleate . . . . .	53
praziquantel . . . . .	76	PROCRIT . . . . .	100
prazosin hcl . . . . .	104	procto-med hc . . . . .	157
pre protein . . . . .	183	PROCTOFOAM HC . . . . .	160
PRED FORTE . . . . .	266	proctosol hc . . . . .	157
PRED MILD . . . . .	266	proctozone-hc . . . . .	157
prednisolone . . . . .	211	progesterone . . . . .	228
prednisolone acetate . . . . .	266	PROLASTIN-C . . . . .	203
prednisolone sodium phosphate . . . . .	211	PROMACTA . . . . .	100
PREDNISOLONE SODIUM PHOSPHATE . . . . .	266	promethazine hcl . . . . .	53,272
prednisone . . . . .	211,212	PROMETHAZINE VC/CODEINE . . . . .	282
PREDNISON . . . . .	212	promethazine-codeine . . . . .	282
PREDNISON INTENSOL . . . . .	212	promethazine-dm . . . . .	282
pregabalin . . . . .	149	promethegan . . . . .	53
PREGESTIMIL . . . . .	190	PROMOD . . . . .	175,260
PREGNYL . . . . .	212	PROMOTE . . . . .	175
PREMARIN . . . . .	219	PROMOTE 1.0 . . . . .	175
PREMIUM INFANT FORMULA/IRON . . . . .	190	PROMOTE 1.0 WITH FIBER . . . . .	175
PREMIUM LIDOCAINE . . . . .	18	PROMOTE/FIBER . . . . .	175
PREMPHASE . . . . .	215	propafenone hcl . . . . .	108

propafenone hcl er	108
PROPIMEX-1	260
PROPIMEX-2	260
propranolol hcl	110
PROPRANOLOL HCL	110,111
propranolol hcl er	110,111
propylthiouracil	235
PROSOURCE	175,260
prosource no carb	179,196
PROSOURCE PLUS	175,176
prosource protein	196
PROSOURCE TF	176
PROSOURCE XTRACAL	176
PROSOURCE ZAC	176
PROSURE	176
PROTALITY	176
PROTEIN FORTIFIER	253
proteinex	183
protriptyline hcl	52
PROVIMIN	260
PROXIVOL	18
pseudoeph-bromphen-dm	282
PULMICORT FLEXHALER	268
PULMOCARE	176
PULMOCARE 1.5	176
PULMOZYME	274
PURAMINO DHA/ARA	190
PURAMINO JR	190
PURE BLISS ORG/A2 MILK/IRON	190
PURE BLISS ORGANIC/IRON	190,253
PURECARB	260
PUSH 20+ ADVANCED	176
pyrazinamide	57
pyridostigmine bromide	141
pyridostigmine bromide er	141
pyrimethamine	77
PYRUKYND	101
PYRUKYND TAPER PACK	101

## Q

qc allergy relief	271
-------------------	-----

qc aspirin	5
qc aspirin low dose	5
qc childrens aspirin	5
qc childrens ibuprofen	9
qc enteric aspirin	5
qc esomeprazole magnesium	202
qc fish oil	194
qc folic acid	185
qc ibuprofen childrens	9
qc natura-lax	199
qc nicotine transdermal system	23
qc vitamin d3	248
QSYMIA	148
QUAZEPAM	283
quetiapine fumarate	134
QUETIAPINE FUMARATE	134
quetiapine fumarate er	134
QUILLICHEW ER	146
QUILLIVANT XR	146
quinapril hcl	107
QUINAPRIL-HYDROCHLOROTHIAZIDE	120
quinapril-hydrochlorothiazide	120
quinidine gluconate er	108
quinine sulfate	77
QULIPTA	138
QVAR REDHALER	268

