CDPHP Commercial Clinical Formulary-1 2024

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, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at https://www.cdphp.com/customer-support/email-cdphp. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20211, 1-800-868-1019 (TDD 1-800-537-7697).

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

মনোযোগ দিনঃ আপনি যদি ইংরেজি বহির্ভুত 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 مجانًا. اتصل بالرقم الموجود ببطاقة الهوية لعضويتك (TTY: 711).

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

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

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

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

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

INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Commercial Clinical Formulary-1 2024* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

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

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

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

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

PREFACE

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

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

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

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

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

Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand-name prescription drug products. It may also include those brand-name prescription drug products determined by the Plan's Pharmacy and Therapeutics (P&T) Committee to be included in quality initiative programs.

Tier 2: Preferred brand-name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost-effective as a tier 1 generic drug.

Tier 3: All other covered brand-name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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

PRODUCT SELECTION CRITERIA

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

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

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

GENERIC SUBSTITUTION

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

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

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

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

SPECIALTY DRUGS (SP)

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

Both offer 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
- ConnectRx offers free, personal delivery, convenience, a hassle-free transfer process, and deep discounts on generic drugs.
- CVS Caremark provides 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 ConnectRx Latham
Call (518) 313-1016 or toll free at (855)-967-5900 or visit online at http://www.pharmacyconnectrx.com.

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 ConnectRX or the CVS Specialty Pharmacy or another pharmacy in the CDPHP specialty network. ConnectRX can be contacted by calling, toll free at (855)-967-5900. CVS Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

PRIOR AUTHORIZATION (PA)

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

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

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

^	Covered under the medical benefit
DUR	Subject to drug utilization review
OTC	Over the Counter
PA	Prior Authorization
PD	Preventive Drug
QL	Quantity Limit applied on number of doses per day
QLC	Quantity Limit applied over a specific time period
SP	Required to fill through ConnectRX at (518) 313-1016 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767, or another pharmacy in the CDPHP specialty network
ST	Step Therapy criteria applies
ACA	Covered under the Affordable Care Act; no member cost share
Rx4L	Rx4Less Program Applies (specific maintenance medications; visit cdphp.com/save)

PRESCRIPTION QUANTITY MANAGEMENT

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

DOSE OPTIMIZATION

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

STEP THERAPY (ST)

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

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

MEDICAL EXCEPTION PROCESS

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

EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Clinical Formulary-1 2024* 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
500 Patroon Creek Boulevard
Albany, NY 12206-1057
E-mail: **pharmacy@cdphp.com**
Internet: **http://www.cdphp.com**

LEGEND

DUR Subject to drug utilization review

^	Covered under the medical benefit
OTC	Over the counter
PA	Prior Authorization; refer to Prior Authorization section
PD	Preventive Drug
QL	Quantity Limit applied on number of doses per day
QLC	Quantity Limit applied over a specific time period
SP	Required to fill through ConnectRX at (518) 313-1016 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767, or another pharmacy in the CDPHP specialty network
ST	Step Therapy; refer to Step Therapy section
ACA	Covered under the Affordable Care Act; no member cost share
Rx4L	Rx4Less Program Applies (specific maintenance medications; visit cdphp.com/save)

