

CDPHP Commercial Clinical Formulary 3 2026

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

Discrimination is Against the Law

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

CDPHP:

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

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

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

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة 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).

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

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

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

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

INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Commercial Clinical Formulary 3 2026* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Commercial Clinical Formulary 3* 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 3* 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 3* 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 3* 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 3* 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 3*. **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 3* are covered under the pharmacy benefit (and require a drug rider). Pharmacy benefits may impose additional coverage restrictions or may not cover selected drug products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered benefits unless the OTC product has been added to the formulary. Covered OTC products and their associated tier placement are listed throughout this document.

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

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

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

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

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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

PRODUCT SELECTION CRITERIA

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

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

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

GENERIC SUBSTITUTION

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

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

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

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

SPECIALTY DRUGS (SP)

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

CVS Caremark Specialty Pharmacy Services offers the following:

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

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

Get started with CVS Caremark Specialty Pharmacy Services

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

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

PRIOR AUTHORIZATION (PA)

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

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

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

PRESCRIPTION QUANTITY MANAGEMENT

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

DOSE OPTIMIZATION

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

STEP THERAPY (ST)

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

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

MEDICAL EXCEPTION PROCESS

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

EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Clinical Formulary 3 2026* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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

LEGEND

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

NOTICE

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

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
ANALGESICS, OTHER		
JOURNAVX 50 MG TAB	3	QL 15 / 7 day(s) QLC 29 / 84 DAYS
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>aspirin 81 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	QL 6 / 1 DAYS
<i>celecoxib 100 mg cap</i>	1	QL 2 / 1 DAYS
<i>celecoxib 200 mg cap</i>	1	QL 2 / 1 DAYS
<i>celecoxib 400 mg cap</i>	1	QL 1 / 1 DAYS
<i>celecoxib 50 mg cap</i>	1	QL 2 / 1 DAYS
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium 1 % gel</i>	1	QL 16.67 / 1 DAYS OTC Over the Counter