## R

ra allergy relief	271
ra aspirin	5
ra aspirin adult low dose	5
ra aspirin adult low strength	5
ra aspirin childrens	6
ra aspirin ec	6
ra aspirin ec adult low st	6
ra esomeprazole magnesium	202
ra eye itch relief	264
ra fish oil	194
ra folic acid	185
ra ibuprofen childrens	9
ra laxative	199

ra mini nicotine . . . . .	29	REplete FIBER . . . . .	176
ra nicotine . . . . .	23,29	REplete FIBER 1 CAL . . . . .	176
ra nicotine gum . . . . .	29	RESOURCE 2.0 . . . . .	176
ra nicotine polacrilex . . . . .	30	RESTASIS MULTIDOSE . . . . .	263
ra pain relief aspirin . . . . .	6	RESTORE FUSION RENAL SUPPORT . . . . .	193
rabeprazole sodium . . . . .	202	RESTORE RENAL SUPPORT . . . . .	193
RADICAVA ORS . . . . .	147	RESURGEX . . . . .	176
RADICAVA ORS STARTER KIT . . . . .	147	RESURGEX PLUS . . . . .	177
raloxifene hcl . . . . .	226	RESURGEX SELECT . . . . .	177
ramelteon . . . . .	283	RETACRIT . . . . .	100,101
ramipril . . . . .	107	RETEVMO . . . . .	64,65,293
ranolazine er . . . . .	120	REVUFORJ . . . . .	292
rasagiline mesylate . . . . .	79	RETOVY . . . . .	20
RCF . . . . .	190	REXULTI . . . . .	130
RCF LOW-IRON . . . . .	190	REYATAZ . . . . .	84
RE/NEPH . . . . .	176	REYVOW . . . . .	139
RE/NEPH LP/HC . . . . .	176	REZDIFFRA . . . . .	292
RE/NEPH REDUCED SUGAR . . . . .	176	REZLIDHIA . . . . .	73
REAL FOOD BLENDS . . . . .	176	RHOPRESSA . . . . .	267
REAL FOOD BLENDS MINI . . . . .	176	RIBAVIRIN . . . . .	81
REASON . . . . .	176	RIDAURA . . . . .	236
REBIF . . . . .	151	rifabutin . . . . .	57
REBIF REBIDOSE . . . . .	151	rifampin . . . . .	57,58
REBIF REBIDOSE TITRATION PACK . . . . .	151	RILUTEK . . . . .	148
REBIF TITRATION PACK . . . . .	152	riluzole . . . . .	148
reclipsen . . . . .	216	RINVOQ . . . . .	245
RECTIV . . . . .	128	RINVOQ LQ . . . . .	294
REDEMPLO . . . . .	292	risedronate sodium . . . . .	249
regenecare ha . . . . .	18	risperidone . . . . .	134,135
REGULAR NUTRITIONAL SHAKE . . . . .	176	RISPERIDONE . . . . .	134,135
RELENZA DISKHALER . . . . .	85	ritonavir . . . . .	84
RELEVIA . . . . .	196	rivaroxaban . . . . .	96
RENACIDIN . . . . .	208	rivastigmine . . . . .	129
RENALCAL . . . . .	176	rivastigmine tartrate . . . . .	129
RENASTART . . . . .	176,260	rivelsa . . . . .	221
RENASTEP . . . . .	176	RIVFLOZA . . . . .	291
repaglinide . . . . .	91	rizatriptan benzoate . . . . .	140
REPATHA . . . . .	126	ROCKLATAN . . . . .	264
REPATHA PUSHTRONEX SYSTEM . . . . .	126	roflumilast . . . . .	275
REPATHA SURECLICK . . . . .	126	ROMVIMZA . . . . .	294,295
REplete . . . . .	176	ropinirole hcl . . . . .	78,79

rosuvastatin calcium . . . . .	124,125
rosuvastatin calcium 10 mg tab . . . . .	124
rosuvastatin calcium 5 mg tab . . . . .	125
rosyrah . . . . .	221
roweepra . . . . .	41
ROZLYTREK . . . . .	62
RUBRACA . . . . .	74
rufinamide . . . . .	46
RUKOBIA . . . . .	84
RYBELSUS . . . . .	91,92
RYCLORA . . . . .	269
RYDAPT . . . . .	72