NOTICE

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
adult aspirin regimen 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspir-low 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin 81 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin 81 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin adult low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
aspirin adult low strength 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin adult low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin childrens 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin ec low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin ec low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
aspirin regimen 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
bayer advanced aspirin reg st 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
bayer aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bayer aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
bayer aspirin ec low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
bayer low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
bayer low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
butalbital-aspirin-caffeine 50-325-40 mg cap	1	
cataflam 50 mg tab	1	
celecoxib 100 mg cap	1	QL 60 EA / 30 day(s)
celecoxib 200 mg cap	1	QL 60 EA / 30 day(s)
celecoxib 400 mg cap	2	QL 60 EA / 30 day(s)
celecoxib 50 mg cap	1	QL 60 EA / 30 day(s)
childrens aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
childrens aspirin low strength 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin adult low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cvs aspirin adult low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin ec 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs aspirin low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs genuine aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
diclofenac potassium 50 mg tab	1	
diclofenac sodium 1 % gel	1	QL 1000 GM / 30 day(s)
diclofenac sodium 1.5 % solution	3	
diclofenac sodium 25 mg tab dr	1	
diclofenac sodium 50 mg tab dr	1	RX4L Rx4Less Program
diclofenac sodium 75 mg tab dr	1	RX4L Rx4Less Program
diclofenac sodium er 100 mg tab er 24h	1	
diclofenac-misoprostol 50-0.2 mg tab dr	3	
diclofenac-misoprostol 75-0.2 mg tab dr	3	
diflunisal 500 mg tab	1	
ec-naproxen 375 mg tab dr	1	
ec-naproxen 500 mg tab dr	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ecotrin low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ecpirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eq aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eq aspirin adult low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eq aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eql aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eql aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eql aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
eql aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
etodolac 200 mg cap	1	
etodolac 300 mg cap	1	
etodolac 400 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
etodolac 500 mg tab	1	
etodolac er 400 mg tab er 24h	1	
etodolac er 500 mg tab er 24h	1	
etodolac er 600 mg tab er 24h	1	
fenoprofen calcium 400 mg cap	3	
fenoprofen calcium 600 mg tab	1	
flurbiprofen 100 mg tab	1	
FLURBIPROFEN 50 MG TAB	1	
ft aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ft aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ft enteric coated aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
genuine aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
gnp adult aspirin low strength 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
gnp aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
gnp aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
gnp aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
gnp aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin adult low st 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin adults 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
goodsense aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
h-e-b aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
hm adult aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
hm aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hm aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
hm aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
hm aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
hm aspirin ec low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ibu 400 mg tab	1	RX4L Rx4Less Program
ibu 600 mg tab	1	RX4L Rx4Less Program
ibu 800 mg tab	1	RX4L Rx4Less Program
ibuprofen 100 mg/5ml suspension	1	
ibuprofen 400 mg tab	1	RX4L Rx4Less Program
ibuprofen 600 mg tab	1	RX4L Rx4Less Program
ibuprofen 800 mg tab	1	RX4L Rx4Less Program
indomethacin 25 mg cap	1	RX4L Rx4Less Program
indomethacin 50 mg cap	1	
indomethacin er 75 mg cap er	1	
KETOPROFEN ER 200 MG CAP ER 24H	1	
ketorolac tromethamine 10 mg tab	1	QLC 20 EA / 365 day(s)
kls aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
kls aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
kp aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
MECLOFENAMATE SODIUM 100 MG CAP	1	
MECLOFENAMATE SODIUM 50 MG CAP	1	
medi-first aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
medique aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
mefenamic acid 250 mg cap	2	
meijer aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
meloxicam 15 mg tab	1	RX4L Rx4Less Program
meloxicam 7.5 mg tab	1	RX4L Rx4Less Program
miniprin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
mm aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
nabumetone 500 mg tab	1	
nabumetone 750 mg tab	1	
naproxen 125 mg/5ml suspension	1	
naproxen 250 mg tab	1	
naproxen 375 mg tab	1	RX4L Rx4Less Program
naproxen 375 mg tab dr	1	
naproxen 500 mg tab	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
naproxen 500 mg tab dr	1	
naproxen dr 500 mg tab dr	1	
naproxen sodium 275 mg tab	1	
naproxen sodium 550 mg tab	1	
norwich aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
oxaprozin 600 mg tab	1	
piroxicam 10 mg cap	1	
piroxicam 20 mg cap	1	
px aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
px aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
px enteric aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
px enteric aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
qc aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
qc aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
qc aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
qc aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
qc childrens aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
qc enteric aspirin 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra aspirin adult low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra aspirin adult low strength 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra aspirin childrens 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra aspirin ec 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra aspirin ec adult low st 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ra pain relief aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
relafen 500 mg tab	1	
relafen 750 mg tab	1	
salsalate 500 mg tab	1	
salsalate 750 mg tab	1	
sb aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sb aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sb aspirin adult low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sb aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sb childrens aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sb low dose asa ec 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin adult low strength 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sm aspirin adult low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin ec low strength 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm childrens aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
st joseph aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
st joseph low dose 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
st joseph low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sulindac 150 mg tab	1	
sulindac 200 mg tab	1	
tgt aspirin 325 mg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tgt aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
tgt aspirin 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
tgt aspirin ec 325 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
tgt aspirin low dose 81 mg tab dr	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
tgt childrens aspirin 81 mg chew tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
TOLMETIN SODIUM 400 MG CAP	1	
TOLMETIN SODIUM 600 MG TAB	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine 10 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
buprenorphine 15 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
buprenorphine 20 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
buprenorphine 5 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
buprenorphine 7.5 mcg/hr patch wk	1	QL 4 EA / 28 day(s)
fentanyl 100 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
fentanyl 12 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
fentanyl 25 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fentanyl 50 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
fentanyl 75 mcg/hr patch 72hr	1	QL 10 EA / 30 day(s) PA
hydromorphone hcl er 12 mg tab er 24h	3	QL 60 EA / 30 day(s) PA
hydromorphone hcl er 16 mg tab er 24h	3	QL 60 EA / 30 day(s) PA
hydromorphone hcl er 32 mg tab er 24h	3	QL 60 EA / 30 day(s) PA
hydromorphone hcl er 8 mg tab er 24h	3	QL 60 EA / 30 day(s) PA
methadone hcl 10 mg tab	1	QL 90 EA / 30 day(s) PA
methadone hcl 5 mg tab	1	QL 90 EA / 30 day(s) PA
morphine sulfate er 15 mg tab er	1	QL 90 EA / 30 day(s) PA
morphine sulfate er 30 mg tab er	1	QL 90 EA / 30 day(s) PA
morphine sulfate er 60 mg tab er	1	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA ER 50 MG TAB ER 12H	3	QL 60 EA / 30 day(s) PA
OXYCODONE HCL ER 10 MG TB12 DETER	3	QL 90 EA / 30 day(s) PA
OXYCODONE HCL ER 15 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
TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)	1	QL 30 EA / 30 day(s)
TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)	1	QL 30 EA / 30 day(s)
TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)	1	QL 30 EA / 30 day(s)
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 3750 / 30 day(s)
acetaminophen-codeine 120-12 mg/5ml solution	1	QL 3750 / 30 day(s)
acetaminophen-codeine 300-15 mg tab	1	QL 300 EA / 30 day(s)
acetaminophen-codeine 300-30 mg tab	1	QL 240 EA / 30 day(s)
acetaminophen-codeine 300-60 mg tab	1	QL 240 EA / 30 day(s)
ascomp-codeine 50-325-40-30 mg cap	1	
BELLADONNA ALKALOIDS-OPIUM 16.2-30 MG SUPPOS	1	
BELLADONNA ALKALOIDS-OPIUM 16.2-60 MG SUPPOS	1	
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	
butalbital-asa-caff-codeine 50-325-40-30 mg cap	1	
butorphanol tartrate 10 mg/ml solution	1	
endocet 10-325 mg tab	1	QL 180 EA / 30 day(s)
endocet 2.5-325 mg tab	1	QL 240 EA / 30 day(s)
endocet 5-325 mg tab	1	QL 240 EA / 30 day(s)
endocet 7.5-325 mg tab	1	QL 240 EA / 30 day(s)
fentanyl citrate 1200 mcg loz handle	1	QL 120 EA / 30 day(s) PA
fentanyl citrate 1600 mcg loz handle	1	QL 120 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fentanyl citrate 200 mcg loz handle	1	QL 120 EA / 30 day(s) PA
fentanyl citrate 400 mcg loz handle	1	QL 120 EA / 30 day(s) PA
fentanyl citrate 600 mcg loz handle	1	QL 120 EA / 30 day(s) PA
fentanyl citrate 800 mcg loz handle	1	QL 120 EA / 30 day(s) PA
hydrocodone-acetaminophen 10-325 mg tab	1	QL 240 EA / 30 day(s)
hydrocodone-acetaminophen 2.5-108 mg/5ml solution	1	QL 4500 ML / 30 day(s)
hydrocodone-acetaminophen 5-217 mg/10ml solution	1	QL 4500 ML / 30 day(s)
hydrocodone-acetaminophen 5-325 mg tab	1	QL 240 EA / 30 day(s)
hydrocodone-acetaminophen 7.5-325 mg tab	1	QL 240 EA / 30 day(s)
hydrocodone-acetaminophen 7.5-325 mg/15ml solution	1	QL 4500 ML / 30 day(s)
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	QL 180 EA / 30 day(s)
hydrocodone-ibuprofen 10-200 mg tab	1	QL 180 EA / 30 day(s)
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	QL 180 EA / 30 day(s)
hydrocodone-ibuprofen 5-200 mg tab	1	QL 180 EA / 30 day(s)
hydrocodone-ibuprofen 7.5-200 mg tab	1	QL 180 EA / 30 day(s)
hydromorphone hcl 1 mg/ml liquid	1	QL 180 ML / 30 day(s)
hydromorphone hcl 2 mg tab	1	QL 180 EA / 30 day(s)
hydromorphone hcl 4 mg tab	1	QL 180 EA / 30 day(s)
hydromorphone hcl 8 mg tab	1	QL 120 EA / 30 day(s) PA
lorcet 5-325 mg tab	1	QL 240 EA / 30 day(s)
lorcet hd 10-325 mg tab	1	QL 240 EA / 30 day(s)
lorcet plus 7.5-325 mg tab	1	QL 240 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEPERIDINE HCL 50 MG/5ML SOLUTION	1	
morphine sulfate (concentrate) 10 mg/0.5ml solution	1	QL 180 EA / 30 day(s)
morphine sulfate (concentrate) 100 mg/5ml solution	1	QL 180 EA / 30 day(s)
morphine sulfate (concentrate) 20 mg/ml solution	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 10 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
morphine sulfate 10 mg/5ml solution	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 15 MG TAB	1	QL 180 EA / 30 day(s)
morphine sulfate 15 mg tab	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 20 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 900 ML / 30 day(s)
morphine sulfate 20 mg/5ml solution	1	QL 900 ML / 30 day(s)
MORPHINE SULFATE 30 MG SUPPOS	1	QL 180 EA / 30 day(s)
MORPHINE SULFATE 30 MG TAB	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)
NUCYNTA 100 MG TAB	2	PA
NUCYNTA 50 MG TAB	2	PA
NUCYNTA 75 MG TAB	2	PA
oxycodone hcl 10 mg tab	1	QL 240 EA / 30 day(s)
oxycodone hcl 15 mg tab	1	QL 120 EA / 30 day(s) PA
oxycodone hcl 20 mg tab	1	QL 120 EA / 30 day(s) PA
oxycodone hcl 30 mg tab	1	QL 60 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxycodone hcl 5 mg cap	1	QL 180 EA / 30 day(s)
oxycodone hcl 5 mg tab	1	QL 240 EA / 30 day(s)
oxycodone hcl 5 mg/5ml solution	1	QL 900 ML / 30 day(s)
oxycodone-acetaminophen 10-325 mg tab	1	QL 180 EA / 30 day(s)
oxycodone-acetaminophen 2.5-325 mg tab	1	QL 240 EA / 30 day(s)
oxycodone-acetaminophen 5-325 mg tab	1	QL 240 EA / 30 day(s)
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	
oxycodone-acetaminophen 7.5-325 mg tab	1	QL 240 EA / 30 day(s)
OXYCODONE-ASPIRIN 4.8355-325 MG TAB	1	QL 360 EA / 30 day(s)
OXYCODONE-IBUPROFEN 5-400 MG TAB	1	QL 270 EA / 30 day(s)
oxymorphone hcl 10 mg tab	1	QL 120 EA / 30 day(s) PA
oxymorphone hcl 5 mg tab	1	QL 120 EA / 30 day(s) PA
tramadol hcl 50 mg tab	1	QL 240 EA / 30 day(s)
tramadol-acetaminophen 37.5-325 mg tab	1	QL 240 EA / 30 day(s)
ANESTHETICS		
LOCAL ANESTHETICS		
7t lido 2 % gel	1	
agoneaze 2.5-2.5 % kit	1	
anodyne lpt 2.5-2.5 % kit	1	
dermacinrx empricaine 2.5-2.5 % kit	1	
dermacinrx prizopak 2.5-2.5 % kit	1	
glydo 2 % prsyr	1	
lido bdk 2.5-2.5 % kit	1	
lido-prilo caine pack 2.5-2.5 % kit	1	
lido-sorb 3 % lotion	1	
lidocaine 5 % ointment	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lidocaine 5 % patch	2	QL 90 EA / 30 day(s)
lidocaine hcl 3 % cream	1	
lidocaine hcl 3 % lotion	1	
lidocaine hcl 4 % solution	1	
lidocaine hcl urethral/mucosal 2 % prsyr	1	
lidocaine viscous hcl 2 % solution	1	
lidocaine-prilocaine 2.5-2.5 % cream	1	
lidocaine-prilocaine 2.5-2.5 % kit	1	
lidocan 5 % patch	2	QL 90 EA / 30 day(s)
lidocan ii 5 % patch	2	QL 90 EA / 30 day(s)
lidocan iii 5 % patch	2	QL 90 EA / 30 day(s)
lidopin 3 % cream	1	
lidopril 2.5-2.5 % kit	1	
lidopril xr 2.5-2.5 % kit	1	
lidozion 3 % lotion	1	
livixil pak 2.5-2.5 % kit	1	
NAYZILAM 5 MG/0.1ML SOLUTION	3	QL 4 EA / 30 day(s)
nuvakaan 2.5-2.5 % kit	1	
premium lidocaine 5 % ointment	1	
prilolid 2.5-2.5 % kit	1	
prilovix 2.5-2.5 % kit	1	
prilovix lite 2.5-2.5 % kit	1	
prilovix lite plus 2.5-2.5 % kit	1	
prilovix plus 2.5-2.5 % kit	1	
prilovix ultralite 2.5-2.5 % kit	1	
prilovix ultralite plus 2.5-2.5 % kit	1	
proxivol 2 % gel	1	
relador pak 2.5-2.5 % kit	1	
relador pak plus 2.5-2.5 % kit	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vexatrol 2.5-2.5 % kit	1	
zionodil 100 3 % lotion	1	
zionodil 3 % lotion	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium 333 mg tab dr	2	
disulfiram 250 mg tab	2	
disulfiram 500 mg tab	2	
VIVITROL 380 MG RECON SUSP	2	
OPIOID DEPENDENCE		
buprenorphine hcl 2 mg sl tab	1	QL 90 EA / 30 day(s)
buprenorphine hcl 8 mg sl tab	1	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 12-3 mg film	2	QL 60 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 2-0.5 mg film	2	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab	2	
buprenorphine hcl-naloxone hcl 4-1 mg film	2	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 8-2 mg film	2	QL 90 EA / 30 day(s)
buprenorphine hcl-naloxone hcl 8-2 mg sl tab	2	QL 90 EA / 30 day(s)
ZUBSOLV 0.7-0.18 MG SL TAB	2	QL 90 EA / 30 day(s)
ZUBSOLV 1.4-0.36 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 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	
naloxone hcl 2 mg/2ml soln prsyr	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
naloxone hcl 4 mg/0.1ml liquid	1	
naltrexone hcl 50 mg tab	1	
NARCAN 4 MG/0.1ML LIQUID	3	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	1	ACA Affordable Care Act PD Preventive Drug
CHANTIX 0.5 MG TAB	3	PD Preventive Drug
cvs nicotine 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cvs nicotine polacrilex 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
cvs nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine polacrilex 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eq nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
eq nicotine step 3 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eql nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eql nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
eql nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ft nicotine 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ft nicotine 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ft nicotine mini 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ft nicotine mini 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
gnp nicotine 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine mini 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine mini 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine polacrilex 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
gnp nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
goodsense nicotine 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
goodsense nicotine 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
goodsense nicotine 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
goodsense nicotine 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
habitrol 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
hm nicotine 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
hm nicotine 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
hm nicotine 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
hm nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
hm nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
hm nicotine polacrilex 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hm nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
kls quit2 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
kls quit2 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
kls quit4 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
kls quit4 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicorelief 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICOTINE 21-14-7 MG/24HR KIT	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nicotine mini 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine mini 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine polacrilex 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine polacrilex mini 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine step 1 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine step 2 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
nicotine step 3 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICOTROL 10 MG INHALER	3	PA ACA Affordable Care Act PD Preventive Drug
NICOTROL NS 10 MG/ML SOLUTION	3	PA ACA Affordable Care Act PD Preventive Drug
px stop smoking aid 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
px stop smoking aid 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
px stop smoking aid 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
px stop smoking aid 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
qc nicotine transdermal system 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
qc nicotine transdermal system 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra mini nicotine 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra mini nicotine 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ra nicotine 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra nicotine 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra nicotine 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra nicotine 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra nicotine gum 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra nicotine gum 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
ra nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sm nicotine 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine polacrilex 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
sm nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine polacrilex 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tgt nicotine polacrilex 2 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine polacrilex 4 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine polacrilex 4 mg lozenge	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine step one 21 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine step three 7 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
tgt nicotine step two 14 mg/24hr patch 24hr	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
thrive 2 mg gum	1	ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	3	ACA Affordable Care Act PD Preventive Drug
varenicline tartrate 0.5 mg tab	3	ACA Affordable Care Act PD Preventive Drug
varenicline tartrate 1 mg tab	3	ACA Affordable Care Act PD Preventive Drug
varenicline tartrate(continue) 1 mg tab	3	ACA Affordable Care Act PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
gentamicin sulfate 0.1 % cream	1	
gentamicin sulfate 0.1 % ointment	1	
gentamicin sulfate 40 mg/ml solution	1	PA
neomycin sulfate 500 mg tab	1	
paromomycin sulfate 250 mg cap	1	
ANTIBACTERIALS, OTHER		
acetic acid 2 % solution	1	
ALTABAX 1 % OINTMENT	3	
CLEOCIN 100 MG SUPPOS	2	
clindacin etz 1 % swab	1	
clindacin-p 1 % swab	1	
clindamycin hcl 150 mg cap	1	
clindamycin hcl 300 mg cap	1	
clindamycin hcl 75 mg cap	1	
clindamycin palmitate hcl 75 mg/5ml recon soln	1	
clindamycin phosphate 1 % swab	1	
clindamycin phosphate 2 % cream	1	
fosfomycin tromethamine 3 gm packet	3	QL 4 EA / 30 day(s)
linezolid 100 mg/5ml recon susp	2	
linezolid 600 mg tab	2	
methenamine hippurate 1 gm tab	1	
methenamine mandelate 0.5 gm tab	1	
methenamine mandelate 1 gm tab	1	
metronidazole 0.75 % cream	1	
metronidazole 0.75 % gel	1	
metronidazole 0.75 % gel	1	
metronidazole 0.75 % lotion	1	
metronidazole 1 % gel	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
metronidazole 250 mg tab	1	
metronidazole 375 mg cap	3	
metronidazole 500 mg tab	1	
nitrofurantoin 25 mg/5ml suspension	2	
NITROFURANTOIN 50 MG/5ML SUSPENSION	2	
nitrofurantoin macrocrystal 100 mg cap	1	
nitrofurantoin macrocrystal 25 mg cap	3	
nitrofurantoin macrocrystal 50 mg cap	1	
nitrofurantoin monohyd macro 100 mg cap	1	
PRIMSOL 50 MG/5ML SOLUTION	3	
rosadan 0.75 % cream	1	
rosadan 0.75 % gel	1	
tinidazole 250 mg tab	2	
tinidazole 500 mg tab	2	
TRIMETHOPRIM 100 MG TAB	1	
trimethoprim 100 mg tab	1	
urelle 81 mg tab	3	
uribel 118 mg cap	3	
uro-458 81 mg tab	3	
uro-mp 118 mg cap	3	
uro-sp 118 mg cap	3	
vancomycin hcl 125 mg cap	2	
vancomycin hcl 25 mg/ml recon soln	2	
vancomycin hcl 250 mg cap	2	
vancomycin hcl 250 mg/5ml recon soln	2	
vancomycin hcl 50 mg/ml recon soln	2	
vilamit mb 118 mg cap	3	
vilevev mb 81 mg tab	3	
XIFAXAN 200 MG TAB	2	QL 126 EA / 30 day(s)
XIFAXAN 550 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 125 MG/5ML RECON SUSP	1	
CEFACLOR 250 MG CAP	1	
CEFACLOR 250 MG/5ML RECON SUSP	1	
CEFACLOR 375 MG/5ML RECON SUSP	1	
CEFACLOR 500 MG CAP	1	
CEFADROXIL 1 GM TAB	1	
cefadroxil 250 mg/5ml recon susp	1	
cefadroxil 500 mg cap	1	
cefadroxil 500 mg/5ml recon susp	1	
cefdinir 125 mg/5ml recon susp	1	
cefdinir 250 mg/5ml recon susp	1	
cefdinir 300 mg cap	1	
cefixime 100 mg/5ml recon susp	2	
cefixime 200 mg/5ml recon susp	2	
cefixime 400 mg cap	2	
cefpodoxime proxetil 100 mg tab	1	
cefpodoxime proxetil 100 mg/5ml recon susp	1	
cefpodoxime proxetil 200 mg tab	1	
cefpodoxime proxetil 50 mg/5ml recon susp	1	
cefprozil 125 mg/5ml recon susp	1	
cefprozil 250 mg tab	1	
cefprozil 250 mg/5ml recon susp	1	
cefprozil 500 mg tab	1	
cefuroxime axetil 250 mg tab	1	
cefuroxime axetil 500 mg tab	1	
cephalexin 125 mg/5ml recon susp	1	
cephalexin 250 mg cap	1	
CEPHALEXIN 250 MG TAB	1	
cephalexin 250 mg/5ml recon susp	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cephalexin 500 mg cap	1	
CEPHALEXIN 500 MG TAB	1	
cephalexin 750 mg cap	1	
SUPRAX 100 MG CHEW TAB	2	
SUPRAX 200 MG CHEW TAB	2	
SUPRAX 500 MG/5ML RECON SUSP	2	
BETA-LACTAM, PENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	2	
amoxicillin 125 mg/5ml recon susp	1	
amoxicillin 200 mg/5ml recon susp	1	
amoxicillin 250 mg cap	1	
AMOXICILLIN 250 MG CHEW TAB	1	
amoxicillin 250 mg/5ml recon susp	1	
amoxicillin 400 mg/5ml recon susp	1	
amoxicillin 500 mg cap	1	
amoxicillin 500 mg tab	1	
amoxicillin 875 mg tab	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	
amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp	1	
amoxicillin-pot clavulanate 250-125 mg tab	1	
amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
amoxicillin-pot clavulanate 400-57 mg/5ml recon susp	1	
amoxicillin-pot clavulanate 500-125 mg tab	1	
amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp	1	
amoxicillin-pot clavulanate 875-125 mg tab	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
ampicillin 500 mg cap	1	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	3	
dicloxacillin sodium 250 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dicloxacillin sodium 500 mg cap	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	
penicillin v potassium 250 mg tab	1	
PENICILLIN V POTASSIUM 250 MG/5ML RECON SOLN	1	
penicillin v potassium 500 mg tab	1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	1	
azithromycin 100 mg/5ml recon susp	1	
azithromycin 200 mg/5ml recon susp	1	
azithromycin 250 mg tab	1	
azithromycin 500 mg tab	1	
azithromycin 600 mg tab	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP	1	
clarithromycin 250 mg tab	1	
CLARITHROMYCIN 250 MG/5ML RECON SUSP	1	
clarithromycin 500 mg tab	1	
clarithromycin er 500 mg tab er 24h	1	
DIFICID 200 MG TAB	3	PA
DIFICID 40 MG/ML RECON SUSP	3	PA
E.E.S. 400 400 MG TAB	1	
ery-tab 250 mg tab dr	3	
ery-tab 333 mg tab dr	3	
ery-tab 500 mg tab dr	3	
ERYTHROCIN STEARATE 250 MG TAB	1	
erythromycin 250 mg tab dr	3	
erythromycin 333 mg tab dr	3	
erythromycin 500 mg tab dr	3	
ERYTHROMYCIN BASE 250 MG CP DR PART	1	
erythromycin base 250 mg tab	1	
erythromycin base 250 mg tab dr	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
erythromycin base 333 mg tab dr	3	
erythromycin base 500 mg tab	1	
erythromycin base 500 mg tab dr	3	
erythromycin ethylsuccinate 200 mg/5ml recon susp	3	
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	1	
erythromycin ethylsuccinate 400 mg/5ml recon susp	3	
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	2	
CILOXAN 0.3 % OINTMENT	3	
ciprofloxacin 250 mg/5ml (5%) recon susp	2	
ciprofloxacin hcl 0.3 % solution	1	
CIPROFLOXACIN HCL 100 MG TAB	1	
ciprofloxacin hcl 250 mg tab	1	
ciprofloxacin hcl 500 mg tab	1	
ciprofloxacin hcl 750 mg tab	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	1	
levofloxacin 25 mg/ml solution	1	
levofloxacin 250 mg tab	1	
levofloxacin 500 mg tab	1	
levofloxacin 750 mg tab	1	
moxifloxacin hcl 400 mg tab	2	
ofloxacin 400 mg tab	1	
SULFONAMIDES		
AVC VAGINAL 15 % CREAM	3	
sulfacetamide sodium (acne) 10 % lotion	1	
SULFADIAZINE 500 MG TAB	3	
sulfadiazine 500 mg tab	3	
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	1	
sulfamethoxazole-trimethoprim 400-80 mg tab	1	
sulfamethoxazole-trimethoprim 800-160 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sulfatrim pediatric 200-40 mg/5ml suspension	1	
TETRACYCLINES		
avidoxy 100 mg tab	1	
coremino 135 mg tab er 24h	1	PA
coremino 45 mg tab er 24h	1	PA
coremino 90 mg tab er 24h	1	PA
demeclocycline hcl 150 mg tab	1	
demeclocycline hcl 300 mg tab	1	
DOXYCYCLINE 40 MG CAP DR	2	
doxycycline hyclate 100 mg cap	1	
doxycycline hyclate 100 mg tab	1	
doxycycline hyclate 100 mg tab dr	3	ST
doxycycline hyclate 150 mg tab dr	3	ST
doxycycline hyclate 20 mg tab	1	
doxycycline hyclate 200 mg tab dr	3	ST
doxycycline hyclate 50 mg cap	1	
doxycycline hyclate 50 mg tab dr	3	ST
doxycycline hyclate 75 mg tab dr	3	ST
doxycycline monohydrate 100 mg cap	1	
doxycycline monohydrate 100 mg tab	1	
doxycycline monohydrate 150 mg cap	1	
doxycycline monohydrate 150 mg tab	1	
doxycycline monohydrate 25 mg/5ml recon susp	1	
doxycycline monohydrate 50 mg cap	1	
doxycycline monohydrate 50 mg tab	1	
doxycycline monohydrate 75 mg cap	1	
doxycycline monohydrate 75 mg tab	1	
lymepak 100 mg tab	1	
minocycline hcl 100 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
minocycline hcl 100 mg tab	1	
minocycline hcl 50 mg cap	1	
minocycline hcl 50 mg tab	1	
minocycline hcl 75 mg cap	1	
minocycline hcl 75 mg tab	1	
minocycline hcl er 105 mg tab er 24h	3	PA
minocycline hcl er 115 mg tab er 24h	3	PA
minocycline hcl er 135 mg tab er 24h	1	PA
minocycline hcl er 45 mg tab er 24h	1	PA
minocycline hcl er 55 mg tab er 24h	3	PA
minocycline hcl er 65 mg tab er 24h	3	PA
minocycline hcl er 80 mg tab er 24h	3	PA
minocycline hcl er 90 mg tab er 24h	1	PA
mondoxyne nl 100 mg cap	1	
mondoxyne nl 75 mg cap	1	
morgidox 100 mg cap	1	
morgidox 50 mg cap	1	
okebo 75 mg cap	1	
tetracycline hcl 250 mg cap	1	
tetracycline hcl 500 mg cap	1	
VIBRAMYCIN 50 MG/5ML SYRUP	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
divalproex sodium 125 mg cap dr	1	PD Preventive Drug
divalproex sodium 125 mg tab dr	1	PD Preventive Drug
divalproex sodium 250 mg tab dr	1	PD Preventive Drug
divalproex sodium 500 mg tab dr	1	PD Preventive Drug
divalproex sodium er 250 mg tab er 24h	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
divalproex sodium er 500 mg tab er 24h	1	PD Preventive Drug
felbamate 400 mg tab	3	PD Preventive Drug
felbamate 600 mg tab	3	PD Preventive Drug
felbamate 600 mg/5ml suspension	1	PD Preventive Drug
FINTEPLA 2.2 MG/ML SOLUTION	3	PA SP Specialty
LAMICTAL XR 21 X 25 MG & 7 X 50 MG KIT	3	PD Preventive Drug
LAMICTAL XR 25 & 50 & 100 MG KIT	3	PD Preventive Drug
LAMICTAL XR 50 & 100 & 200 MG KIT	3	PD Preventive Drug
lamotrigine 100 mg tab	1	PD Preventive Drug
lamotrigine 100 mg tab disp	2	PD Preventive Drug
lamotrigine 150 mg tab	1	PD Preventive Drug
lamotrigine 200 mg tab	1	PD Preventive Drug
lamotrigine 200 mg tab disp	2	PD Preventive Drug
lamotrigine 25 & 50 & 100 mg kit	2	PD Preventive Drug
lamotrigine 25 mg chew tab	1	PD Preventive Drug
lamotrigine 25 mg tab	1	PD Preventive Drug
lamotrigine 25 mg tab disp	2	PD Preventive Drug
lamotrigine 5 mg chew tab	1	PD Preventive Drug
lamotrigine 50 mg tab disp	2	PD Preventive Drug
lamotrigine er 100 mg tab er 24h	2	PD Preventive Drug
lamotrigine er 200 mg tab er 24h	2	PD Preventive Drug
lamotrigine er 25 mg tab er 24h	2	PD Preventive Drug
lamotrigine er 250 mg tab er 24h	2	PD Preventive Drug
lamotrigine er 300 mg tab er 24h	2	PD Preventive Drug
lamotrigine er 50 mg tab er 24h	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levetiracetam 100 mg/ml solution	1	PD Preventive Drug
levetiracetam 1000 mg tab	1	PD Preventive Drug
levetiracetam 250 mg tab	1	PD Preventive Drug
levetiracetam 500 mg tab	1	PD Preventive Drug
levetiracetam 750 mg tab	1	PD Preventive Drug
levetiracetam er 500 mg tab er 24h	1	PD Preventive Drug
levetiracetam er 750 mg tab er 24h	1	PD Preventive Drug
roweepra 1000 mg tab	1	PD Preventive Drug
roweepra 500 mg tab	1	PD Preventive Drug
roweepra 750 mg tab	1	PD Preventive Drug
roweepra xr 500 mg tab er 24h	1	PD Preventive Drug
roweepra xr 750 mg tab er 24h	1	PD Preventive Drug
subvenite 100 mg tab	1	PD Preventive Drug
subvenite 150 mg tab	1	PD Preventive Drug
subvenite 200 mg tab	1	PD Preventive Drug
subvenite 25 mg tab	1	PD Preventive Drug
topiramate 100 mg tab	1	PD Preventive Drug
topiramate 15 mg cap sprink	1	PD Preventive Drug
topiramate 200 mg tab	1	PD Preventive Drug
topiramate 25 mg cap sprink	1	PD Preventive Drug
topiramate 25 mg tab	1	PD Preventive Drug
topiramate 50 mg tab	1	PD Preventive Drug
topiramate er 100 mg cap er 24h	3	ST PD Preventive Drug
TROKENDI XR 200 MG CAP ER 24H	3	ST PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
topiramate er 25 mg cap er 24h	3	ST PD Preventive Drug
topiramate er 50 mg cap er 24h	3	ST PD Preventive Drug
TROKENDI XR 100 MG CAP ER 24H	3	ST ! See important benefit information at end of document PD Preventive Drug
TROKENDI XR 200 MG CAP ER 24H	3	ST ! See important benefit information at end of document PD Preventive Drug
TROKENDI XR 25 MG CAP ER 24H	3	ST ! See important benefit information at end of document PD Preventive Drug
TROKENDI XR 50 MG CAP ER 24H	3	ST ! See important benefit information at end of document PD Preventive Drug
valproic acid 250 mg cap	1	PD Preventive Drug
valproic acid 250 mg/5ml solution	1	PD Preventive Drug
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	
XCOPRI (250 MG DAILY DOSE) 50 & 200 MG TAB THPK	3	PD Preventive Drug
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	3	PD Preventive Drug
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XCOPRI 150 MG TAB	3	PD Preventive Drug
XCOPRI 200 MG TAB	3	PD Preventive Drug
XCOPRI 50 MG TAB	3	PD Preventive Drug
ZTALMY 50 MG/ML SUSPENSION	3	PA SP Specialty
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide 250 mg cap	1	PD Preventive Drug
ethosuximide 250 mg/5ml solution	1	PD Preventive Drug
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam 10 mg tab	3	PD Preventive Drug
clobazam 2.5 mg/ml suspension	3	PD Preventive Drug
clobazam 20 mg tab	3	PD Preventive Drug
DIASTAT ACUDIAL 10 MG GEL	3	
DIASTAT ACUDIAL 20 MG GEL	3	
DIASTAT PEDIATRIC 2.5 MG GEL	2	
diazepam 10 mg gel	2	
DIAZEPAM 2.5 MG GEL	2	
diazepam 20 mg gel	2	
gabapentin 100 mg cap	1	
gabapentin 250 mg/5ml solution	1	
gabapentin 300 mg cap	1	
gabapentin 300 mg/6ml solution	1	
gabapentin 400 mg cap	1	
gabapentin 600 mg tab	1	
gabapentin 800 mg tab	1	
phenobarbital 100 mg tab	1	PD Preventive Drug
phenobarbital 15 mg tab	1	PD Preventive Drug
phenobarbital 16.2 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
phenobarbital 20 mg/5ml elixir	1	PD Preventive Drug
phenobarbital 20 mg/5ml solution	1	PD Preventive Drug
phenobarbital 30 mg tab	1	PD Preventive Drug
phenobarbital 32.4 mg tab	1	PD Preventive Drug
phenobarbital 60 mg tab	1	PD Preventive Drug
phenobarbital 64.8 mg tab	1	PD Preventive Drug
phenobarbital 97.2 mg tab	1	PD Preventive Drug
PRIMIDONE 125 MG TAB	1	PD Preventive Drug
primidone 250 mg tab	1	PD Preventive Drug
primidone 50 mg tab	1	PD Preventive Drug
tiagabine hcl 12 mg tab	2	PD Preventive Drug
tiagabine hcl 16 mg tab	2	PD Preventive Drug
tiagabine hcl 2 mg tab	2	PD Preventive Drug
tiagabine hcl 4 mg tab	2	PD Preventive Drug
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	3	QL 2 EA / 30 day(s)
VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK	3	QL 2 EA / 30 day(s)
VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK	3	QL 2 EA / 30 day(s)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	3	QL 2 EA / 30 day(s)
vigabatrin 500 mg packet	3	PA PD Preventive Drug SP Specialty
vigabatrin 500 mg tab	3	PA PD Preventive Drug SP Specialty
vigadrone 500 mg packet	3	PA PD Preventive Drug SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vigadrone 500 mg tab	3	PA PD Preventive Drug SP Specialty
vigpoder 500 mg packet	3	PA PD Preventive Drug SP Specialty
SODIUM CHANNEL AGENTS		
carbamazepine 100 mg chew tab	1	PD Preventive Drug
carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)	1	PD Preventive Drug
carbamazepine 200 mg tab	1	PD Preventive Drug
CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)	1	PD Preventive Drug
CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)	1	PD Preventive Drug
carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)	1	PD Preventive Drug
CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)	1	PD Preventive Drug
CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)	1	PD Preventive Drug
CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)	1	PD Preventive Drug
DILANTIN 100 MG CAP	2	PD Preventive Drug
DILANTIN 125 MG/5ML SUSPENSION	2	PD Preventive Drug
DILANTIN 30 MG CAP	2	PD Preventive Drug
DILANTIN INFATABS 50 MG CHEW TAB	2	PD Preventive Drug
epitol 200 mg tab	1	PD Preventive Drug
lacosamide 10 mg/ml solution	2	PD Preventive Drug
lacosamide 100 mg tab	2	PD Preventive Drug
lacosamide 150 mg tab	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lacosamide 200 mg tab	2	PD Preventive Drug
lacosamide 50 mg tab	2	PD Preventive Drug
oxcarbazepine 150 mg tab	1	PD Preventive Drug
oxcarbazepine 300 mg tab	1	PD Preventive Drug
oxcarbazepine 300 mg/5ml suspension	1	PD Preventive Drug
oxcarbazepine 600 mg tab	1	PD Preventive Drug
phenytek 200 mg cap	2	PD Preventive Drug
phenytek 300 mg cap	2	PD Preventive Drug
phenytoin 100 mg/4ml suspension	1	PD Preventive Drug
phenytoin 125 mg/5ml suspension	1	PD Preventive Drug
phenytoin 50 mg chew tab	1	PD Preventive Drug
phenytoin infatabs 50 mg chew tab	1	PD Preventive Drug
phenytoin sodium extended 100 mg cap	1	PD Preventive Drug
phenytoin sodium extended 200 mg cap	1	PD Preventive Drug
phenytoin sodium extended 300 mg cap	1	PD Preventive Drug
rufinamide 200 mg tab	3	PD Preventive Drug
rufinamide 40 mg/ml suspension	3	PD Preventive Drug
rufinamide 400 mg tab	3	PD Preventive Drug
zonisamide 100 mg cap	1	PD Preventive Drug
zonisamide 25 mg cap	1	PD Preventive Drug
zonisamide 50 mg cap	1	PD Preventive Drug
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl 100 mg tab	1	
bupropion hcl 75 mg tab	1	
bupropion hcl er (sr) 100 mg tab er 12h	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bupropion hcl er (sr) 150 mg tab er 12h	1	
bupropion hcl er (sr) 200 mg tab er 12h	1	
bupropion hcl er (xl) 150 mg tab er 24h	1	
bupropion hcl er (xl) 300 mg tab er 24h	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	1	
LYBALVI 10-10 MG TAB	3	PA
LYBALVI 15-10 MG TAB	3	PA
LYBALVI 20-10 MG TAB	3	PA
LYBALVI 5-10 MG TAB	3	PA
MAPROTILINE HCL 25 MG TAB	1	
MAPROTILINE HCL 50 MG TAB	1	
MAPROTILINE HCL 75 MG TAB	1	
mirtazapine 15 mg tab	1	
mirtazapine 15 mg tab disp	1	
mirtazapine 30 mg tab	1	
mirtazapine 30 mg tab disp	1	
mirtazapine 45 mg tab	1	
mirtazapine 45 mg tab disp	1	
mirtazapine 7.5 mg tab	1	
PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB	1	
PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB	1	
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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
escitalopram oxalate 5 mg/5ml solution	1	PD Preventive Drug
FLUOXETINE HCL (PMDD) 10 MG TAB	1	
FLUOXETINE HCL (PMDD) 20 MG TAB	1	
fluoxetine hcl 10 mg cap	1	RX4L Rx4Less Program PD Preventive Drug
fluoxetine hcl 10 mg tab	2	PD Preventive Drug
fluoxetine hcl 20 mg cap	1	RX4L Rx4Less Program PD Preventive Drug
fluoxetine hcl 20 mg tab	2	PD Preventive Drug
fluoxetine hcl 20 mg/5ml solution	1	PD Preventive Drug
fluoxetine hcl 40 mg cap	1	PD Preventive Drug
fluoxetine hcl 60 mg tab	2	PD Preventive Drug
FLUOXETINE HCL 90 MG CAP DR	1	PD Preventive Drug
fluvoxamine maleate 100 mg tab	1	PD Preventive Drug
fluvoxamine maleate 25 mg tab	1	PD Preventive Drug
fluvoxamine maleate 50 mg tab	1	PD Preventive Drug
fluvoxamine maleate er 100 mg cap er 24h	3	PD Preventive Drug
fluvoxamine maleate er 150 mg cap er 24h	3	PD Preventive Drug
NEFAZODONE HCL 100 MG TAB	1	
NEFAZODONE HCL 150 MG TAB	1	
NEFAZODONE HCL 200 MG TAB	1	
NEFAZODONE HCL 250 MG TAB	1	
NEFAZODONE HCL 50 MG TAB	1	
paroxetine hcl 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
paroxetine hcl 20 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
paroxetine hcl 30 mg tab	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
paroxetine hcl 40 mg tab	1	PD Preventive Drug
paroxetine hcl er 12.5 mg tab er 24h	2	PD Preventive Drug
paroxetine hcl er 25 mg tab er 24h	2	PD Preventive Drug
paroxetine hcl er 37.5 mg tab er 24h	2	PD Preventive Drug
sertraline hcl 100 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
sertraline hcl 20 mg/ml conc	1	PD Preventive Drug
sertraline hcl 25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
sertraline hcl 50 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
trazodone hcl 100 mg tab	1	RX4L Rx4Less Program
trazodone hcl 150 mg tab	1	RX4L Rx4Less Program
trazodone hcl 300 mg tab	1	
trazodone hcl 50 mg tab	1	RX4L Rx4Less Program
TRINTELLIX 10 MG TAB	2	ST
TRINTELLIX 20 MG TAB	2	ST
TRINTELLIX 5 MG TAB	2	ST
venlafaxine hcl 100 mg tab	1	
venlafaxine hcl 25 mg tab	1	
venlafaxine hcl 37.5 mg tab	1	
venlafaxine hcl 50 mg tab	1	
venlafaxine hcl 75 mg tab	1	
venlafaxine hcl er 150 mg cap er 24h	1	RX4L Rx4Less Program
venlafaxine hcl er 37.5 mg cap er 24h	1	RX4L Rx4Less Program
venlafaxine hcl er 75 mg cap er 24h	1	RX4L Rx4Less Program
vilazodone hcl 10 mg tab	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vilazodone hcl 20 mg tab	2	
vilazodone hcl 40 mg tab	2	
TRICYCLICS		
amitriptyline hcl 10 mg tab	1	
amitriptyline hcl 100 mg tab	1	
amitriptyline hcl 150 mg tab	1	
amitriptyline hcl 25 mg tab	1	
amitriptyline hcl 50 mg tab	1	
amitriptyline hcl 75 mg tab	1	
clomipramine hcl 25 mg cap	1	
clomipramine hcl 50 mg cap	1	
clomipramine hcl 75 mg cap	1	
desipramine hcl 10 mg tab	1	
desipramine hcl 100 mg tab	1	
desipramine hcl 150 mg tab	1	
desipramine hcl 25 mg tab	1	
desipramine hcl 50 mg tab	1	
desipramine hcl 75 mg tab	1	
doxepin hcl 10 mg cap	1	
doxepin hcl 10 mg/ml conc	1	
doxepin hcl 100 mg cap	1	
doxepin hcl 150 mg cap	1	
doxepin hcl 25 mg cap	1	
doxepin hcl 50 mg cap	1	
doxepin hcl 75 mg cap	1	
imipramine hcl 10 mg tab	1	
imipramine hcl 25 mg tab	1	
imipramine hcl 50 mg tab	1	
nortriptyline hcl 10 mg cap	1	RX4L Rx4Less Program
nortriptyline hcl 10 mg/5ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nortriptyline hcl 25 mg cap	1	RX4L Rx4Less Program
nortriptyline hcl 50 mg cap	1	
nortriptyline hcl 75 mg cap	1	
protriptyline hcl 10 mg tab	1	
protriptyline hcl 5 mg tab	1	
trimipramine maleate 100 mg cap	3	
trimipramine maleate 25 mg cap	3	
trimipramine maleate 50 mg cap	3	
ANTIEMETICS		
ANTIEMETICS, OTHER		
BONJESTA 20-20 MG TAB ER	2	QLC 180 EA / 365 day(s)
compro 25 mg suppos	1	
cvs motion sickness ii 25 mg tab	1	OTC Over the Counter
cvs motion sickness less drows 25 mg tab	1	OTC Over the Counter
doxylamine-pyridoxine 10-10 mg tab dr	2	QLC 360 EA / 365 day(s)
dramamine less drowsy 25 mg tab	1	OTC Over the Counter
eql motion sickness relief 25 mg tab	1	OTC Over the Counter
gnp motion sickness relief 25 mg tab	1	OTC Over the Counter
hm motion relief 25 mg tab	1	OTC Over the Counter
hm motion sickness relief 25 mg tab	1	OTC Over the Counter
meclizine hcl 12.5 mg tab	1	
meclizine hcl 25 mg tab	1	OTC Over the Counter
metoclopramide hcl 10 mg tab	1	
metoclopramide hcl 10 mg/10ml solution	1	
metoclopramide hcl 5 mg tab	1	
METOCLOPRAMIDE HCL 5 MG TAB DISP	3	
metoclopramide hcl 5 mg/5ml solution	1	
motion sickness relief 25 mg tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
perphenazine 16 mg tab	1	
perphenazine 2 mg tab	1	
perphenazine 4 mg tab	1	
perphenazine 8 mg tab	1	
phenadoz 12.5 mg suppos	1	
phenadoz 25 mg suppos	1	
prochlorperazine 25 mg suppos	1	
prochlorperazine maleate 10 mg tab	1	
prochlorperazine maleate 5 mg tab	1	
promethazine hcl 12.5 mg suppos	1	
promethazine hcl 12.5 mg tab	1	
promethazine hcl 25 mg suppos	1	
promethazine hcl 25 mg tab	1	
promethazine hcl 50 mg tab	1	
promethegan 12.5 mg suppos	1	
promethegan 25 mg suppos	1	
PROMETHEGAN 50 MG SUPPOS	1	
scopolamine 1 mg/3days patch 72hr	2	
sm motion sickness 25 mg tab	1	OTC Over the Counter
travel-ease 25 mg tab	1	OTC Over the Counter
trimethobenzamide hcl 300 mg cap	1	
wal-dram ii 25 mg tab	1	OTC Over the Counter
EMETOGENIC THERAPY ADJUNCTS		
aprepitant 125 mg cap	2	QL 2 EA / 30 day(s)
aprepitant 40 mg cap	2	QL 2 EA / 30 day(s)
aprepitant 80 & 125 mg cap	2	QL 6 EA / 30 day(s)
aprepitant 80 & 125 mg misc	2	QL 6 EA / 30 day(s)
aprepitant 80 mg cap	2	QL 4 EA / 30 day(s)
dronabinol 10 mg cap	1	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dronabinol 2.5 mg cap	1	PA
dronabinol 5 mg cap	1	PA
EMEND 125 MG/5ML RECON SUSP	2	QL 3 EA / 15 day(s)
granisetron hcl 1 mg tab	1	
ondansetron 4 mg tab disp	1	
ondansetron 8 mg tab disp	1	
ONDANSETRON HCL 24 MG TAB	1	
ondansetron hcl 4 mg tab	1	
ondansetron hcl 4 mg/5ml solution	1	
ondansetron hcl 8 mg tab	1	
SANCUSO 3.1 MG/24HR PATCH	3	QL 2 EA / 30 day(s)
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	2	QL 4 EA / 28 day(s) PA
ANTIFUNGALS		
ciclopirox olamine 0.77 % cream	1	
ciclopirox olamine 0.77 % suspension	1	
clotrimazole 1 % cream	1	
clotrimazole 1 % solution	1	
clotrimazole 10 mg troche	1	
econazole nitrate 1 % cream	1	
ERTACZO 2 % CREAM	3	
fluconazole 10 mg/ml recon susp	1	
fluconazole 100 mg tab	1	
fluconazole 150 mg tab	1	
fluconazole 200 mg tab	1	
fluconazole 40 mg/ml recon susp	1	
fluconazole 50 mg tab	1	
flucytosine 250 mg cap	3	
flucytosine 500 mg cap	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
griseofulvin microsize 125 mg/5ml suspension	1	
griseofulvin microsize 500 mg tab	3	
griseofulvin ultramicrosize 125 mg tab	3	
griseofulvin ultramicrosize 250 mg tab	3	
GYNAZOLE-1 2 % CREAM	3	
itraconazole 10 mg/ml solution	3	
itraconazole 100 mg cap	1	
ketoconazole 2 % cream	1	
ketoconazole 2 % foam	3	
ketoconazole 2 % shampoo	1	
ketoconazole 200 mg tab	1	
ketodan 2 % foam	3	
klayesta 100000 unit/gm powder	1	
MENTAX 1 % CREAM	3	
MICONAZOLE 3 200 MG SUPPOS	1	
MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT	3	
NAFTIFINE HCL 1 % CREAM	3	
naftifine hcl 1 % cream	3	
naftifine hcl 1 % gel	3	
naftifine hcl 2 % cream	3	
naftifine hcl 2 % gel	3	
NAFTIN 1 % GEL	3	
NOXAFIL 40 MG/ML SUSPENSION	3	
nyamyc 100000 unit/gm powder	1	
nystatin 100000 unit/gm cream	1	
nystatin 100000 unit/gm ointment	1	
nystatin 100000 unit/gm powder	1	
nystatin 100000 unit/ml suspension	1	
nystatin 500000 unit tab	1	
nystop 100000 unit/gm powder	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxiconazole nitrate 1 % cream	3	
OXISTAT 1 % LOTION	3	
posaconazole 100 mg tab dr	3	
posaconazole 40 mg/ml suspension	3	
SULCONAZOLE NITRATE 1 % CREAM	3	
SULCONAZOLE NITRATE 1 % SOLUTION	3	
terbinafine hcl 250 mg tab	1	
terconazole 0.4 % cream	1	
terconazole 0.8 % cream	1	
terconazole 80 mg suppos	1	
voriconazole 200 mg tab	2	
voriconazole 40 mg/ml recon susp	2	
voriconazole 50 mg tab	2	
ANTIGOUT AGENTS		
allopurinol 100 mg tab	1	RX4L Rx4Less Program
allopurinol 300 mg tab	1	RX4L Rx4Less Program
colchicine 0.6 mg cap	2	
colchicine 0.6 mg tab	1	
colchicine-probenecid 0.5-500 mg tab	1	
febuxostat 40 mg tab	1	
febuxostat 80 mg tab	1	
probenecid 500 mg tab	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone 100 mg tab	1	
dapsone 25 mg tab	1	
rifabutin 150 mg cap	2	
ANTITUBERCULARS		
ethambutol hcl 100 mg tab	1	
ethambutol hcl 400 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ISONIAZID 100 MG TAB	1	
isoniazid 300 mg tab	1	
isoniazid 50 mg/5ml syrup	1	
PRETOMANID 200 MG TAB	3	PA
PRIFTIN 150 MG TAB	2	
pyrazinamide 500 mg tab	1	
rifampin 150 mg cap	1	
rifampin 300 mg cap	1	
SIRTURO 100 MG TAB	3	PA
SIRTURO 20 MG TAB	3	PA
ANTINEOPLASTICS		
ALKYLATING AGENTS		
ALKERAN 2 MG TAB	2	
CYCLOPHOSPHAMIDE 25 MG CAP	2	
cyclophosphamide 25 mg cap	2	
CYCLOPHOSPHAMIDE 50 MG CAP	2	
cyclophosphamide 50 mg cap	2	
LEUKERAN 2 MG TAB	2	
MATULANE 50 MG CAP	2	SP Specialty
MELPHALAN 2 MG TAB	2	
MYLERAN 2 MG TAB	2	
temozolomide 100 mg cap	2	PA SP Specialty
temozolomide 140 mg cap	2	PA SP Specialty
temozolomide 180 mg cap	2	PA SP Specialty
temozolomide 20 mg cap	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
temozolomide 250 mg cap	2	PA SP Specialty
temozolomide 5 mg cap	2	PA SP Specialty
VALCHLOR 0.016 % GEL	3	PA
ANTIANDROGENS		
abiraterone acetate 250 mg tab	2	PA SP Specialty
abiraterone acetate 500 mg tab	2	PA SP Specialty
bicalutamide 50 mg tab	1	
ERLEADA 240 MG TAB	2	PA SP Specialty
ERLEADA 60 MG TAB	2	PA SP Specialty
FLUTAMIDE 125 MG CAP	1	
nilutamide 150 mg tab	2	SP Specialty
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
ANTIANGIOGENIC AGENTS		
lenalidomide 10 mg cap	3	PA SP Specialty
lenalidomide 15 mg cap	3	PA SP Specialty
lenalidomide 2.5 mg cap	3	PA SP Specialty
lenalidomide 20 mg cap	3	PA SP Specialty
lenalidomide 25 mg cap	3	PA SP Specialty
lenalidomide 5 mg cap	3	PA SP Specialty
THALOMID 100 MG CAP	2	PA SP Specialty
THALOMID 150 MG CAP	2	PA SP Specialty
THALOMID 200 MG CAP	2	PA SP Specialty
THALOMID 50 MG CAP	2	PA SP Specialty
ANTIESTROGENS/MODIFIERS		
EMCYT 140 MG CAP	2	SP Specialty
SOLTAMOX 10 MG/5ML SOLUTION	1	
tamoxifen citrate 10 mg tab	1	ACA Affordable Care Act
tamoxifen citrate 20 mg tab	1	ACA Affordable Care Act
toremifene citrate 60 mg tab	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMETABOLITES		
capecitabine 150 mg tab	2	SP Specialty
capecitabine 500 mg tab	2	SP Specialty
DROXIA 200 MG CAP	2	
DROXIA 300 MG CAP	2	
DROXIA 400 MG CAP	2	
hydroxyurea 500 mg cap	1	
mercaptopurine 50 mg tab	1	
PURIXAN 2000 MG/100ML SUSPENSION	2	SP Specialty
SIKLOS 1000 MG TAB	3	PA SP Specialty
TABLOID 40 MG TAB	2	SP Specialty
ANTINEOPLASTICS, OTHER		
AUGTYRO 40 MG CAP	3	PA SP Specialty
AYVAKIT 100 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 200 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 25 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 300 MG TAB	3	QL 30 EA / 30 day(s) PA
AYVAKIT 50 MG TAB	3	QL 30 EA / 30 day(s) PA
BRUKINSA 80 MG CAP	3	PA SP Specialty
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
KISQALI FEMARA(200 MG DOSE) 200 & 2.5 MG TAB THPK	3	PA SP Specialty
KRAZATI 200 MG TAB	3	PA SP Specialty
leucovorin calcium 10 mg tab	1	
leucovorin calcium 15 mg tab	1	
leucovorin calcium 25 mg tab	1	
leucovorin calcium 5 mg tab	1	
LONSURF 15-6.14 MG TAB	3	PA SP Specialty
LONSURF 20-8.19 MG TAB	3	PA SP Specialty
LUMAKRAS 120 MG TAB	3	PA SP Specialty
LUMAKRAS 320 MG TAB	3	PA SP Specialty
LYSODREN 500 MG TAB	2	SP Specialty
MESNEX 400 MG TAB	2	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
OGSIVEO 50 MG TAB	3	QL 180 EA / 30 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONIVYDE 43 MG/10ML INJECTABLE	3	^
RETEVMO 40 MG CAP	3	PA SP Specialty
RETEVMO 80 MG CAP	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
TABRECTA 150 MG TAB	3	PA SP Specialty
TABRECTA 200 MG TAB	3	PA SP Specialty
TAZVERIK 200 MG TAB	3	PA SP Specialty
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
VIJOICE 125 MG TAB THPK	3	PA
VIJOICE 200 & 50 MG TAB THPK	3	PA
VIJOICE 50 MG TAB THPK	3	PA
VONJO 100 MG CAP	3	PA
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	3	PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
XPOVIO (40 MG TWICE WEEKLY) 20 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) 20 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) 20 MG TAB THPK	3	PA SP Specialty
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	PA SP Specialty
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	3	PA SP Specialty
ZOLINZA 100 MG CAP	2	PA SP Specialty
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tab	1	
exemestane 25 mg tab	2	
letrozole 2.5 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	1	
HYCAMTIN 0.25 MG CAP	2	PA SP Specialty
HYCAMTIN 1 MG CAP	2	PA SP Specialty
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
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CABOMETYX 40 MG TAB	2	PA SP Specialty
CABOMETYX 60 MG TAB	2	PA SP Specialty
CALQUENCE 100 MG CAP	2	PA SP Specialty
CALQUENCE 100 MG TAB	2	PA SP Specialty
CAPRELSA 100 MG TAB	3	PA SP Specialty
CAPRELSA 300 MG TAB	3	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
COTELLIC 20 MG TAB	3	PA SP Specialty
ERIVEDGE 150 MG CAP	3	PA SP Specialty
erlotinib hcl 100 mg tab	2	PA SP Specialty
erlotinib hcl 150 mg tab	2	PA SP Specialty
erlotinib hcl 25 mg tab	2	PA SP Specialty
everolimus 10 mg tab	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
everolimus 2 mg tab sol	3	PA SP Specialty
everolimus 2.5 mg tab	3	PA SP Specialty
everolimus 3 mg tab sol	3	PA SP Specialty
everolimus 5 mg tab	3	PA SP Specialty
everolimus 5 mg tab sol	3	PA SP Specialty
everolimus 7.5 mg tab	3	PA SP Specialty
GAVRETO 100 MG CAP	3	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
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBRANCE 75 MG TAB	2	PA SP Specialty
ICLUSIG 10 MG TAB	3	PA SP Specialty
ICLUSIG 15 MG TAB	3	PA SP Specialty
ICLUSIG 30 MG TAB	3	PA SP Specialty
ICLUSIG 45 MG TAB	3	PA SP Specialty
imatinib mesylate 100 mg tab	2	PA SP Specialty
imatinib mesylate 400 mg tab	2	PA SP Specialty
IMBRUVICA 140 MG CAP	3	PA SP Specialty
IMBRUVICA 140 MG TAB	3	PA SP Specialty
IMBRUVICA 280 MG TAB	3	PA SP Specialty
IMBRUVICA 420 MG TAB	3	PA SP Specialty
IMBRUVICA 560 MG TAB	3	PA SP Specialty
IMBRUVICA 70 MG CAP	3	PA SP Specialty
IMBRUVICA 70 MG/ML SUSPENSION	3	PA
INLYTA 1 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INLYTA 5 MG TAB	3	PA SP Specialty
JAKAFI 10 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 15 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 20 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 25 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
JAKAFI 5 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
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
lapatinib ditosylate 250 mg tab	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	3	PA SP Specialty
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	3	PA SP Specialty
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	3	PA SP Specialty
LYNPARZA 100 MG TAB	2	PA SP Specialty
LYNPARZA 150 MG TAB	2	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
MEKINIST 0.05 MG/ML RECON SOLN	3	PA SP Specialty
MEKINIST 0.5 MG TAB	3	PA SP Specialty
MEKINIST 2 MG TAB	3	PA SP Specialty
ODOMZO 200 MG CAP	3	PA SP Specialty
pazopanib hcl 200 mg tab	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
REZLIDHIA 150 MG CAP	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
RYDAPT 25 MG CAP	3	PA SP Specialty
sorafenib tosylate 200 mg tab	2	PA SP Specialty
SPRYCEL 100 MG TAB	2	PA SP Specialty
SPRYCEL 140 MG TAB	2	PA SP Specialty
SPRYCEL 20 MG TAB	2	PA SP Specialty
SPRYCEL 50 MG TAB	2	PA SP Specialty
SPRYCEL 70 MG TAB	2	PA SP Specialty
SPRYCEL 80 MG TAB	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STIVARGA 40 MG TAB	3	PA SP Specialty
sunitinib malate 12.5 mg cap	2	PA SP Specialty
sunitinib malate 25 mg cap	2	PA SP Specialty
sunitinib malate 37.5 mg cap	2	PA SP Specialty
sunitinib malate 50 mg cap	2	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
TAGRISSO 40 MG TAB	3	PA SP Specialty
TAGRISSO 80 MG TAB	3	PA SP Specialty
TASIGNA 150 MG CAP	2	PA SP Specialty
TASIGNA 200 MG CAP	2	PA SP Specialty
TASIGNA 50 MG CAP	2	PA SP Specialty
VENCLEXTA 10 MG TAB	3	PA SP Specialty
VENCLEXTA 100 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENCLEXTA 50 MG TAB	3	PA SP Specialty
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	3	PA SP Specialty
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
VIZIMPRO 15 MG TAB	3	PA SP Specialty
VIZIMPRO 30 MG TAB	3	PA SP Specialty
VIZIMPRO 45 MG TAB	3	PA SP Specialty
VOTRIENT 200 MG TAB	3	PA SP Specialty
XALKORI 150 MG CAP SPRINK	3	PA SP Specialty
XALKORI 20 MG CAP SPRINK	3	PA SP Specialty
XALKORI 200 MG CAP	3	PA SP Specialty
XALKORI 250 MG CAP	3	PA SP Specialty
XALKORI 50 MG CAP SPRINK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOSPATA 40 MG TAB	3	PA SP Specialty
ZEJULA 100 MG CAP	2	PA SP Specialty
ZEJULA 100 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 200 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZEJULA 300 MG TAB	2	QL 30 EA / 30 day(s) PA SP Specialty
ZELBORAF 240 MG TAB	3	PA SP Specialty
ZYDELIG 100 MG TAB	3	PA SP Specialty
ZYDELIG 150 MG TAB	3	PA SP Specialty
ZYKADIA 150 MG TAB	3	PA SP Specialty
RETINOIDS		
bexarotene 75 mg cap	2	PA SP Specialty
tretinoin 10 mg cap	1	
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole 200 mg tab	3	
ivermectin 3 mg tab	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
praziquantel 600 mg tab	3	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	2	
atovaquone 750 mg/5ml suspension	2	
atovaquone-proguanil hcl 250-100 mg tab	2	
atovaquone-proguanil hcl 62.5-25 mg tab	2	
chloroquine phosphate 250 mg tab	1	
chloroquine phosphate 500 mg tab	1	
COARTEM 20-120 MG TAB	3	
hydroxychloroquine sulfate 200 mg tab	1	
mefloquine hcl 250 mg tab	1	
nitazoxanide 500 mg tab	2	
pentamidine isethionate 300 mg recon soln	2	
PLAQUENIL 200 MG TAB	3	
primaquine phosphate 26.3 (15 base) mg tab	3	
pyrimethamine 25 mg tab	3	PA
quinine sulfate 324 mg cap	3	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate 0.5 mg tab	1	
benztropine mesylate 1 mg tab	1	
benztropine mesylate 2 mg tab	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
trihexyphenidyl hcl 0.4 mg/ml solution	1	
trihexyphenidyl hcl 2 mg tab	1	
trihexyphenidyl hcl 5 mg tab	1	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl 100 mg cap	1	
amantadine hcl 100 mg tab	1	
amantadine hcl 50 mg/5ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
carbidopa-levodopa-entacapone 12.5-50-200 mg tab	2	
carbidopa-levodopa-entacapone 18.75-75-200 mg tab	2	
carbidopa-levodopa-entacapone 25-100-200 mg tab	2	
carbidopa-levodopa-entacapone 31.25-125-200 mg tab	2	
carbidopa-levodopa-entacapone 37.5-150-200 mg tab	2	
carbidopa-levodopa-entacapone 50-200-200 mg tab	2	
entacapone 200 mg tab	2	
tolcapone 100 mg tab	3	
DOPAMINE AGONISTS		
bromocriptine mesylate 2.5 mg tab	1	
bromocriptine mesylate 5 mg cap	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	
pramipexole dihydrochloride 0.125 mg tab	1	
pramipexole dihydrochloride 0.25 mg tab	1	
pramipexole dihydrochloride 0.5 mg tab	1	
pramipexole dihydrochloride 0.75 mg tab	1	
pramipexole dihydrochloride 1 mg tab	1	
pramipexole dihydrochloride 1.5 mg tab	1	
pramipexole dihydrochloride er 0.375 mg tab er 24h	3	
pramipexole dihydrochloride er 0.75 mg tab er 24h	3	
pramipexole dihydrochloride er 1.5 mg tab er 24h	3	
pramipexole dihydrochloride er 2.25 mg tab er 24h	3	
pramipexole dihydrochloride er 3 mg tab er 24h	3	
pramipexole dihydrochloride er 3.75 mg tab er 24h	3	
pramipexole dihydrochloride er 4.5 mg tab er 24h	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ropinirole hcl 0.25 mg tab	1	
ropinirole hcl 0.5 mg tab	1	
ropinirole hcl 1 mg tab	1	
ropinirole hcl 2 mg tab	1	
ropinirole hcl 3 mg tab	1	
ropinirole hcl 4 mg tab	1	
ropinirole hcl 5 mg tab	1	
ropinirole hcl er 12 mg tab er 24h	3	
ropinirole hcl er 2 mg tab er 24h	2	
ropinirole hcl er 4 mg tab er 24h	3	
ropinirole hcl er 6 mg tab er 24h	3	
ropinirole hcl er 8 mg tab er 24h	3	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa-levodopa 10-100 mg tab	1	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP	1	
carbidopa-levodopa 25-100 mg tab	1	
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP	1	
carbidopa-levodopa 25-100 mg tab disp	1	
carbidopa-levodopa 25-250 mg tab	1	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP	1	
carbidopa-levodopa er 25-100 mg tab er	1	
carbidopa-levodopa er 50-200 mg tab er	1	
DUOPA 4.63-20 MG/ML SUSPENSION	3	
INBRIJA 42 MG CAP	3	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate 0.5 mg tab	2	
rasagiline mesylate 1 mg tab	2	
selegiline hcl 5 mg cap	1	
selegiline hcl 5 mg tab	1	
ZELAPAR 1.25 MG TAB DISP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTISPASTICITY AGENTS		
baclofen 10 mg tab	1	
baclofen 20 mg tab	1	
baclofen 5 mg tab	1	
dantrolene sodium 100 mg cap	1	
dantrolene sodium 25 mg cap	1	
dantrolene sodium 50 mg cap	1	
tizanidine hcl 2 mg cap	1	
tizanidine hcl 2 mg tab	1	
tizanidine hcl 4 mg cap	1	
tizanidine hcl 4 mg tab	1	
tizanidine hcl 6 mg cap	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	3	PA
PREVYMIS 240 MG TAB	3	PA
PREVYMIS 480 MG TAB	3	PA
valganciclovir hcl 450 mg tab	2	
valganciclovir hcl 50 mg/ml recon soln	2	
ZIRGAN 0.15 % GEL	3	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil 10 mg tab	2	
BARACLUDE 0.05 MG/ML SOLUTION	2	
entecavir 0.5 mg tab	2	
entecavir 1 mg tab	2	
EPIVIR HBV 5 MG/ML SOLUTION	2	
lamivudine 100 mg tab	2	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVYRET 50-20 MG PACKET	3	PA SP Specialty
RIBAVIRIN 200 MG CAP	1	PA SP Specialty
ribavirin 200 mg cap	1	PA SP Specialty
RIBAVIRIN 200 MG TAB	1	PA SP Specialty
ribavirin 200 mg tab	1	PA SP Specialty
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	2	
BIKTARVY 50-200-25 MG TAB	2	
DOVATO 50-300 MG TAB	2	
GENVOYA 150-150-200-10 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	
JULUCA 50-25 MG TAB	2	
STRIBILD 150-150-200-300 MG TAB	2	
TIVICAY 10 MG TAB	2	
TIVICAY 25 MG TAB	2	
TIVICAY 50 MG TAB	2	
TIVICAY PD 5 MG TAB SOL	2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA 200-25-300 MG TAB	2	
DELSTRIGO 100-300-300 MG TAB	2	
EDURANT 25 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EFAVIRENZ 200 MG CAP	2	
EFAVIRENZ 50 MG CAP	2	
efavirenz 600 mg tab	2	
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	2	
efavirenz-lamivudine-tenofovir 400-300-300 mg tab	2	
efavirenz-lamivudine-tenofovir 600-300-300 mg tab	2	
etravirine 100 mg tab	2	
etravirine 200 mg tab	2	
INTELENCE 25 MG TAB	2	
nevirapine 200 mg tab	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	1	
NEVIRAPINE ER 100 MG TAB ER 24H	2	
nevirapine er 400 mg tab er 24h	2	
ODEFSEY 200-25-25 MG TAB	2	
PIFELTRO 100 MG TAB	2	
RESCRIPTOR 200 MG TAB	2	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	2	
abacavir sulfate 300 mg tab	2	
abacavir sulfate-lamivudine 600-300 mg tab	2	
abacavir-lamivudine-zidovudine 300-150-300 mg tab	2	
CIMDUO 300-300 MG TAB	2	
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	ACA Affordable Care Act
DIDANOSINE 200 MG CAP DR	1	
emtricitabine 200 mg cap	2	
emtricitabine-tenofovir df 100-150 mg tab	2	
emtricitabine-tenofovir df 133-200 mg tab	2	
emtricitabine-tenofovir df 167-250 mg tab	2	
emtricitabine-tenofovir df 200-300 mg tab	2	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMTRIVA 10 MG/ML SOLUTION	2	
lamivudine 10 mg/ml solution	1	
lamivudine 150 mg tab	2	
lamivudine 300 mg tab	2	
lamivudine-zidovudine 150-300 mg tab	2	
STAVUDINE 15 MG CAP	1	
stavudine 15 mg cap	1	
STAVUDINE 20 MG CAP	1	
stavudine 20 mg cap	1	
STAVUDINE 30 MG CAP	1	
stavudine 30 mg cap	1	
STAVUDINE 40 MG CAP	1	
stavudine 40 mg cap	1	
tenofovir disoproxil fumarate 300 mg tab	2	ACA Affordable Care Act
TRIUMEQ 600-50-300 MG TAB	2	
TRIUMEQ PD 60-5-30 MG TAB SOL	2	
TRIZIVIR 300-150-300 MG TAB	2	
VIDEX 2 GM RECON SOLN	2	
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
zidovudine 100 mg cap	1	
zidovudine 300 mg tab	1	
zidovudine 50 mg/5ml syrup	1	
ANTI-HIV AGENTS, OTHER		
FUZEON 90 MG RECON SOLN	2	
maraviroc 150 mg tab	2	
maraviroc 300 mg tab	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUKOBIA 600 MG TAB ER 12H	2	
SELZENTRY 20 MG/ML SOLUTION	2	
SELZENTRY 25 MG TAB	2	
SELZENTRY 75 MG TAB	2	
SUNLENCA 4 X 300 MG TAB THPK	2	
SUNLENCA 5 X 300 MG TAB THPK	2	
TYBOST 150 MG TAB	2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	2	
atazanavir sulfate 150 mg cap	2	
atazanavir sulfate 200 mg cap	2	
atazanavir sulfate 300 mg cap	2	
CRIXIVAN 400 MG CAP	2	
darunavir 600 mg tab	2	
darunavir 800 mg tab	2	
EVOTAZ 300-150 MG TAB	2	
fosamprenavir calcium 700 mg tab	2	
INVIRASE 500 MG TAB	2	
LEXIVA 50 MG/ML SUSPENSION	2	
lopinavir-ritonavir 100-25 mg tab	2	
lopinavir-ritonavir 200-50 mg tab	2	
lopinavir-ritonavir 400-100 mg/5ml solution	2	
NORVIR 80 MG/ML SOLUTION	2	
PREZCOBIX 800-150 MG TAB	2	
PREZISTA 100 MG/ML SUSPENSION	2	
PREZISTA 150 MG TAB	2	
PREZISTA 600 MG TAB	2	! See important benefit information at end of document
PREZISTA 75 MG TAB	2	
PREZISTA 800 MG TAB	2	! See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REYATAZ 50 MG PACKET	2	
ritonavir 100 mg tab	2	
SYMTUZA 800-150-200-10 MG TAB	2	
VIRACEPT 250 MG TAB	2	
VIRACEPT 625 MG TAB	2	
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	2	QLC 28 EA / 180 day(s)
oseltamivir phosphate 45 mg cap	2	QLC 14 EA / 180 day(s)
oseltamivir phosphate 6 mg/ml recon susp	2	QLC 180 ML / 180 day(s)
oseltamivir phosphate 75 mg cap	2	QLC 28 EA / 180 day(s)
RELENZA DISKHALER 5 MG/ACT AER POW BA	2	QLC 2 EA / 365 day(s)
RIMANTADINE HCL 100 MG TAB	1	QLC 28 EA / 365 day(s)
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QLC 2 EA / 180 day(s)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QLC 1 EA / 180 day(s)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	2	QLC 2 EA / 180 day(s)
ANTIHERPETIC AGENTS		
acyclovir 200 mg cap	1	
acyclovir 200 mg/5ml suspension	1	
acyclovir 400 mg tab	1	
acyclovir 800 mg tab	1	
famciclovir 125 mg tab	1	
famciclovir 250 mg tab	1	
famciclovir 500 mg tab	1	
TRIFLURIDINE 1 % SOLUTION	1	
valacyclovir hcl 1 gm tab	1	
valacyclovir hcl 500 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose 100 mg tab	1	PD Preventive Drug
acarbose 25 mg tab	1	PD Preventive Drug
acarbose 50 mg tab	1	PD Preventive Drug
CYCLOSET 0.8 MG TAB	3	PD Preventive Drug
FARXIGA 10 MG TAB	2	PD Preventive Drug
FARXIGA 5 MG TAB	2	PD Preventive Drug
glimepiride 1 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
glimepiride 2 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
glimepiride 4 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
glipizide 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
GLIPIZIDE 2.5 MG TAB	1	
glipizide 5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
glipizide er 10 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
glipizide er 2.5 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
glipizide er 5 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
glipizide xl 10 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
glipizide xl 2.5 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glipizide xl 5 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
glipizide-metformin hcl 2.5-250 mg tab	1	PD Preventive Drug
glipizide-metformin hcl 2.5-500 mg tab	1	PD Preventive Drug
glipizide-metformin hcl 5-500 mg tab	1	PD Preventive Drug
glyburide 1.25 mg tab	1	PD Preventive Drug
glyburide 2.5 mg tab	1	PD Preventive Drug
glyburide 5 mg tab	1	PD Preventive Drug
GLYBURIDE MICRONIZED 1.5 MG TAB	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 3 mg tab	1	PD Preventive Drug
GLYBURIDE MICRONIZED 6 MG TAB	1	PD Preventive Drug
glyburide micronized 6 mg tab	1	PD Preventive Drug
glyburide-metformin 1.25-250 mg tab	1	PD Preventive Drug
glyburide-metformin 2.5-500 mg tab	1	PD Preventive Drug
glyburide-metformin 5-500 mg tab	1	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
JARDIANCE 10 MG TAB	2	PD Preventive Drug
JARDIANCE 25 MG TAB	2	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
KERENDIA 10 MG TAB	3	PA
KERENDIA 20 MG TAB	3	PA
metformin hcl 1000 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
metformin hcl 500 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
metformin hcl 850 mg tab	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
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 100 mg tab	3	PD Preventive Drug
MIGLITOL 25 MG TAB	3	PD Preventive Drug
miglitol 25 mg tab	3	PD Preventive Drug
MIGLITOL 50 MG TAB	3	PD Preventive Drug
miglitol 50 mg tab	3	PD Preventive Drug
MOUNJARO 10 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 12.5 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
MOUNJARO 15 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
MOUNJARO 2.5 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
MOUNJARO 5 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
MOUNJARO 7.5 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
nateglinide 120 mg tab	1	PD Preventive Drug
nateglinide 60 mg tab	1	PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 1.5 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	QL 0.1072 ML / 1 day(s) DUR PD Preventive Drug
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	QL 3 ML / 28 day(s) DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pioglitazone hcl 15 mg tab	1	PD Preventive Drug
pioglitazone hcl 30 mg tab	1	PD Preventive Drug
pioglitazone hcl 45 mg tab	1	PD Preventive Drug
pioglitazone hcl-glimepiride 30-2 mg tab	2	PD Preventive Drug
pioglitazone hcl-glimepiride 30-4 mg tab	2	PD Preventive Drug
pioglitazone hcl-metformin hcl 15-500 mg tab	2	PD Preventive Drug
pioglitazone hcl-metformin hcl 15-850 mg tab	2	PD Preventive Drug
repaglinide 0.5 mg tab	1	PD Preventive Drug
repaglinide 1 mg tab	1	PD Preventive Drug
repaglinide 2 mg tab	1	PD Preventive Drug
RIOMET 500 MG/5ML SOLUTION	3	PD Preventive Drug
RIOMET ER 500 MG/5ML SRER	3	PD Preventive Drug
RYBELSUS 14 MG TAB	2	QL 30 EA / 30 day(s) DUR PD Preventive Drug
RYBELSUS 3 MG TAB	2	DUR QLC 30 EA / 180 day(s) PD Preventive Drug
RYBELSUS 7 MG TAB	2	QL 30 EA / 30 day(s) DUR PD Preventive Drug
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	2	PD Preventive Drug
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	2	PD Preventive Drug
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	2	PD Preventive Drug
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
TRADJENTA 5 MG TAB	2	QL 30 EA / 30 day(s) PD Preventive Drug
TRIJARDY XR 10-5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 25-5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRULICITY 0.75 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
TRULICITY 1.5 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
TRULICITY 3 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
TRULICITY 4.5 MG/0.5ML SOLN PEN	2	QL 2 ML / 28 day(s) DUR PD Preventive Drug
VICTOZA 18 MG/3ML SOLN PEN	2	QL 9 ML / 30 day(s) DUR PD Preventive Drug
XIGDUO XR 10-1000 MG TAB ER 24H	2	PD Preventive Drug
XIGDUO XR 10-500 MG TAB ER 24H	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	PD Preventive Drug
XIGDUO XR 5-1000 MG TAB ER 24H	2	PD Preventive Drug
XIGDUO XR 5-500 MG TAB ER 24H	2	PD Preventive Drug
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	PD Preventive Drug
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	PD Preventive Drug
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	PD Preventive Drug
BD GLUCOSE 5 GM CHEW TAB	3	OTC Over the Counter
cvs glucose 15 gm/38gm gel	1	OTC Over the Counter
cvs glucose 40 % gel	1	OTC Over the Counter
CVS GLUCOSE BITS 1 GM CHEW TAB	3	OTC Over the Counter
cvs glucose shot 15 gm/59ml liquid	1	OTC Over the Counter
diazoxide 50 mg/ml suspension	3	PD Preventive Drug
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	PD Preventive Drug
GLUCAGON EMERGENCY 1 MG KIT	2	PD Preventive Drug
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	PD Preventive Drug
gluco burst 40 % gel	1	OTC Over the Counter
gluco to go 15 40 % gel	1	OTC Over the Counter
glucose 15 gm/59ml liquid	1	OTC Over the Counter
GLUCOSE 4 GM CHEW TAB	3	OTC Over the Counter
GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
glucose 40 % gel	1	OTC Over the Counter
GLUCOSE INSTANT ENERGY 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
GLUCOSE INSTANT ENERGY 6-4 MG-GM CHEW TAB	3	OTC Over the Counter
GLUCOSE-VITAMIN C 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
glutose 15 40 % gel	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
glutose 45 40 % gel	1	OTC Over the Counter
glutose 5 40 % gel	1	OTC Over the Counter
gnp glucose gummies 2 gm chew tab	3	OTC Over the Counter
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	PD Preventive Drug
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	PD Preventive Drug
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	PD Preventive Drug
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	PD Preventive Drug
HY-VEE GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
MEIJER GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
relion glucose 15 gm/38gm gel	1	OTC Over the Counter
RELION GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
sweet cheeks 40 % gel	1	OTC Over the Counter
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
value plus glucose 40 % gel	1	OTC Over the Counter
WALGREENS GLUCOSE 4 GM CHEW TAB	3	OTC Over the Counter
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	3	OTC Over the Counter
yumvs glucose gummies 2 gm chew tab	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULINS		
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	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
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
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
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
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN N 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN R 100 UNIT/ML SOLUTION	2	PD Preventive Drug OTC Over the Counter
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	2	PD Preventive Drug OTC Over the Counter
NOVOLIN R RELION 100 UNIT/ML SOLUTION	2	PD Preventive Drug OTC Over the Counter
NOVOLOG 100 UNIT/ML SOLUTION	2	PD Preventive Drug
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	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 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
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	2	PD Preventive Drug
NOVOLOG RELION 100 UNIT/ML SOLUTION	2	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ANGIOMAX 250 MG RECON SOLN	3	^
argatroban 250 mg/2.5ml solution	1	PA ^