<i>diclofenac sodium 1.5 % solution</i>	1	
<i>diclofenac sodium 25 mg tab dr</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diclofenac sodium 3 % gel</i>	3	PA QLC 100 / 22 DAYS
<i>diclofenac sodium 50 mg tab dr</i>	1	RX4L Rx4Less Program
<i>diclofenac sodium 75 mg tab dr</i>	1	RX4L Rx4Less Program
<i>diclofenac sodium er 100 mg tab er 24h</i>	1	
<i>diflunisal 500 mg tab</i>	1	
<i>ec-naproxen 375 mg tab dr</i>	3	
<i>eq aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>etodolac 200 mg cap</i>	1	
<i>etodolac 300 mg cap</i>	1	
<i>etodolac 400 mg tab</i>	1	
<i>etodolac 500 mg tab</i>	1	
<i>etodolac er 400 mg tab er 24h</i>	1	
<i>etodolac er 500 mg tab er 24h</i>	1	
<i>etodolac er 600 mg tab er 24h</i>	1	
FLURBIPROFEN 100 MG TAB	3	
<i>flurbiprofen 100 mg tab</i>	3	
<i>ft aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>ibu 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibu 600 mg tab</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ibu 800 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 100 mg/5ml suspension</i>	1	
<i>ibuprofen 200 mg/10ml suspension</i>	1	
<i>ibuprofen 400 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 600 mg tab</i>	1	RX4L Rx4Less Program
<i>ibuprofen 800 mg tab</i>	1	RX4L Rx4Less Program
<i>indomethacin 25 mg cap</i>	1	RX4L Rx4Less Program
<i>indomethacin 50 mg cap</i>	1	
<i>indomethacin er 75 mg cap er</i>	1	
KETOPROFEN 50 MG CAP	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QLC 20 / 22 DAYS
LURBIPR 100 MG TAB	3	
LURBIRO 100 MG TAB	3	
<i>meloxicam 15 mg tab</i>	1	RX4L Rx4Less Program
<i>meloxicam 7.5 mg tab</i>	1	RX4L Rx4Less Program
<i>nabumetone 500 mg tab</i>	1	QL 4 / 1 DAYS
<i>nabumetone 750 mg tab</i>	1	QL 3 / 1 DAYS
<i>naproxen 250 mg tab</i>	1	
<i>naproxen 375 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen 375 mg tab dr</i>	3	
<i>naproxen 500 mg tab</i>	1	RX4L Rx4Less Program
<i>naproxen sodium 275 mg tab</i>	3	
<i>naproxen sodium 550 mg tab</i>	3	
<i>oxaprozin 600 mg tab</i>	3	QL 3 / 1 DAYS
<i>piroxicam 10 mg cap</i>	1	
<i>piroxicam 20 mg cap</i>	1	
<i>qc aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>salsalate 500 mg tab</i>	1	
<i>salsalate 750 mg tab</i>	1	
<i>sulindac 150 mg tab</i>	1	
<i>sulindac 200 mg tab</i>	1	
OPIOID ANALGESICS, LONG-ACTING		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	3	QLC 0.32 / 28 DAYS SP Specialty
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	3	QLC 0.48 / 28 DAYS SP Specialty
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	3	QLC 0.64 / 28 DAYS SP Specialty
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	3	QLC 0.16 / 28 DAYS SP Specialty
BRIXADI 128 MG/0.36ML SOLN PRSYR	3	QLC 0.36 / 28 DAYS SP Specialty
BRIXADI 64 MG/0.18ML SOLN PRSYR	3	QLC 0.18 / 28 DAYS SP Specialty
BRIXADI 96 MG/0.27ML SOLN PRSYR	3	QLC 0.27 / 28 DAYS SP Specialty
<i>buprenorphine 10 mcg/hr patch wk</i>	1	
<i>buprenorphine 15 mcg/hr patch wk</i>	1	
<i>buprenorphine 20 mcg/hr patch wk</i>	1	
<i>buprenorphine 5 mcg/hr patch wk</i>	1	
<i>buprenorphine 7.5 mcg/hr patch wk</i>	1	
<i>fentanyl 100 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
<i>fentanyl 12 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
<i>fentanyl 25 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl 50 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
<i>fentanyl 75 mcg/hr patch 72hr</i>	1	PA QLC 10 / 30 DAYS
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H	1	
<i>hydrocodone bitartrate er 100 mg tb24 deter</i>	1	
HYDROCODONE BITARTRATE ER 120 MG TB24 DETER	1	
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H	1	
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H	1	
<i>hydrocodone bitartrate er 20 mg tb24 deter</i>	1	
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H	1	
<i>hydrocodone bitartrate er 30 mg tb24 deter</i>	1	
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H	1	
<i>hydrocodone bitartrate er 40 mg tb24 deter</i>	1	
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H	1	
<i>hydrocodone bitartrate er 60 mg tb24 deter</i>	1	
<i>hydrocodone bitartrate er 80 mg tb24 deter</i>	1	