## S

S.O.S. 25 . . . . .	177
sacubitril-valsartan . . . . .	120
sajazir . . . . .	235
SANCUSO . . . . .	54
SANTYL . . . . .	159
sapropterin dihydrochloride . . . . .	206
SAVAYSA . . . . .	96
SAVELLA . . . . .	149
SAVELLA TITRATION PACK . . . . .	149
SAXENDA . . . . .	256
sb aspirin . . . . .	6
sb aspirin ec . . . . .	6
sb childrens aspirin . . . . .	6
SB COMPLETE NUTRITION . . . . .	177
SB COMPLETE NUTRITION PLUS . . . . .	177
sb low dose asa ec . . . . .	6
sb omega-3 fish oil . . . . .	194
sb polyethylene glycol 3350 . . . . .	199
SCANDICAL . . . . .	260
SCANDISHAKE . . . . .	260
scopolamine . . . . .	53
sea-omega . . . . .	194
SECUADO . . . . .	130
secura antifungal extra thick . . . . .	56
selegiline hcl . . . . .	79
selenium sulfide . . . . .	158
SELENIUM SULFIDE . . . . .	158,160

SELZENTRY . . . . .	84
SERACAL . . . . .	177
SEREVENT DISKUS . . . . .	274
sertraline hcl . . . . .	50
setlakin . . . . .	221
sevelamer carbonate . . . . .	181
sevelamer hcl . . . . .	182
SF . . . . .	153
SF 5000 PLUS . . . . .	153
sharobel . . . . .	227
SHINGRIX . . . . .	296
SIKLOS . . . . .	61
sildenafil citrate . . . . .	209,277
silodosin . . . . .	208
silver sulfadiazine . . . . .	160
SIMBRINZA . . . . .	266
SIMILAC . . . . .	192,254
SIMILAC 2 ADVANCE . . . . .	190
SIMILAC 2-IRON . . . . .	190
SIMILAC 360 TOT CARE SENS 5HMO . . . . .	253
SIMILAC 360 TOTAL CARE . . . . .	191
SIMILAC 360 TOTAL CARE 5 HMO . . . . .	190,253
SIMILAC 360 TOTAL CARE SENS . . . . .	191
SIMILAC ADVANCE COMPLETE . . . . .	191,253
SIMILAC ADVANCE EARLY SHIELD . . . . .	191,253
SIMILAC ADVANCE KOSHER . . . . .	253
SIMILAC ADVANCE LAMEHADRIDIN . . . . .	191
SIMILAC ADVANCE NON-GMO . . . . .	191
SIMILAC ADVANCE ON-THE-GO . . . . .	253
SIMILAC ADVANCE OPTIGRO/IRON . . . . .	191
SIMILAC ADVANCE ORGANIC . . . . .	191,253
SIMILAC ADVANCE-IRON . . . . .	191,253
SIMILAC ADVANCE/IRON . . . . .	191
SIMILAC ALIMENTUM ADVANCE-IRON . . . . .	253
SIMILAC ALIMENTUM IMMUNESUPP . . . . .	253
SIMILAC ALIMENTUM TODDLER . . . . .	191
SIMILAC ALIMENTUM-IRON . . . . .	191
SIMILAC EXPERT CARE ALIMENTUM . . . . .	253
SIMILAC EXPERT CARE DIARRHEA . . . . .	254
SIMILAC EXPERT CARE NEOSURE/FE . . . . .	254
SIMILAC FOR SPIT-UP . . . . .	191,254