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARGATROBAN 50 MG/50ML SOLUTION	3	PA ^
bd heparin posiflush 10 unit/ml solution	1	
bd heparin posiflush 100 unit/ml solution	1	
bivalirudin trifluoroacetate 250 mg recon soln	1	^
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
enoxaparin sodium 100 mg/ml soln prsyr	1	^
enoxaparin sodium 120 mg/0.8ml soln prsyr	1	^
enoxaparin sodium 150 mg/ml soln prsyr	1	^
enoxaparin sodium 30 mg/0.3ml soln prsyr	1	^
enoxaparin sodium 300 mg/3ml solution	1	^
enoxaparin sodium 40 mg/0.4ml soln prsyr	1	^
enoxaparin sodium 60 mg/0.6ml soln prsyr	1	^
enoxaparin sodium 80 mg/0.8ml soln prsyr	1	^
fondaparinux sodium 10 mg/0.8ml solution	1	
fondaparinux sodium 2.5 mg/0.5ml solution	1	
fondaparinux sodium 5 mg/0.4ml solution	1	
fondaparinux sodium 7.5 mg/0.6ml solution	1	
FRAGMIN 10000 UNIT/ML SOLN PRSYR	3	^
FRAGMIN 12500 UNIT/0.5ML SOLN PRSYR	3	^
FRAGMIN 15000 UNIT/0.6ML SOLN PRSYR	3	^
FRAGMIN 18000 UNT/0.72ML SOLN PRSYR	3	^
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR	3	^
FRAGMIN 5000 UNIT/0.2ML SOLN PRSYR	3	^
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR	3	^

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FRAGMIN 95000 UNIT/3.8ML SOLUTION	3	^
heparin (porcine) in nacl 1000-0.9 ut/500ml-% solution	1	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	3	
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/500ML-% SOLUTION	3	
heparin lock flush 10 unit/ml solution	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	1	
heparin na (pork) lock flsh pf 10 unit/ml solution	1	
heparin na (pork) lock flsh pf 100 unit/ml solution	1	
HEPARIN SOD (PORCINE) IN D5W 100 UNIT/ML SOLUTION	1	
HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION	1	
HEPARIN SOD (PORCINE) IN D5W 40-5 UNIT/ML-% SOLUTION	1	
heparin sodium (porcine) 1000 unit/ml solution	1	
heparin sodium (porcine) 10000 unit/ml solution	1	
heparin sodium (porcine) 20000 unit/ml solution	1	
heparin sodium (porcine) 5000 unit/ml solution	1	
heparin sodium (porcine) pf 5000 unit/0.5ml solution	1	
heparin sodium lock flush 100 unit/ml solution	1	
jantoven 1 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
jantoven 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
jantoven 2 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
jantoven 2.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
jantoven 3 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 2.5 MG TAB	2	PD Preventive Drug
XARELTO 20 MG TAB	2	PD Preventive Drug
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl 0.5 mg cap	1	
anagrelide hcl 1 mg cap	1	
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 300 MCG/ML SOLUTION	2	PA ^ SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	2	PA SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	2	PA SP Specialty
EPOGEN 10000 UNIT/ML SOLUTION	2	PA SP Specialty
EPOGEN 2000 UNIT/ML SOLUTION	2	PA SP Specialty
EPOGEN 20000 UNIT/ML SOLUTION	2	PA SP Specialty
EPOGEN 3000 UNIT/ML SOLUTION	2	PA SP Specialty
EPOGEN 4000 UNIT/ML SOLUTION	2	PA SP Specialty
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
MULPLETA 3 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROCRIT 10000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 2000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 20000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 3000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 4000 UNIT/ML SOLUTION	2	PA SP Specialty
PROCRIT 40000 UNIT/ML SOLUTION	2	PA SP Specialty
PROMACTA 12.5 MG PACKET	3	SP Specialty
PROMACTA 12.5 MG TAB	3	SP Specialty
PROMACTA 25 MG PACKET	3	SP Specialty
PROMACTA 25 MG TAB	3	SP Specialty
PROMACTA 50 MG TAB	3	SP Specialty
PROMACTA 75 MG TAB	3	SP Specialty
PYRUKYND 20 MG TAB	3	PA
PYRUKYND 5 MG TAB	3	PA
PYRUKYND 50 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
RETACRIT 10000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 2000 UNIT/ML SOLUTION	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETACRIT 20000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 3000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 4000 UNIT/ML SOLUTION	2	PA SP Specialty
RETACRIT 40000 UNIT/ML SOLUTION	2	PA SP Specialty
tranexamic acid 650 mg tab	1	
ZARXIO 300 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
ZARXIO 480 MCG/0.8ML SOLN PRSYR	2	PA SP Specialty
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA SP Specialty
HEMOSTASIS AGENTS		
AMICAR 1000 MG TAB	3	
AMICAR 500 MG TAB	3	
aminocaproic acid 0.25 gm/ml solution	3	
aminocaproic acid 1000 mg tab	3	
aminocaproic acid 500 mg tab	3	
phytonadione 5 mg tab	2	
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er 25-200 mg cap er 12h	2	PD Preventive Drug
BRILINTA 60 MG TAB	2	PD Preventive Drug
BRILINTA 90 MG TAB	2	PD Preventive Drug
cilostazol 100 mg tab	1	
cilostazol 50 mg tab	1	
clopidogrel bisulfate 300 mg tab	1	QL 1 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clopidogrel bisulfate 75 mg tab	1	PD Preventive Drug
dipyridamole 25 mg tab	1	PD Preventive Drug
dipyridamole 50 mg tab	1	PD Preventive Drug
dipyridamole 75 mg tab	1	PD Preventive Drug
DOPTELET 20 MG TAB	3	PA SP Specialty
OXBRYTA 300 MG TAB	3	QL 90 EA / 30 day(s) PA SP Specialty
OXBRYTA 300 MG TAB SOL	3	QL 1 EA / 30 day(s) PA SP Specialty
OXBRYTA 500 MG TAB	3	QL 90 EA / 30 day(s) PA SP Specialty
prasugrel hcl 10 mg tab	2	PD Preventive Drug
prasugrel hcl 5 mg tab	2	PD Preventive Drug
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine 0.1 mg/24hr patch wk	1	PD Preventive Drug
clonidine 0.2 mg/24hr patch wk	1	PD Preventive Drug
clonidine 0.3 mg/24hr patch wk	1	PD Preventive Drug
clonidine hcl 0.1 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
clonidine hcl 0.2 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
clonidine hcl 0.3 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
guanfacine hcl 1 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
guanfacine hcl 2 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
METHYLDOPA 250 MG TAB	1	PD Preventive Drug
methyldopa 250 mg tab	1	PD Preventive Drug
METHYLDOPA 500 MG TAB	1	PD Preventive Drug
methyldopa 500 mg tab	1	PD Preventive Drug
midodrine hcl 10 mg tab	1	
midodrine hcl 2.5 mg tab	1	
midodrine hcl 5 mg tab	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate 1 mg tab	1	
doxazosin mesylate 2 mg tab	1	
doxazosin mesylate 4 mg tab	1	
doxazosin mesylate 8 mg tab	1	
phenoxybenzamine hcl 10 mg cap	3	
prazosin hcl 1 mg cap	1	
prazosin hcl 2 mg cap	1	
prazosin hcl 5 mg cap	1	
terazosin hcl 1 mg cap	1	RX4L Rx4Less Program
terazosin hcl 10 mg cap	1	RX4L Rx4Less Program
terazosin hcl 2 mg cap	1	RX4L Rx4Less Program
terazosin hcl 5 mg cap	1	RX4L Rx4Less Program
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil 32 mg tab	2	PD Preventive Drug
candesartan cilexetil 4 mg tab	2	PD Preventive Drug
candesartan cilexetil 8 mg tab	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPROSARTAN MESYLATE 600 MG TAB	3	PD Preventive Drug
irbesartan 150 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
irbesartan 300 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
irbesartan 75 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
losartan potassium 100 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
losartan potassium 25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
losartan potassium 50 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
olmesartan medoxomil 20 mg tab	1	PD Preventive Drug
olmesartan medoxomil 40 mg tab	1	PD Preventive Drug
olmesartan medoxomil 5 mg tab	1	PD Preventive Drug
telmisartan 20 mg tab	3	PD Preventive Drug
telmisartan 40 mg tab	3	PD Preventive Drug
telmisartan 80 mg tab	3	PD Preventive Drug
valsartan 160 mg tab	1	PD Preventive Drug
valsartan 320 mg tab	1	PD Preventive Drug
valsartan 40 mg tab	1	PD Preventive Drug
valsartan 80 mg tab	1	PD Preventive Drug
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
benazepril hcl 20 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
benazepril hcl 40 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
benazepril hcl 5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
captopril 100 mg tab	1	PD Preventive Drug
captopril 12.5 mg tab	1	PD Preventive Drug
captopril 25 mg tab	1	PD Preventive Drug
captopril 50 mg tab	1	PD Preventive Drug
enalapril maleate 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
enalapril maleate 2.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
enalapril maleate 20 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
enalapril maleate 5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
fosinopril sodium 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
fosinopril sodium 20 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
fosinopril sodium 40 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
lisinopril 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
lisinopril 2.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
lisinopril 20 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

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

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
carvedilol 12.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
carvedilol 25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
carvedilol 3.125 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
carvedilol 6.25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
carvedilol phosphate er 10 mg cap er 24h	2	PD Preventive Drug
carvedilol phosphate er 20 mg cap er 24h	2	PD Preventive Drug
carvedilol phosphate er 40 mg cap er 24h	2	PD Preventive Drug
carvedilol phosphate er 80 mg cap er 24h	2	PD Preventive Drug
labetalol hcl 100 mg tab	1	PD Preventive Drug
labetalol hcl 200 mg tab	1	PD Preventive Drug
labetalol hcl 300 mg tab	1	PD Preventive Drug
metoprolol succinate er 100 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
metoprolol succinate er 200 mg tab er 24h	1	PD Preventive Drug
metoprolol succinate er 25 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
metoprolol succinate er 50 mg tab er 24h	1	RX4L Rx4Less Program PD Preventive Drug
metoprolol tartrate 100 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
metoprolol tartrate 25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
metoprolol tartrate 50 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nisoldipine er 8.5 mg tab er 24h	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARDIZEM LA 120 MG TAB ER 24H	3	! See important benefit information at end of document PD Preventive Drug
cartia xt 120 mg cap er 24h	1	PD Preventive Drug
cartia xt 180 mg cap er 24h	1	PD Preventive Drug
cartia xt 240 mg cap er 24h	1	PD Preventive Drug
cartia xt 300 mg cap er 24h	1	PD Preventive Drug
dilt-xr 120 mg cap er 24h	1	PD Preventive Drug
dilt-xr 180 mg cap er 24h	1	PD Preventive Drug
dilt-xr 240 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl 120 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
diltiazem hcl 30 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
diltiazem hcl 60 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
diltiazem hcl 90 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
diltiazem hcl er 120 mg cap er 12h	1	PD Preventive Drug
diltiazem hcl er 120 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er 120 mg tab er 24h	3	PD Preventive Drug
diltiazem hcl er 180 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er 180 mg tab er 24h	1	PD Preventive Drug
diltiazem hcl er 240 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er 240 mg tab er 24h	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
diltiazem hcl er 300 mg tab er 24h	1	PD Preventive Drug
diltiazem hcl er 360 mg tab er 24h	1	PD Preventive Drug
diltiazem hcl er 420 mg tab er 24h	1	PD Preventive Drug
diltiazem hcl er 60 mg cap er 12h	1	PD Preventive Drug
diltiazem hcl er 90 mg cap er 12h	1	PD Preventive Drug
diltiazem hcl er beads 120 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er beads 180 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er beads 240 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er beads 300 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er beads 360 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er beads 420 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er coated beads 120 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er coated beads 180 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er coated beads 240 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er coated beads 300 mg cap er 24h	1	PD Preventive Drug
diltiazem hcl er coated beads 360 mg cap er 24h	1	PD Preventive Drug
matzim la 180 mg tab er 24h	1	PD Preventive Drug
matzim la 240 mg tab er 24h	1	PD Preventive Drug
matzim la 300 mg tab er 24h	1	PD Preventive Drug
matzim la 360 mg tab er 24h	1	PD Preventive Drug
matzim la 420 mg tab er 24h	1	PD Preventive Drug
taztia xt 120 mg cap er 24h	1	PD Preventive Drug
taztia xt 180 mg cap er 24h	1	PD Preventive Drug
taztia xt 240 mg cap er 24h	1	PD Preventive Drug
taztia xt 300 mg cap er 24h	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
taztia xt 360 mg cap er 24h	1	PD Preventive Drug
tiadylt er 120 mg cap er 24h	1	PD Preventive Drug
tiadylt er 180 mg cap er 24h	1	PD Preventive Drug
tiadylt er 240 mg cap er 24h	1	PD Preventive Drug
tiadylt er 300 mg cap er 24h	1	PD Preventive Drug
tiadylt er 360 mg cap er 24h	1	PD Preventive Drug
tiadylt er 420 mg cap er 24h	1	PD Preventive Drug
verapamil hcl 120 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
verapamil hcl 40 mg tab	1	PD Preventive Drug
verapamil hcl 80 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
VERAPAMIL HCL ER 100 MG CAP ER 24H	1	PD Preventive Drug
verapamil hcl er 120 mg cap er 24h	1	PD Preventive Drug
verapamil hcl er 120 mg tab er	1	PD Preventive Drug
verapamil hcl er 180 mg cap er 24h	1	PD Preventive Drug
verapamil hcl er 180 mg tab er	1	PD Preventive Drug
VERAPAMIL HCL ER 200 MG CAP ER 24H	1	PD Preventive Drug
verapamil hcl er 240 mg cap er 24h	1	PD Preventive Drug
verapamil hcl er 240 mg tab er	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
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide 125 mg tab	1	
acetazolamide 250 mg tab	1	
ALDACTAZIDE 50-50 MG TAB	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
aliskiren fumarate 150 mg tab	3	PD Preventive Drug
aliskiren fumarate 300 mg tab	3	PD Preventive Drug
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	1	PD Preventive Drug
amiloride-hydrochlorothiazide 5-50 mg tab	1	PD Preventive Drug
amlodipine besy-benazepril hcl 10-20 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 10-40 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 2.5-10 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 5-10 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 5-20 mg cap	1	PD Preventive Drug
amlodipine besy-benazepril hcl 5-40 mg cap	1	PD Preventive Drug
amlodipine besylate-valsartan 10-160 mg tab	2	PD Preventive Drug
amlodipine besylate-valsartan 10-320 mg tab	2	PD Preventive Drug
amlodipine besylate-valsartan 5-160 mg tab	2	PD Preventive Drug
amlodipine besylate-valsartan 5-320 mg tab	2	PD Preventive Drug
amlodipine-atorvastatin 10-10 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 10-20 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 10-40 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 10-80 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 2.5-10 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 2.5-20 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 2.5-40 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 5-10 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 5-20 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 5-40 mg tab	3	PD Preventive Drug
amlodipine-atorvastatin 5-80 mg tab	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amlodipine-olmesartan 10-20 mg tab	2	PD Preventive Drug
amlodipine-olmesartan 10-40 mg tab	2	PD Preventive Drug
amlodipine-olmesartan 5-20 mg tab	2	PD Preventive Drug
amlodipine-olmesartan 5-40 mg tab	2	PD Preventive Drug
amlodipine-valsartan-hctz 10-160-12.5 mg tab	2	PD Preventive Drug
amlodipine-valsartan-hctz 10-160-25 mg tab	2	PD Preventive Drug
amlodipine-valsartan-hctz 10-320-25 mg tab	2	PD Preventive Drug
amlodipine-valsartan-hctz 5-160-12.5 mg tab	2	PD Preventive Drug
amlodipine-valsartan-hctz 5-160-25 mg tab	2	PD Preventive Drug
atenolol-chlorthalidone 100-25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
atenolol-chlorthalidone 50-25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
benazepril-hydrochlorothiazide 10-12.5 mg tab	1	PD Preventive Drug
benazepril-hydrochlorothiazide 20-12.5 mg tab	1	PD Preventive Drug
benazepril-hydrochlorothiazide 20-25 mg tab	1	PD Preventive Drug
benazepril-hydrochlorothiazide 5-6.25 mg tab	1	PD Preventive Drug
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
bisoprolol-hydrochlorothiazide 5-6.25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
CAMZYOS 10 MG CAP	3	QL 30 EA / 30 day(s) PA
CAMZYOS 15 MG CAP	3	QL 30 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMZYOS 2.5 MG CAP	3	QL 30 EA / 30 day(s) PA
CAMZYOS 5 MG CAP	3	QL 30 EA / 30 day(s) PA
candesartan cilexetil-hctz 16-12.5 mg tab	2	PD Preventive Drug
candesartan cilexetil-hctz 32-12.5 mg tab	2	PD Preventive Drug
candesartan cilexetil-hctz 32-25 mg tab	2	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB	1	PD Preventive Drug
CORLANOR 5 MG TAB	3	
CORLANOR 5 MG/5ML SOLUTION	3	
CORLANOR 7.5 MG TAB	3	
digitek 125 mcg tab	1	
digitek 250 mcg tab	1	
digox 125 mcg tab	1	
digox 250 mcg tab	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
digoxin 0.05 mg/ml solution	1	
digoxin 125 mcg tab	1	
digoxin 250 mcg tab	1	
digoxin 62.5 mcg tab	3	
enalapril-hydrochlorothiazide 10-25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
enalapril-hydrochlorothiazide 5-12.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
ENTRESTO 24-26 MG TAB	3	
ENTRESTO 49-51 MG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENTRESTO 97-103 MG TAB	3	
fosinopril sodium-hctz 10-12.5 mg tab	1	PD Preventive Drug
fosinopril sodium-hctz 20-12.5 mg tab	1	PD Preventive Drug
irbesartan-hydrochlorothiazide 150-12.5 mg tab	1	PD Preventive Drug
irbesartan-hydrochlorothiazide 300-12.5 mg tab	1	PD Preventive Drug
isosorb dinitrate-hydralazine 20-37.5 mg tab	2	
isosorb dinitrate-hydralazine 37.5-20 mg tab	2	
LANOXIN 125 MCG TAB	2	
LANOXIN 250 MCG TAB	2	
lisinopril-hydrochlorothiazide 10-12.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
lisinopril-hydrochlorothiazide 20-12.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
lisinopril-hydrochlorothiazide 20-25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
losartan potassium-hctz 100-12.5 mg tab	1	PD Preventive Drug
losartan potassium-hctz 100-25 mg tab	1	PD Preventive Drug
losartan potassium-hctz 50-12.5 mg tab	1	PD Preventive Drug
metoprolol-hydrochlorothiazide 100-25 mg tab	1	PD Preventive Drug
metoprolol-hydrochlorothiazide 100-50 mg tab	1	PD Preventive Drug
metoprolol-hydrochlorothiazide 50-25 mg tab	1	PD Preventive Drug
olmesartan medoxomil-hctz 20-12.5 mg tab	1	PD Preventive Drug
olmesartan medoxomil-hctz 40-12.5 mg tab	1	PD Preventive Drug
olmesartan medoxomil-hctz 40-25 mg tab	1	PD Preventive Drug
olmesartan-amlodipine-hctz 20-5-12.5 mg tab	3	PD Preventive Drug
olmesartan-amlodipine-hctz 40-10-12.5 mg tab	3	PD Preventive Drug
olmesartan-amlodipine-hctz 40-10-25 mg tab	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
olmesartan-amlodipine-hctz 40-5-12.5 mg tab	3	PD Preventive Drug
olmesartan-amlodipine-hctz 40-5-25 mg tab	3	PD Preventive Drug
pentoxifylline er 400 mg tab er	1	
PROPRANOLOL-HCTZ 40-25 MG TAB	1	PD Preventive Drug
PROPRANOLOL-HCTZ 80-25 MG TAB	1	PD Preventive Drug
quinapril-hydrochlorothiazide 10-12.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
quinapril-hydrochlorothiazide 20-12.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
quinapril-hydrochlorothiazide 20-25 mg tab	1	PD Preventive Drug
ranolazine er 1000 mg tab er 12h	2	
ranolazine er 500 mg tab er 12h	2	
spironolactone-hctz 25-25 mg tab	1	PD Preventive Drug
TEKTURNA HCT 150-12.5 MG TAB	3	PD Preventive Drug
TEKTURNA HCT 150-25 MG TAB	3	PD Preventive Drug
TEKTURNA HCT 300-12.5 MG TAB	3	PD Preventive Drug
TEKTURNA HCT 300-25 MG TAB	3	PD Preventive Drug
telmisartan-hctz 40-12.5 mg tab	3	PD Preventive Drug
telmisartan-hctz 80-12.5 mg tab	3	PD Preventive Drug
telmisartan-hctz 80-25 mg tab	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	3	PD Preventive Drug
trandolapril-verapamil hcl er 2-180 mg tab er	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	3	PD Preventive Drug
trandolapril-verapamil hcl er 2-240 mg tab er	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
trandolapril-verapamil hcl er 4-240 mg tab er	3	PD Preventive Drug
triamterene-hctz 37.5-25 mg cap	1	RX4L Rx4Less Program PD Preventive Drug
triamterene-hctz 37.5-25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
triamterene-hctz 75-50 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
valsartan-hydrochlorothiazide 160-12.5 mg tab	1	PD Preventive Drug
valsartan-hydrochlorothiazide 160-25 mg tab	1	PD Preventive Drug
valsartan-hydrochlorothiazide 320-12.5 mg tab	1	PD Preventive Drug
valsartan-hydrochlorothiazide 320-25 mg tab	1	PD Preventive Drug
valsartan-hydrochlorothiazide 80-12.5 mg tab	1	PD Preventive Drug
VYNDAMAX 61 MG CAP	3	PA SP Specialty
DIURETICS, LOOP		
bumetanide 0.5 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
bumetanide 1 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
bumetanide 2 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
ethacrynic acid 25 mg tab	3	
furosemide 10 mg/ml solution	1	PA PD Preventive Drug
furosemide 20 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
furosemide 40 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
furosemide 80 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
torsemide 10 mg tab	1	
torsemide 100 mg tab	1	
torsemide 20 mg tab	1	
torsemide 5 mg tab	1	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	1	
eplerenone 25 mg tab	1	
eplerenone 50 mg tab	1	
spironolactone 100 mg tab	1	PD Preventive Drug
spironolactone 25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
spironolactone 25 mg/5ml suspension	2	PD Preventive Drug
spironolactone 50 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
triamterene 100 mg cap	3	
triamterene 50 mg cap	3	
DIURETICS, THIAZIDE		
CHLOROTHIAZIDE 250 MG TAB	1	PD Preventive Drug
CHLOROTHIAZIDE 500 MG TAB	1	PD Preventive Drug
chlorthalidone 25 mg tab	1	PD Preventive Drug
chlorthalidone 50 mg tab	1	PD Preventive Drug
DIURIL 250 MG/5ML SUSPENSION	3	PD Preventive Drug
hydrochlorothiazide 12.5 mg cap	1	RX4L Rx4Less Program PD Preventive Drug
hydrochlorothiazide 12.5 mg tab	1	PD Preventive Drug
hydrochlorothiazide 25 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrochlorothiazide 50 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
indapamide 1.25 mg tab	1	PD Preventive Drug
indapamide 2.5 mg tab	1	PD Preventive Drug
metolazone 10 mg tab	1	
metolazone 2.5 mg tab	1	
metolazone 5 mg tab	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate 120 mg tab	3	PD Preventive Drug
fenofibrate 134 mg cap	1	PD Preventive Drug
fenofibrate 145 mg tab	1	PD Preventive Drug
FENOFIBRATE 150 MG CAP	2	PD Preventive Drug
fenofibrate 160 mg tab	1	PD Preventive Drug
fenofibrate 200 mg cap	1	PD Preventive Drug
fenofibrate 40 mg tab	3	PD Preventive Drug
fenofibrate 48 mg tab	1	PD Preventive Drug
FENOFIBRATE 50 MG CAP	2	PD Preventive Drug
fenofibrate 54 mg tab	1	PD Preventive Drug
fenofibrate 67 mg cap	1	PD Preventive Drug
fenofibrate micronized 130 mg cap	3	PD Preventive Drug
fenofibrate micronized 134 mg cap	1	PD Preventive Drug
fenofibrate micronized 200 mg cap	1	PD Preventive Drug
fenofibrate micronized 43 mg cap	2	PD Preventive Drug
fenofibrate micronized 67 mg cap	1	PD Preventive Drug
FENOFIBRIC ACID 105 MG TAB	2	PD Preventive Drug
fenofibric acid 135 mg cap dr	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FENOFIBRIC ACID 35 MG TAB	1	PD Preventive Drug
fenofibric acid 45 mg cap dr	1	PD Preventive Drug
FIBRICOR 105 MG TAB	2	PD Preventive Drug
gemfibrozil 600 mg tab	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium 10 mg tab	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
atorvastatin calcium 20 mg tab	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
atorvastatin calcium 40 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
atorvastatin calcium 80 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
lovastatin 10 mg tab	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
lovastatin 20 mg tab	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
lovastatin 40 mg tab	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
pravastatin sodium 10 mg tab	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug
pravastatin sodium 20 mg tab	1	ACA Affordable Care Act RX4L Rx4Less Program PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DYSLIPIDEMICS, OTHER		
cholestyramine 4 gm packet	1	PD Preventive Drug
cholestyramine 4 gm/dose powder	1	PD Preventive Drug
cholestyramine light 4 gm packet	1	PD Preventive Drug
cholestyramine light 4 gm/dose powder	1	PD Preventive Drug
colesevelam hcl 3.75 gm packet	2	PD Preventive Drug
colesevelam hcl 625 mg tab	2	PD Preventive Drug
colestipol hcl 1 gm tab	1	PD Preventive Drug
colestipol hcl 5 gm granules	1	PD Preventive Drug
colestipol hcl 5 gm packet	1	PD Preventive Drug
ezetimibe 10 mg tab	1	PD Preventive Drug
ezetimibe-simvastatin 10-10 mg tab	3	PD Preventive Drug
ezetimibe-simvastatin 10-20 mg tab	3	PD Preventive Drug
ezetimibe-simvastatin 10-40 mg tab	3	PD Preventive Drug
ezetimibe-simvastatin 10-80 mg tab	3	PD Preventive Drug
icosapent ethyl 0.5 gm cap	2	PD Preventive Drug
icosapent ethyl 1 gm cap	2	PD Preventive Drug
JUXTAPID 10 MG CAP	3	PA SP Specialty
JUXTAPID 20 MG CAP	3	PA SP Specialty
JUXTAPID 30 MG CAP	3	PA SP Specialty
JUXTAPID 5 MG CAP	3	PA SP Specialty
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	1	PD Preventive Drug
niacin er (antihyperlipidemic) 1000 mg tab er	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
niacin er (antihyperlipidemic) 500 mg tab er	2	PD Preventive Drug
niacin er (antihyperlipidemic) 750 mg tab er	2	PD Preventive Drug
NIACOR 500 MG TAB	1	PD Preventive Drug
omega-3-acid ethyl esters 1 gm cap	3	PD Preventive Drug
prevalite 4 gm packet	1	PD Preventive Drug
prevalite 4 gm/dose powder	1	PD Preventive Drug
REPATHA 140 MG/ML SOLN PRSYR	2	QL 2 ML / 28 day(s) PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	QL 3.5 ML / 30 day(s) PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl 10 mg tab	1	PD Preventive Drug
hydralazine hcl 100 mg tab	1	PD Preventive Drug
hydralazine hcl 25 mg tab	1	PD Preventive Drug
hydralazine hcl 50 mg tab	1	PD Preventive Drug
minoxidil 10 mg tab	1	PD Preventive Drug
minoxidil 2.5 mg tab	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate 10 mg tab	1	PD Preventive Drug
isosorbide dinitrate 20 mg tab	1	PD Preventive Drug
isosorbide dinitrate 30 mg tab	1	PD Preventive Drug
isosorbide dinitrate 40 mg tab	2	PD Preventive Drug
isosorbide dinitrate 5 mg tab	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 10 MG TAB	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
isosorbide mononitrate 10 mg tab	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 20 MG TAB	1	PD Preventive Drug
isosorbide mononitrate 20 mg tab	1	PD Preventive Drug
isosorbide mononitrate er 120 mg tab er 24h	1	PD Preventive Drug
isosorbide mononitrate er 30 mg tab er 24h	1	PD Preventive Drug
isosorbide mononitrate er 60 mg tab er 24h	1	PD Preventive Drug
minitran 0.1 mg/hr patch 24hr	1	PD Preventive Drug
minitran 0.2 mg/hr patch 24hr	1	PD Preventive Drug
minitran 0.4 mg/hr patch 24hr	1	PD Preventive Drug
minitran 0.6 mg/hr patch 24hr	1	PD Preventive Drug
NITRO-BID 2 % OINTMENT	3	PD Preventive Drug
NITRO-DUR 0.3 MG/HR PATCH 24HR	2	PD Preventive Drug
NITRO-DUR 0.8 MG/HR PATCH 24HR	3	PD Preventive Drug
nitroglycerin 0.1 mg/hr patch 24hr	1	PD Preventive Drug
nitroglycerin 0.2 mg/hr patch 24hr	1	PD Preventive Drug
nitroglycerin 0.3 mg sl tab	1	
nitroglycerin 0.4 mg sl tab	1	
nitroglycerin 0.4 mg/hr patch 24hr	1	PD Preventive Drug
nitroglycerin 0.4 mg/spray solution	1	
nitroglycerin 0.6 mg sl tab	1	
nitroglycerin 0.6 mg/hr patch 24hr	1	PD Preventive Drug
NITROMIST 400 MCG/SPRAY AERO SOLN	2	
CENTRAL NERVOUS SYSTEM		
ANTIDEMENTIA		
donepezil hcl 10 mg tab	1	
donepezil hcl 10 mg tab disp	1	
donepezil hcl 23 mg tab	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
donepezil hcl 5 mg tab	1	
donepezil hcl 5 mg tab disp	1	
galantamine hydrobromide 12 mg tab	1	
galantamine hydrobromide 4 mg tab	1	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	
galantamine hydrobromide 8 mg tab	1	
galantamine hydrobromide er 16 mg cap er 24h	1	
galantamine hydrobromide er 24 mg cap er 24h	1	
galantamine hydrobromide er 8 mg cap er 24h	1	
memantine hcl 10 mg tab	2	
memantine hcl 10 mg/5ml solution	2	
memantine hcl 2 mg/ml solution	2	
memantine hcl 28 x 5 mg & 21 x 10 mg tab	2	
memantine hcl 5 mg tab	2	
memantine hcl er 14 mg cap er 24h	2	
memantine hcl er 21 mg cap er 24h	2	
memantine hcl er 28 mg cap er 24h	2	
memantine hcl er 7 mg cap er 24h	2	
NAMENDA XR TITRATION PACK 7 & 14 & 21 &28 MG CAP ER 24H	2	
rivastigmine 13.3 mg/24hr patch 24hr	2	
rivastigmine 4.6 mg/24hr patch 24hr	2	
rivastigmine 9.5 mg/24hr patch 24hr	2	
rivastigmine tartrate 1.5 mg cap	1	
rivastigmine tartrate 3 mg cap	1	
rivastigmine tartrate 4.5 mg cap	1	
rivastigmine tartrate 6 mg cap	1	
ANTIPSYCHOTICS		
aripiprazole 1 mg/ml solution	2	QL 600 ML / 30 day(s)
aripiprazole 10 mg tab	1	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
aripiprazole 10 mg tab disp	2	QL 30 EA / 30 day(s) PA
aripiprazole 15 mg tab	1	QL 30 EA / 30 day(s)
aripiprazole 15 mg tab disp	2	QL 30 EA / 30 day(s) PA
aripiprazole 2 mg tab	1	QL 60 EA / 30 day(s)
aripiprazole 20 mg tab	1	QL 30 EA / 30 day(s)
aripiprazole 30 mg tab	1	QL 30 EA / 30 day(s)
aripiprazole 5 mg tab	1	QL 60 EA / 30 day(s)
asenapine maleate 10 mg sl tab	2	QL 60 EA / 30 day(s)
asenapine maleate 2.5 mg sl tab	2	QL 60 EA / 30 day(s)
asenapine maleate 5 mg sl tab	2	QL 60 EA / 30 day(s)
CAPLYTA 10.5 MG CAP	3	PA
CAPLYTA 21 MG CAP	3	PA
CAPLYTA 42 MG CAP	3	PA
chlorpromazine hcl 10 mg tab	1	
chlorpromazine hcl 100 mg tab	1	
chlorpromazine hcl 200 mg tab	1	
chlorpromazine hcl 25 mg tab	1	
chlorpromazine hcl 50 mg tab	1	
clozapine 100 mg tab	1	
clozapine 100 mg tab disp	3	
CLOZAPINE 12.5 MG TAB DISP	3	
CLOZAPINE 150 MG TAB DISP	3	
clozapine 150 mg tab disp	3	
clozapine 200 mg tab	1	
CLOZAPINE 200 MG TAB DISP	3	
clozapine 200 mg tab disp	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clozapine 25 mg tab	1	
clozapine 25 mg tab disp	3	
clozapine 50 mg tab	1	
FANAPT 1 MG TAB	3	QL 60 EA / 30 day(s) PA
FANAPT 10 MG TAB	3	QL 60 EA / 30 day(s) PA
FANAPT 12 MG TAB	3	QL 60 EA / 30 day(s) PA
FANAPT 2 MG TAB	3	QL 60 EA / 30 day(s) PA
FANAPT 4 MG TAB	3	QL 60 EA / 30 day(s) PA
FANAPT 6 MG TAB	3	QL 60 EA / 30 day(s) PA
FANAPT 8 MG TAB	3	QL 60 EA / 30 day(s) PA
FANAPT TITRATION PACK 1 & 2 & 4 & 6 MG TAB	3	QL 60 EA / 30 day(s) PA
fluphenazine decanoate 25 mg/ml solution	1	PA ^
fluphenazine hcl 1 mg tab	1	
fluphenazine hcl 10 mg tab	1	
fluphenazine hcl 2.5 mg tab	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
fluphenazine hcl 5 mg tab	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
HALDOL 5 MG/ML SOLUTION	3	PA
HALDOL DECANOATE 100 MG/ML SOLUTION	3	PA ^