<i>hydromorphone hcl er 12 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>hydromorphone hcl er 16 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>hydromorphone hcl er 32 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>hydromorphone hcl er 8 mg tab er 24h</i>	3	QL 2 / 1 DAYS PA
<i>methadone hcl 10 mg tab</i>	1	QL 3 / 1 DAYS PA
METHADONE HCL 10 MG/5ML SOLUTION	1	PA
<i>methadone hcl 5 mg tab</i>	1	QL 3 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
METHADONE HCL 5 MG/5ML SOLUTION	1	PA
MORPHINE SULFATE ER 10 MG CAP ER 24H	1	
MORPHINE SULFATE ER 100 MG CAP ER 24H	1	
<i>morphine sulfate er 100 mg tab er</i>	1	
<i>morphine sulfate er 15 mg tab er</i>	1	QL 3 / 1 DAYS PA
MORPHINE SULFATE ER 20 MG CAP ER 24H	1	
<i>morphine sulfate er 200 mg tab er</i>	1	
MORPHINE SULFATE ER 30 MG CAP ER 24H	1	
<i>morphine sulfate er 30 mg tab er</i>	1	QL 3 / 1 DAYS PA
MORPHINE SULFATE ER 50 MG CAP ER 24H	1	
MORPHINE SULFATE ER 60 MG CAP ER 24H	1	
<i>morphine sulfate er 60 mg tab er</i>	1	QL 2 / 1 DAYS PA
MORPHINE SULFATE ER 80 MG CAP ER 24H	1	
MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H	1	
MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	1	
MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	1	
MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H	1	
MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H	1	
MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H	1	
NUCYNTA ER 100 MG TAB ER 12H	2	QL 2 / 1 DAYS PA
NUCYNTA ER 150 MG TAB ER 12H	2	QL 2 / 1 DAYS PA
NUCYNTA ER 200 MG TAB ER 12H	2	QL 2 / 1 DAYS PA
NUCYNTA ER 250 MG TAB ER 12H	2	QL 2 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA ER 50 MG TAB ER 12H	2	QL 2 / 1 DAYS PA
OXYCODONE HCL ER 10 MG TB12 DETER	3	QL 3 / 1 DAYS PA
OXYCODONE HCL ER 20 MG TB12 DETER	3	QL 3 / 1 DAYS PA
OXYCODONE HCL ER 40 MG TB12 DETER	3	QL 3 / 1 DAYS PA
OXYCODONE HCL ER 80 MG TB12 DETER	3	QL 3 / 1 DAYS PA
OXYMORPHONE HCL ER 10 MG TAB ER 12H	3	QL 2 / 1 DAYS PA
OXYMORPHONE HCL ER 15 MG TAB ER 12H	3	QL 2 / 1 DAYS PA
OXYMORPHONE HCL ER 20 MG TAB ER 12H	3	QL 2 / 1 DAYS PA
OXYMORPHONE HCL ER 30 MG TAB ER 12H	3	QL 2 / 1 DAYS PA
OXYMORPHONE HCL ER 40 MG TAB ER 12H	3	QL 2 / 1 DAYS PA
OXYMORPHONE HCL ER 5 MG TAB ER 12H	3	QL 2 / 1 DAYS PA
OXYMORPHONE HCL ER 7.5 MG TAB ER 12H	3	QL 2 / 1 DAYS PA
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	3	QLC 0.5 / 28 DAYS
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	3	QLC 1.5 / 28 DAYS
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H	3	QL 1 / 1 DAYS
TRAMADOL HCL (ER BIPHASIC) 200 MG TAB ER 24H	3	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRAMADOL HCL (ER BIPHASIC) 300 MG TAB ER 24H	3	QL 1 / 1 DAYS
<i>TraMADol HCl ER 100 MG TAB ER 24H (generic of RYZOLT)</i>	3	QL 1 / 1 DAYS
<i>TraMADol HCl ER 200 MG TAB ER 24H (generic of RYZOLT)</i>	3	QL 1 / 1 DAYS
<i>TraMADol HCl ER 300 MG TAB ER 24H (generic of RYZOLT)</i>	3	QL 1 / 1 DAYS
XTAMPZA ER 13.5 MG CP12 DETER	2	PA
XTAMPZA ER 18 MG CP12 DETER	2	PA
XTAMPZA ER 27 MG CP12 DETER	2	PA
XTAMPZA ER 36 MG CP12 DETER	2	PA
XTAMPZA ER 9 MG CP12 DETER	2	PA
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION	1	QL 125 / 1 DAYS
<i>acetaminophen-codeine 300-15 mg tab</i>	1	QL 10 / 1 DAYS
<i>acetaminophen-codeine 300-30 mg tab</i>	1	QL 8 / 1 DAYS
ACETAMINOPHEN-CODEINE 300-30 MG/12.5ML SOLUTION	1	
<i>acetaminophen-codeine 300-60 mg tab</i>	1	QL 8 / 1 DAYS
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP	1	QL 6 / 1 day(s)
<i>ascomp-codeine 50-325-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butalbital-apap-caff-cod 50-300-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	1	QL 6 / 1 DAYS
<i>butorphanol tartrate 10 mg/ml solution</i>	1	QLC 10 / 22 DAYS
CODEINE SULFATE 15 MG TAB	1	QL 10 / 1 DAYS
CODEINE SULFATE 30 MG TAB	1	QL 8 / 1 DAYS
<i>codeine sulfate 30 mg tab</i>	1	QL 8 / 1 DAYS
CODEINE SULFATE 60 MG TAB	1	QL 8 / 1 DAYS
<i>endocet 10-325 mg tab</i>	1	QL 6 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>endocet 2.5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>endocet 5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>endocet 7.5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>fentanyl citrate 1200 mcg loz handle</i>	1	QL 4 / 1 DAYS PA