SIMILAC FOR SPIT-UP/OPTIGRO . . . . .	191	SIMILAC/IRON . . . . .	191,192,254
SIMILAC FOR SUPPLEMENTATION . . . . .	191,254	simliya . . . . .	216
SIMILAC GO & GROW EARLY SHIELD . . . . .	191	simpesse . . . . .	221
SIMILAC GO & GROW HMO . . . . .	191	SIMULECT . . . . .	236
SIMILAC GO & GROW NON-GMO . . . . .	191	simvastatin . . . . .	125,126
SIMILAC GO & GROW OPTIGRO . . . . .	191	simvastatin 10 mg tab . . . . .	125
SIMILAC GO & GROW TODDLER . . . . .	191	simvastatin 20 mg tab . . . . .	125
SIMILAC HUMAN MILK FORTIFIER . . . . .	191	simvastatin 40 mg tab . . . . .	125
SIMILAC LACTOSE FREE . . . . .	192	simvastatin tab 5 mg . . . . .	125
SIMILAC LACTOSE FREE ADVANCE . . . . .	192,254	simvastatin tab 80 mg . . . . .	126
SIMILAC LOW-IRON . . . . .	192,254	sirolimus . . . . .	245
SIMILAC NATURAL CARE . . . . .	254	SIRTURO . . . . .	57
SIMILAC NEOSURE . . . . .	192	SKYCLARYS . . . . .	204
SIMILAC NEOSURE ADVANCE/IRON . . . . .	254	SKYLA . . . . .	226
SIMILAC NEOSURE OPTIGRO . . . . .	192,254	SKYRIZI . . . . .	239
SIMILAC ORGANIC/A2 MILK/IRON . . . . .	192	SKYRIZI PEN . . . . .	239
SIMILAC ORGANIC/IRON . . . . .	192,254	slow fe . . . . .	184
SIMILAC PM . . . . .	192	SLYND . . . . .	226
SIMILAC PRO-ADVANCE OPTIGRO . . . . .	192,254	sm allergy relief . . . . .	271
SIMILAC PRO-ADVANCE WITH IRON . . . . .	192,254	sm antifungal miconazole . . . . .	56
SIMILAC PRO-SENSITIVE . . . . .	254	sm aspirin adult low strength . . . . .	6
SIMILAC PRO-SENSITIVE OPTIGRO . . . . .	192,254	sm aspirin ec . . . . .	6
SIMILAC PRO-SENSITIVE/IRON . . . . .	192	sm aspirin ec low strength . . . . .	6
SIMILAC PRO-TOTAL COMFORT . . . . .	192,254	sm aspirin low dose . . . . .	6
SIMILAC PURE BLISS . . . . .	192	sm childrens aspirin . . . . .	6
SIMILAC PURE BLISS/IRON . . . . .	192	sm childrens ibuprofen . . . . .	9
SIMILAC SENSITIVE . . . . .	192,193	sm clearlax . . . . .	199
SIMILAC SENSITIVE EARLY SHIELD . . . . .	192,254	sm esomeprazole magnesium . . . . .	202
SIMILAC SENSITIVE FUSSINESS . . . . .	192	sm eye itch relief . . . . .	264
SIMILAC SENSITIVE NON-GMO . . . . .	192	sm fexofenadine hcl . . . . .	271
SIMILAC SENSITIVE OPTIGRO . . . . .	254	sm fish oil . . . . .	194
SIMILAC SENSITIVE OPTIGRO/IRON . . . . .	192	sm folic acid . . . . .	185
SIMILAC SENSITIVE SPIT-UP . . . . .	254	sm nicotine . . . . .	23,30
SIMILAC SOY ISOMIL . . . . .	193,254	sm nicotine polacrilex . . . . .	30
SIMILAC SPECIAL CARE . . . . .	254	SM NUTRI-DRINK . . . . .	177
SIMILAC SPECIAL CARE PREMATURE . . . . .	254	SM NUTRI-DRINK + . . . . .	177
SIMILAC SPECIAL CARE/IRON . . . . .	254	sm slow release iron . . . . .	184
SIMILAC SPECIAL CARE/LOW IRON . . . . .	254	sm vitamin d . . . . .	248
SIMILAC SPIT-UP OPTIGRO/IRON . . . . .	193	smooth lax . . . . .	199
SIMILAC TOTAL CMFRT OPTIGRO/FE . . . . .	193	SOD ANAMIX EARLY YEARS . . . . .	193
SIMILAC TOTAL COMFORT . . . . .	193,255	sodium chloride . . . . .	179