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HALDOL DECANOATE 50 MG/ML SOLUTION	3	PA ^
haloperidol 0.5 mg tab	1	
haloperidol 1 mg tab	1	
haloperidol 10 mg tab	1	
haloperidol 2 mg tab	1	
haloperidol 20 mg tab	1	
haloperidol 5 mg tab	1	
haloperidol decanoate 100 mg/ml solution	1	PA ^
haloperidol decanoate 50 mg/ml solution	1	PA ^
haloperidol lactate 2 mg/ml conc	1	
haloperidol lactate 5 mg/ml solution	1	PA
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	PA ^
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	PA ^
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	PA ^
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	PA ^
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	PA ^
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	PA ^
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	PA ^
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	PA ^

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	PA ^
LATUDA 120 MG TAB	3	QL 30 EA / 30 day(s) ! See important benefit information at end of document
LATUDA 20 MG TAB	3	QL 30 EA / 30 day(s) ! See important benefit information at end of document
LATUDA 40 MG TAB	3	QL 30 EA / 30 day(s) ! See important benefit information at end of document
LATUDA 60 MG TAB	3	QL 30 EA / 30 day(s) ! See important benefit information at end of document
LATUDA 80 MG TAB	3	QL 30 EA / 30 day(s) ! See important benefit information at end of document
loxapine succinate 10 mg cap	1	
loxapine succinate 25 mg cap	1	
loxapine succinate 5 mg cap	1	
loxapine succinate 50 mg cap	1	
lurasidone hcl 120 mg tab	1	QL 30 EA / 30 day(s)
lurasidone hcl 20 mg tab	1	QL 30 EA / 30 day(s)
lurasidone hcl 40 mg tab	1	QL 30 EA / 30 day(s)
lurasidone hcl 60 mg tab	1	QL 30 EA / 30 day(s)
lurasidone hcl 80 mg tab	1	QL 30 EA / 30 day(s)
olanzapine 10 mg tab	1	
olanzapine 10 mg tab disp	2	QL 30 EA / 30 day(s)
olanzapine 15 mg tab	1	
olanzapine 15 mg tab disp	2	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
olanzapine 2.5 mg tab	1	
olanzapine 20 mg tab	1	
olanzapine 20 mg tab disp	2	QL 30 EA / 30 day(s)
olanzapine 5 mg tab	1	
olanzapine 5 mg tab disp	2	QL 30 EA / 30 day(s)
olanzapine 7.5 mg tab	1	
paliperidone er 1.5 mg tab er 24h	2	QL 30 EA / 30 day(s)
paliperidone er 3 mg tab er 24h	2	QL 30 EA / 30 day(s)
paliperidone er 6 mg tab er 24h	2	QL 30 EA / 30 day(s)
paliperidone er 9 mg tab er 24h	2	QL 30 EA / 30 day(s)
PIMOZIDE 1 MG TAB	3	
PIMOZIDE 2 MG TAB	3	
quetiapine fumarate 100 mg tab	1	RX4L Rx4Less Program
quetiapine fumarate 200 mg tab	1	RX4L Rx4Less Program
quetiapine fumarate 25 mg tab	1	
quetiapine fumarate 300 mg tab	1	RX4L Rx4Less Program
quetiapine fumarate 400 mg tab	1	
quetiapine fumarate 50 mg tab	1	RX4L Rx4Less Program
quetiapine fumarate er 150 mg tab er 24h	2	QL 30 EA / 30 day(s)
quetiapine fumarate er 200 mg tab er 24h	2	QL 30 EA / 30 day(s)
quetiapine fumarate er 300 mg tab er 24h	2	QL 30 EA / 30 day(s)
quetiapine fumarate er 400 mg tab er 24h	2	QL 30 EA / 30 day(s)
quetiapine fumarate er 50 mg tab er 24h	2	QL 60 EA / 30 day(s)
REXULTI 0.25 MG TAB	3	QL 30 EA / 30 day(s) PA
REXULTI 0.5 MG TAB	3	QL 30 EA / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REXULTI 1 MG TAB	3	QL 30 EA / 30 day(s) PA
REXULTI 2 MG TAB	3	QL 30 EA / 30 day(s) PA
REXULTI 3 MG TAB	3	QL 30 EA / 30 day(s) PA
REXULTI 4 MG TAB	3	QL 30 EA / 30 day(s) PA
risperidone 0.25 mg tab	1	RX4L Rx4Less Program
RISPERIDONE 0.25 MG TAB DISP	1	QL 30 EA / 30 day(s)
risperidone 0.5 mg tab	1	RX4L Rx4Less Program
risperidone 0.5 mg tab disp	1	QL 30 EA / 30 day(s)
risperidone 1 mg tab	1	RX4L Rx4Less Program
risperidone 1 mg tab disp	1	QL 30 EA / 30 day(s)
risperidone 1 mg/ml solution	1	
risperidone 2 mg tab	1	RX4L Rx4Less Program
risperidone 2 mg tab disp	1	QL 30 EA / 30 day(s)
risperidone 3 mg tab	1	
risperidone 3 mg tab disp	1	QL 30 EA / 30 day(s)
risperidone 4 mg tab	1	
risperidone 4 mg tab disp	1	QL 30 EA / 30 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
thioridazine hcl 10 mg tab	1	
thioridazine hcl 100 mg tab	1	
thioridazine hcl 25 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
thioridazine hcl 50 mg tab	1	
thiothixene 1 mg cap	1	
thiothixene 10 mg cap	1	
thiothixene 2 mg cap	1	
thiothixene 5 mg cap	1	
trifluoperazine hcl 1 mg tab	1	
trifluoperazine hcl 10 mg tab	1	
trifluoperazine hcl 2 mg tab	1	
trifluoperazine hcl 5 mg tab	1	
VRAYLAR 1.5 & 3 MG CAP THPK	3	QL 30 EA / 30 day(s) PA
VRAYLAR 1.5 MG CAP	3	QL 30 EA / 30 day(s) PA
VRAYLAR 3 MG CAP	3	QL 30 EA / 30 day(s) PA
VRAYLAR 4.5 MG CAP	3	QL 30 EA / 30 day(s) PA
VRAYLAR 6 MG CAP	3	QL 30 EA / 30 day(s) PA
ziprasidone hcl 20 mg cap	2	QL 90 EA / 30 day(s)
ziprasidone hcl 40 mg cap	2	QL 90 EA / 30 day(s)
ziprasidone hcl 60 mg cap	2	QL 90 EA / 30 day(s)
ziprasidone hcl 80 mg cap	2	QL 90 EA / 30 day(s)
ANXIOLYTICS		
alprazolam 0.25 mg tab	1	QL 150 EA / 30 day(s)
alprazolam 0.25 mg tab disp	1	QL 150 EA / 30 day(s)
alprazolam 0.5 mg tab	1	QL 150 EA / 30 day(s)
alprazolam 0.5 mg tab disp	1	QL 150 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
alprazolam 1 mg tab	1	QL 150 EA / 30 day(s)
alprazolam 1 mg tab disp	1	QL 150 EA / 30 day(s)
alprazolam 2 mg tab	1	QL 150 EA / 30 day(s)
alprazolam 2 mg tab disp	1	QL 150 EA / 30 day(s)
alprazolam er 0.5 mg tab er 24h	1	
alprazolam er 1 mg tab er 24h	1	
alprazolam er 2 mg tab er 24h	1	
alprazolam er 3 mg tab er 24h	1	
ALPRAZOLAM INTENSOL 1 MG/ML CONC	2	QL 300 ML / 30 day(s)
alprazolam xr 0.5 mg tab er 24h	1	
alprazolam xr 1 mg tab er 24h	1	
alprazolam xr 2 mg tab er 24h	1	
alprazolam xr 3 mg tab er 24h	1	
buspirone hcl 10 mg tab	1	RX4L Rx4Less Program
buspirone hcl 15 mg tab	1	
buspirone hcl 30 mg tab	1	
buspirone hcl 5 mg tab	1	RX4L Rx4Less Program
buspirone hcl 7.5 mg tab	1	
chlordiazepoxide hcl 10 mg cap	1	
chlordiazepoxide hcl 25 mg cap	1	
chlordiazepoxide hcl 5 mg cap	1	
clonazepam 0.125 mg tab disp	1	PD Preventive Drug
clonazepam 0.25 mg tab disp	1	PD Preventive Drug
clonazepam 0.5 mg tab	1	QL 300 EA / 30 day(s) PD Preventive Drug
clonazepam 0.5 mg tab disp	1	PD Preventive Drug
clonazepam 1 mg tab	1	QL 300 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
clonazepam 1 mg tab disp	1	PD Preventive Drug
clonazepam 2 mg tab	1	QL 300 EA / 30 day(s) PD Preventive Drug
clonazepam 2 mg tab disp	1	PD Preventive Drug
clorazepate dipotassium 15 mg tab	1	
clorazepate dipotassium 3.75 mg tab	1	
clorazepate dipotassium 7.5 mg tab	1	
diazepam 10 mg tab	1	QL 120 EA / 30 day(s)
diazepam 2 mg tab	1	QL 120 EA / 30 day(s)
diazepam 5 mg tab	1	QL 120 EA / 30 day(s)
diazepam 5 mg/5ml solution	1	QL 1200 ML / 30 day(s)
diazepam 5 mg/ml conc	2	QL 240 ML / 30 day(s)
diazepam intensol 5 mg/ml conc	2	QL 240 ML / 30 day(s)
KLONOPIN 0.5 MG TAB	2	QL 300 EA / 30 day(s) PD Preventive Drug
KLONOPIN 1 MG TAB	2	QL 300 EA / 30 day(s) PD Preventive Drug
KLONOPIN 2 MG TAB	2	QL 300 EA / 30 day(s) PD Preventive Drug
lorazepam 0.5 mg tab	1	QL 150 EA / 30 day(s)
lorazepam 1 mg tab	1	QL 150 EA / 30 day(s)
lorazepam 2 mg tab	1	QL 150 EA / 30 day(s)
lorazepam 2 mg/ml conc	2	QL 150 ML / 30 day(s)
lorazepam intensol 2 mg/ml conc	2	QL 150 ML / 30 day(s)
midazolam hcl 2 mg/ml syrup	1	
oxazepam 10 mg cap	1	QL 120 EA / 30 day(s)
oxazepam 15 mg cap	1	QL 120 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxazepam 30 mg cap	1	QL 120 EA / 30 day(s)
MIGRAINE		
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
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
almotriptan malate 12.5 mg tab	3	QL 8 EA / 30 day(s)
almotriptan malate 6.25 mg tab	3	QL 8 EA / 30 day(s)
candesartan cilexetil 16 mg tab	2	PD Preventive Drug
dihydroergotamine mesylate 1 mg/ml solution	1	
dihydroergotamine mesylate 4 mg/ml solution	2	QL 8 ML / 30 day(s)
eletriptan hydrobromide 20 mg tab	2	QL 12 EA / 30 day(s)
eletriptan hydrobromide 40 mg tab	2	QL 12 EA / 30 day(s)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA QLC 9 ML / 180 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
ergotamine-caffeine 1-100 mg tab	3	
MIGERGOT 2-100 MG SUPPOS	2	
MIGRANAL 4 MG/ML SOLUTION	2	QL 8 ML / 30 day(s)
naratriptan hcl 1 mg tab	1	QL 12 EA / 30 day(s)
naratriptan hcl 2.5 mg tab	1	QL 12 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NURTEC 75 MG TAB DISP	3	QL 16 EA / 30 day(s) PA
QULIPTA 10 MG TAB	3	PA
QULIPTA 30 MG TAB	3	PA
QULIPTA 60 MG TAB	3	PA
REYVOW 100 MG TAB	3	QL 8 EA / 30 day(s) PA
REYVOW 50 MG TAB	3	QL 8 EA / 30 day(s) PA
rizatriptan benzoate 10 mg tab	1	QL 12 EA / 30 day(s)
rizatriptan benzoate 10 mg tab disp	1	QL 12 EA / 30 day(s)
rizatriptan benzoate 5 mg tab	1	QL 12 EA / 30 day(s)
rizatriptan benzoate 5 mg tab disp	1	QL 12 EA / 30 day(s)
sumatriptan 20 mg/act solution	1	QL 6 EA / 30 day(s)
sumatriptan 5 mg/act solution	1	QL 6 EA / 30 day(s)
sumatriptan succinate 100 mg tab	1	QL 12 EA / 30 day(s)
sumatriptan succinate 25 mg tab	1	QL 12 EA / 30 day(s)
sumatriptan succinate 4 mg/0.5ml soln a-inj	1	QL 3 ML / 30 day(s)
sumatriptan succinate 50 mg tab	1	QL 12 EA / 30 day(s)
sumatriptan succinate 6 mg/0.5ml soln a-inj	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	1	QL 3 ML / 30 day(s)
sumatriptan succinate 6 mg/0.5ml solution	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
sumatriptan succinate refill 4 mg/0.5ml soln cart	1	QL 3 ML / 30 day(s)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QL 3 ML / 30 day(s)
sumatriptan succinate refill 6 mg/0.5ml soln cart	1	QL 3 ML / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
timolol maleate 10 mg tab	1	PD Preventive Drug
timolol maleate 20 mg tab	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
ZOLMITRIPTAN 2.5 MG SOLUTION	2	QL 6 EA / 30 day(s)
zolmitriptan 2.5 mg tab	2	QL 12 EA / 30 day(s)
zolmitriptan 2.5 mg tab disp	2	QL 12 EA / 30 day(s)
zolmitriptan 5 mg solution	2	QL 6 EA / 30 day(s)
zolmitriptan 5 mg tab	2	QL 12 EA / 30 day(s)
zolmitriptan 5 mg tab disp	2	QL 12 EA / 30 day(s)
MISCELLANEOUS		
EQUETRO 100 MG CAP ER 12H	2	
EQUETRO 200 MG CAP ER 12H	2	
EQUETRO 300 MG CAP ER 12H	2	
LITHIUM 8 MEQ/5ML SOLUTION	1	
LITHIUM CARBONATE 150 MG CAP	1	
lithium carbonate 150 mg cap	1	RX4L Rx4Less Program
LITHIUM CARBONATE 300 MG CAP	1	
lithium carbonate 300 mg cap	1	RX4L Rx4Less Program
lithium carbonate 300 mg tab	1	
LITHIUM CARBONATE 600 MG CAP	1	
lithium carbonate 600 mg cap	1	
lithium carbonate er 300 mg tab er	1	
lithium carbonate er 450 mg tab er	1	
pyridostigmine bromide 60 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pyridostigmine bromide 60 mg/5ml solution	2	
pyridostigmine bromide er 180 mg tab er	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
amphetamine-dextroamphet er 10 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 15 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 20 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 25 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 30 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphet er 5 mg cap er 24h	1	QL 60 EA / 30 day(s)
amphetamine-dextroamphetamine 10 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 12.5 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 15 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 20 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 30 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 5 mg tab	1	QL 90 EA / 30 day(s)
amphetamine-dextroamphetamine 7.5 mg tab	1	QL 90 EA / 30 day(s)
dextroamphetamine sulfate 10 mg tab	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate 5 mg tab	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate 5 mg/5ml solution	1	
dextroamphetamine sulfate er 10 mg cap er 24h	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate er 15 mg cap er 24h	1	QL 120 EA / 30 day(s)
dextroamphetamine sulfate er 5 mg cap er 24h	1	QL 120 EA / 30 day(s)
lisdexamfetamine dimesylate 10 mg cap	2	QL 30 EA / 30 days
lisdexamfetamine dimesylate 20 mg cap	2	QL 30 EA / 30 days
lisdexamfetamine dimesylate 30 mg cap	2	QL 30 EA / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
lisdexamfetamine dimesylate 40 mg cap	2	QL 30 EA / 30 days
lisdexamfetamine dimesylate 50 mg cap	2	QL 30 EA / 30 days
lisdexamfetamine dimesylate 60 mg cap	2	QL 30 EA / 30 days
lisdexamfetamine dimesylate 70 mg cap	2	QL 30 EA / 30 days
procentra 5 mg/5ml solution	1	
VYVANSE 10 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 20 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 30 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 40 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 50 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 60 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
VYVANSE 70 MG CAP	2	QL 30 EA / 30 day(s) ! See important benefit information at end of document
zenzedi 10 mg tab	1	QL 120 EA / 30 day(s)
zenzedi 5 mg tab	1	QL 120 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl 10 mg cap	1	
atomoxetine hcl 100 mg cap	1	
atomoxetine hcl 18 mg cap	1	
atomoxetine hcl 25 mg cap	1	
atomoxetine hcl 40 mg cap	1	
atomoxetine hcl 60 mg cap	1	
atomoxetine hcl 80 mg cap	1	
clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)	1	
Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)	1	QL 90 EA / 30 day(s)
Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)	2	QL 30 EA / 30 day(s)
guanfacine hcl er 1 mg tab er 24h	1	
guanfacine hcl er 2 mg tab er 24h	1	
guanfacine hcl er 3 mg tab er 24h	1	
guanfacine hcl er 4 mg tab er 24h	1	
Methylphenidate 10 MG/9HR PATCH (generic of DAYTRANA)	3	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Methylphenidate 15 MG/9HR PATCH (generic of DAYTRANA)	3	QL 30 EA / 30 day(s)
Methylphenidate 20 MG/9HR PATCH (generic of DAYTRANA)	3	QL 30 EA / 30 day(s)
Methylphenidate 30 MG/9HR PATCH (generic of DAYTRANA)	3	QL 30 EA / 30 day(s)
Methylphenidate HCl 10 MG CHEW TAB (generic of METHYLIN)	3	
Methylphenidate HCl 10 MG TAB (generic of RITALIN)	1	QL 90 EA / 30 day(s)
Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)	2	
Methylphenidate HCl 2.5 MG CHEW TAB (generic of METHYLIN)	3	
Methylphenidate HCl 20 MG TAB (generic of RITALIN)	1	QL 90 EA / 30 day(s)
Methylphenidate HCl 5 MG CHEW TAB (generic of METHYLIN)	3	
Methylphenidate HCl 5 MG TAB (generic of RITALIN)	1	QL 90 EA / 30 day(s)
Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)	1	QL 1800 ML / 30 day(s)
Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)	3	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
Methylphenidate HCl ER (LA) 60 MG CAP ER 24H (generic of RITALIN LA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 60 EA / 30 day(s)
Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl er 27 mg tab er 24h	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl er 36 mg tab er 24h	1	QL 60 EA / 30 day(s)
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	1	QL 60 EA / 30 day(s)
methylphenidate hcl er 54 mg tab er 24h	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		
AUSTEDO 12 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO 6 MG TAB	3	PA SP Specialty
AUSTEDO 9 MG TAB	3	PA SP Specialty
AUSTEDO XR 12 MG TAB ER 24H	3	PA SP Specialty
AUSTEDO XR 24 MG TAB ER 24H	3	PA SP Specialty
AUSTEDO XR 6 MG TAB ER 24H	3	PA SP Specialty
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	PA SP Specialty
bac 50-325-40 mg tab	1	
benzphetamine hcl 50 mg tab	1	PA
butalbital-acetaminophen 50-325 mg tab	1	
butalbital-apap-caffeine 50-300-40 mg cap	1	
butalbital-apap-caffeine 50-325-40 mg cap	1	
butalbital-apap-caffeine 50-325-40 mg tab	1	
CONTRAVE 8-90 MG TAB ER 12H	3	PA
diethylpropion hcl 25 mg tab	1	PA
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1	PA
esgic 50-325-40 mg cap	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUEDEXTA 20-10 MG CAP	3	PA
phendimetrazine tartrate 35 mg tab	1	PA
phentermine hcl 15 mg cap	1	PA
phentermine hcl 30 mg cap	1	PA
phentermine hcl 37.5 mg cap	1	PA
phentermine hcl 37.5 mg tab	1	PA
RADICAVA ORS 105 MG/5ML SUSPENSION	3	PA SP Specialty
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	3	PA SP Specialty
RELYVRIO 3-1 GM PACKET	3	PA SP Specialty
riluzole 50 mg tab	3	
TENCON 50-325 MG TAB	1	
tetrabenazine 12.5 mg tab	3	PA SP Specialty
tetrabenazine 25 mg tab	3	PA SP Specialty
zebutal 50-325-40 mg cap	1	
FIBROMYALGIA AGENTS		
duloxetine hcl 20 mg cp dr part	1	
duloxetine hcl 30 mg cp dr part	1	
duloxetine hcl 60 mg cp dr part	1	
pregabalin 100 mg cap	1	
pregabalin 150 mg cap	1	
pregabalin 20 mg/ml solution	1	
pregabalin 200 mg cap	1	
pregabalin 225 mg cap	1	
pregabalin 25 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
pregabalin 300 mg cap	1	
pregabalin 50 mg cap	1	
pregabalin 75 mg cap	1	
SAVELLA 100 MG TAB	2	
SAVELLA 12.5 MG TAB	2	
SAVELLA 25 MG TAB	2	
SAVELLA 50 MG TAB	2	
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC	2	
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO 14 MG TAB	2	PA ! See important benefit information at end of document SP Specialty
AUBAGIO 7 MG TAB	2	PA ! See important benefit information at end of document SP Specialty
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	3	PA SP Specialty
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	3	PA SP Specialty
BAFIERTAM 95 MG CAP DR	2	PA SP Specialty
BETASERON 0.3 MG KIT	2	PA SP Specialty
COPAXONE 20 MG/ML SOLN PRSYR	2	PA ! See important benefit information at end of document SP Specialty
COPAXONE 40 MG/ML SOLN PRSYR	2	PA ! See important benefit information at end of document SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dalfampridine er 10 mg tab er 12h	1	SP Specialty
dimethyl fumarate 120 mg cap dr	2	PA SP Specialty
dimethyl fumarate 240 mg cap dr	2	PA SP Specialty
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	2	PA SP Specialty
fingolimod hcl 0.5 mg cap	2	PA SP Specialty
glatiramer acetate 20 mg/ml soln prsyr	2	PA SP Specialty
glatiramer acetate 40 mg/ml soln prsyr	2	PA SP Specialty
glatopa 20 mg/ml soln prsyr	2	PA SP Specialty
glatopa 40 mg/ml soln prsyr	2	PA SP Specialty
KESIMPTA 20 MG/0.4ML SOLN A-INJ	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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (8 TABS) 10 MG TAB THPK	3	PA SP Specialty
MAVENCLAD (9 TABS) 10 MG TAB THPK	3	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 0.25 MG TAB THPK	2	PA SP Specialty
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	PA SP Specialty
REBIF 22 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
REBIF 44 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	2	PA SP Specialty
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	2	PA SP Specialty
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	PA SP Specialty
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	PA SP Specialty
teriflunomide 14 mg tab	2	PA SP Specialty
teriflunomide 7 mg tab	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VUMERITY (STARTER) 231 MG CAP DR	2	PA SP Specialty
VUMERITY 231 MG CAP DR	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 CAP THPK	2	PA SP Specialty
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	PA SP Specialty
DENTAL AND ORAL AGENTS		
cavarest 1.1 % gel	1	
cevimeline hcl 30 mg cap	2	
chlorhexidine gluconate 0.12 % solution	1	
clinpro 5000 1.1 % paste	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	
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % PASTE	1	
fluorimax 5000 1.1 % paste	1	
FLUORIMAX 5000 SENSITIVE 1.1-5 % PASTE	1	
GELCLAIR GEL	2	
just right 5000 1.1 % gel	1	
just right 5000 1.1 % paste	1	
kourzeq 0.1 % paste	1	
oralone 0.1 % paste	1	
paroex 0.12 % solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
periogard 0.12 % solution	1	
pilocarpine hcl 5 mg tab	1	
pilocarpine hcl 7.5 mg tab	1	
PREVIDENT 0.2 % SOLUTION	2	
sf 1.1 % gel	1	
sf 5000 plus 1.1 % cream	1	
sodium fluoride 0.2 % solution	1	
sodium fluoride 1.1 % cream	1	
sodium fluoride 1.1 % gel	1	
sodium fluoride 5000 enamel 1.1-5 % gel	1	
sodium fluoride 5000 plus 1.1 % cream	1	
sodium fluoride 5000 ppm 1.1 % cream	1	
sodium fluoride 5000 ppm 1.1 % gel	1	
sodium fluoride 5000 ppm 1.1 % paste	1	
sodium fluoride 5000 sensitive 1.1-5 % gel	1	
triamcinolone acetonide 0.1 % paste	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
accutane 10 mg cap	1	
accutane 20 mg cap	1	
accutane 30 mg cap	3	
accutane 40 mg cap	1	
acitretin 10 mg cap	2	
acitretin 17.5 mg cap	2	
acitretin 25 mg cap	2	
adapalene 0.1 % cream	1	
adapalene 0.1 % gel	1	
adapalene 0.3 % gel	2	
adapalene-benzoyl peroxide 0.1-2.5 % gel	3	
amnesteem 10 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amnesteem 20 mg cap	1	
amnesteem 40 mg cap	1	
avita 0.025 % cream	1	
avita 0.025 % gel	1	
azelaic acid 15 % gel	2	
AZELEX 20 % CREAM	3	
benzoyl peroxide-erythromycin 5-3 % gel	1	
claravis 10 mg cap	1	
claravis 20 mg cap	1	
claravis 30 mg cap	3	
claravis 40 mg cap	1	
clindamycin phos-benzoyl perox 1-5 % gel	2	
clindamycin phos-benzoyl perox 1.2-2.5 % gel	3	
clindamycin phos-benzoyl perox 1.2-5 % gel	2	
clindamycin-tretinoin 1.2-0.025 % gel	3	
DIFFERIN 0.1 % LOTION	2	
FINACEA 15 % FOAM	2	
isotretinoin 10 mg cap	1	
isotretinoin 20 mg cap	1	
isotretinoin 30 mg cap	3	
isotretinoin 40 mg cap	1	
myorisan 10 mg cap	1	
myorisan 20 mg cap	1	
myorisan 30 mg cap	3	
myorisan 40 mg cap	1	
neuac 1.2-5 % gel	2	
RETIN-A MICRO PUMP 0.08 % GEL	3	! See important benefit information at end of document
tazarotene 0.05 % gel	3	
tazarotene 0.1 % cream	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tazarotene 0.1 % gel	3	
TAZORAC 0.05 % CREAM	3	
tretinoin 0.01 % gel	1	
tretinoin 0.025 % cream	1	
tretinoin 0.025 % gel	1	
tretinoin 0.05 % cream	1	
tretinoin 0.05 % gel	3	
tretinoin 0.1 % cream	1	
tretinoin microsphere 0.04 % gel	3	
tretinoin microsphere 0.08 % gel	3	
tretinoin microsphere 0.1 % gel	3	
tretinoin microsphere pump 0.04 % gel	3	
tretinoin microsphere pump 0.08 % gel	3	
tretinoin microsphere pump 0.1 % gel	3	
zenatane 10 mg cap	1	
zenatane 20 mg cap	1	
zenatane 30 mg cap	3	
zenatane 40 mg cap	1	
DERMATITIS AND PRURITUS AGENTS		
ala-cort 1 % cream	1	
ala-cort 2.5 % cream	1	
alclometasone dipropionate 0.05 % ointment	1	
AMCINONIDE 0.1 % CREAM	1	
AMCINONIDE 0.1 % LOTION	1	
ammonium lactate 12 % cream	1	
ammonium lactate 12 % lotion	1	
APEXICON E 0.05 % CREAM	3	
aquanil hc 1 % lotion	1	OTC Over the Counter
beser 0.05 % lotion	1	
beta hc 1 % lotion	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
betamethasone dipropionate 0.05 % cream	1	
betamethasone dipropionate 0.05 % lotion	1	
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
betamethasone dipropionate aug 0.05 % ointment	1	
betamethasone valerate 0.1 % cream	1	
betamethasone valerate 0.1 % lotion	1	
betamethasone valerate 0.1 % ointment	1	
betamethasone valerate 0.12 % foam	2	
clobetasol prop emollient base 0.05 % cream	1	
clobetasol propionate 0.05 % cream	1	
clobetasol propionate 0.05 % foam	1	
clobetasol propionate 0.05 % gel	1	
clobetasol propionate 0.05 % liquid	2	
clobetasol propionate 0.05 % lotion	2	
clobetasol propionate 0.05 % ointment	1	
clobetasol propionate 0.05 % shampoo	2	
clobetasol propionate 0.05 % solution	1	
clodan 0.05 % shampoo	2	
CORDRAN 4 MCG/SQCM TAPE	3	
cortizone-10 diabetics skin 1 % lotion	1	OTC Over the Counter
cortizone-10 eczema 1 % lotion	1	OTC Over the Counter
cortizone-10 hydratensive 1 % lotion	1	OTC Over the Counter
cvs cortisone maximum strength 1 % lotion	1	OTC Over the Counter
dermarest eczema 1 % lotion	1	OTC Over the Counter
desonide 0.05 % cream	1	
desonide 0.05 % gel	2	
desonide 0.05 % ointment	1	
desoximetasone 0.05 % cream	1	
desoximetasone 0.05 % gel	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
desoximetasone 0.05 % ointment	1	
desoximetasone 0.25 % cream	1	
desoximetasone 0.25 % ointment	1	
desrx 0.05 % gel	2	
FLUOCINOLONE ACETONIDE 0.01 % CREAM	1	
fluocinolone acetonide 0.01 % cream	1	
fluocinolone acetonide 0.01 % solution	1	
fluocinolone acetonide 0.025 % cream	1	
fluocinolone acetonide 0.025 % ointment	1	
fluocinolone acetonide body 0.01 % oil	2	
fluocinolone acetonide scalp 0.01 % oil	2	
fluocinonide 0.05 % cream	1	
fluocinonide 0.05 % gel	1	
fluocinonide 0.05 % ointment	1	
fluocinonide 0.05 % solution	1	
fluocinonide 0.1 % cream	3	
fluocinonide emulsified base 0.05 % cream	1	
flurandrenolide 0.05 % cream	3	
flurandrenolide 0.05 % lotion	3	
fluticasone propionate 0.005 % ointment	1	
fluticasone propionate 0.05 % cream	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	1	
fluticasone propionate 0.05 % lotion	1	
halobetasol propionate 0.05 % cream	1	
halobetasol propionate 0.05 % ointment	1	
hydrocortisone (perianal) 1 % cream	1	
hydrocortisone (perianal) 2.5 % cream	1	
hydrocortisone 1 % cream	1	
hydrocortisone 1 % lotion	1	OTC Over the Counter
hydrocortisone 1 % ointment	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hydrocortisone 2.5 % cream	1	
hydrocortisone 2.5 % lotion	1	
hydrocortisone 2.5 % ointment	1	
HYDROCORTISONE BUTYR LIPO BASE 0.1 % CREAM	3	
hydrocortisone butyr lipo base 0.1 % cream	3	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	
hydrocortisone butyrate 0.1 % cream	1	
hydrocortisone butyrate 0.1 % lotion	2	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
hydrocortisone valerate 0.2 % cream	1	
mometasone furoate 0.1 % solution	1	
nolix 0.05 % cream	3	
nolix 0.05 % lotion	3	
pimecrolimus 1 % cream	2	QL 30 GM / 30 day(s)
procto-med hc 2.5 % cream	1	
procto-pak 1 % cream	1	
proctosol hc 2.5 % cream	1	
proctozone-hc 2.5 % cream	1	
sarnol-hc 1 % lotion	1	OTC Over the Counter
selenium sulfide 2.5 % lotion	1	
tacrolimus 0.03 % ointment	2	QL 30 GM / 30 day(s)
tacrolimus 0.1 % ointment	2	QL 30 GM / 30 day(s)
triamcinolone acetonide 0.025 % cream	1	
triamcinolone acetonide 0.025 % lotion	1	
triamcinolone acetonide 0.025 % ointment	1	
triamcinolone acetonide 0.1 % cream	1	
triamcinolone acetonide 0.1 % lotion	1	
triamcinolone acetonide 0.1 % ointment	1	
triamcinolone acetonide 0.147 mg/gm aero soln	3	
triamcinolone acetonide 0.5 % cream	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
triamcinolone acetonide 0.5 % ointment	1	
triderm 0.1 % cream	1	
triderm 0.5 % cream	1	
DERMATOLOGICAL AGENTS, OTHER		
avar cleanser 10-5 % liquid	1	
avar-e emollient 10-5 % cream	1	
avar-e green 10-5 % cream	1	
benzepro 5.3 % foam	1	
BENZEPRO CREAMY WASH 7 % LIQUID	1	
benzepro foaming cloths 6 % misc	3	
BENZOYL PEROXIDE 9.8 % FOAM	1	
bp 10-1 10-1 % emulsion	1	
BP CLEANSING WASH 10-4 % EMULSION	1	
bp wash 2.5 % liquid	1	OTC Over the Counter
calcipotriene 0.005 % cream	1	
calcipotriene 0.005 % ointment	1	
calcipotriene 0.005 % solution	1	
calcipotriene-betameth diprop 0.005-0.064 % ointment	3	
calcipotriene-betameth diprop 0.005-0.064 % suspension	3	
calcitrene 0.005 % ointment	1	
CALCITRIOL 3 MCG/GM OINTMENT	3	
cerovel 40 % lotion	1	
clotrimazole-betamethasone 1-0.05 % cream	1	
clotrimazole-betamethasone 1-0.05 % lotion	1	
corti-sav 1-1 % cream	1	
dermazene 1-1 % cream	1	
diclofenac sodium 3 % gel	2	
DRITHO-CREME HP 1 % CREAM	3	
DRYSOL 20 % SOLUTION	3	
enzoclear 9.8 % foam	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUOROPLEX 1 % CREAM	3	
FLUOROURACIL 0.5 % CREAM	2	
FLUOROURACIL 2 % SOLUTION	1	
fluorouracil 5 % cream	1	
FLUOROURACIL 5 % SOLUTION	1	
hydrocort-pramoxine (perianal) 2.5-1 % cream	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
hydrocortisone ace-pramoxine 2.5-1 % cream	1	
hydrocortisone-iodoquinol 1-1 % cream	1	
imiquimod 3.75 % cream	3	
imiquimod 5 % cream	1	
imiquimod pump 3.75 % cream	3	
iodoquimez-hc 1-1.9 % cream	3	
iodoquinol-hydrocortisone-aloe 1-1.9 % cream	3	
keralyt 6 % shampoo	1	
LEVULAN KERASTICK 20 % RECON SOLN	3	
lidocaine-hydrocort (perianal) 3-0.5 % cream	1	
lidocaine-hydrocortisone ace 3-0.5 % kit	1	
LIDOCAINE-HYDROCORTISONE ACE 3-1 % KIT	1	
lidocaine-hydrocortisone ace 3-2.5 % kit	1	
lidocort 3-0.5 % cream	1	
METHOXSALEN RAPID 10 MG CAP	2	
methoxsalen rapid 10 mg cap	2	
nystatin-triamcinolone 100000-0.1 unit/gm-% cream	1	
nystatin-triamcinolone 100000-0.1 unit/gm-% ointment	1	
OTEZLA 30 MG TAB	2	QL 60 EA / 30 day(s) PA SP Specialty
OVACE PLUS 9.8 % LOTION	3	
PICATO 0.015 % GEL	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PICATO 0.05 % GEL	3	PA
podofilox 0.5 % gel	2	
PODOFILOX 0.5 % SOLUTION	1	
podofilox 0.5 % solution	1	
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
PR BENZOYL PEROXIDE WASH 7 % LIQUID	1	
PRAMOSONE 1-1 % CREAM	3	
PRAMOSONE 1-2.5 % LOTION	3	
PRAMOSONE 1-2.5 % OINTMENT	3	
PROCTOFOAM HC 1-1 % FOAM	2	
REGRANEX 0.01 % GEL	2	
SALICYLIC ACID 26 % SOLUTION	1	
salicylic acid 27.5 % liquid	1	
salicylic acid 6 % cream	1	
salicylic acid 6 % gel	1	
SALICYLIC ACID 6 % LOTION	1	
salicylic acid 6 % shampoo	1	
salicylic acid wart remover 27.5 % liquid	1	
SANTYL 250 UNIT/GM OINTMENT	3	
silver sulfadiazine 1 % cream	1	
sodium sulfacetamide wash 10 % liquid	1	
sodium sulfacetamide wash 10 % liquid	1	
ssd 1 % cream	1	
sss 10-5 10-5 % cream	1	
SSS 10-5 10-5 % FOAM	1	
sulfacetamide sod-sulfur wash 9-4 % liquid	1	
sulfacetamide sod-sulfur wash 9-4.5 % liquid	1	
sulfacetamide sodium 10 % liquid	1	
sulfacetamide sodium-sulfur 10-2 % cream	1	
sulfacetamide sodium-sulfur 10-2 % liquid	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sulfacetamide sodium-sulfur 10-4 % pad	1	
sulfacetamide sodium-sulfur 10-5 % cream	1	
sulfacetamide sodium-sulfur 10-5 % liquid	1	
sulfacetamide sodium-sulfur 10-5 % lotion	1	
sulfacetamide sodium-sulfur 10-5 % suspension	1	
sulfacetamide sodium-sulfur 8-4 % suspension	1	
sulfacetamide sodium-sulfur 8-4 % suspension	1	
sulfacetamide sodium-sulfur 9-4 % liquid	1	
sulfacetamide sodium-sulfur 9-4 % liquid	1	
sulfacetamide sodium-sulfur 9-4.5 % liquid	1	
SULFACETAMIDE-SULFUR IN UREA 10-5 % EMULSION	1	
sulfacleanse 8/4 8-4 % suspension	1	
sulfamez wash 10-1 % emulsion	1	
ULESFIA 5 % LOTION	3	
umecta mousse 40 % foam	1	
urea 39 % cream	1	
urea 40 % cream	1	
urea 40 % lotion	1	
UREA 40 % SUSPENSION	1	
UREA 45 % CREAM	1	
UREA 47 % CREAM	1	
urea 47 % cream	1	
urea nail 45 % gel	1	
urea-c40 40 % lotion	1	
uredeb 39 % cream	1	
uremez-40 40 % cream	1	
XERAC AC 6.25 % SOLUTION	2	
XERESE 5-1 % CREAM	3	
xurea 39 % cream	1	
ZYCLARA PUMP 2.5 % CREAM	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDICULICIDES/SCABICIDES		
CROTAN 10 % LOTION	2	
EURAX 10 % CREAM	2	
IVERMECTIN 1 % CREAM	3	
ivermectin 1 % cream	3	
LINDANE 1 % SHAMPOO	1	
malathion 0.5 % lotion	1	
permethrin 5 % cream	1	
SOOLANTRA 1 % CREAM	3	
SPINOSAD 0.9 % SUSPENSION	3	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % cream	2	
acyclovir 5 % ointment	2	QL 15 GM / 30 day(s)
ciclodan 8 % solution	1	
ciclopirox 0.77 % gel	1	
ciclopirox 1 % shampoo	1	
ciclopirox 8 % solution	1	
clindacin 1 % foam	2	
clindamycin phosphate 1 % foam	2	
clindamycin phosphate 1 % gel	1	
clindamycin phosphate 1 % lotion	1	
clindamycin phosphate 1 % solution	1	
dapsone 5 % gel	3	
ERY 2 % PAD	1	
erythromycin 2 % gel	1	
erythromycin 2 % solution	1	
mupirocin 2 % ointment	1	
mupirocin calcium 2 % cream	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
carglumic acid 200 mg tab sol	3	PA SP Specialty
klor-con 10 10 meq tab er	1	
klor-con 20 meq packet	1	
klor-con 8 meq tab er	1	
klor-con m10 10 meq tab er	1	
klor-con m15 15 meq tab er	3	
klor-con m20 20 meq tab er	1	
klor-con sprinkle 10 meq cap er	1	
klor-con sprinkle 8 meq cap er	1	
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug
NUTREN 1.5 LIQUID	2	OTC Over the Counter
potassium chloride 10 % solution	1	
potassium chloride 20 meq packet	1	
potassium chloride 20 meq/15ml (10%) solution	1	
potassium chloride 40 meq/15ml (20%) solution	1	
potassium chloride crys er 10 meq tab er	1	
potassium chloride crys er 15 meq tab er	3	
potassium chloride crys er 20 meq tab er	1	
potassium chloride er 10 meq cap er	1	
potassium chloride er 10 meq tab er	1	
potassium chloride er 15 meq tab er	3	
potassium chloride er 20 meq tab er	1	
potassium chloride er 8 meq cap er	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM CHLORIDE ER 8 MEQ TAB ER	1	
potassium chloride er 8 meq tab er	1	
potassium citrate er 10 meq (1080 mg) tab er	1	
potassium citrate er 15 meq (1620 mg) tab er	1	
potassium citrate er 5 meq (540 mg) tab er	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		
clovique 250 mg cap	3	PA SP Specialty
deferasirox 125 mg tab sol	3	SP Specialty
deferasirox 250 mg tab sol	3	SP Specialty
deferasirox 500 mg tab sol	3	SP Specialty
deferiprone 1000 mg tab	3	PA SP Specialty
deferiprone 500 mg tab	3	PA SP Specialty
FERRIPROX 100 MG/ML SOLUTION	3	PA SP Specialty
FERRIPROX TWICE-A-DAY 1000 MG TAB	3	PA SP Specialty
JYNARQUE 15 MG TAB	3	PA SP Specialty
JYNARQUE 15 MG TAB THPK	3	PA SP Specialty
JYNARQUE 30 & 15 MG TAB THPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
TOLVAPTAN 15 MG TAB	3	PA SP Specialty
tolvaptan 15 mg tab	3	PA SP Specialty
tolvaptan 30 mg tab	3	PA SP Specialty
trientine hcl 250 mg cap	3	PA SP Specialty
TRIENTINE HCL 500 MG CAP	3	PA SP Specialty
PHOSPHATE BINDERS		
calcium acetate (phos binder) 667 mg cap	1	
calcium acetate (phos binder) 667 mg tab	2	
calcium acetate 667 mg tab	2	
FOSRENOL 1000 MG PACKET	3	
lanthanum carbonate 1000 mg chew tab	2	
lanthanum carbonate 500 mg chew tab	2	
lanthanum carbonate 750 mg chew tab	2	
PHOSLYRA 667 MG/5ML SOLUTION	3	
sevelamer carbonate 0.8 gm packet	2	
sevelamer carbonate 2.4 gm packet	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sevelamer carbonate 800 mg tab	2	
sevelamer hcl 800 mg tab	2	
POTASSIUM BINDERS		
kionex 15 gm/60ml suspension	1	
LOKELMA 10 GM PACKET	2	
LOKELMA 5 GM PACKET	2	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate 15 gm/60ml suspension	1	
SPS 15 GM/60ML SUSPENSION	1	
VELTASSA 16.8 GM PACKET	2	
VELTASSA 25.2 GM PACKET	2	
VELTASSA 8.4 GM PACKET	2	
VITAMINS		
a thru z advanced tab	1	OTC Over the Counter
a thru z advanced adult tab	1	OTC Over the Counter
a thru z high potency tab	1	OTC Over the Counter
a thru z select tab	1	OTC Over the Counter
a thru z select 50+ advanced tab	1	OTC Over the Counter
a thru z select 50+ mens tab	1	OTC Over the Counter
a thru z select advanced tab	1	OTC Over the Counter
a thru z select ultimate women tab	1	OTC Over the Counter
a thru z ultimate mens tab	1	OTC Over the Counter
abc plus tab	1	OTC Over the Counter
abc plus senior tab	1	OTC Over the Counter
abc plus senior adults 50+ tab	1	OTC Over the Counter
activite 1 mg tab	1	
adc/f (0.5mg/ml) 0.5 mg/ml solution	1	PD Preventive Drug
airavite 2.5-25-1 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amino acids complex tab	1	OTC Over the Counter
amino action 1200-100 mg tab	1	OTC Over the Counter
antioxidant a/c/e/selenium tab	1	OTC Over the Counter
antioxidant protection formula tab	1	OTC Over the Counter
antioxidant vitamins tab	1	OTC Over the Counter
ATABEX EC 29-1 MG TAB DR	3	
b-plex plus tab	1	
BACMIN TAB	3	
biocel tab	1	
bprotected pedia iron 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
C-NATE DHA 28-1-200 MG CAP	3	
carravite tab	1	OTC Over the Counter
centavite a-z complete-mineral tab	1	OTC Over the Counter
centravites tab	1	OTC Over the Counter
centravites 50 plus tab	1	OTC Over the Counter
century tab	1	OTC Over the Counter
century mature tab	1	OTC Over the Counter
cerovite senior tab	1	OTC Over the Counter
certa plus tab	1	OTC Over the Counter
certavite/antioxidants tab	1	OTC Over the Counter
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 BLOOM 90-1 MG TAB	3	
CITRANATAL BLOOM DHA 90-1 & 300 MG MISC	3	
CITRANATAL DHA 27-1 & 250 MG MISC	3	
CITRANATAL HARMONY 27-1-260 MG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CITRANATAL MEDLEY 27-1-200 MG CAP	3	
CITRANATAL RX 27-1 MG TAB	3	
CO-NATAL FA TAB	3	
companion tab	1	OTC Over the Counter
compete tab	1	OTC Over the Counter
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	3	
COMPLETENATE 29-1 MG CHEW TAB	3	
CONCEPT DHA 53.5-38-1 MG CAP	3	
CONCEPT OB 130-92.4-1 MG CAP	3	
CORVITA TAB	3	
corvita 150 150-1.25 mg tab	3	
corvite free tab	1	
cvs daily multiple for men tab	1	OTC Over the Counter
cvs daily multiple women 50+ tab	1	OTC Over the Counter
cvs eye health & lutein tab	1	OTC Over the Counter
cvs fish oil 1000 mg cap	1	OTC Over the Counter
cvs folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
cvs natural fish oil 1000 mg cap	1	OTC Over the Counter
cvs one daily essential tab	1	OTC Over the Counter
cvs one daily mens formula tab	1	OTC Over the Counter
cvs one daily womens formula tab	1	OTC Over the Counter
cvs slow release iron 143 (45 fe) mg tab er	1	ACA Affordable Care Act OTC Over the Counter
cvs spectravite advanced tab	1	OTC Over the Counter
cvs spectravite men tab	1	OTC Over the Counter
cvs spectravite men 50+ tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cvs spectravite senior tab	1	OTC Over the Counter
cvs spectravite ultra mens tab	1	OTC Over the Counter
cvs spectravite women tab	1	OTC Over the Counter
cvs spectravite women 50+ tab	1	OTC Over the Counter
cvs spectravite womens senior tab	1	OTC Over the Counter
cvs womens active daily tab	1	OTC Over the Counter
cyanocobalamin 1000 mcg/ml solution	1	^
daily amino acid tab	1	OTC Over the Counter
daily betic tab	1	OTC Over the Counter
daily combo multi vitamins tab	1	OTC Over the Counter
daily mens health formula tab	1	OTC Over the Counter
daily multi tab	1	OTC Over the Counter
daily multiple vitamins/min tab	1	OTC Over the Counter
daily vitamin formula+minerals tab	1	OTC Over the Counter
daily womens health formula tab	1	OTC Over the Counter
daily-vitamin maximum formula tab	1	OTC Over the Counter
davite 1 mg tab	1	
DAYAVITE TAB	3	
DERMACINRX MULTITAM TAB	3	
DERMACINRX RIBOTIN-E TAB	3	
DERMACINRX ZINTREXYL-C TAB	3	
dexifol 5 mg tab	1	
diabetes health formula tab	1	OTC Over the Counter
dialyvite tab	1	
dialyvite 800/ultra d tab	1	OTC Over the Counter
DIALYVITE SUPREME D TAB	3	
DIALYVITE/ZINC TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIATROL TAB	3	
doctors choice men tab	1	OTC Over the Counter
dodex 1000 mcg/ml solution	1	^
DUET DHA 400 25-1 & 400 MG MISC	3	
DUET DHA BALANCED 25-1 & 267 MG MISC	3	
EFFER-K 10 MEQ EFFER TAB	3	
EFFER-K 20 MEQ EFFER TAB	3	
effer-k 25 meq effer tab	1	
ELITE-OB 50-1.25 MG TAB	1	
ENBRACE HR CAP	3	
eq complete multivit adult 50+ tab	1	OTC Over the Counter
eq one daily womens health tab	1	OTC Over the Counter
eql century tab	1	OTC Over the Counter
eql century mature tab	1	OTC Over the Counter
eql century mature men 50+ tab	1	OTC Over the Counter
eql century mature women 50+ tab	1	OTC Over the Counter
eql fish oil 1000 mg cap	1	OTC Over the Counter
eql omega 3 fish oil 1000 mg cap	1	OTC Over the Counter
eql one daily mens 50+ advance tab	1	OTC Over the Counter
eql one daily mens health tab	1	OTC Over the Counter
eql one daily womens 50+ adv tab	1	OTC Over the Counter
eql vision formula tab	1	OTC Over the Counter
eskimo purefa 1000 mg cap	1	OTC Over the Counter
essentia tab	1	OTC Over the Counter
essential balance tab	1	OTC Over the Counter
eye-vites tab	1	OTC Over the Counter
eyeprotect tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fa-vitamin b-6-vitamin b-12 2.2-25-0.5 mg tab	1	
fabb 2.2-25-1 mg tab	1	
fe-vite iron 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
FER-IN-SOL 75 (15 FE) MG/ML SOLUTION	1	ACA Affordable Care Act OTC Over the Counter
ferocon cap	1	
ferotrinsic cap	1	
FERRALET 90 90-1 MG TAB	3	
FERRAPLUS 90 90-1 MG TAB	3	
ferrous sulfate 220 (44 fe) mg/5ml solution	1	ACA Affordable Care Act OTC Over the Counter
ferrous sulfate 300 (60 fe) mg/5ml solution	1	ACA Affordable Care Act OTC Over the Counter
ferrous sulfate 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
fish oil 1000 mg cap	1	OTC Over the Counter
fish oil burp-less 1000 mg cap	1	OTC Over the Counter
fish oil concentrate 1000 mg cap	1	OTC Over the Counter
fish oil high potency 1000 mg cap	1	OTC Over the Counter
fish oil omega-3 1000 mg cap	1	OTC Over the Counter
fish oil/super potent/no burp 1000 mg cap	1	OTC Over the Counter
FLUORABON 0.55 (0.25 F) MG/0.6ML SOLUTION	2	ACA Affordable Care Act
fluoritab 0.275 (0.125 f) mg/drop solution	1	ACA Affordable Care Act
FLURA-DROPS 0.55 (0.25 F) MG/DROP SOLUTION	1	ACA Affordable Care Act
FOLAGENT DHA CAP	3	
FOLAMAX TAB	3	
FOLAMED DHA CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
folate 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
folbee 2.5-25-1 mg tab	1	
folbee plus tab	1	
FOLBEE PLUS CZ 5 MG TAB	1	
FOLBIC 2.5-25-2 MG TAB	1	OTC Over the Counter
FOLET DHA 38-1 & 350 MG THER PACK	3	
FOLET ONE 38-1-225 MG CAP	3	
FOLGARD OS 500-1.1 MG TAB	3	
folic acid 1 mg tab	1	RX4L Rx4Less Program
folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
FOLIFLEX TAB	3	
FOLITIN-Z TAB	3	
FOLIVANE-OB 85-1 MG CAP	3	
FOLIVANE-PLUS CAP	3	
folplex 2.2 2.2-25-0.5 mg tab	1	
foltrin cap	1	
genicin vita-s 1 mg tab	1	
gerivite complete tab	1	OTC Over the Counter
gnp century mature women's 50+ tab	1	OTC Over the Counter
gnp fish oil 1000 mg cap	1	OTC Over the Counter