<i>fentanyl citrate 1600 mcg loz handle</i>	1	QL 4 / 1 DAYS PA
FENTANYL CITRATE 200 MCG LOZ HANDLE	1	PA
<i>fentanyl citrate 200 mcg loz handle</i>	1	PA
<i>fentanyl citrate 400 mcg loz handle</i>	1	QL 4 / 1 DAYS PA
<i>fentanyl citrate 600 mcg loz handle</i>	1	QL 4 / 1 DAYS PA
<i>fentanyl citrate 800 mcg loz handle</i>	1	QL 4 / 1 DAYS PA
<i>hydrocodone-acetaminophen 10-300 mg tab</i>	1	
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	1	
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	1	QL 8 / 1 DAYS
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION	1	QL 150 / 1 DAYS
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution</i>	1	QL 150 / 1 DAYS
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	QL 8 / 1 DAYS
<i>hydrocodone-acetaminophen 5-217 mg/10ml solution</i>	1	QL 150 / 1 DAYS
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	1	
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>hydrocodone-acetaminophen 7.5-300 mg tab</i>	1	
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	1	QL 8 / 1 DAYS
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i>	1	QL 150 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCODONE-IBUPROFEN 10-200 MG TAB	1	QL 6 / 1 DAYS
HYDROCODONE-IBUPROFEN 5-200 MG TAB	1	QL 6 / 1 DAYS
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	1	QL 6 / 1 DAYS
<i>hydromorphone hcl 1 mg/ml liquid</i>	1	QL 6 / 1 day(s)
<i>hydromorphone hcl 2 mg tab</i>	1	QL 6 / 1 DAYS
HYDROMORPHONE HCL 3 MG SUPPOS	1	
<i>hydromorphone hcl 4 mg tab</i>	1	QL 6 / 1 DAYS
<i>hydromorphone hcl 8 mg tab</i>	1	QL 4 / 1 DAYS PA
<i>meperidine hcl 50 mg tab</i>	1	
MEPERIDINE HCL 50 MG/5ML SOLUTION	1	
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	1	QL 6 / 1 DAYS
<i>morphine sulfate (concentrate) 100 mg/5ml solution</i>	1	QL 6 / 1 DAYS
<i>morphine sulfate (concentrate) 20 mg/ml solution</i>	1	QL 6 / 1 DAYS
MORPHINE SULFATE 10 MG SUPPOS	1	QL 6 / 1 DAYS
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QL 30 / 1 DAYS
<i>morphine sulfate 10 mg/5ml solution</i>	1	QL 30 / 1 DAYS
MORPHINE SULFATE 15 MG TAB	1	QL 6 / 1 DAYS
<i>morphine sulfate 15 mg tab</i>	1	QL 6 / 1 DAYS
MORPHINE SULFATE 20 MG SUPPOS	1	QL 6 / 1 DAYS
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QL 30 / 1 DAYS
<i>morphine sulfate 20 mg/5ml solution</i>	1	QL 30 / 1 DAYS
MORPHINE SULFATE 30 MG SUPPOS	1	QL 6 / 1 DAYS
MORPHINE SULFATE 30 MG TAB	1	QL 4 / 1 DAYS
<i>morphine sulfate 30 mg tab</i>	1	QL 4 / 1 DAYS
MORPHINE SULFATE 5 MG SUPPOS	1	QL 6 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA 100 MG TAB	2	QL 4 / 1 DAYS PA
NUCYNTA 50 MG TAB	2	QL 4 / 1 DAYS PA
NUCYNTA 75 MG TAB	2	QL 4 / 1 DAYS PA
oxycodone hcl 10 mg tab	1	QL 8 / 1 DAYS
oxycodone hcl 100 mg/5ml conc	1	
oxycodone hcl 15 mg tab	1	QL 4 / 1 DAYS
oxycodone hcl 20 mg tab	1	QL 4 / 1 DAYS PA
oxycodone hcl 30 mg tab	1	QL 2 / 1 DAYS PA
oxycodone hcl 5 mg cap	1	QL 8 / 1 DAYS
oxycodone hcl 5 mg tab	1	QL 8 / 1 DAYS
oxycodone hcl 5 mg/5ml solution	1	QL 30 / 1 DAYS
oxycodone-acetaminophen 10-325 mg tab	1	QL 6 / 1 DAYS
oxycodone-acetaminophen 2.5-325 mg tab	1	QL 8 / 1 DAYS
oxycodone-acetaminophen 5-325 mg tab	1	QL 8 / 1 DAYS
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	QL 6 / 1 DAYS
oxycodone-acetaminophen 7.5-325 mg tab	1	QL 8 / 1 DAYS
oxymorphone hcl 10 mg tab	1	QL 4 / 1 DAYS PA
oxymorphone hcl 5 mg tab	1	QL 4 / 1 DAYS PA
pentazocine-naloxone hcl 50-0.5 mg tab	1	
tramadol hcl 50 mg tab	1	QL 8 / 1 DAYS
tramadol-acetaminophen 37.5-325 mg tab	1	QL 8 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>desflurane solution</i>	1	
<i>glydo 2 % prsyr</i>	1	
<i>lidocaine 5 % patch</i>	1	
<i>lidocaine hcl (pf) 0.5 % solution</i>	1	
<i>lidocaine hcl (pf) 1 % solution</i>	1	
<i>lidocaine hcl (pf) 2 % solution</i>	1	
LIDOCAINE HCL 1 % SOLUTION	1	
LIDOCAINE HCL 2 % SOLUTION	1	
<i>lidocaine hcl 3 % cream</i>	1	
<i>lidocaine hcl 4 % solution</i>	1	
LIDOCAINE HCL 4 % SOLUTION	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
<i>lidocaine hcl urethral/mucosal 2 % prsyr</i>	1	
<i>lidocaine viscous hcl 2 % solution</i>	1	
<i>lidocaine-hydrocortisone ace 3-0.5 % kit</i>	1	
<i>lidocaine-hydrocortisone ace 3-2.5 % kit</i>	1	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	1	