SODIUM CHLORIDE	179	SUBLOCADE	19
SODIUM FLUORIDE	153,179,196	subvenite	40
SODIUM FLUORIDE 5000 PLUS	153	SUCRAID	206
sodium fluoride 5000 ppm	153	sucralfate	201
SODIUM FLUORIDE 5000 PPM	153	SULCONAZOLE NITRATE	56
sodium oxybate	284	sulfacetamide sodium	160,265
SODIUM OXYBATE	285	SULFACETAMIDE SODIUM	160,265
sodium phenylbutyrate	206	sulfacetamide sodium (acne)	37
SODIUM SACCHARIN	262	sulfacetamide sodium-sulfur	160,161
SODIUM SULFACETAMIDE WASH	160	SULFACETAMIDE SODIUM-SULFUR	160,161
SOHONOS	205	SULFACETAMIDE-PREDNISOLONE	264
SOL CARB	261	sulfadiazine	37
solifenacin succinate	207	sulfamethoxazole-trimethoprim	37
SOLIQUA	89	SULFAMYLON	161
SOLU-CORTEF	211	sulfasalazine	246
SOMATULINE DEPOT	234	sulfatrim pediatric	37
SOMAVERT	235	sulindac	10
SOOLANTRA	161	sumatriptan	140
sorafenib tosylate	75	sumatriptan succinate	140
sotalol hcl	108	SUMATRIPTAN SUCCINATE REFILL	140
sotalol hcl (af)	108	sunitinib malate	75
SOVALDI	81	SUNOSI	285
SPINOSAD	161	super amino acids	183
SPIRIVA HANDIHALER	272	super dha gems	194
SPIRIVA RESPIMAT	272	super omega-3	195
spironolactone	122	SUPLENA	177
spironolactone-hctz	120	SUPLENA 1.8/CARBSTEADY	177
SPRAVATO (56 MG DOSE)	47	SUPLENA/CARB STEADY	177
SPRAVATO (84 MG DOSE)	47	syeda	216
sprintec 28	225	SYMDEKO	275
sronyx	220	SYMLINPEN 120	91
ssd	160	SYMLINPEN 60	91
SSS 10-5	160	SYMTUZA	84
st joseph aspirin	7	SYNAREL	234
st joseph low dose	7	SYNJARDY	87
STELARA	241	SYNJARDY XR	87
STIOLTO RESPIMAT	282	SYNTHROID	230
STIVARGA	74		
STRENSIQ	203	<b>T</b>	
STREPTOMYCIN SULFATE	31	TABLOID	61
STRIBILD	82	TABRECTA	62

tacrolimus . . . . .	158,245	THEOPHYLLINE ER . . . . .	275
tadalafil . . . . .	208	theophylline er . . . . .	275
tadalafil (pah) . . . . .	208,277	theromega . . . . .	195
TAFINLAR . . . . .	68	THICK-IT THICKENED CRANBERRY . . . . .	177
tafluprost (pf) . . . . .	267	thioridazine hcl . . . . .	135
TAGRISSE . . . . .	73	thiothixene . . . . .	135,136
TAKHZYRO . . . . .	236	thrive . . . . .	30
tamoxifen citrate . . . . .	61	THYROID . . . . .	233
tamsulosin hcl . . . . .	208	tiadylt er . . . . .	114
tarina 24 fe . . . . .	223	tiagabine hcl . . . . .	43,44
tarina fe 1/20 eq . . . . .	223	ticagrelor . . . . .	102
TARPEYO . . . . .	246	TICE BCG . . . . .	62
TASIGNA . . . . .	72	tilia fe . . . . .	223
tavaborole . . . . .	56	timolol maleate . . . . .	140,266
taysofy . . . . .	223	TIMOLOL MALEATE . . . . .	140
tazarotene . . . . .	155	timolol maleate ocudose . . . . .	266
tazicef . . . . .	34	timolol maleate pf . . . . .	266
TAZICEF . . . . .	34	tineacide . . . . .	56
taztia xt . . . . .	114	tinidazole . . . . .	32
TAZVERIK . . . . .	65	tiotropium bromide . . . . .	272
TEGSEDI . . . . .	204	TIROSINT . . . . .	230,231
telmisartan . . . . .	105	TIROSINT-SOL . . . . .	231
telmisartan-hctz . . . . .	120	TIVICAY . . . . .	81
temazepam . . . . .	283	TIVICAY PD . . . . .	81
temozolomide . . . . .	58,59	tizanidine hcl . . . . .	80
temsirolimus . . . . .	245	TOBRADEX . . . . .	264
tenofovir disoproxil fumarate . . . . .	83	tobramycin . . . . .	265,275
terazosin hcl . . . . .	104	TOBRAMYCIN . . . . .	275
terbinafine hcl . . . . .	56	tobramycin-dexamethasone . . . . .	264
terbutaline sulfate . . . . .	274	TODAY SPONGE . . . . .	209
terconazole . . . . .	56	tolcapone . . . . .	78
teriflunomide . . . . .	152	TOLEREX . . . . .	177
testosterone . . . . .	214	tolterodine tartrate . . . . .	207,208
TESTOSTERONE . . . . .	214,215	tolterodine tartrate er . . . . .	208
testosterone cypionate . . . . .	215	tolvaptan . . . . .	180,181
TESTOSTERONE CYPIONATE . . . . .	215	topiramate . . . . .	41
TESTOSTERONE ENANTHATE . . . . .	215	toremifene citrate . . . . .	61
tetrabenazine . . . . .	148	torpenz . . . . .	70
tetracycline hcl . . . . .	38	toremide . . . . .	121
TEZSPIRE . . . . .	240	TRACLEER . . . . .	276
THALOMID . . . . .	60	TRADJENTA . . . . .	89