gnp folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
gnp hair/skin/nails tab	1	OTC Over the Counter
gnp healthy eyes tab	1	OTC Over the Counter
gnp mega multi for men tab	1	OTC Over the Counter
gnp mega multi for women tab	1	OTC Over the Counter
gnp one daily mens health 50+ tab	1	OTC Over the Counter
gnp one daily mens/lycopene tab	1	OTC Over the Counter
gnp one daily womens tab	1	OTC Over the Counter
gnp one daily womens 50+ tab	1	OTC Over the Counter
gnp therapeutic-m tab	1	OTC Over the Counter
hair formula extra strength tab	1	OTC Over the Counter
hair skin and nails formula tab	1	OTC Over the Counter
hair vitamins tab	1	OTC Over the Counter
hair/skin/nails tab	1	OTC Over the Counter
healthy eyes tab	1	OTC Over the Counter
hematogen forte 460-60-0.01-1 mg cap	1	
hi-kovite 2-part formula tab	1	OTC Over the Counter
hi-potency multi-vitamin tab	1	OTC Over the Counter
hm antioxidant vitamins tab	1	OTC Over the Counter
hm complete women tab	1	OTC Over the Counter
hm fish oil 1000 mg cap	1	OTC Over the Counter
hm folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
hm mens 50+ advanced one daily tab	1	OTC Over the Counter
hm womens 50+ advanced daily tab	1	OTC Over the Counter
HYLAZINC TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
i-vite tab	1	OTC Over the Counter
icaps mv tab	1	OTC Over the Counter
ICAR 15 MG/1.25ML SUSPENSION	1	ACA Affordable Care Act OTC Over the Counter
ICAR-C PLUS 100-250-0.025-1 MG TAB	2	
iferex 150 forte 150-25-1 mg-mcg-mg cap	1	
INATAL GT TAB	1	
iron slow release 143 (45 fe) mg tab er	1	ACA Affordable Care Act OTC Over the Counter
iron supplement 220 (44 fe) mg/5ml solution	1	ACA Affordable Care Act OTC Over the Counter
iron supplement childrens 75 (15 fe) mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
k-prime 25 meq effer tab	1	
kaminos tab	1	OTC Over the Counter
KEYFOLIC TAB	3	
KEYLOSA TAB	3	
klor-con/ef 25 meq effer tab	1	
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	3	
kp adults 50+ daily formula tab	1	OTC Over the Counter
kp adults daily formula tab	1	OTC Over the Counter
kp folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
kp mens 50+ daily formula tab	1	OTC Over the Counter
kp mens daily formula tab	1	OTC Over the Counter
kp vision formula tab	1	OTC Over the Counter
kp vision formula/lutein tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
kp womens 50+ daily formula tab	1	OTC Over the Counter
kp womens daily formula tab	1	OTC Over the Counter
levocarnitine 1 gm/10ml solution	1	
levocarnitine 330 mg tab	1	
levocarnitine sf 1 gm/10ml solution	1	
LIVITA ADULTS LIQUID	3	
lorid 1 mg tab	1	
lysiplex plus tab	1	
M-NATAL PLUS 27-1 MG TAB	3	
macuvite tab	1	OTC Over the Counter
macuvite eye care tab	1	OTC Over the Counter
macuvite/lutein tab	1	OTC Over the Counter
MARNATAL-F 60-1 MG CAP	3	
maxepa 1000 mg cap	1	OTC Over the Counter
maximum daily green tab	1	OTC Over the Counter
maximum epa 1000 mg cap	1	OTC Over the Counter
mediplex plus tab	1	OTC Over the Counter
mega vm-80 tab	1	OTC Over the Counter
meijer advanced formula tab	1	OTC Over the Counter
MENATROL CAP	3	
mens hair formula ultra man tab	1	OTC Over the Counter
mens life pack tab	1	OTC Over the Counter
milltrium advanced formula tab	1	OTC Over the Counter
milltrium cardio tab	1	OTC Over the Counter
milltrium senior tab	1	OTC Over the Counter
multi complete/iron tab	1	OTC Over the Counter
multi for her tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
multi for her 50+ tab	1	OTC Over the Counter
multi for him tab	1	OTC Over the Counter
multi for him 50+ tab	1	OTC Over the Counter
multi vitamin/minerals tab	1	OTC Over the Counter
multi-day plus minerals tab	1	OTC Over the Counter
multi-day weight trim tab	1	OTC Over the Counter
multi-lean tab	1	OTC Over the Counter
multi-vitamin menopausal tab	1	OTC Over the Counter
multi-vitamin/fluoride 0.25 mg/ml solution	1	PD Preventive Drug
multi-vitamin/fluoride 0.5 mg/ml solution	1	PD Preventive Drug
multi-vitamin/fluoride/iron 0.25-10 mg/ml solution	1	PD Preventive Drug
multi-vitamin/minerals tab	1	OTC Over the Counter
MULTIGEN 70 MG TAB	3	
MULTIGEN FOLIC 70-150-2-1 MG TAB	3	
multilex tab	1	OTC Over the Counter
multiple vit/minerals/no iron tab	1	OTC Over the Counter
multiple vitamins/womens tab	1	OTC Over the Counter
multipro cap	1	
MULTIVITAMIN + FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN + FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN + FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
multivitamin adults tab	1	OTC Over the Counter
multivitamin adults 50+ tab	1	OTC Over the Counter
multivitamin men tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
multivitamin men 50+ tab	1	OTC Over the Counter
multivitamin women tab	1	OTC Over the Counter
multivitamin women 50+ tab	1	OTC Over the Counter
multivitamin womens 50+ adv tab	1	OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
multivitamin/fluoride 0.25 mg/ml solution	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
multivitamin/fluoride 0.5 mg/ml solution	1	PD Preventive Drug OTC Over the Counter
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
multivitamins/fluoride 0.5 mg chew tab	1	PD Preventive Drug
myamulti tab	1	OTC Over the Counter
myferon 150 forte 150-25-1 mg-mcg-mg cap	1	
MYNATAL CAP	3	
MYNATAL 90-1 MG TAB	3	
MYNATAL ADVANCE TAB	3	
MYNATAL PLUS TAB	3	
MYNATAL-Z TAB	3	
MYNATE 90 PLUS TAB ER	3	
mynephrocaps 1 mg cap	1	
mynephron 1 mg cap	1	
n-acetyl cysteine 600 mg cap	1	OTC Over the Counter
n-acetyl-l-cysteine 600 mg cap	1	
nac 600 600 mg cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nac 600 mg cap	1	OTC Over the Counter
nafrinse 2.2 (1 f) mg chew tab	1	ACA Affordable Care Act
NAFRINSE DROPS 0.275 (0.125 F) MG/DROP SOLUTION	1	ACA Affordable Care Act
NATACHEW 28-1 MG CHEW TAB	3	
NATALVIT TAB	3	
NEEVO DHA 27-1.13 MG CAP	3	
NEONATAL + DHA 29-1 & 200 MG MISC	3	
NEONATAL 19 1 MG TAB	3	
NEONATAL COMPLETE 27-1 MG TAB	3	
NEONATAL COMPLETE 29-1 MG TAB	3	
NEONATAL FE 90-1 MG TAB	3	
NEONATAL PLUS 27-1 MG TAB	3	
NEOVITE TAB	3	
NEPHPLEX RX TAB	3	
nephronex tab	1	
NESTABS 32-1 MG TAB	3	
NESTABS DHA 32-1 MG MISC	3	
NESTABS ONE 38-1-225 MG CAP	3	
nf formulas nac 600 mg cap	1	OTC Over the Counter
NICADAN TAB	3	
NICAZEL TAB	3	
NICAZEL FORTE TAB	3	
NIVA-PLUS 27-1 MG TAB	3	
norwegian salmon oil 1000 mg cap	1	OTC Over the Counter
nufol 2.5-25-1 mg tab	1	
NUTRICAP TAB	3	
nutrifac zx tab	1	
O-CAL FA 27-1 MG TAB	3	
O-CAL PRENATAL TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OB COMPLETE 50-1.25 MG TAB	3	
OB COMPLETE ONE 50-1-476 MG CAP	3	
OB COMPLETE PETITE 35-5-1-200 MG CAP	3	
OB COMPLETE PREMIER 30-20-1 MG TAB	3	
OB COMPLETE/DHA 30-10-1-200 MG CAP	3	
OBSTETRIX DHA 29-1 & 350 MG MISC	3	
OBSTETRIX EC (WITH DOCUSATE) 29-1 MG TAB	3	
OBSTETRIX ONE (WITH DOCUSATE) 38-1-225 MG CAP	3	
ocutabs tab	1	OTC Over the Counter
ocutabs-lutein tab	1	OTC Over the Counter
OCUVEL CAP	3	
ocuvite extra tab	1	OTC Over the Counter
ocuvite eye + multi tab	1	OTC Over the Counter
ocuvite-lutein tab	1	OTC Over the Counter
omega 3 1000 mg cap	1	OTC Over the Counter
omega iii epa+dha 1000 mg cap	1	OTC Over the Counter
omega-3 1000 mg cap	1	OTC Over the Counter
omega-3 cf 1000 mg cap	1	OTC Over the Counter
omega-3 fish oil 1000 mg cap	1	OTC Over the Counter
omega-3 plus 1000 mg cap	1	OTC Over the Counter
omera 1000 mg cap	1	OTC Over the Counter
one daily 50 plus tab	1	OTC Over the Counter
one daily adults 50+ tab	1	OTC Over the Counter
one daily calcium/iron tab	1	OTC Over the Counter
one daily complete tab	1	OTC Over the Counter
one daily complete for men tab	1	OTC Over the Counter
one daily for men 50+ advanced tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
one daily for men/lycopene tab	1	OTC Over the Counter
one daily for women tab	1	OTC Over the Counter
one daily for women 50+ adv tab	1	OTC Over the Counter
one daily healthy weight tab	1	OTC Over the Counter
one daily healthy weight adv tab	1	OTC Over the Counter
one daily maximum tab	1	OTC Over the Counter
one daily mens tab	1	OTC Over the Counter
one daily mens 50+ multivit tab	1	OTC Over the Counter
one daily mens 50+/lycopene tab	1	OTC Over the Counter
one daily mens health tab	1	OTC Over the Counter
one daily multivit-min adult tab	1	OTC Over the Counter
one daily multivit/iron-free tab	1	OTC Over the Counter
one daily multivitamin men tab	1	OTC Over the Counter
one daily multivitamin women tab	1	OTC Over the Counter
one daily plus iron tab	1	OTC Over the Counter
one daily womens tab	1	OTC Over the Counter
one daily womens 50 plus tab	1	OTC Over the Counter
one daily womens 50+ tab	1	OTC Over the Counter
one daily/minerals tab	1	OTC Over the Counter
ONE VITE WOMENS PLUS 27-1 MG TAB	3	
one-a-day teen advantage/her tab	1	OTC Over the Counter
one-daily multi-vit/mineral tab	1	OTC Over the Counter
ONEVITE TAB	3	
optic-vites tab	1	OTC Over the Counter
optic-vites with lutein tab	1	OTC Over the Counter
optimum pms tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
osteoprime ultra tab	1	OTC Over the Counter
pc pediatric iron drops 15 mg/ml solution	1	ACA Affordable Care Act OTC Over the Counter
phlexy-10 tab	1	OTC Over the Counter
PNV TABS 29-1 29-1 MG TAB	3	
PNV-DHA 27-0.6-0.4-300 MG CAP	3	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	3	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	3	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
poly-iron 150 forte 150-25-1 mg-mcg-mg cap	1	
POLY-VI-FLOR 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION	3	PD Preventive Drug
polysaccharide iron forte 150-25-1 mg-mcg-mg cap	1	
POTABA 500 MG CAP	3	
PR NATAL 400 29-1-200 & 400 MG MISC	3	
PR NATAL 400 EC 29-1-200 & 400 MG (DR) MISC	3	
PR NATAL 430 29-1-200 & 430 MG MISC	3	
PR NATAL 430 EC 29-1-200 & 430 MG (DR) MISC	3	
pre protein tab	1	OTC Over the Counter
PRENA1 1.4 MG CHEW TAB	3	
PRENA1 PEARL 30-1.4-200 MG CAP ER	3	
PRENAISSANCE 29-1.25-325 MG CAP	3	
PRENAISSANCE PLUS 28-1-250 MG CAP	3	
PRENATABS FA 29-1 MG TAB	1	OTC Over the Counter
PRENATABS RX 29-1 MG TAB	3	
PRENATAL + DHA 27-1 & 250 MG THER PACK	3	
PRENATAL 19 CHEW TAB	3	
PRENATAL 19 TAB	1	OTC Over the Counter
PRENATAL 19 29-1 MG CHEW TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATAL 19 29-1 MG TAB	3	
PRENATAL 27-1 MG TAB	3	
PRENATAL PLUS 27-1 MG TAB	3	
PRENATAL PLUS IRON 29-1 MG TAB	3	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	3	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	3	
PRENATAL-U 106.5-1 MG CAP	3	
PRENATE 0.6-0.4 MG CHEW TAB	3	
PRENATE AM 1 MG TAB	3	
PRENATE DHA 18-0.6-0.4-300 MG CAP	3	
PRENATE ELITE 20-0.6-0.4 MG TAB	3	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	3	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	3	
PRENATE MINI 18-0.6-0.4-350 MG CAP	3	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	3	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	3	
PRENATE STAR 20-1 MG TAB	3	
PRENATRIX 27-1 MG TAB	3	
PRENATRYL 27-1 MG TAB	3	
PREPLUS 27-1 MG TAB	3	
PRETAB 29-1 MG TAB	3	
PRIMACARE 30-1-470 MG CAP	3	
PROFOLA TAB	3	
prosight tab	1	OTC Over the Counter
proteinex tab	1	OTC Over the Counter
PROVIDA OB 20-20-1.25 MG CAP	3	
px advanced formula multivits tab	1	OTC Over the Counter
px complete senior multivits tab	1	OTC Over the Counter
px fish oil 1000 mg cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
px folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
px mens multivitamins tab	1	OTC Over the Counter
qc daily multivit/multimineral tab	1	OTC Over the Counter
qc fish oil 1000 mg cap	1	OTC Over the Counter
qc folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
qc hair skin & nails tab	1	OTC Over the Counter
qc mens daily multivitamin tab	1	OTC Over the Counter
qc multi-vite tab	1	OTC Over the Counter
qc multi-vite 50 & over tab	1	OTC Over the Counter
qc therin-m tab	1	OTC Over the Counter
qc womens daily multivitamin tab	1	OTC Over the Counter
quintabs-m tab	1	OTC Over the Counter
R-NATAL OB 20-1-320 MG CAP	3	
ra central-vite mens mature tab	1	OTC Over the Counter
ra central-vite womens mature tab	1	OTC Over the Counter
ra fish oil 1000 mg cap	1	OTC Over the Counter
ra folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra folic acid 800 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
ra one daily energy formula tab	1	OTC Over the Counter
ra one daily maximum tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ra one daily mens 50+ w/vit d3 tab	1	OTC Over the Counter
ra one daily mens multi tab	1	OTC Over the Counter
ra one daily mens/vit d-3 tab	1	OTC Over the Counter
ra one daily womens tab	1	OTC Over the Counter
RELNATE DHA 28-1-200 MG CAP	3	
REMEDIENT CAP	3	
renal 1 mg cap	1	
renaplex tab	1	OTC Over the Counter
reno caps 1 mg cap	1	
REQ 49+ TAB	3	
savision tab	1	OTC Over the Counter
sb omega-3 fish oil 1000 mg cap	1	OTC Over the Counter
SE-NATAL 19 29-1 MG CHEW TAB	3	
SE-NATAL 19 29-1 MG TAB	3	
sea-omega 1000 mg cap	1	OTC Over the Counter
SELECT-OB 29-0.6-0.4 MG CHEW TAB	3	
SELECT-OB 29-1 MG CHEW TAB	3	
SELECT-OB+DHA 29-1 & 250 MG MISC	3	
senior tabs tab	1	OTC Over the Counter
sentry tab	1	OTC Over the Counter
sentry adult tab	1	OTC Over the Counter
sentry senior tab	1	OTC Over the Counter
SIDEROL TAB	3	
sm antioxidant vitamins tab	1	OTC Over the Counter
sm complete tab	1	OTC Over the Counter
sm complete 50+ tab	1	OTC Over the Counter
sm complete 50+ ultimate mens tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sm complete 50+ ultimate women tab	1	OTC Over the Counter
sm complete advanced formula tab	1	OTC Over the Counter
sm complete senior formula tab	1	OTC Over the Counter
sm daily diet support tab	1	OTC Over the Counter
sm fish oil 1000 mg cap	1	OTC Over the Counter
sm folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
sm hair/skin/nails tab	1	OTC Over the Counter
sm opti-vitamins tab	1	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 TAB	1	ACA Affordable Care Act
sodium fluoride 1.1 (0.5 f) mg/ml solution	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	
stress b complex/antioxid/zinc tab	1	OTC Over the Counter
stress b-complex/c/zinc tab	1	OTC Over the Counter
stress formula (w/ minerals) tab	1	OTC Over the Counter
stress formula/iron (mvi) tab	1	OTC Over the Counter
stress formula/zinc tab	1	OTC Over the Counter
stresstabs advanced tab	1	OTC Over the Counter
STROVITE ONE TAB	3	
sunvite active adult 50+ tab	1	OTC Over the Counter
sunvite advanced tab	1	OTC Over the Counter
super amino acids tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
super aytinal tab	1	OTC Over the Counter
super aytinal 50 plus tab	1	OTC Over the Counter
super dha gems 1000 mg cap	1	OTC Over the Counter
super multiple tab	1	OTC Over the Counter
super nu-thera tab	1	OTC Over the Counter
super omega 3 epa/dha 1000 mg cap	1	OTC Over the Counter
super omega-3 1000 mg cap	1	OTC Over the Counter
super thera vite m tab	1	OTC Over the Counter
super vita-mins tab	1	OTC Over the Counter
SUPPORT LIQUID	3	
TARON-C DHA 35-1 MG CAP	3	
TARON-PREX 30-1.2-265 MG CAP	3	
tgt multivitamin/multimineral tab	1	OTC Over the Counter
thera vital m tab	1	OTC Over the Counter
thera vital-m tab	1	OTC Over the Counter
thera-m tab	1	OTC Over the Counter
thera-mill m tab	1	OTC Over the Counter
therabasic-m tab	1	OTC Over the Counter
theradex m tab	1	OTC Over the Counter
theradex m/beta carotene tab	1	OTC Over the Counter
therapeutic formula/hematinics tab	1	OTC Over the Counter
therapeutic m tab	1	OTC Over the Counter
therapeutic-m tab	1	OTC Over the Counter
therapeutic-m/lutein tab	1	OTC Over the Counter
theratrum complete tab	1	OTC Over the Counter
theratrum complete 50 plus tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
theravim-m tab	1	OTC Over the Counter
theromega 1000 mg cap	1	OTC Over the Counter
thrive for life womens tab	1	OTC Over the Counter
THRIVITE 19 TAB	3	
THRIVITE RX 29-1 MG TAB	3	
tl gard rx 2.2-25-1 mg tab	1	
TL-SELECT 29-1.25-325 MG CAP	3	
tm-vite rx 1 mg tab	1	
TRI-TABS DHA 32-1 MG MISC	3	
tri-vite/fluoride 0.25 mg/ml solution	1	PD Preventive Drug
tri-vite/fluoride 0.5 mg/ml solution	1	PD Preventive Drug
TRICARE TAB	3	
TRICARE PRENATAL DHA ONE 27-1-500 MG CAP	3	
tricon cap	1	
trigels-f forte 460-60-0.01-1 mg cap	1	
TRINATAL RX 1 60-1 MG TAB	3	
TRINATE TAB	1	
triphrocaps 1 mg cap	1	
TRISTART DHA 31-0.6-0.4-200 MG CAP	3	
TRISTART ONE 35-1-215 MG CAP	3	
TRIVEEN-DUO DHA 29-1-200 & 300 MG MISC	3	
tronvite 1 mg tab	1	
true folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
UDAMIN SP TAB	3	
ultra antioxidant formula tab	1	OTC Over the Counter
ultra freeda tab	1	OTC Over the Counter
ultra freeda/iron tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ultra omega 3 1000 mg cap	1	OTC Over the Counter
ultra vita-time tab	1	OTC Over the Counter
ultrachoice adv formula mature tab	1	OTC Over the Counter
ultrachoice advanced formula tab	1	OTC Over the Counter
v-c forte cap	1	
VENA-BAL DHA 27-1 & 430 MG MISC	3	
VENEXA TAB	3	
VENEXA FE TAB	3	
VENTRIXYL TAB	3	
VENTRIXYL FE TAB	3	
vic-forte cap	1	
VINATE CARE 40-1 MG CHEW TAB	3	OTC Over the Counter
VINATE DHA RF 27-1.13 MG CAP	3	
VINATE II 29-1 MG TAB	3	
VINATE ONE 60-1 MG TAB	3	
virt-caps 1 mg cap	1	
virt-gard 2.2-25-1 mg tab	1	
VIRT-NATE DHA 28-1-200 MG CAP	3	
VIRT-PN DHA 27-0.6-0.4-300 MG CAP	3	
VIRT-PN PLUS 28-0.6-0.4-340 MG CAP	3	
vision formula/lutein tab	1	OTC Over the Counter
vision vitamins tab	1	OTC Over the Counter
visivites tab	1	OTC Over the Counter
visivites/lutein tab	1	OTC Over the Counter
vita hair tab	1	OTC Over the Counter
vita s forte tab	1	
vitabasic complete tab	1	OTC Over the Counter
vitabasic senior tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vitacel tab	1	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	3	
VITAFOL FE+ 90-1-200 & 50 MG CAP THPK	3	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	3	
VITAFOL STRIPS 1 MG FILM	3	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	3	
VITAFOL-NANO 18-0.6-0.4 MG TAB	3	
VITAFOL-OB TAB	3	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	3	
VITAFOL-ONE 29-1-200 MG CAP	3	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	3	
VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB	3	
vitamins a-d-e/selenium tab	1	OTC Over the Counter
vitamins acd-fluoride 0.25 mg/ml solution	1	PD Preventive Drug
vitamins/minerals tab	1	OTC Over the Counter
VITAPEARL 30-1.4-200 MG CAP ER	3	
VITAROCA PLUS TAB	3	
vitasure 1 mg tab	1	
VITATHELY WITH GINGER 27-1 MG TAB	3	
VITATRUE 30-1.4 & 300 MG MISC	3	
vitatrum complete tab	1	OTC Over the Counter
VITRAMYN TAB	3	
VITRANOL TAB	3	
VITRANOL FE TAB	3	
VITREXATE TAB	3	
VITREXATE FE TAB	3	
VITREXYL TAB	3	
VITREXYL + IRON TAB	3	
vitrum senior tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVA DHA 28-1-200 MG CAP	3	
VOL-PLUS 27-1 MG TAB	3	
VOL-TAB RX 29-1 MG TAB	3	
VP-PNV-DHA 28-1-215.8 MG CAP	3	
vp-vite rx 1 mg tab	1	
wee care 15 mg/1.25ml suspension	1	ACA Affordable Care Act OTC Over the Counter
WELLFOLA TAB	3	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	3	
wescaps 1 mg cap	1	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	3	
WESNATE DHA 28-1-200 MG CAP	3	
WESTAB MAX 2.5-25-2 MG TAB	1	
westab mini 2.2-25-1 mg tab	1	
westab one 2.5-25-1 mg tab	1	
WESTAB PLUS 27-1 MG TAB	3	
womens daily form/fa/ca/fe tab	1	OTC Over the Counter
womens daily formula tab	1	OTC Over the Counter
womens life pack tab	1	OTC Over the Counter
womens multivitamin tab	1	OTC Over the Counter
womens one daily tab	1	OTC Over the Counter
xvite 1 mg tab	1	
yl folic acid 400 mcg tab	1	QL 100 EA / 30 day(s) ACA Affordable Care Act OTC Over the Counter
your life multi mens 50+ tab	1	OTC Over the Counter
your life multi womens 50+ tab	1	OTC Over the Counter
ZATEAN-PN DHA 27-0.6-0.4-300 MG CAP	3	
ZATEAN-PN PLUS 28-0.6-0.4-340 MG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZYVANA CAP	3	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
constulose 10 gm/15ml solution	1	
cvs purelax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
enulose 10 gm/15ml solution	1	
eq clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
eql clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
ft clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
gavilax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
gavilyte-n with flavor pack 420 gm recon soln	1	ACA Affordable Care Act
generlac 10 gm/15ml solution	1	
gentlelax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
glycolax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
gnp clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
goodsense clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
hm clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
kls laxaclear 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
KRISTALOSE 10 GM PACKET	2	
KRISTALOSE 20 GM PACKET	3	
lactulose 10 gm/15ml solution	1	
lactulose 20 gm/30ml solution	1	
lactulose encephalopathy 10 gm/15ml solution	1	
LINZESS 145 MCG CAP	2	
LINZESS 290 MCG CAP	2	
LINZESS 72 MCG CAP	2	
mm clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
MOVANTIK 12.5 MG TAB	2	QL 30 EA / 30 day(s)
MOVANTIK 25 MG TAB	2	QL 30 EA / 30 day(s)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	2	ACA Affordable Care Act
peg 3350 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	1	ACA Affordable Care Act
polyethylene glycol 3350 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
qc natura-lax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
ra laxative 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
sb polyethylene glycol 3350 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
sm clearlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
smooth lax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tgt powderlax 17 gm/scoop powder	1	ACA Affordable Care Act OTC Over the Counter
trilyte 420 gm recon soln	1	ACA Affordable Care Act
TRULANCE 3 MG TAB	2	
ANTI-DIARRHEAL AGENTS		
alosetron hcl 0.5 mg tab	3	
alosetron hcl 1 mg tab	3	
diphenoxylate-atropine 2.5-0.025 mg tab	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	
loperamide hcl 2 mg cap	1	
MYTESI 125 MG TAB DR	3	
VIBERZI 100 MG TAB	3	PA
VIBERZI 75 MG TAB	3	PA
ZELNORM 6 MG TAB	3	
ANTISPASMODICS, GASTROINTESTINAL		
chlordiazepoxide-clidinium 5-2.5 mg cap	1	
dicyclomine hcl 10 mg cap	1	
dicyclomine hcl 10 mg/5ml solution	1	
dicyclomine hcl 20 mg tab	1	
ed-spaz 0.125 mg tab disp	1	
glycopyrrolate 1 mg tab	1	
glycopyrrolate 1 mg/5ml solution	3	PA
glycopyrrolate 2 mg tab	1	
hyoscyamine sulfate 0.125 mg sl tab	1	
hyoscyamine sulfate 0.125 mg tab	1	
hyoscyamine sulfate 0.125 mg tab disp	1	
hyoscyamine sulfate 0.125 mg/5ml elixir	1	
hyoscyamine sulfate 0.125 mg/ml solution	1	
hyoscyamine sulfate er 0.375 mg tab er 12h	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
hyoscyamine sulfate sl 0.125 mg sl tab	1	
hyosyne 0.125 mg/5ml elixir	1	
hyosyne 0.125 mg/ml solution	1	
methscopolamine bromide 2.5 mg tab	1	
methscopolamine bromide 5 mg tab	1	
nulev 0.125 mg tab disp	1	
oscimin 0.125 mg sl tab	1	
oscimin 0.125 mg tab	1	
oscimin sr 0.375 mg tab er 12h	1	
PROPANTHELINE BROMIDE 15 MG TAB	1	
symax-sl 0.125 mg sl tab	1	
symax-sr 0.375 mg tab er 12h	1	
GASTROINTESTINAL AGENTS, OTHER		
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	2	
amoxicill-clarithro-lansopraz 500 & 500 & 30 mg ther pack	2	
bis subcit-metronid-tetracyc 140-125-125 mg cap	2	
bismuth/metronidaz/tetracyclin 140-125-125 mg cap	2	
GATTEX 5 MG KIT	3	PA SP Specialty
GAVILYTE-C 240 GM RECON SOLN	1	ACA Affordable Care Act
gavilyte-g 236 gm recon soln	1	ACA Affordable Care Act
GOLYTELY 227.1 GM RECON SOLN	2	ACA Affordable Care Act
ORLISTAT 120 MG CAP	3	PA
peg-3350/electrolytes 236 gm recon soln	1	ACA Affordable Care Act
ursodiol 250 mg tab	1	
ursodiol 300 mg cap	1	
ursodiol 500 mg tab	1	
VOQUEZNA 10 MG TAB	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOQUEZNA 20 MG TAB	3	PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine 200 mg tab	3	
cimetidine 300 mg tab	1	
cimetidine 400 mg tab	1	
cimetidine 800 mg tab	3	
CIMETIDINE HCL 300 MG/5ML SOLUTION	1	
cimetidine hcl 300 mg/5ml solution	1	
cimetidine hcl 400 mg/6.67ml solution	1	
famotidine 20 mg tab	1	
famotidine 40 mg tab	1	
famotidine 40 mg/5ml recon susp	3	
NIZATIDINE 15 MG/ML SOLUTION	1	
NIZATIDINE 150 MG CAP	3	
nizatidine 150 mg cap	3	
NIZATIDINE 300 MG CAP	3	
nizatidine 300 mg cap	3	
PROTECTANTS		
misoprostol 100 mcg tab	1	
misoprostol 200 mcg tab	1	
sucralfate 1 gm tab	1	
sucralfate 1 gm/10ml suspension	2	
PROTON PUMP INHIBITORS		
acid reducer 20.6 (20 base) mg cap dr	1	OTC Over the Counter
cvs esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
cvs omeprazole 20 mg tab dr	1	OTC Over the Counter
cvs omeprazole 20.6 (20 base) mg cap dr	1	OTC Over the Counter
cvs omeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
cvs omeprazole magnesium 20.6 mg cap dr	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cvs omeprazole-sod bicarbonate 20-1100 mg cap	1	OTC Over the Counter
eq esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
eq omeprazole 20 mg tab dr	1	OTC Over the Counter
eq omeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
eql omeprazole 20 mg tab dr	1	OTC Over the Counter
esomeprazole magnesium 20 mg cap dr	3	OTC Over the Counter
esomeprazole magnesium 40 mg cap dr	2	
FIRST PANTOPRAZOLE 4 MG/ML SUSPENSION	2	
ft omeprazole 20 mg tab dr	1	OTC Over the Counter
gnp esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
gnp omeprazole 20 mg tab dr	1	OTC Over the Counter
gnp omeprazole 20.6 (20 base) mg cap dr	1	OTC Over the Counter
goodsense esomeprazole 20 mg cap dr	1	OTC Over the Counter
goodsense omep/sod bicarb 20-1100 mg cap	1	OTC Over the Counter
hm esomeprazole magnesium dr 20 mg cap dr	1	OTC Over the Counter
hm omeprazole 20 mg tab dr	1	OTC Over the Counter
kls esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
kls omeprazole 20 mg tab dr	1	OTC Over the Counter
kp omeprazole magnesium 20.6 (20 base) mg cap dr	1	OTC Over the Counter
lansoprazole 15 mg cap dr	1	
lansoprazole 15 mg tab dr disp	2	
lansoprazole 30 mg cap dr	1	
lansoprazole 30 mg tab dr disp	2	
omeprazole 10 mg cap dr	1	
omeprazole 20 mg cap dr	1	
omeprazole 20 mg tab dr	1	OTC Over the Counter
omeprazole 40 mg cap dr	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
omeprazole magnesium 20.6 (20 base) mg cap dr	1	OTC Over the Counter
omeprazole-sodium bicarbonate 20-1100 mg cap	1	OTC Over the Counter
pantoprazole sodium 20 mg tab dr	1	
pantoprazole sodium 40 mg tab dr	1	
px omeprazole 20 mg tab dr	1	OTC Over the Counter
qc esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
qc omeprazole 20 mg tab dr	1	OTC Over the Counter
qc omeprazole magnesium 20.6 (20 base) mg cap dr	1	OTC Over the Counter
ra esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
ra omeprazole 20 mg tab dr	1	OTC Over the Counter
sb omeprazole 20 mg tab dr	1	OTC Over the Counter
sm esomeprazole magnesium 20 mg cap dr	1	OTC Over the Counter
sm omeprazole 20 mg tab dr	1	OTC Over the Counter
tgt omeprazole 20 mg tab dr	1	OTC Over the Counter
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	3	PA SP Specialty
BYLVAY (PELLETS) 600 MCG CAP SPRINK	3	PA SP Specialty
BYLVAY 1200 MCG CAP	3	PA SP Specialty
BYLVAY 400 MCG CAP	3	PA SP Specialty
CREON 12000-38000 UNIT CP DR PART	2	
CREON 24000-76000 UNIT CP DR PART	2	
CREON 3000-9500 UNIT CP DR PART	2	
CREON 36000-114000 UNIT CP DR PART	2	
CREON 6000-19000 UNIT CP DR PART	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cromolyn sodium 100 mg/5ml conc	3	PD Preventive Drug
DAYBUE 200 MG/ML SOLUTION	3	PA SP Specialty
ENDARI 5 GM PACKET	3	PA SP Specialty
javygtor 100 mg packet	3	PA SP Specialty
javygtor 100 mg tab	3	PA SP Specialty
javygtor 500 mg packet	3	PA SP Specialty
JOENJA 70 MG TAB	3	PA SP Specialty
LIVMARLI 9.5 MG/ML SOLUTION	3	PA
miglustat 100 mg cap	3	SP Specialty
OPFOLDA 65 MG CAP	3	PA SP Specialty
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 UNIT CP DR PART	3	
PERTZYE 16000-57500 UNIT CP DR PART	3	
PERTZYE 24000-86250 UNIT CP DR PART	3	
RAVICTI 1.1 GM/ML LIQUID	3	PA SP Specialty
sapropterin dihydrochloride 100 mg packet	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
sapropterin dihydrochloride 100 mg tab	3	PA SP Specialty
sapropterin dihydrochloride 500 mg packet	3	PA SP Specialty
SKYCLARYS 50 MG CAP	3	PA SP Specialty
sodium phenylbutyrate 3 gm/tsp powder	1	PA SP Specialty
sodium phenylbutyrate 500 mg tab	3	PA SP Specialty
SOHONOS 1 MG CAP	3	PA SP Specialty
SOHONOS 1.5 MG CAP	3	PA SP Specialty
SOHONOS 10 MG CAP	3	PA SP Specialty
SOHONOS 2.5 MG CAP	3	PA SP Specialty
SOHONOS 5 MG CAP	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
SUCRAID 8500 UNIT/ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGSEDI 284 MG/1.5ML SOLN PRSYR	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
VYNDAQEL 20 MG CAP	3	PA SP Specialty
yargesa 100 mg cap	3	SP Specialty
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	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin hydrobromide er 15 mg tab er 24h	3	
darifenacin hydrobromide er 7.5 mg tab er 24h	3	
GELNIQUE 10 % GEL	2	
GEMTESA 75 MG TAB	3	QL 30 EA / 30 day(s)
MYRBETRIQ 25 MG TAB ER 24H	2	
MYRBETRIQ 50 MG TAB ER 24H	2	
MYRBETRIQ 8 MG/ML SRER	2	
oxybutynin chloride 5 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
oxybutynin chloride 5 mg/5ml solution	1	
oxybutynin chloride er 10 mg tab er 24h	1	
oxybutynin chloride er 15 mg tab er 24h	1	
oxybutynin chloride er 5 mg tab er 24h	1	
solifenacin succinate 10 mg tab	2	
solifenacin succinate 5 mg tab	2	
tolterodine tartrate 1 mg tab	2	
tolterodine tartrate 2 mg tab	2	
tolterodine tartrate er 2 mg cap er 24h	2	
tolterodine tartrate er 4 mg cap er 24h	2	
trospium chloride 20 mg tab	2	
trospium chloride er 60 mg cap er 24h	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab er 24h	1	
CARDURA XL 4 MG TAB ER 24H	3	
CARDURA XL 8 MG TAB ER 24H	3	
dutasteride 0.5 mg cap	2	
finasteride 5 mg tab	1	
silodosin 4 mg cap	2	
silodosin 8 mg cap	2	
tadalafil 10 mg tab	3	QL 4 EA / 30 day(s)
tadalafil 2.5 mg tab	3	QL 4 EA / 30 day(s)
tadalafil 20 mg tab	3	QL 4 EA / 30 day(s)
tadalafil 5 mg tab	3	QL 30 EA / 30 day(s)
tamsulosin hcl 0.4 mg cap	1	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride 10 mg tab	1	
bethanechol chloride 25 mg tab	1	
bethanechol chloride 5 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bethanechol chloride 50 mg tab	1	
CAVERJECT 20 MCG RECON SOLN	3	QL 6 EA / 30 day(s)
CAVERJECT 40 MCG RECON SOLN	3	QL 6 EA / 30 day(s)
EDEX 10 MCG KIT	3	QL 6 EA / 30 day(s)
EDEX 20 MCG KIT	3	QL 6 EA / 30 day(s)
EDEX 40 MCG KIT	3	QL 6 EA / 30 day(s)
ELMIRON 100 MG CAP	2	
ENCARE 100 MG SUPPOS	2	ACA Affordable Care Act OTC Over the Counter
MUSE 1000 MCG PELLET	3	QL 6 EA / 30 day(s)
MUSE 125 MCG PELLET	3	QL 6 EA / 30 day(s)
MUSE 250 MCG PELLET	3	QL 6 EA / 30 day(s)
MUSE 500 MCG PELLET	3	QL 6 EA / 30 day(s)
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	2	ACA Affordable Care Act OTC Over the Counter
phenazo 200 mg tab	1	
phenazopyridine hcl 100 mg tab	1	
phenazopyridine hcl 200 mg tab	1	
phospha 250 neutral 155-852-130 mg tab	1	
phospho-trin 250 neutral 155-852-130 mg tab	1	
phosphorous 155-852-130 mg tab	1	
SHUR-SEAL CONTRACEPTIVE 2 % GEL	2	ACA Affordable Care Act OTC Over the Counter
sildenafil citrate 100 mg tab	2	QL 4 EA / 30 day(s)
sildenafil citrate 25 mg tab	2	QL 4 EA / 30 day(s)
sildenafil citrate 50 mg tab	2	QL 4 EA / 30 day(s)
tiopronin 100 mg tab	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TODAY SPONGE 1000 MG MISC	2	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 12.5 % FOAM	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
virt-phos 250 neutral 155-852-130 mg tab	1	
wes-phos 250 neutral 155-852-130 mg tab	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL	3	PA SP Specialty
alclometasone dipropionate 0.05 % cream	1	
anucort-hc 25 mg suppos	1	
anusol-hc 25 mg suppos	1	
betamethasone dipropionate 0.05 % ointment	1	
betamethasone dipropionate aug 0.05 % cream	1	
betamethasone dipropionate aug 0.05 % lotion	1	
clobetasol prop emollient base 0.05 % cream	1	
clobetasol propionate e 0.05 % cream	1	
desonide 0.05 % lotion	1	
dexamethasone 0.5 mg tab	1	
dexamethasone 0.5 mg/5ml elixir	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
dexamethasone 0.75 mg tab	1	
dexamethasone 1 mg tab	1	
dexamethasone 1.5 mg tab	1	
dexamethasone 2 mg tab	1	
dexamethasone 4 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dexamethasone 6 mg tab	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	2	
dexamethasone sodium phosphate 20 mg/5ml solution	1	PA
dexamethasone sodium phosphate 4 mg/ml solution	1	
fludrocortisone acetate 0.1 mg tab	1	
hemmorex-hc 25 mg suppos	1	
hemmorex-hc 30 mg suppos	1	
hydrocortisone acetate 25 mg suppos	1	
hydrocortisone acetate 30 mg suppos	1	
hydrocortisone butyrate 0.1 % ointment	1	
hydrocortisone valerate 0.2 % ointment	1	
KORLYM 300 MG TAB	3	PA SP Specialty
MEDROL 2 MG TAB	2	
methylprednisolone 16 mg tab	1	
methylprednisolone 32 mg tab	1	
methylprednisolone 4 mg tab	1	
methylprednisolone 4 mg tab thpk	1	
methylprednisolone 8 mg tab	1	
mifepristone 300 mg tab	3	PA SP Specialty
mometasone furoate 0.1 % cream	1	
mometasone furoate 0.1 % ointment	1	
PREDNICARBATE 0.1 % CREAM	1	
PREDNICARBATE 0.1 % OINTMENT	1	
prednisolone 15 mg/5ml solution	1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP	2	
prednisolone sodium phosphate 10 mg tab disp	2	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP	2	
prednisolone sodium phosphate 15 mg tab disp	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
prednisolone sodium phosphate 15 mg/5ml solution	1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	1	
prednisolone sodium phosphate 25 mg/5ml solution	1	
PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP	2	
prednisolone sodium phosphate 30 mg tab disp	2	
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution	1	
prednisone 1 mg tab	1	
prednisone 10 mg (21) tab thpk	1	
prednisone 10 mg (48) tab thpk	1	
prednisone 10 mg tab	1	RX4L Rx4Less Program
prednisone 2.5 mg tab	1	
prednisone 20 mg tab	1	
prednisone 5 mg (21) tab thpk	1	
prednisone 5 mg (48) tab thpk	1	
prednisone 5 mg tab	1	RX4L Rx4Less Program
PREDNISONE 5 MG/5ML SOLUTION	1	
prednisone 50 mg tab	1	
PREDNISONE INTENSOL 5 MG/ML CONC	1	
SOLU-CORTEF 100 MG RECON SOLN	1	
VERDESO 0.05 % FOAM	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	1	PA ! See important benefit information at end of document SP Specialty
desmopressin ace spray refrig 0.01 % solution	1	
desmopressin acetate 0.1 mg tab	1	
desmopressin acetate 0.2 mg tab	1	
desmopressin acetate spray 0.01 % solution	1	
EGRIFTA SV 2 MG RECON SOLN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
GENOTROPIN 12 MG CARTRIDGE	3	PA SP Specialty
GENOTROPIN 5 MG CARTRIDGE	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.2 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.4 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.6 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 0.8 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.2 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.4 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.6 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 1.8 MG PRSYR	3	PA SP Specialty
GENOTROPIN MINIQUICK 2 MG PRSYR	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMATROPE 12 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 24 MG CARTRIDGE	3	PA SP Specialty
HUMATROPE 6 MG CARTRIDGE	3	PA SP Specialty
INCRELEX 40 MG/4ML SOLUTION	3	PA SP Specialty
MENOPUR 75 UNIT RECON SOLN	2	PA SP Specialty
NOCDURNA 27.7 MCG SL TAB	3	PA
NOCDURNA 55.3 MCG SL TAB	3	PA
NOCTIVA 1.66 MCG/0.1ML EMULSION	3	PA
NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN	2	PA SP Specialty
NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN	2	PA SP Specialty
NOVAREL 10000 UNIT RECON SOLN	1	PA ! See important benefit information at end of document SP Specialty
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	3	PA SP Specialty
NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTROPIN AQ NUSPIN 5 5 MG/2ML SOLN PEN	3	PA SP Specialty
OMNITROPE 10 MG/1.5ML SOLN CART	3	PA SP Specialty
OMNITROPE 5 MG/1.5ML SOLN CART	2	PA SP Specialty
OMNITROPE 5.8 MG RECON SOLN	3	PA SP Specialty
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	2	PA
OVIDREL 250 MCG/0.5ML INJECTABLE	2	PA SP Specialty
PREGNYL 10000 UNIT RECON SOLN	2	PA SP Specialty
SAIZEN 5 MG RECON SOLN	3	PA SP Specialty
SAIZEN 8.8 MG RECON SOLN	3	PA SP Specialty
SEROSTIM 4 MG RECON SOLN	2	PA SP Specialty
SEROSTIM 5 MG RECON SOLN	2	PA SP Specialty
SEROSTIM 6 MG RECON SOLN	2	PA SP Specialty
STIMATE 1.5 MG/ML SOLUTION	3	SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
ANDRODERM 2 MG/24HR PATCH 24HR	2	QL 60 EA / 30 day(s)
ANDRODERM 4 MG/24HR PATCH 24HR	2	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
danazol 100 mg cap	1	
danazol 200 mg cap	1	
danazol 50 mg cap	1	
depo-testosterone 100 mg/ml solution	1	
depo-testosterone 200 mg/ml solution	1	
testosterone 1.62 % gel	2	QL 150 GM / 30 day(s)
TESTOSTERONE 12.5 MG/ACT (1%) GEL	2	QL 300 GM / 30 day(s)
testosterone 12.5 mg/act (1%) gel	2	QL 300 GM / 30 day(s)
testosterone 20.25 mg/1.25gm (1.62%) gel	2	QL 150 GM / 30 day(s)
testosterone 20.25 mg/act (1.62%) gel	2	QL 150 GM / 30 day(s)
TESTOSTERONE 25 MG/2.5GM (1%) GEL	2	QL 300 GM / 30 day(s)
testosterone 25 mg/2.5gm (1%) gel	2	QL 300 GM / 30 day(s)
testosterone 40.5 mg/2.5gm (1.62%) gel	2	QL 150 GM / 30 day(s)
TESTOSTERONE 50 MG/5GM (1%) GEL	2	QL 300 GM / 30 day(s)
testosterone 50 mg/5gm (1%) gel	2	QL 300 GM / 30 day(s)
testosterone cypionate 100 mg/ml solution	1	
testosterone cypionate 200 mg/ml solution	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
testosterone enanthate 200 mg/ml solution	1	
ESTROGENS		
afirmelle 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
ALORA 0.025 MG/24HR PATCH TW	3	
ALORA 0.05 MG/24HR PATCH TW	3	
ALORA 0.075 MG/24HR PATCH TW	3	
ALORA 0.1 MG/24HR PATCH TW	3	
altavera 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
alyacen 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
amabelz 0.5-0.1 mg tab	1	
amabelz 1-0.5 mg tab	1	
amethia 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
amethyst 90-20 mcg tab	1	ACA Affordable Care Act
ANNOVERA 0.013-0.15 MG/24HR RING	3	QLC 1 EA / 365 day(s) ACA Affordable Care Act
apri 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
aranelle 0.5/1/0.5-35 mg-mcg tab	1	ACA Affordable Care Act
ashlyna 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
aubra 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
aubra eq 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
aurovela 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
aurovela 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
aurovela 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
aurovela fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
aurovela fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
aviane 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
ayuna 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
azurette 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
balziva 0.4-35 mg-mcg tab	1	ACA Affordable Care Act
BIJUVA 0.5-100 MG CAP	2	
BIJUVA 1-100 MG CAP	2	
blisovi 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
blisovi fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
blisovi fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
briellyn 0.4-35 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
camrese 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
camrese lo 0.1-0.02 & 0.01 mg tab	1	ACA Affordable Care Act
caziant 0.1/0.125/0.15 -0.025 mg tab	1	ACA Affordable Care Act
charlotte 24 fe 1-20 mg-mcg(24) chew tab	3	ACA Affordable Care Act
chateal 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
chateal eq 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	2	
CLOMID 50 MG TAB	2	
CLOMIPHENE CITRATE 50 MG TAB	1	
COMBIPATCH 0.05-0.14 MG/DAY PATCH TW	3	
COMBIPATCH 0.05-0.25 MG/DAY PATCH TW	3	
cryselle-28 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
cyclafem 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
cyred 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
cyred eq 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
dasetta 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
daysee 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
DELESTROGEN 10 MG/ML OIL	3	! See important benefit information at end of document
DELESTROGEN 20 MG/ML OIL	3	
DELESTROGEN 40 MG/ML OIL	3	
delyla 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
DEPO-ESTRADIOL 5 MG/ML OIL	3	
desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
DIVIGEL 1.25 MG/1.25GM GEL	3	! See important benefit information at end of document