<i>lidocan 5 % patch</i>	1	
<i>lidopin 3 % cream</i>	1	
NAYZILAM 5 MG/0.1ML SOLUTION	3	QLC 10 / 22 DAYS
<i>tridacaine ii 5 % patch</i>	1	
<i>tridacaine iii 5 % patch</i>	1	
<i>zionodil 3 % lotion</i>	1	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	1	QL 6 / 1 DAYS
<i>disulfiram 250 mg tab</i>	1	
<i>disulfiram 500 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVITROL 380 MG RECON SUSP	3	
OPIOID DEPENDENCE		
<i>buprenorphine hcl 2 mg sl tab</i>	1	QL 4 / 1 DAYS
<i>buprenorphine hcl 8 mg sl tab</i>	1	QL 3 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	1	QL 2 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg film</i>	1	QL 4 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1	QL 4 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 4-1 mg film</i>	1	QL 3 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 8-2 mg film</i>	1	QL 3 / 1 DAYS
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1	QL 3 / 1 DAYS
ZUBSOLV 0.7-0.18 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 1.4-0.36 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 11.4-2.9 MG SL TAB	2	QL 1 / 1 DAYS
ZUBSOLV 2.9-0.71 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 5.7-1.4 MG SL TAB	2	QL 3 / 1 DAYS
ZUBSOLV 8.6-2.1 MG SL TAB	2	QL 2 / 1 DAYS
OPIOID REVERSAL AGENTS		
<i>ft naloxone hcl 4 mg/0.1ml liquid</i>	3	OTC Over the Counter
<i>gnp naloxone hcl 4 mg/0.1ml liquid</i>	3	OTC Over the Counter
KLOXXADO 8 MG/0.1ML LIQUID	2	
NALOXONE HCL 0.4 MG/ML SOLN CART	1	
<i>naloxone hcl 0.4 mg/ml soln prsyr</i>	1	
<i>naloxone hcl 0.4 mg/ml solution</i>	1	
<i>naloxone hcl 2 mg/2ml soln prsyr</i>	1	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	3	OTC Over the Counter
<i>naloxone hcl 4 mg/10ml solution</i>	1	
<i>naltrexone hcl 50 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NARCAN 4 MG/0.1ML LIQUID	3	OTC Over the Counter
REXTOVY 4 MG/0.25ML LIQUID	2	
ZIMHI 5 MG/0.5ML SOLN PRSYR	2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>cvs nicotine 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cvs nicotine polacrilex 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine polacrilex 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>cvs nicotine polacrilex 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine polacrilex 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eq nicotine polacrilex 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine polacrilex 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine polacrilex 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>eq nicotine step 3 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ft nicotine 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine mini 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ft nicotine mini 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp nicotine 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine mini 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine mini 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine polacrilex 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine polacrilex 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine polacrilex 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>gnp nicotine polacrilex 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>goodsense nicotine 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>goodsense nicotine 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>goodsense nicotine 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>goodsense nicotine 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>goodsense nicotine polacrilex 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>habitrol 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>hm nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>hm nicotine 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hm nicotine polacrilex 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>hm nicotine polacrilex 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>hm nicotine polacrilex 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>kls quit2 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>kls