tramadol hcl . . . . .	18	triazolam . . . . .	283
TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT) . . . . .	13	tridacaine ii . . . . .	18
TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT) . . . . .	13	tridacaine iii . . . . .	18
TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT) . . . . .	13	triderm . . . . .	158
tramadol-acetaminophen . . . . .	17	trientine hcl . . . . .	181
trandolapril . . . . .	107	TRIENTINE HCL . . . . .	181
tranexamic acid . . . . .	101	trifluoperazine hcl . . . . .	136
tranylcypramine sulfate . . . . .	48	TRIFLURIDINE . . . . .	85
travoprost (bak free) . . . . .	267	TRIHEXYPHENIDYL HCL . . . . .	77
trazodone hcl . . . . .	50	trihexyphenidyl hcl . . . . .	77
TRECATOR . . . . .	57	TRIJARDY XR . . . . .	86,87
TRELEGY ELLIPTA . . . . .	280	TRIKAFTA . . . . .	274
TREMFYA . . . . .	237	trimethobenzamide hcl . . . . .	53
TREMFYA ONE-PRESS . . . . .	237	trimethoprim . . . . .	32
TREMFYA PEN . . . . .	237	TRIMETHOPRIM . . . . .	32
TREMFYA-CD/UC INDUCTION . . . . .	237	trimipramine maleate . . . . .	52
treprostinil . . . . .	277	TRINTELLIX . . . . .	51
tretinoin . . . . .	76,155	TRIUMEQ . . . . .	82
tretinoin microsphere . . . . .	155	TRIUMEQ PD . . . . .	82
tretinoin microsphere pump . . . . .	155	trivora (28) . . . . .	220
tri-estarylla . . . . .	225	tropicamide . . . . .	264
tri-legest fe . . . . .	223	trospium chloride . . . . .	208
tri-linyah . . . . .	225	trospium chloride er . . . . .	208
tri-lo-estarylla . . . . .	225	true folic acid . . . . .	185
tri-lo-marzia . . . . .	225	true laxative . . . . .	199
tri-lo-mili . . . . .	225	true vitamin d3 . . . . .	248
tri-lo-sprintec . . . . .	225	TRULANCE . . . . .	197
tri-mili . . . . .	225	TRULICITY . . . . .	86
tri-nymyo . . . . .	225	TRUQAP . . . . .	65,286
tri-sprintec . . . . .	225	TRYNGOLZA . . . . .	291
TRI-VITE/FLUORIDE . . . . .	195	TRYPTYR . . . . .	285
tri-vylibra . . . . .	226	turqoz . . . . .	226
tri-vylibra lo . . . . .	226	TUSNEL C . . . . .	282
triamcinolone acetonide . . . . .	153,158	TWOCAL HN . . . . .	177
TRIAMCINOLONE ACETONIDE . . . . .	158	TWOCAL HN 2.0 . . . . .	177
triamino . . . . .	183	TYBOST . . . . .	84
triamterene . . . . .	122	tydemy . . . . .	216
triamterene-hctz . . . . .	120	TYMLOS . . . . .	246
		TYR ANAMIX EARLY YEARS . . . . .	177,261
		TYR ANAMIX NEXT . . . . .	261
		TYR COOLER . . . . .	177