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dolishale 90-20 mcg tab	1	ACA Affordable Care Act
dotti 0.025 mg/24hr patch tw	2	
dotti 0.0375 mg/24hr patch tw	2	
dotti 0.05 mg/24hr patch tw	2	
dotti 0.075 mg/24hr patch tw	2	
dotti 0.1 mg/24hr patch tw	2	
drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab	3	ACA Affordable Care Act
drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab	3	ACA Affordable Care Act
drospirenone-ethinyl estradiol 3-0.02 mg tab	1	ACA Affordable Care Act
drospirenone-ethinyl estradiol 3-0.03 mg tab	1	ACA Affordable Care Act
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	3	
elinest 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
eluryng 0.12-0.015 mg/24hr ring	2	ACA Affordable Care Act
emoquette 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
enilloring 0.12-0.015 mg/24hr ring	2	ACA Affordable Care Act
enpresse-28 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
enskyce 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
estarylla 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
estradiol 0.025 mg/24hr patch tw	2	
estradiol 0.025 mg/24hr patch wk	1	
estradiol 0.0375 mg/24hr patch tw	2	
estradiol 0.0375 mg/24hr patch wk	1	
estradiol 0.05 mg/24hr patch tw	2	
estradiol 0.05 mg/24hr patch wk	1	
estradiol 0.06 mg/24hr patch wk	1	
estradiol 0.075 mg/24hr patch tw	2	
estradiol 0.075 mg/24hr patch wk	1	
estradiol 0.1 mg/24hr patch tw	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
estradiol 0.1 mg/24hr patch wk	1	
estradiol 0.1 mg/gm cream	1	
estradiol 0.25 mg/0.25gm gel	3	
estradiol 0.5 mg tab	1	
estradiol 0.5 mg/0.5gm gel	3	
estradiol 0.75 mg/0.75gm gel	3	
estradiol 1 mg tab	1	
estradiol 1 mg/gm gel	3	
estradiol 1.25 mg/1.25gm gel	3	
estradiol 10 mcg tab	1	
estradiol 2 mg tab	1	
estradiol valerate 10 mg/ml oil	1	
estradiol valerate 20 mg/ml oil	1	
estradiol valerate 40 mg/ml oil	1	
estradiol-norethindrone acet 0.5-0.1 mg tab	1	
estradiol-norethindrone acet 1-0.5 mg tab	1	
ESTRING 2 MG RING	3	
ESTRING 7.5 MCG/24HR RING	3	
ESTROGEL 0.75 MG/1.25 GM (0.06%) GEL	3	
ethynodiol diac-eth estradiol 1-35 mg-mcg tab	1	ACA Affordable Care Act
ethynodiol diac-eth estradiol 1-50 mg-mcg tab	1	ACA Affordable Care Act
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	2	ACA Affordable Care Act
EVAMIST 1.53 MG/SPRAY SOLUTION	3	
falmina 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
fayosim 42-21-21-7 days tab	2	ACA Affordable Care Act
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)
femynor 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
finzala 1-20 mg-mcg(24) chew tab	3	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
fyavolv 0.5-2.5 mg-mcg tab	3	
fyavolv 1-5 mg-mcg tab	3	
gemmily 1-20 mg-mcg(24) cap	2	ACA Affordable Care Act
gianvi 3-0.02 mg tab	1	ACA Affordable Care Act
hailey 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
hailey 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
hailey fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
hailey fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
haloette 0.12-0.015 mg/24hr ring	2	ACA Affordable Care Act
iclevia 0.15-0.03 mg tab	1	ACA Affordable Care Act
introvale 0.15-0.03 mg tab	1	ACA Affordable Care Act
isibloom 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
jaimiess 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
jasmiel 3-0.02 mg tab	1	ACA Affordable Care Act
jinteli 1-5 mg-mcg tab	3	
jolessa 0.15-0.03 mg tab	1	ACA Affordable Care Act
juleber 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
junel 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
junel 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
junel fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
junel fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
junel fe 24 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
kaitlib fe 0.8-25 mg-mcg chew tab	1	ACA Affordable Care Act
kalliga 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
kariva 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
kelnor 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
kelnor 1/50 1-50 mg-mcg tab	1	ACA Affordable Care Act
kurvelo 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
larin 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
larin 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
larin 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
larin fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
larin fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
larissia 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
layolis fe 0.8-25 mg-mcg chew tab	1	ACA Affordable Care Act
leena 0.5/1/0.5-35 mg-mcg tab	1	ACA Affordable Care Act
lessina 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
levonest 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
levonorgest-eth est & eth est 42-21-21-7 days tab	2	ACA Affordable Care Act
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	1	ACA Affordable Care Act
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
levonorgest-eth estrad 91-day 0.15-0.03 mg tab	1	ACA Affordable Care Act
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
levonorgestrel-ethinyl estrad 90-20 mcg tab	1	ACA Affordable Care Act
levora 0.15/30 (28) 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
lillow 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	2	ACA Affordable Care Act
lo-zumandimine 3-0.02 mg tab	1	ACA Affordable Care Act
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
loestrin 1/20 (21) 1-20 mg-mcg tab	1	ACA Affordable Care Act
loestrin fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
loestrin fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
lojaimiess 0.1-0.02 & 0.01 mg tab	1	ACA Affordable Care Act
lopreeza 1-0.5 mg tab	1	
loryna 3-0.02 mg tab	1	ACA Affordable Care Act
low-ogestrel 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
lutera 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
lyllana 0.025 mg/24hr patch tw	2	
lyllana 0.0375 mg/24hr patch tw	2	
lyllana 0.05 mg/24hr patch tw	2	
lyllana 0.075 mg/24hr patch tw	2	
lyllana 0.1 mg/24hr patch tw	2	
marlissa 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
melodetta 24 fe 1-20 mg-mcg(24) chew tab	3	ACA Affordable Care Act
MENEST 0.3 MG TAB	3	
MENEST 0.625 MG TAB	3	
MENEST 1.25 MG TAB	3	
MENEST 2.5 MG TAB	3	
MENOSTAR 14 MCG/24HR PATCH WK	3	
merzee 1-20 mg-mcg(24) cap	2	ACA Affordable Care Act
mibelas 24 fe 1-20 mg-mcg(24) chew tab	3	ACA Affordable Care Act
microgestin 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
microgestin 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
microgestin 24 fe 1-20 mg-mcg tab	1	ACA Affordable Care Act
microgestin fe 1.5/30 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
microgestin fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
mili 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
mimvey 1-0.5 mg tab	1	
mono-linyah 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
NATAZIA 3/2-2/2-3/1 MG TAB	2	ACA Affordable Care Act
necon 0.5/35 (28) 0.5-35 mg-mcg tab	1	ACA Affordable Care Act
NEXTSTELLIS 3-14.2 MG TAB	2	ACA Affordable Care Act
nikki 3-0.02 mg tab	1	ACA Affordable Care Act
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
norethin ace-eth estrad-fe 1-20 mg-mcg tab	1	ACA Affordable Care Act
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	2	ACA Affordable Care Act
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	3	ACA Affordable Care Act
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	1	ACA Affordable Care Act
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	1	ACA Affordable Care Act
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	1	ACA Affordable Care Act
norethindrone acet-ethinyl est 1-20 mg-mcg tab	1	ACA Affordable Care Act
norethindrone acet-ethinyl est 1.5-30 mg-mcg tab	1	ACA Affordable Care Act
norethindrone-eth estradiol 0.5-2.5 mg-mcg tab	3	
norethindrone-eth estradiol 1-5 mg-mcg tab	3	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
norgestimate-eth estradiol 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	1	ACA Affordable Care Act
nortrel 1/35 (21) 1-35 mg-mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
nortrel 1/35 (28) 1-35 mg-mcg tab	1	ACA Affordable Care Act
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
nylia 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
nymyo 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
ocella 3-0.03 mg tab	1	ACA Affordable Care Act
OGESTREL 0.5-50 MG-MCG TAB	1	ACA Affordable Care Act
orsythia 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
OSPHENA 60 MG TAB	2	
philith 0.4-35 mg-mcg tab	1	ACA Affordable Care Act
pimtrea 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
pirmella 1/35 1-35 mg-mcg tab	1	ACA Affordable Care Act
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	1	ACA Affordable Care Act
portia-28 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
PREMARIN 0.3 MG TAB	2	
PREMARIN 0.45 MG TAB	2	
PREMARIN 0.625 MG TAB	2	
PREMARIN 0.625 MG/GM CREAM	2	
PREMARIN 0.9 MG TAB	2	
PREMARIN 1.25 MG TAB	2	
PREMARIN 25 MG RECON SOLN	3	
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO 0.3-1.5 MG TAB	2	
PREMPRO 0.45-1.5 MG TAB	2	
PREMPRO 0.625-2.5 MG TAB	2	
PREMPRO 0.625-5 MG TAB	2	
previfem 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
raloxifene hcl 60 mg tab	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
reclipsen 0.15-30 mg-mcg tab	1	ACA Affordable Care Act
rivelsa 42-21-21-7 days tab	2	ACA Affordable Care Act
setlakin 0.15-0.03 mg tab	1	ACA Affordable Care Act
simliya 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
simpesse 0.15-0.03 &0.01 mg tab	1	ACA Affordable Care Act
sprintec 28 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
sronyx 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
syeda 3-0.03 mg tab	1	ACA Affordable Care Act
tarina 24 fe 1-20 mg-mcg(24) tab	1	ACA Affordable Care Act
tarina fe 1/20 1-20 mg-mcg tab	1	ACA Affordable Care Act
tarina fe 1/20 eq 1-20 mg-mcg tab	1	ACA Affordable Care Act
taysofy 1-20 mg-mcg(24) cap	2	ACA Affordable Care Act
tilia fe 1-20/1-30/1-35 mg-mcg tab	1	ACA Affordable Care Act
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	1	ACA Affordable Care Act
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-previfem 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	1	ACA Affordable Care Act
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	1	ACA Affordable Care Act
trivora (28) 50-30/75-40/ 125-30 mcg tab	1	ACA Affordable Care Act
turqoz 0.3-30 mg-mcg tab	1	ACA Affordable Care Act
tydemy 3-0.03-0.451 mg tab	3	ACA Affordable Care Act
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act
vestura 3-0.02 mg tab	1	ACA Affordable Care Act
vienva 0.1-20 mg-mcg tab	1	ACA Affordable Care Act
viorele 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
volnea 0.15-0.02/0.01 mg (21/5) tab	1	ACA Affordable Care Act
vyfemla 0.4-35 mg-mcg tab	1	ACA Affordable Care Act
vylibra 0.25-35 mg-mcg tab	1	ACA Affordable Care Act
wera 0.5-35 mg-mcg tab	1	ACA Affordable Care Act
wymzya fe 0.4-35 mg-mcg chew tab	1	ACA Affordable Care Act
XULANE	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
yuvafem 10 mcg tab	1	
zafemy 150-35 mcg/24hr patch wk	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
ZAFEMY	2	QL 3 EA / 28 day(s) ACA Affordable Care Act
zarah 3-0.03 mg tab	1	ACA Affordable Care Act
zovia 1/35 (28) 1-35 mg-mcg tab	1	ACA Affordable Care Act
zovia 1/35e (28) 1-35 mg-mcg tab	1	ACA Affordable Care Act
zumandimine 3-0.03 mg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROGESTINS		
aftera 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
afterpill 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
camila 0.35 mg tab	1	ACA Affordable Care Act
CRINONE 4 % GEL	2	PA
CRINONE 8 % GEL	2	PA
curae 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
deblitane 0.35 mg tab	1	ACA Affordable Care Act
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	3	ACA Affordable Care Act
econtra ez 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
econtra one-step 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
ELLA 30 MG TAB	3	ACA Affordable Care Act
ENDOMETRIN 100 MG INSERT	3	PA
errin 0.35 mg tab	1	ACA Affordable Care Act
heather 0.35 mg tab	1	ACA Affordable Care Act
her style 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
incassia 0.35 mg tab	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
jencycla 0.35 mg tab	1	ACA Affordable Care Act
KYLEENA 19.5 MG IUD	3	ACA Affordable Care Act
levonorgestrel 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
LILETTA (52 MG) 20.1 MCG/DAY IUD	2	ACA Affordable Care Act
lyleq 0.35 mg tab	1	ACA Affordable Care Act
lyza 0.35 mg tab	1	ACA Affordable Care Act
medroxyprogesterone acetate 10 mg tab	1	
medroxyprogesterone acetate 150 mg/ml susp prsyr	1	ACA Affordable Care Act
medroxyprogesterone acetate 150 mg/ml suspension	1	ACA Affordable Care Act
medroxyprogesterone acetate 2.5 mg tab	1	
medroxyprogesterone acetate 5 mg tab	1	
megestrol acetate 20 mg tab	1	
megestrol acetate 40 mg tab	1	
megestrol acetate 40 mg/ml suspension	1	
megestrol acetate 400 mg/10ml suspension	1	
megestrol acetate 625 mg/5ml suspension	2	
megestrol acetate 800 mg/20ml suspension	1	
MIRENA (52 MG) 20 MCG/DAY IUD	2	ACA Affordable Care Act
my choice 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
my way 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
new day 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEXPLANON 68 MG IMPLANT	3	ACA Affordable Care Act
nora-be 0.35 mg tab	1	ACA Affordable Care Act
norethindrone 0.35 mg tab	1	ACA Affordable Care Act
norethindrone acetate 5 mg tab	1	
norlyda 0.35 mg tab	1	ACA Affordable Care Act
norlyroc 0.35 mg tab	1	ACA Affordable Care Act
opcicon one-step 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
option 2 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
PHEXXI 1.8-1-0.4 % GEL	3	ACA Affordable Care Act
preventeza 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
progesterone 100 mg cap	1	
progesterone 200 mg cap	1	
progesterone 50 mg/ml oil	1	PA
react 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter
sharobel 0.35 mg tab	1	ACA Affordable Care Act
SKYLA 13.5 MG IUD	3	ACA Affordable Care Act
SLYND 4 MG TAB	3	ACA Affordable Care Act
take action 1.5 mg tab	1	QLC 2 EA / 365 day(s) ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tulana 0.35 mg tab	1	ACA Affordable Care Act
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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 30 MG TAB	1	
ARMOUR THYROID 300 MG TAB	1	
ARMOUR THYROID 60 MG TAB	1	
ARMOUR THYROID 90 MG TAB	1	
CYTOMEL 25 MCG TAB	2	
CYTOMEL 5 MCG TAB	2	
CYTOMEL 50 MCG TAB	3	
euthyrox 100 mcg tab	1	
euthyrox 112 mcg tab	1	
euthyrox 125 mcg tab	1	
euthyrox 137 mcg tab	1	
euthyrox 150 mcg tab	1	
euthyrox 175 mcg tab	1	
euthyrox 200 mcg tab	1	
euthyrox 25 mcg tab	1	
euthyrox 50 mcg tab	1	
euthyrox 75 mcg tab	1	
euthyrox 88 mcg tab	1	
levo-t 100 mcg tab	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
levothyroxine sodium 50 mcg tab	1	
LEVOTHYROXINE SODIUM 75 MCG CAP	3	
levothyroxine sodium 75 mcg tab	1	
LEVOTHYROXINE SODIUM 88 MCG CAP	3	
levothyroxine sodium 88 mcg tab	1	
levoxyl 100 mcg tab	1	
levoxyl 112 mcg tab	1	
levoxyl 125 mcg tab	1	
levoxyl 137 mcg tab	1	
levoxyl 150 mcg tab	1	
levoxyl 175 mcg tab	1	
levoxyl 200 mcg tab	1	
levoxyl 25 mcg tab	1	
levoxyl 50 mcg tab	1	
levoxyl 75 mcg tab	1	
levoxyl 88 mcg tab	1	
liothyronine sodium 25 mcg tab	1	
liothyronine sodium 5 mcg tab	1	
liothyronine sodium 50 mcg tab	1	
NATURE-THROID 113.75 MG TAB	1	
NATURE-THROID 130 MG TAB	1	
NATURE-THROID 146.25 MG TAB	1	
NATURE-THROID 16.25 MG TAB	1	
NATURE-THROID 162.5 MG TAB	1	
NATURE-THROID 195 MG TAB	1	
NATURE-THROID 260 MG TAB	1	
NATURE-THROID 32.5 MG TAB	1	
NATURE-THROID 325 MG TAB	1	
NATURE-THROID 48.75 MG TAB	1	
NATURE-THROID 65 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATURE-THROID 81.25 MG TAB	1	
NATURE-THROID 97.5 MG TAB	1	
NIVA THYROID 120 MG TAB	1	
NIVA THYROID 15 MG TAB	1	
NIVA THYROID 30 MG TAB	1	
NIVA THYROID 60 MG TAB	1	
NIVA THYROID 90 MG TAB	1	
NP THYROID 120 MG TAB	1	
NP THYROID 15 MG TAB	1	
NP THYROID 30 MG TAB	1	
NP THYROID 60 MG TAB	1	
NP THYROID 90 MG TAB	1	
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	
THYROID 120 MG TAB	1	
thyroid 120 mg tab	1	
THYROID 15 MG TAB	1	
thyroid 15 mg tab	1	
THYROID 30 MG TAB	1	
thyroid 30 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THYROID 60 MG TAB	1	
thyroid 60 mg tab	1	
THYROID 90 MG TAB	1	
thyroid 90 mg tab	1	
TIROSINT 100 MCG CAP	3	
TIROSINT 112 MCG CAP	3	
TIROSINT 125 MCG CAP	3	
TIROSINT 13 MCG CAP	3	
TIROSINT 137 MCG CAP	3	
TIROSINT 150 MCG CAP	3	
TIROSINT 175 MCG CAP	3	
TIROSINT 200 MCG CAP	3	
TIROSINT 25 MCG CAP	3	
TIROSINT 37.5 MCG CAP	3	
TIROSINT 44 MCG CAP	3	
TIROSINT 50 MCG CAP	3	
TIROSINT 62.5 MCG CAP	3	
TIROSINT 75 MCG CAP	3	
TIROSINT 88 MCG CAP	3	
TIROSINT-SOL 37.5 MCG/ML SOLUTION	3	
TIROSINT-SOL 44 MCG/ML SOLUTION	3	
TIROSINT-SOL 62.5 MCG/ML SOLUTION	3	
unithroid 100 mcg tab	1	
unithroid 112 mcg tab	1	
unithroid 125 mcg tab	1	
unithroid 137 mcg tab	1	
unithroid 150 mcg tab	1	
unithroid 175 mcg tab	1	
unithroid 200 mcg tab	1	
unithroid 25 mcg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
unithroid 300 mcg tab	1	
unithroid 50 mcg tab	1	
unithroid 75 mcg tab	1	
unithroid 88 mcg tab	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline 0.5 mg tab	1	
cetrorelix acetate 0.25 mg kit	2	PA
CETROTIDE 0.25 MG KIT	2	PA
fyremadel 250 mcg/0.5ml soln prsyr	2	PA SP Specialty
ganirelix acetate 250 mcg/0.5ml soln prsyr	2	PA SP Specialty
leuprolide acetate 1 mg/0.2ml kit	1	SP Specialty
LUPRON DEPOT (1-MONTH) 3.75 MG KIT	2	^ SP Specialty
LUPRON DEPOT (1-MONTH) 7.5 MG KIT	2	^ SP Specialty
LUPRON DEPOT (3-MONTH) 11.25 MG KIT	2	^ SP Specialty
LUPRON DEPOT (3-MONTH) 22.5 MG KIT	2	^ SP Specialty
LUPRON DEPOT (4-MONTH) 30 MG KIT	2	^ SP Specialty
LUPRON DEPOT (6-MONTH) 45 MG KIT	2	^ SP Specialty
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	2	SP Specialty
octreotide acetate 100 mcg/ml solution	2	SP Specialty
octreotide acetate 1000 mcg/ml solution	2	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
octreotide acetate 200 mcg/ml solution	2	SP Specialty
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	2	SP Specialty
octreotide acetate 50 mcg/ml solution	2	SP Specialty
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	2	SP Specialty
octreotide acetate 500 mcg/ml solution	2	SP Specialty
ORGOVYX 120 MG TAB	3	PA SP Specialty
ORILISSA 150 MG TAB	2	PA
ORILISSA 200 MG TAB	2	PA
SIGNIFOR 0.3 MG/ML SOLUTION	3	PA SP Specialty
SIGNIFOR 0.6 MG/ML SOLUTION	3	PA SP Specialty
SIGNIFOR 0.9 MG/ML SOLUTION	3	PA SP Specialty
SOMAVERT 10 MG RECON SOLN	2	SP Specialty
SOMAVERT 15 MG RECON SOLN	2	SP Specialty
SOMAVERT 20 MG RECON SOLN	2	SP Specialty
SOMAVERT 25 MG RECON SOLN	2	SP Specialty
SOMAVERT 30 MG RECON SOLN	2	SP Specialty
SYNAREL 2 MG/ML SOLUTION	2	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole 10 mg tab	1	
methimazole 5 mg tab	1	
potassium iodide 1 gm/ml solution	3	
propylthiouracil 50 mg tab	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	3	PA SP Specialty
FIRAZYR 30 MG/3ML SOLN PRSYR	3	SP Specialty
icatibant acetate 30 mg/3ml soln prsyr	3	SP Specialty
KALBITOR 10 MG/ML SOLUTION	3	PA SP Specialty
sajazir 30 mg/3ml soln prsyr	3	SP Specialty
TAKHZYRO 150 MG/ML SOLN PRSYR	3	PA SP Specialty
TAKHZYRO 300 MG/2ML SOLN PRSYR	3	PA SP Specialty
TAKHZYRO 300 MG/2ML SOLUTION	3	PA SP Specialty
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	3	PA SP Specialty
BENLYSTA 200 MG/ML SOLN A-INJ	3	PA SP Specialty
BENLYSTA 200 MG/ML SOLN PRSYR	3	PA SP Specialty
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 1 ML / 28 day(s) PA SP Specialty
COSENTYX 300 MG/2ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s) PA SP Specialty
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA SP Specialty
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	QL 1 ML / 28 day(s) PA SP Specialty
DUPIXENT 100 MG/0.67ML SOLN PRSYR	3	PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN PEN	3	PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN PRSYR	3	PA SP Specialty
DUPIXENT 300 MG/2ML SOLN PEN	3	PA SP Specialty
DUPIXENT 300 MG/2ML SOLN PRSYR	3	PA SP Specialty
EMPAVELI 1080 MG/20ML SOLUTION	3	PA
ENSPRYNG 120 MG/ML SOLN PRSYR	3	PA SP Specialty
KEVZARA 150 MG/1.14ML SOLN A-INJ	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 150 MG/1.14ML SOLN PRSYR	3	QL 2.28 mL / 28 day(s) PA SP Specialty
KEVZARA 200 MG/1.14ML SOLN A-INJ	3	QL 2.28 mL / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KEVZARA 200 MG/1.14ML SOLN PRSYR	3	QL 2.28 mL / 28 day(s) PA SP Specialty
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 55 EA / 28 day(s) PA SP Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	PA SP Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	PA SP Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	PA SP Specialty
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	PA SP Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	PA SP Specialty
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	3	PA SP Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (300 MG TITRATION) 300 MG PACKET	3	PA SP Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	PA SP Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	3	PA SP Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	PA SP Specialty
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	2	PA QLC 2 EA / 84 days SP Specialty
SKYRIZI 150 MG/ML SOLN PRSYR	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
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	PA QLC 1 ML / 84 days SP Specialty
STELARA 45 MG/0.5ML SOLN PRSYR	2	PA QLC 1 ML / 84 days SP Specialty
STELARA 45 MG/0.5ML SOLUTION	2	PA QLC 1 ML / 84 days SP Specialty
STELARA 90 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 56 days SP Specialty
TREMFYA 100 MG/ML SOLN PEN	2	PA QLC 1 ML / 56 days SP Specialty
TREMFYA 100 MG/ML SOLN PRSYR	2	PA QLC 1 ML / 56 days SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XELJANZ 1 MG/ML SOLUTION	2	QL 240 mL / 24 day(s) PA SP Specialty
XELJANZ 10 MG TAB	2	QL 60 EA / 30 day(s) PA SP Specialty
XELJANZ 5 MG TAB	2	QL 60 EA / 30 day(s) PA SP Specialty
IMMUNOSTIMULANTS		
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	PA SP Specialty
PEGASYS 180 MCG/ML SOLUTION	2	PA SP Specialty
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ	2	PA SP Specialty
IMMUNOSUPPRESSANTS		
azasan 100 mg tab	2	
azasan 75 mg tab	2	
azathioprine 100 mg tab	2	
azathioprine 50 mg tab	1	
azathioprine 75 mg tab	2	
CELLCEPT 200 MG/ML RECON SUSP	2	
CELLCEPT 250 MG CAP	2	
CELLCEPT 500 MG TAB	2	
cyclosporine 100 mg cap	1	
cyclosporine 25 mg cap	1	
cyclosporine modified 100 mg cap	1	
cyclosporine modified 100 mg/ml solution	1	
cyclosporine modified 25 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
cyclosporine modified 50 mg cap	1	
ENBREL 25 MG RECON SOLN	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL 25 MG/0.5ML SOLN PRSYR	2	QL 8 ML / 30 day(s) PA SP Specialty
ENBREL 25 MG/0.5ML SOLUTION	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL 50 MG/ML SOLN PRSYR	2	QL 8 ML / 30 day(s) PA SP Specialty
ENBREL MINI 50 MG/ML SOLN CART	2	QL 4 mL / 28 day(s) PA SP Specialty
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	QL 4 mL / 28 day(s) PA SP Specialty
everolimus 0.25 mg tab	3	PA SP Specialty
everolimus 0.5 mg tab	3	PA SP Specialty
everolimus 0.75 mg tab	3	PA SP Specialty
everolimus 1 mg tab	3	PA SP Specialty
gengraf 100 mg cap	1	
gengraf 100 mg/ml solution	1	
gengraf 25 mg cap	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	2	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA (2 SYRINGE) 10 MG/0.1ML PREF SY KT	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/0.4ML PREF SY KT	2	QL 4 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 10 MG/0.1ML PREF SY KT	2	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA 20 MG/0.2ML PREF SY KT	2	QL 2 EA / 28 day(s) PA SP Specialty
HUMIRA 20 MG/0.4ML PREF SY KT	2	QL 2 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
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	2	QL 2 EA / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT	2	QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA PEN 40 MG/0.4ML PEN KIT	2	QL 4 EA / 28 day(s) PA SP Specialty
HUMIRA PEN 80 MG/0.8ML PEN KIT	2	QL 2 ea / 28 day(s) PA SP Specialty
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	2	QL 6 ea / 28 day(s) PA SP Specialty
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	2	QL 3 EA / 28 day(s) PA SP Specialty
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT	2	QL 4 ea / 28 day(s) PA SP Specialty
HUMIRA PEN-PSOR/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML PEN KIT	2	QL 3 ea / 28 day(s) PA SP Specialty
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML PEN KIT	2	QL 4 EA / 28 day(s) PA SP Specialty
IMURAN 50 MG TAB	2	
leflunomide 10 mg tab	1	
leflunomide 20 mg tab	1	
LUPKYNIS 7.9 MG CAP	3	PA
methotrexate sodium (pf) 1 gm/40ml solution	1	^
methotrexate sodium 1000 mg/40ml solution	1	^