quit2 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>kls quit4 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>kls quit4 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICODERM CQ 14 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICODERM CQ 21 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICODERM CQ 7 MG/24HR PATCH 24HR	3	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICORETTE 2 MG GUM	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICORETTE 2 MG LOZENGE	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICORETTE 4 MG GUM	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICORETTE 4 MG LOZENGE	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICORETTE MINI 2 MG LOZENGE	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICORETTE MINI 4 MG LOZENGE	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICORETTE STARTER KIT 2 MG GUM	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICORETTE STARTER KIT 4 MG GUM	3	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
NICOTINE 21-14-7 MG/24HR KIT	1	QL 2 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine mini 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine mini 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nicotine polacrilex 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine polacrilex 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine polacrilex 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine polacrilex 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine polacrilex mini 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine step 1 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine step 2 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>nicotine step 3 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NICOTROL 10 MG INHALER	3	QL 18 / 1 DAYS ACA Affordable Care Act PD Preventive Drug
NICOTROL NS 10 MG/ML SOLUTION	3	QL 4 / 1 DAYS ACA Affordable Care Act PD Preventive Drug
<i>px stop smoking aid 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>px stop smoking aid 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>px stop smoking aid 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>px stop smoking aid 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>qc nicotine transdermal system 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>qc nicotine transdermal system 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra mini nicotine 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ra nicotine 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ra nicotine 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ra nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ra nicotine 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ra nicotine gum 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ra nicotine gum 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>ra nicotine polacrilex 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra nicotine polacrilex 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine 14 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine 21 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine 7 mg/24hr patch 24hr</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine polacrilex 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine polacrilex 2 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm nicotine polacrilex 4 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>sm nicotine polacrilex 4 mg lozenge</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>thrive 2 mg gum</i>	1	QL 20 / 1 DAYS ACA Affordable Care Act PD Preventive Drug OTC Over the Counter
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	1	QLC 60 / 22 DAYS ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate 0.5 mg tab</i>	1	QLC 60 / 22 DAYS ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate 1 mg tab</i>	1	QLC 60 / 22 DAYS ACA Affordable Care Act PD Preventive Drug
<i>varenicline tartrate(continue) 1 mg tab</i>	1	QLC 60 / 22 DAYS ACA Affordable Care Act PD Preventive Drug
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE 590 MG/8.4ML SUSPENSION	3	QL 8.43 / 1 DAYS PA SP Specialty