TYR GEL	177	VALTOCO 5 MG DOSE	42
TYR GOLIKE PLUS	177	valtya 1/35	219
TYR LOPHLEX GMP MIX-IN	177	valtya 1/50	219
TYR LOPHLEX LQ	177	vancomycin hcl	32,33
TYREX-1	261	VANDAZOLE	32
TYREX-2	261	VANFLYTA	63
TYROS 1	261	VANRAFIA	286
TYROS 2	261	varenicline tartrate	30,31
TYSABRI	152	varenicline tartrate (starter)	31
TYVASO	277	varenicline tartrate(continue)	31
TYVASO DPI INSTITUTIONAL KIT	277	VARUBI (180 MG DOSE)	54
TYVASO DPI MAINTENANCE KIT	278	VCF VAGINAL CONTRACEPTIVE	209
TYVASO DPI TITRATION KIT	278	VECTICAL	159
TYVASO REFILL	278	VELIVET	216
TYVASO STARTER	278	VELTASSA	182
<b>U</b>			
UBRELVY	140	VENCLEXTA	76
UCD 2	261	VENCLEXTA STARTING PACK	76
UCD ANAMIX INFANT	193	venlafaxine hcl	50
UCD ANAMIX JUNIOR	261	venlafaxine hcl er	50,51
UCD TRIO	177,261	VEOZAH	251
ultra omega 3	195	verapamil hcl	114
ULTRAMINO SOY PROTEIN	261	VERAPAMIL HCL ER	114,115
ULTRIENT 1.5 SAFE-T FEED	177	verapamil hcl er	114,115
unithroid	231,232	VEREGEN	160
ursodiol	200	VERELAN	115
USTEKINUMAB	241	VERZENIO	66
UTYMAX	177,178	vestura	216
UZEDY	135	VIBERZI	199
<b>V</b>			
valacyclovir hcl	85	VICTOZA	89
VALCHLOR	58	vienva	220
valganciclovir hcl	80	vigabatrin	44
valproic acid	41	vigadrone	44
valsartan	105	vigpoder	44
valsartan-hydrochlorothiazide	121	VIJOICE	61,285
VALTOCO 10 MG DOSE	42	vilazodone hcl	51
VALTOCO 15 MG DOSE	42	VIOKACE	206
VALTOCO 20 MG DOSE	42	viorele	216
		VIRACEPT	84
		VIREAD	83
		VITAFOL STRIPS	196
		VITAL 1.0 CAL	178

VITAL 1.5 CAL . . . . .	178	VYNDAQEL . . . . .	206
VITAL AF 1.2 CAL . . . . .	178	VYZULTA . . . . .	267
VITAL AF 1.2 CAL ADV FORMULA . . . . .	178		
VITAL HIGH PROTEIN . . . . .	178	<b>W</b>	
VITAL HN . . . . .	178	WAINUA . . . . .	289
VITAL HP 1.0 CAL . . . . .	178	WAKIX . . . . .	284
VITAL JR . . . . .	178	wal-fex . . . . .	271
VITAL PEPTIDE 1.5 CAL . . . . .	178	wal-fex allergy . . . . .	271
vitamin d . . . . .	248	warfarin sodium . . . . .	97,98
vitamin d (cholecalciferol) . . . . .	248	WATER ORAL . . . . .	255
vitamin d (ergocalciferol) . . . . .	248	wee care . . . . .	183
vitamin d high potency . . . . .	248	weekly-d . . . . .	248
vitamin d infant . . . . .	248	WEGOVY . . . . .	262
vitamin d3 . . . . .	248	wera . . . . .	224
VITAMINS ACD-FLUORIDE . . . . .	195	westab max . . . . .	186
VIVITROL . . . . .	19	WIDE-SEAL DIAPHRAGM 60 . . . . .	251
VIVONEX PEDIATRIC . . . . .	178	WIDE-SEAL DIAPHRAGM 65 . . . . .	251
VIVONEX PEDIATRIC RTF . . . . .	178	WIDE-SEAL DIAPHRAGM 70 . . . . .	251
VIVONEX PLUS . . . . .	178,261	WIDE-SEAL DIAPHRAGM 75 . . . . .	251
VIVONEX RTF . . . . .	178	WIDE-SEAL DIAPHRAGM 80 . . . . .	251
VIVONEX T.E.N. . . . .	178	WIDE-SEAL DIAPHRAGM 85 . . . . .	251
VIZIMPRO . . . . .	68	WIDE-SEAL DIAPHRAGM 90 . . . . .	251
VIZZ . . . . .	285	WIDE-SEAL DIAPHRAGM 95 . . . . .	251
VOGELXO . . . . .	215	WINLEVI . . . . .	154
VOGELXO PUMP . . . . .	215	WINREVAIR . . . . .	293
volnea . . . . .	216	wixela inhub . . . . .	280
VONJO . . . . .	63	WND 1 . . . . .	261
VOQUEZNA . . . . .	200	WND 2 . . . . .	261
VORANIGO . . . . .	295	wymzya fe . . . . .	225
voriconazole . . . . .	56		
VOWST . . . . .	251	<b>X</b>	
VOXZOGO . . . . .	207	XALKORI . . . . .	67,68
VOYDEYA . . . . .	287,288	xarah fe . . . . .	223
VOYXACT . . . . .	293	XARELTO . . . . .	96
VRAYLAR . . . . .	131	XARELTO STARTER PACK . . . . .	96
VUMERITY . . . . .	151	XCOPRI . . . . .	38,39
VYALEV . . . . .	289	XCOPRI (250 MG DAILY DOSE) . . . . .	38
vyfemla . . . . .	224	XCOPRI (350 MG DAILY DOSE) . . . . .	38
VYKAT XR . . . . .	288	XDEMZY . . . . .	263
vylibra . . . . .	225	XELJANZ . . . . .	240,241
VYNDAMAX . . . . .	120	XELJANZ XR . . . . .	245