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
methotrexate sodium 2.5 mg tab	1	
methotrexate sodium 50 mg/2ml solution	1	
mycophenolate mofetil 200 mg/ml recon susp	2	
mycophenolate mofetil 250 mg cap	1	
mycophenolate mofetil 500 mg tab	1	
mycophenolate sodium 180 mg tab dr	2	
mycophenolate sodium 360 mg tab dr	2	
mycophenolic acid 180 mg tab dr	2	
mycophenolic acid 360 mg tab dr	2	
MYFORTIC 180 MG TAB DR	3	
MYFORTIC 360 MG TAB DR	3	
NEORAL 100 MG CAP	2	
NEORAL 100 MG/ML SOLUTION	2	
NEORAL 25 MG CAP	2	
PROGRAF 0.5 MG CAP	2	
PROGRAF 1 MG CAP	2	
PROGRAF 5 MG CAP	2	
RAPAMUNE 0.5 MG TAB	3	
RAPAMUNE 1 MG TAB	3	
RAPAMUNE 1 MG/ML SOLUTION	2	
RAPAMUNE 2 MG TAB	3	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE 100 MG CAP	2	
SANDIMMUNE 100 MG/ML SOLUTION	2	
SANDIMMUNE 25 MG CAP	2	
sirolimus 0.5 mg tab	2	
sirolimus 1 mg tab	2	
sirolimus 1 mg/ml solution	2	
sirolimus 2 mg tab	2	
tacrolimus 0.5 mg cap	1	
tacrolimus 1 mg cap	1	
tacrolimus 5 mg cap	1	
TREXALL 10 MG TAB	2	
TREXALL 15 MG TAB	2	
TREXALL 5 MG TAB	2	
TREXALL 7.5 MG TAB	2	
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
ZORTRESS 1 MG TAB	3	PA SP Specialty
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide disodium 750 mg cap	1	
DIPENTUM 250 MG CAP	3	
mesalamine 1.2 gm tab dr	2	
mesalamine 1000 mg suppos	2	
mesalamine 4 gm enema	1	
mesalamine 400 mg cap dr	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MESALAMINE 800 MG TAB DR	2	
mesalamine 800 mg tab dr	2	
mesalamine er 0.375 gm cap er 24h	1	
mesalamine er 500 mg cap er	2	
mesalamine-cleanser 4 gm kit	1	
PENTASA 250 MG CAP ER	2	
SFROWASA 4 GM/60ML ENEMA	2	
sulfasalazine 500 mg tab	1	
sulfasalazine 500 mg tab dr	1	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	1	
budesonide er 9 mg tab er 24h	3	QLC 90 EA / 365 days
CORTIFOAM 10 % FOAM	2	
hydrocortisone 10 mg tab	1	
hydrocortisone 100 mg/60ml enema	1	
hydrocortisone 20 mg tab	1	
hydrocortisone 5 mg tab	1	
TARPEYO 4 MG CAP DR	3	PA
METABOLIC BONE DISEASE AGENTS		
alendronate sodium 10 mg tab	1	PD Preventive Drug
alendronate sodium 35 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
ALENDRONATE SODIUM 5 MG TAB	1	PD Preventive Drug
alendronate sodium 70 mg tab	1	RX4L Rx4Less Program PD Preventive Drug
alendronate sodium 70 mg/75ml solution	1	PD Preventive Drug
aqueous vitamin d 10 mcg/ml liquid	1	OTC Over the Counter
baby super daily d3 10 mcg /0.028ml liquid	1	OTC Over the Counter
baby vitamin d3 10 mcg /0.028ml liquid	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
bprotected pedia d-vite 10 mcg/ml liquid	1	OTC Over the Counter
calcitonin (salmon) 200 unit/act solution	1	PD Preventive Drug
calcitonin (salmon) 200 unit/ml solution	2	PD Preventive Drug
calcitriol 0.25 mcg cap	1	
calcitriol 0.5 mcg cap	1	
calcitriol 1 mcg/ml solution	1	
cinacalcet hcl 30 mg tab	2	SP Specialty
cinacalcet hcl 60 mg tab	2	SP Specialty
cinacalcet hcl 90 mg tab	2	SP Specialty
cvs d3 10 mcg (400 unit) cap	1	OTC Over the Counter
d-400 10 mcg (400 unit) tab	1	OTC Over the Counter
d-vite pediatric 10 mcg/ml liquid	1	OTC Over the Counter
d3 10 mcg (400 unit) chew tab	1	OTC Over the Counter
d3 high potency 10 mcg (400 unit) tab	1	OTC Over the Counter
d3 kids 10 mcg (400 unit) chew tab	1	OTC Over the Counter
D3 LIQUID 25 MCG/0.04ML LIQUID	1	OTC Over the Counter
delta d3 10 mcg (400 unit) tab	1	OTC Over the Counter
doxercalciferol 0.5 mcg cap	2	
doxercalciferol 1 mcg cap	2	
doxercalciferol 2.5 mcg cap	2	
eql vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
ergocalciferol 1.25 mg (50000 ut) cap	1	
FORTEO 600 MCG/2.4ML SOLN PEN	2	QLC 760 ML / 999 day(s) SP Specialty
gnp vitamin d 10 mcg (400 unit) chew tab	1	OTC Over the Counter
gnp vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
healthy kids vitamin d3 10 mcg (400 unit) chew tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ibandronate sodium 150 mg tab	3	PD Preventive Drug
just d 10 mcg/ml liquid	1	OTC Over the Counter
kp vitamin d 10 mcg (400 unit) chew tab	1	OTC Over the Counter
NATPARA 100 MCG CARTRIDGE	3	PA SP Specialty
NATPARA 25 MCG CARTRIDGE	3	PA SP Specialty
NATPARA 50 MCG CARTRIDGE	3	PA SP Specialty
NATPARA 75 MCG CARTRIDGE	3	PA SP Specialty
paricalcitol 1 mcg cap	2	
paricalcitol 2 mcg cap	2	
paricalcitol 4 mcg cap	2	
pharmacist choice d-vitamin 400 unit/ml liquid	1	OTC Over the Counter
qc vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
risedronate sodium 150 mg tab	1	PD Preventive Drug
risedronate sodium 30 mg tab	2	PD Preventive Drug
risedronate sodium 35 mg tab	1	PD Preventive Drug
risedronate sodium 35 mg tab dr	3	PD Preventive Drug
risedronate sodium 5 mg tab	2	PD Preventive Drug
sm vitamin d 10 mcg (400 unit) tab	1	OTC Over the Counter
true vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
true vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	QL 1.56 ML / 30 day(s) SP Specialty
vitamin d (cholecalciferol) 10 mcg (400 unit) cap	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
vitamin d (cholecalciferol) 10 mcg (400 unit) chew tab	1	OTC Over the Counter
vitamin d (cholecalciferol) 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap	1	
vitamin d (ergocalciferol) 50000 unit cap	1	
vitamin d 10 mcg/ml liquid	1	OTC Over the Counter
vitamin d infant 10 mcg/ml liquid	1	OTC Over the Counter
vitamin d-400 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) cap	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) chew tab	1	OTC Over the Counter
vitamin d3 10 mcg (400 unit) tab	1	OTC Over the Counter
vitamin d3 10 mcg/ml liquid	1	OTC Over the Counter
MISCELLANEOUS THERAPEUTIC AGENTS		
LANCETS	2	OTC Over the Counter
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
ALCOHOL SWABS	1	OTC Over the Counter
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	2	
argyle sterile water solution	1	
PEAK FLOW METERS	2	PD Preventive Drug OTC Over the Counter
BARIUM SULFATE POWDER	3	
CAYA DIAPHRAGM	2	ACA Affordable Care Act
CHEMSTRIP 2 STRIP	1	OTC Over the Counter
CONTOUR MONITOR DEVICE	2	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT EZ W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT GEN MONITOR DEVICE	2	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
CONTOUR NEXT GEN MONITOR W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT LINK W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT MONITOR W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT ONE KIT	2	PD Preventive Drug OTC Over the Counter
CONTOUR NEXT 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
D-XYLOSE POWDER	3	
DEXCOM G6 RECEIVER DEVICE	2	ST QLC 1 / 365 days
DEXCOM G6 SENSOR MISC	2	QL 3 / 30 day(s) ST
DEXCOM G6 TRANSMITTER MISC	2	ST QLC 1 / 84 days
DEXCOM G7 RECEIVER DEVICE	2	ST QLC 1 / 365 days
DEXCOM G7 SENSOR MISC	2	QL 3 / 30 day(s) ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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	
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	2	PD Preventive Drug
EVRYSDI 0.75 MG/ML RECON SOLN	3	PA SP Specialty
FC FEMALE CONDOM MISC	2	ACA Affordable Care Act OTC Over the Counter
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
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	2	
FIRST-MOUTHWASH BLM SUSPENSION	1	
FIRST-PROGESTERONE VGS 100 MG SUPPOS	3	
FIRST-PROGESTERONE VGS 200 MG SUPPOS	3	
FIXODENT EXTRA HOLD POWDER	3	OTC Over the Counter
FREESTYLE LIBRE 14 DAY READER DEVICE	2	ST QLC 1 / 365 days
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL 2 / 28 day(s) ST
FREESTYLE LIBRE 2 READER DEVICE	2	ST QLC 1 / 365 days
FREESTYLE LIBRE 2 SENSOR MISC	2	QL 2 / 28 day(s) ST
FREESTYLE LIBRE 3 READER DEVICE	2	ST QLC 1 /365 Days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 3 SENSOR MISC	2	QL 2 / 28 day(s) ST
INSPIRATION ELITE COMPRESS/NEB MISC	2	
INSPIRATION ELITE NEBULIZER MISC	2	
INSPIRATION NEBULIZER SYSTEM MISC	2	
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	
IV PREP WIPES 70 % PAD	2	OTC Over the Counter
KLUTCH POWDER	3	OTC Over the Counter
LAGEVRIO 200 MG CAP	3	QLC 80 EA / 30 day(s)
methergine 0.2 mg tab	2	
methylergonovine maleate 0.2 mg tab	2	
methylergonovine maleate 0.2 mg/ml solution	2	
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	2	
OMNIFLEX DIAPHRAGM DIAPHRAGM	2	ACA Affordable Care Act
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	QLC 1 EA / 700 Days
OMNIPOD 5 G6 POD (GEN 5) MISC	2	QL 15 EA / 30 day(s)
OMNIPOD 5 PACK MISC	2	QL 15 EA / 30 day(s)
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	QLC 1 EA / 700 Days
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
ONETOUCH SOLUTIONS STARTER KIT W/ WELL DEVICE KIT	2	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONETOUCH ULTRA STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
ONETOUCH ULTRA 2 W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
ONETOUCH ULTRA MINI W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
ONETOUCH ULTRALINK W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
ONETOUCH VERIO STRIP	2	QL 100 EA / 30 day(s) OTC Over the Counter
ONETOUCH VERIO FLEX SYSTEM DEVICE	2	QLC 1 EA/180 day(s) PD Preventive Drug OTC Over the Counter
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
ONETOUCH VERIO IQ SYSTEM W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
ONETOUCH VERIO REFLECT W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
ONETOUCH VERIO SYNC SYSTEM W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
ONETOUCH VERIO W/DEVICE KIT	2	PD Preventive Drug OTC Over the Counter
OPSITE 11"X11-3/4" MISC	2	OTC Over the Counter
OPSITE 11"X17-3/4" MISC	2	OTC Over the Counter
OPSITE 11"X6" MISC	2	OTC Over the Counter
OPSITE 17-3/4"X21-5/8" MISC	2	OTC Over the Counter
OPSITE 4"X5-1/2" MISC	2	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPSITE FLEXIGRID 2-3/8"X2-3/4" MISC	2	OTC Over the Counter
OPSITE FLEXIGRID 4"X4-3/4" MISC	2	OTC Over the Counter
OPSITE FLEXIGRID 4-3/4"X10" MISC	2	OTC Over the Counter
OPSITE FLEXIGRID 6"X8" MISC	2	OTC Over the Counter
OPSITE IV 3000 MISC	2	OTC Over the Counter
OPSITE POST-OP 10"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP 13-3/4"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP 4-3/4"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP 8"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP VISIBLE MISC	2	OTC Over the Counter
OPSITE POST-OP VISIBLE 10"X4" MISC	2	OTC Over the Counter
OPSITE POST-OP VISIBLE 4X3-1/8 MISC	2	OTC Over the Counter
OPSITE POST-OP VISIBLE 6"X4" MISC	2	OTC Over the Counter
OPVEE 2.7 MG/0.1ML SOLUTION	2	
PARAGARD INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QLC 20 EA /30 days
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QLC 30 EA /30 days
PEN NEEDLES 30G X 5 MM MISC	2	
PERMA-GRIP POWDER	3	OTC Over the Counter
POLIGRIP SUPER STRONG EX ST POWDER	3	OTC Over the Counter
PRECISION XTRA KETONE STRIP	2	OTC Over the Counter
RUZURGI 10 MG TAB	3	PA SP Specialty
SAXENDA 18 MG/3ML SOLN PEN	2	QL 15 ML / 30 day(s) PA
SODIUM SACCHARIN POWDER	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOLIRIS 300 MG/30ML SOLUTION	3	PA
sterile water for irrigation solution	1	
VOWST CAP	3	PA SP Specialty
water for irrigation, sterile solution	1	
WEGOVY 0.25 MG/0.5ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA
WEGOVY 0.5 MG/0.5ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA
WEGOVY 1 MG/0.5ML SOLN A-INJ	2	QL 2 ML / 28 day(s) PA
WEGOVY 1.7 MG/0.75ML SOLN A-INJ	2	QL 3 ML / 28 day(s) PA
WEGOVY 2.4 MG/0.75ML SOLN A-INJ	2	QL 3 ML / 28 day(s) PA
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
XPHOZAH 20 MG TAB	3	PA
XPHOZAH 30 MG TAB	3	PA
ZEPBOUND 10 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA
ZEPBOUND 12.5 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPBOUND 15 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA
ZEPBOUND 2.5 MG/0.5ML SOLN A-INJ	2	PA QLC 2 mL / 180 days
ZEPBOUND 5 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA
ZEPBOUND 7.5 MG/0.5ML SOLN A-INJ	2	QL 2 mL / 28 day(s) PA
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ak-poly-bac 500-10000 unit/gm ointment	1	
altacaine 0.5 % solution	1	
altacaine 0.5 % solution	1	
altafrin 2.5 % solution	1	
ATROPINE SULFATE 0.025 % SOLUTION	1	
ATROPINE SULFATE 0.05 % SOLUTION	1	
ATROPINE SULFATE 1 % OINTMENT	1	
atropine sulfate 1 % ointment	1	
ATROPINE SULFATE 1 % SOLUTION	1	
ATROPINE SULFATE 1 % SOLUTION	1	
atropine sulfate 1 % solution	1	
bacitra-neomycin-polymyxin-hc 1 % ointment	1	
bacitracin-polymyxin b 500-10000 unit/gm ointment	1	
BLEPHAMIDE 10-0.2 % SUSPENSION	3	
BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT	3	
brimonidine tartrate-timolol 0.2-0.5 % solution	2	
cyclopentolate hcl 1 % solution	1	
cyclopentolate hcl 2 % solution	1	
cyclosporine 0.05 % emulsion	2	
dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dorzolamide hcl-timolol mal pf 2-0.5 % solution	2	
HOMATROPAIRE 5 % SOLUTION	1	
ISOPTO ATROPINE 1 % SOLUTION	1	
LACRISERT 5 MG INSERT	3	
neo-polycin 3.5-400-10000 ointment	1	
neo-polycin hc 1 % ointment	1	
neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment	1	
neomycin-bacitracin zn-polymyx 5-400-10000 ointment	1	
neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment	1	
neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
OXERVATE 0.002 % SOLUTION	3	PA SP Specialty
phenylephrine hcl 2.5 % solution	1	
polycin 500-10000 unit/gm ointment	1	
PRED-G 0.3-1 % SUSPENSION	3	
PRED-G S.O.P. 0.3-0.6 % OINTMENT	3	
RESTASIS 0.05 % EMULSION	2	
RESTASIS MULTIDOSE 0.05 % EMULSION	2	
ROCKLATAN 0.02-0.005 % SOLUTION	3	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
tetcaine 0.5 % solution	1	
tetracaine hcl 0.5 % solution	1	
tetravisc 0.5 % solution	1	
tetravisc 0.5 % solution	1	
tetravisc forte 0.5 % solution	1	
tetravisc forte 0.5 % solution	1	
TOBRADEX 0.3-0.1 % OINTMENT	3	
tobramycin-dexamethasone 0.3-0.1 % suspension	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
tropicamide 1 % solution	1	
XDEMVY 0.25 % SOLUTION	3	PA
XIIDRA 5 % SOLUTION	2	
ZYLET 0.5-0.3 % SUSPENSION	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL 2 % SOLUTION	3	
ALOMIDE 0.1 % SOLUTION	3	
azelastine hcl 0.05 % solution	1	
bepotastine besilate 1.5 % solution	2	
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug
cromolyn sodium 4 % solution	1	PD Preventive Drug
epinastine hcl 0.05 % solution	2	
olopatadine hcl 0.1 % solution	2	
olopatadine hcl 0.2 % solution	3	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
erythromycin 5 mg/gm ointment	1	
gatifloxacin 0.5 % solution	3	
GENTAK 0.3 % OINTMENT	1	
gentamicin sulfate 0.3 % solution	1	
KLARITY-A 1 % SOLUTION	3	
LEVOFLOXACIN 0.5 % SOLUTION	1	
levofloxacin 0.5 % solution	1	
moxifloxacin hcl 0.5 % solution	2	
ofloxacin 0.3 % solution	1	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	1	
sulfacetamide sodium 10 % solution	1	
tobramycin 0.3 % solution	1	
TOBREX 0.3 % OINTMENT	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTI-INFLAMMATORIES		
ACUVAIL 0.45 % SOLUTION	3	
ALREX 0.2 % SUSPENSION	2	
bromfenac sodium (once-daily) 0.09 % solution	2	
bromfenac sodium 0.07 % solution	3	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
diclofenac sodium 0.1 % solution	1	
difluprednate 0.05 % emulsion	2	
FLAREX 0.1 % SUSPENSION	3	
fluorometholone 0.1 % suspension	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
FML 0.1 % OINTMENT	3	
FML FORTE 0.25 % SUSPENSION	3	
ILEVRO 0.3 % SUSPENSION	3	
ketorolac tromethamine 0.4 % solution	1	
ketorolac tromethamine 0.5 % solution	1	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM 0.38 % GEL	2	
LOTEPREDNOL ETABONATE 0.5 % GEL	2	
loteprednol etabonate 0.5 % gel	2	
loteprednol etabonate 0.5 % suspension	2	
NEVANAC 0.1 % SUSPENSION	3	
PRED MILD 0.12 % SUSPENSION	3	
PREDNISOLONE ACETATE 1 % SUSPENSION	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
PROLENSA 0.07 % SOLUTION	3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	1	
betaxolol hcl 0.5 % solution	1	
BETIMOL 0.25 % SOLUTION	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETIMOL 0.5 % SOLUTION	2	
BETOPTIC-S 0.25 % SUSPENSION	3	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
timolol maleate 0.25 % gel f soln	1	
timolol maleate 0.25 % solution	1	
timolol maleate 0.5 % (daily) solution	3	
timolol maleate 0.5 % gel f soln	1	
timolol maleate 0.5 % solution	1	
timolol maleate ocudose 0.5 % solution	3	
timolol maleate pf 0.25 % solution	3	
timolol maleate pf 0.5 % solution	3	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er 500 mg cap er 12h	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
apraclonidine hcl 0.5 % solution	1	
brimonidine tartrate 0.1 % solution	2	
brimonidine tartrate 0.15 % solution	1	
brimonidine tartrate 0.2 % solution	1	
brinzolamide 1 % suspension	2	
dorzolamide hcl 2 % solution	1	
methazolamide 25 mg tab	1	
methazolamide 50 mg tab	1	
pilocarpine hcl 1 % solution	1	
pilocarpine hcl 2 % solution	1	
pilocarpine hcl 4 % solution	1	
RHOPRESSA 0.02 % SOLUTION	3	
SIMBRINZA 1-0.2 % SUSPENSION	3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % solution	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
latanoprost 0.005 % solution	1	
LUMIGAN 0.01 % SOLUTION	2	
tafluprost (pf) 0.0015 % solution	3	
travoprost (bak free) 0.004 % solution	2	
VYZULTA 0.024 % SOLUTION	3	
OTIC AGENTS		
CIPRO HC 0.2-1 % SUSPENSION	3	
CIPRODEX 0.3-0.1 % SUSPENSION	2	
CIPROFLOXACIN HCL 0.2 % SOLUTION	3	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	2	
COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION	3	
CORTIC-ND 10-10-1 MG/ML SOLUTION	1	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	3	
flac 0.01 % oil	1	
fluocinolone acetonide 0.01 % oil	1	
hydrocortisone-acetic acid 1-2 % solution	1	
neomycin-polymyxin-hc 1 % solution	1	
neomycin-polymyxin-hc 3.5-10000-1 solution	1	
neomycin-polymyxin-hc 3.5-10000-1 suspension	1	
ofloxacin 0.3 % solution	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
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
budesonide 0.25 mg/2ml suspension	1	PD Preventive Drug
budesonide 0.5 mg/2ml suspension	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
budesonide 1 mg/2ml suspension	2	PD Preventive Drug
FLOVENT HFA 110 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL 24 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
FLOVENT HFA 44 MCG/ACT AEROSOL	2	QL 21.2 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
flunisolide 25 mcg/act (0.025%) solution	3	
fluticasone propionate 50 mcg/act suspension	1	
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
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
mometasone furoate 50 mcg/act suspension	2	
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA	2	QL 1 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA	2	QL 1 EA / 30 day(s) PD Preventive Drug
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	3	
QVAR REDIHALER 40 MCG/ACT AERO BA	2	
QVAR REDIHALER 80 MCG/ACT AERO BA	2	
ANTIHISTAMINES		
azelastine hcl 0.1 % solution	1	
azelastine hcl 0.15 % solution	2	
azelastine hcl 137 mcg/spray solution	1	
azelastine-fluticasone 137-50 mcg/act suspension	3	
banophen 50 mg cap	1	OTC Over the Counter
CLEMASTINE FUMARATE 2.68 MG TAB	1	
cyproheptadine hcl 2 mg/5ml syrup	1	
cyproheptadine hcl 4 mg tab	1	
diphenhydramine hcl 50 mg cap	1	OTC Over the Counter
hydroxyzine hcl 10 mg tab	1	
hydroxyzine hcl 10 mg/5ml syrup	1	
hydroxyzine hcl 25 mg tab	1	
hydroxyzine hcl 50 mg tab	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
hydroxyzine pamoate 25 mg cap	1	
hydroxyzine pamoate 50 mg cap	1	
kp diphenhydramine hcl 50 mg cap	1	OTC Over the Counter
olopatadine hcl 0.6 % solution	3	
pharbedryl 50 mg cap	1	OTC Over the Counter
promethazine hcl 6.25 mg/5ml solution	1	
promethazine hcl 6.25 mg/5ml syrup	1	
ANTILEUKOTRIENES		
montelukast sodium 10 mg tab	1	RX4L Rx4Less Program PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
montelukast sodium 4 mg chew tab	1	PD Preventive Drug
montelukast sodium 4 mg packet	1	PD Preventive Drug
montelukast sodium 5 mg chew tab	1	PD Preventive Drug
zafirlukast 10 mg tab	2	PD Preventive Drug
zafirlukast 20 mg tab	2	PD Preventive Drug
zileuton er 600 mg tab er 12h	3	PD Preventive Drug
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	3	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	QL 30 EA / 30 day(s) PD Preventive Drug
ipratropium bromide 0.02 % solution	1	RX4L Rx4Less Program
ipratropium bromide 0.03 % solution	1	
ipratropium bromide 0.06 % solution	1	
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)
tiotropium bromide monohydrate 18 mcg cap	2	QL 30 EA / 30 days
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln	1	RX4L Rx4Less Program
albuterol sulfate (5 mg/ml) 0.5% nebu soln	1	
albuterol sulfate (5 mg/ml) 0.5% nebu soln	1	
albuterol sulfate 0.63 mg/3ml nebu soln	1	
albuterol sulfate 1.25 mg/3ml nebu soln	1	
albuterol sulfate 2 mg tab	1	
albuterol sulfate 2 mg/5ml syrup	1	
albuterol sulfate 2.5 mg/0.5ml nebu soln	1	
albuterol sulfate 4 mg tab	1	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	1	QL 36 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)	1	QL 17 GM / 30 day(s)
albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)	1	QL 13.4 / 30 day(s)
arformoterol tartrate 15 mcg/2ml nebu soln	3	PD Preventive Drug
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
epinephrine 0.15 mg/0.3ml soln a-inj	2	QLC 6 EA / 365 day(s)
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	2	QLC 6 EA / 365 day(s)
epinephrine 0.3 mg/0.3ml soln a-inj	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)
formoterol fumarate 20 mcg/2ml nebu soln	3	PD Preventive Drug
levalbuterol hcl 0.31 mg/3ml nebu soln	1	
levalbuterol hcl 0.63 mg/3ml nebu soln	3	
levalbuterol hcl 1.25 mg/0.5ml nebu soln	3	
levalbuterol hcl 1.25 mg/3ml nebu soln	3	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	QL 30 GM / 30 day(s)
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
SYMJEPI 0.15 MG/0.3ML SOLN PRSYR	2	QLC 6 EA / 365 day(s)
SYMJEPI 0.3 MG/0.3ML SOLN PRSYR	2	QLC 6 EA / 365 day(s)
terbutaline sulfate 2.5 mg tab	1	
terbutaline sulfate 5 mg tab	1	
CYSTIC FIBROSIS AGENTS		
CAYSTON 75 MG RECON SOLN	3	SP Specialty
KALYDECO 13.4 MG PACKET	3	PA SP Specialty
KALYDECO 150 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 25 MG PACKET	3	PA SP Specialty
KALYDECO 5.8 MG PACKET	3	PA SP Specialty
KALYDECO 50 MG PACKET	3	PA SP Specialty
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
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	SP Specialty
SYMDEKO 100-150 & 150 MG TAB THPK	3	PA SP Specialty
SYMDEKO 50-75 & 75 MG TAB THPK	3	PA SP Specialty
TOBI PODHALER 28 MG CAP	2	SP Specialty
TOBRAMYCIN 300 MG/5ML NEBU SOLN	2	SP Specialty
tobramycin 300 mg/5ml nebu soln	2	SP Specialty
TRIKAFTA 100-50-75 & 150 MG TAB THPK	3	PA SP Specialty
TRIKAFTA 100-50-75 & 75 MG THER PACK	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
elixophyllin 80 mg/15ml elixir	2	
roflumilast 250 mcg tab	3	PD Preventive Drug
roflumilast 500 mcg tab	3	PD Preventive Drug
THEO-24 100 MG CAP ER 24H	2	
THEO-24 200 MG CAP ER 24H	2	
THEO-24 300 MG CAP ER 24H	2	
THEO-24 400 MG CAP ER 24H	2	
theophylline 80 mg/15ml elixir	2	
THEOPHYLLINE ER 100 MG TAB ER 12H	1	PD Preventive Drug
THEOPHYLLINE ER 200 MG TAB ER 12H	1	PD Preventive Drug
theophylline er 300 mg tab er 12h	1	
theophylline er 400 mg tab er 24h	1	
theophylline er 450 mg tab er 12h	1	
theophylline er 600 mg tab er 24h	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5 MG TAB	3	PA SP Specialty
ADEMPAS 1 MG TAB	3	PA SP Specialty
ADEMPAS 1.5 MG TAB	3	PA SP Specialty
ADEMPAS 2 MG TAB	3	PA SP Specialty
ADEMPAS 2.5 MG TAB	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
alyq 20 mg tab	3	PA SP Specialty
ambrisentan 10 mg tab	2	QL 30 EA / 30 day(s) SP Specialty
ambrisentan 5 mg tab	2	QL 30 EA / 30 day(s) SP Specialty
bosentan 125 mg tab	2	QL 60 EA / 30 day(s) SP Specialty
bosentan 62.5 mg tab	2	QL 60 EA / 30 day(s) SP Specialty
LIQREV 10 MG/ML SUSPENSION	2	PA SP Specialty
OPSUMIT 10 MG TAB	3	PA SP Specialty
sildenafil citrate 10 mg/ml recon susp	3	PA SP Specialty
sildenafil citrate 20 mg tab	1	SP Specialty
tadalafil (pah) 20 mg tab	3	PA SP Specialty
TYVASO 0.6 MG/ML SOLUTION	3	SP Specialty
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	3	
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	3	
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	3	
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	3	
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	3	
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	3	
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	
TYVASO REFILL 0.6 MG/ML SOLUTION	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO STARTER 0.6 MG/ML SOLUTION	3	SP Specialty
VENTAVIS 10 MCG/ML SOLUTION	2	SP Specialty
VENTAVIS 20 MCG/ML SOLUTION	2	SP Specialty
PULMONARY FIBROSIS AGENTS		
ESBRIET 267 MG CAP	3	! See important benefit information at end of document SP Specialty
OFEV 100 MG CAP	3	PA SP Specialty
OFEV 150 MG CAP	3	PA SP Specialty
pirfenidone 267 mg cap	3	SP Specialty
pirfenidone 267 mg tab	3	SP Specialty
pirfenidone 801 mg tab	3	SP Specialty
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine 10 % solution	1	
acetylcysteine 20 % solution	1	
ADVAIR DISKUS 100-50 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
ADVAIR DISKUS 250-50 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
ADVAIR DISKUS 500-50 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
ADVAIR HFA 115-21 MCG/ACT AEROSOL	2	QL 12 GM / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	QL 12 GM / 30 day(s) PD Preventive Drug
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	QL 12 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
benzonatate 100 mg cap	1	
benzonatate 150 mg cap	3	
benzonatate 200 mg cap	1	
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
breyna 160-4.5 mcg/act aerosol	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
breyna 80-4.5 mcg/act aerosol	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL 23.6 GM / 28 day(s) PD Preventive Drug
bromfed dm 2-30-10 mg/5ml syrup	1	
budesonide-formoterol fumarate 160-4.5 mcg/act aerosol	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
budesonide-formoterol fumarate 80-4.5 mcg/act aerosol	2	QL 10.3 GM / 30 day(s) PD Preventive Drug
CAPCOF 5-2-10 MG/5ML SYRUP	3	OTC Over the Counter
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	
cromolyn sodium 20 mg/2ml nebu soln	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
fluticasone-salmeterol 100-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
fluticasone-salmeterol 250-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
fluticasone-salmeterol 500-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	1	QL 1 EA / 30 day(s) PD Preventive Drug
g tussin ac 100-10 mg/5ml solution	1	OTC Over the Counter
guaiatussin ac 100-10 mg/5ml syrup	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 200-20 mg/10ml solution	1	OTC Over the Counter
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	
hydrocod poli-chlorphe poli er 10-8 mg/5ml susp	1	
hydrocodone bit-homatrop mbr 5-1.5 mg tab	1	
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution	1	
hydromet 5-1.5 mg/5ml solution	1	
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
M-END PE 3.33-1.33-6.33 MG/5ML LIQUID	3	OTC Over the Counter
MAR-COF BP 30-2-7.5 MG/5ML LIQUID	3	OTC Over the Counter
maxi-tuss ac 100-10 mg/5ml solution	1	OTC Over the Counter
nebusal 3 % nebu soln	1	
NINJACOF-XG 200-8 MG/5ML LIQUID	3	OTC Over the Counter
PRO-RED AC 5-1-9 MG/5ML SYRUP	3	OTC Over the Counter
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
promethazine-codeine 6.25-10 mg/5ml solution	1	
promethazine-codeine 6.25-10 mg/5ml syrup	1	
promethazine-dm 6.25-15 mg/5ml syrup	1	
promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup	1	
promethazine-phenylephrine 6.25-5 mg/5ml syrup	1	
pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup	1	
pulmosal 7 % nebu soln	3	
sodium chloride 0.9 % nebu soln	1	
sodium chloride 3 % nebu soln	1	
sodium chloride 7 % nebu soln	3	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	QL 4 GM / 30 day(s) PD Preventive Drug
SYMBICORT 160-4.5 MCG/ACT AEROSOL	2	QL 10.3 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
SYMBICORT 80-4.5 MCG/ACT AEROSOL	2	QL 10.3 GM / 30 day(s) ! See important benefit information at end of document PD Preventive Drug
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	QL 60 EA / 30 day(s) PD Preventive Drug
trymine cg 225-7.5 mg/5ml liquid	1	OTC Over the Counter
virtussin a/c 100-10 mg/5ml solution	1	OTC Over the Counter
virtussin ac w/alc 100-10 mg/5ml liquid	1	OTC Over the Counter
wixela inhub 100-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
wixela inhub 250-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
wixela inhub 500-50 mcg/act aer pow ba	1	QL 60 EA / 30 day(s) PD Preventive Drug
Z-TUSS AC 2-9 MG/5ML LIQUID	3	OTC Over the Counter
SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 500 mg tab	1	
cyclobenzaprine hcl 10 mg tab	1	
cyclobenzaprine hcl 5 mg tab	1	
cyclobenzaprine hcl 7.5 mg tab	1	
fexmid 7.5 mg tab	1	
metaxalone 800 mg tab	3	
methocarbamol 500 mg tab	1	
methocarbamol 750 mg tab	1	
norgesic 25-385-30 mg tab	1	
orphenadrine citrate er 100 mg tab er 12h	1	
orphenadrine-aspirin-caffeine 25-385-30 mg tab	1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
EDLUAR 10 MG SL TAB	3	QL 30 EA / 30 day(s)
EDLUAR 5 MG SL TAB	3	QL 30 EA / 30 day(s)
estazolam 1 mg tab	1	QL 30 EA / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
estazolam 2 mg tab	1	QL 30 EA / 30 day(s)
eszopiclone 1 mg tab	2	QL 30 EA / 30 day(s)
eszopiclone 2 mg tab	2	QL 30 EA / 30 day(s)
eszopiclone 3 mg tab	2	QL 30 EA / 30 day(s)
FLURAZEPAM HCL 15 MG CAP	1	
FLURAZEPAM HCL 30 MG CAP	1	
ramelteon 8 mg tab	2	QL 30 EA / 30 day(s)
temazepam 15 mg cap	1	QL 30 EA / 30 day(s)
temazepam 22.5 mg cap	1	QL 30 EA / 30 day(s)
temazepam 30 mg cap	1	QL 30 EA / 30 day(s)
temazepam 7.5 mg cap	1	QL 30 EA / 30 day(s)
triazolam 0.125 mg tab	1	
triazolam 0.25 mg tab	1	
zaleplon 10 mg cap	1	QL 30 EA / 30 day(s)
zaleplon 5 mg cap	1	QL 30 EA / 30 day(s)
zolpidem tartrate 10 mg tab	1	QL 30 EA / 30 day(s)
zolpidem tartrate 5 mg tab	1	QL 30 EA / 30 day(s)
zolpidem tartrate er 12.5 mg tab er	1	QL 30 EA / 30 day(s)
zolpidem tartrate er 6.25 mg tab er	1	QL 30 EA / 30 day(s)
WAKEFULNESS PROMOTING AGENTS		
armodafinil 150 mg tab	1	QL 30 EA / 30 day(s)
armodafinil 200 mg tab	1	QL 30 EA / 30 day(s)
armodafinil 250 mg tab	1	QL 30 EA / 30 day(s)
armodafinil 50 mg tab	1	QL 30 EA / 30 day(s)
modafinil 100 mg tab	1	QL 60 EA / 30 day(s)
modafinil 200 mg tab	1	QL 30 EA / 30 day(s)