xelria fe	225
xeroburn	18
XHANCE	269
XIFAXAN	32
XIGDUO XR	86
XIIDRA	263
XLEU ANALOG	193
XLEU MAXAMAID	261
XLYS XTRP ANALOG	193
XLYS-XTRP MAXAMAID	261
XLYS-XTRP MAXAMUM	261
XMET ANALOG	193
XMET MAXAMAID	261
XMET XCYS MAXAMAID	261
XMTVI ANALOG	193
XMTVI MAXAMAID	261
XOFLUZA (40 MG DOSE)	85
XOFLUZA (80 MG DOSE)	85
XOLAIR	237,238,291
XOLREMDI	290
XOPENEX HFA	274
XOSPATA	70
XPHE MAXAMAID	261
xphe maxamum	162,183
XPHE-XTYR ANALOG	193
XPHE-XTYR MAXAMAID	261
XPHOZAH	262
XPOVIO (100 MG ONCE WEEKLY)	64
XPOVIO (40 MG ONCE WEEKLY)	64
XPOVIO (40 MG TWICE WEEKLY)	64
XPOVIO (60 MG ONCE WEEKLY)	64
XPOVIO (60 MG TWICE WEEKLY)	64
XPOVIO (80 MG ONCE WEEKLY)	64
XPOVIO (80 MG TWICE WEEKLY)	64
XPTM ANALOG	193
XROMI	289
XTAMPZA ER	11,12
XTANDI	59
XTRACAL PLUS	178
XULANE	221
XULTOPHY	89

XYOSTED	215
XYWAV	284

## Y

yargesa	204
YEZTUGO	84,290
yl folic acid	185
YORVIPATH	291,292
yuvafem	219

## Z

ZAFEMY	221
zafemy	221
zafirlukast	272
zaleplon	283
ZANOSAR	65
ZARXIO	101
zegerid otc	202
ZEJULA	72
ZELBORAF	75
zelvysia	206
ZEMAIRA	203
zenatane	155
ZENPEP	206
zenzedi	142
ZEPBOUND	262
ZEPOSIA	152
ZEPOSIA 7-DAY STARTER PACK	152
ZEPOSIA STARTER KIT	152
zidovudine	83,84
ZIEXTENZO	101
ZILBRYSQ	295
zileuton er	272
ZIONODIL	18
ZIONODIL 100	18
ziprasidone hcl	136
ZIRGAN	80
ZOLINZA	65
ZOLMITRIPTAN	141
zolmitriptan	141
zolpidem tartrate	283

zolpidem tartrate er . . . . .	283
ZOMIG . . . . .	141
zomig . . . . .	141
zonisamide . . . . .	46
zovia 1/35 (28) . . . . .	219
ZTALMY . . . . .	39
ZUBSOLV . . . . .	20
zumandimine . . . . .	216
ZURNAI . . . . .	291
ZURZUVAE . . . . .	48
ZYDELIG . . . . .	71
ZYKADIA . . . . .	67

### 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.

<b>Drug Name/Strength</b>	<b>Formulary Change Action</b>	<b>Date of Formulary Change</b>	<b>Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change</b>
Aptiom oral tablets 200mg	Brand Name Not Covered	6-11-2025	Date of enrollee's renewal after July 1, 2025
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	6-11-2025	Date of enrollees renewal after July 1, 2025