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
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
XYREM 500 MG/ML SOLUTION	3	PA ! See important benefit information at end of document SP Specialty
XYWAV 500 MG/ML SOLUTION	3	PA SP Specialty
Uncategorized		
Unclassified		
BOSULIF 100 MG CAP	3	PA SP Specialty
BOSULIF 50 MG CAP	3	QL 30 EA / 30 Days PA SP Specialty
PENBRAYA RECON SUSP	3	ACA Affordable Care Act

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Formulary Changes Pending

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

Please refer to the table below for pending formulary changes.

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Divigel transdermal gel/jelly 1.25mg	Brand name not covered	2-1-2023	2-29-2024
Esbriet oral capsule 267mg	Brand name not covered	2-1-2023	2-29-2024
Delestrogen 10mg/ml	Brand name not covered	2-1-2023	2-29-2024
Trokendi XR capsules 25, 50, 100mg oral capsules	Brand name not covered	2-1-2023	2-29-2024

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Aubagio oral tablets	Brand name not covered	4-19-2023	4-30-2024
Cardizem LA 120mg oral tablets	Brand name not covered	4-19-2023	4-30-2024
Latuda oral tablets	Brand name not covered	4-19-2023	4-30-2024
Trokendi XR capsules 200mg oral capsules	Brand name not covered	4-19-2023	4-30-2024

Drug Name/Strength	Formulary Change Action	Date of Formulary Change	Date Formulary Change Will Be Effective For Enrollees Using Therapy on Date of Change
Advair Diskus	Brand name not covered	1-1-2024	Date of enrollee's renewal in 2024
Copaxone injection	Brand name not covered	9-13-2023	Date of enrollee's renewal in 2024
Flovent Diskus	Not covered	1-1-2024	Date of enrollee's renewal in 2024
Flovent HFA	Brand name not covered	1-1-2024	Date of enrollee's renewal in 2024
HCG injection	Not covered	9-13-2023	Date of enrollee's renewal in 2024
Novarel injection	Not covered	9-13-2023	Date of enrollee's renewal in 2024
Prezista 600mg and 800mg tablets	Brand name not covered	9-13-2023	Date of enrollee's renewal in 2024
Retin-A Micro Pump 0.08 % gel	Brand name not covered	9-13-2023	Date of enrollee's renewal in 2024
Symbicort Inhaler	Brand name not covered	1-1-2024	Date of enrollee's renewal in 2024
Vyvanse capsules	Brand name not covered	9-13-2023	Date of enrollee's renewal in 2024