<i>gentamicin sulfate 0.1 % cream</i>	1	
<i>gentamicin sulfate 0.1 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gentamicin sulfate 40 mg/ml solution</i>	1	
<i>neomycin sulfate 500 mg tab</i>	1	
<i>tobramycin sulfate 1.2 gm/30ml solution</i>	1	
TOBRAMYCIN SULFATE 10 MG/ML SOLUTION	1	
TOBRAMYCIN SULFATE 2 GM/50ML SOLUTION	1	
<i>tobramycin sulfate 80 mg/2ml solution</i>	1	
ANTIBACTERIALS, OTHER		
<i>acetic acid 0.25 % solution</i>	1	
<i>clindamycin hcl 150 mg cap</i>	1	
<i>clindamycin hcl 300 mg cap</i>	1	
<i>clindamycin hcl 75 mg cap</i>	1	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	1	
<i>clindamycin phosphate 2 % cream</i>	1	
<i>fosfomycin tromethamine 3 gm packet</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	2	
<i>linezolid 600 mg tab</i>	2	QL 2 / 1 DAYS
<i>mb caps 120 mg cap</i>	1	
<i>me/naphos/mb/hyo1 81.6 mg tab</i>	1	
<i>methenamine hippurate 1 gm tab</i>	1	
<i>methenamine mandelate 0.5 gm tab</i>	1	
<i>methenamine mandelate 1 gm tab</i>	1	
<i>metronidazole 0.75 % cream</i>	1	
<i>metronidazole 0.75 % gel</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>metronidazole 0.75 % lotion</i>	1	
<i>metronidazole 1 % gel</i>	1	
<i>metronidazole 250 mg tab</i>	1	
<i>metronidazole 500 mg tab</i>	1	
NEOMYCIN-POLYMYXIN B GU 40-200000 SOLUTION	1	
<i>nitrofurantoin macrocrystal 100 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitrofurantoin macrocrystal 25 mg cap</i>	1	
<i>nitrofurantoin macrocrystal 50 mg cap</i>	1	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	1	
SIVEXTRO 200 MG TAB	3	PA QLC 6 / 22 DAYS
<i>tinidazole 250 mg tab</i>	1	
<i>tinidazole 500 mg tab</i>	1	
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim 100 mg tab</i>	1	
<i>urelle 81 mg tab</i>	1	
<i>uribel 118 mg cap</i>	1	
<i>urimar-t 120 mg cap</i>	1	
URIMAR-T 120 MG TAB	1	
<i>urin ds 81.6 mg tab</i>	1	
<i>urneva 120 mg cap</i>	1	
<i>uro-458 81 mg tab</i>	1	
<i>uro-mp 118 mg cap</i>	1	
<i>uro-sp 118 mg cap</i>	1	
UROGESIC-BLUE 81.6 MG TAB	1	
VANCOMYCIN HCL 1.75 GM RECON SOLN	1	
<i>vancomycin hcl 125 mg cap</i>	1	
VANCOMYCIN HCL 2 GM RECON SOLN	1	
<i>vancomycin hcl 25 mg/ml recon soln</i>	3	
<i>vancomycin hcl 250 mg cap</i>	1	
<i>vancomycin hcl 250 mg/5ml recon soln</i>	1	
<i>vancomycin hcl 50 mg/ml recon soln</i>	1	
VANDAZOLE 0.75 % GEL	1	
<i>vilamit mb 118 mg cap</i>	1	
<i>vilevev mb 81 mg tab</i>	1	
XIFAXAN 200 MG TAB	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIFAXAN 550 MG TAB	2	QLC 60 / 11 DAYS
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	
CEFACLOR ER 500 MG TAB ER 12H	1	
CEFADROXIL 1 GM TAB	1	
<i>cefadroxil 250 mg/5ml recon susp</i>	1	
<i>cefadroxil 500 mg cap</i>	1	
<i>cefadroxil 500 mg/5ml recon susp</i>	1	
<i>cefdinir 125 mg/5ml recon susp</i>	1	
<i>cefdinir 250 mg/5ml recon susp</i>	1	
<i>cefdinir 300 mg cap</i>	1	
<i>cefixime 100 mg/5ml recon susp</i>	1	
<i>cefixime 200 mg/5ml recon susp</i>	1	
<i>cefixime 400 mg cap</i>	1	
<i>cefpodoxime proxetil 100 mg tab</i>	1	
CEFPODOXIME PROXETIL 100 MG/5ML RECON SUSP	1	
<i>cefpodoxime proxetil 200 mg tab</i>	1	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP	1	
<i>cefprozil 125 mg/5ml recon susp</i>	1	
<i>cefprozil 250 mg tab</i>	1	
<i>cefprozil 250 mg/5ml recon susp</i>	1	
<i>cefprozil 500 mg tab</i>	1	
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
<i>cephalexin 125 mg/5ml recon susp</i>	1	
<i>cephalexin 250 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cephalexin 250 mg tab</i>	1	
<i>cephalexin 250 mg/5ml recon susp</i>	1	
<i>cephalexin 500 mg cap</i>	1	
<i>cephalexin 500 mg tab</i>	1	
<i>cephalexin 750 mg cap</i>	1	
BETA-LACTAM, PENICILLINS		
AMOXICILLIN 125 MG CHEW TAB	1	
<i>amoxicillin 125 mg/5ml recon susp</i>	1	
<i>amoxicillin 200 mg/5ml recon susp</i>	1	
<i>amoxicillin 250 mg cap</i>	1	
AMOXICILLIN 250 MG CHEW TAB	1	
<i>amoxicillin 250 mg/5ml recon susp</i>	1	
<i>amoxicillin 400 mg/5ml recon susp</i>	1	
<i>amoxicillin 500 mg cap</i>	1	
<i>amoxicillin 500 mg tab</i>	1	
<i>amoxicillin 875 mg tab</i>	1	
AMOXICILLIN-POT CLAVULANATE 200-28.5 MG CHEW TAB	1	
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	1	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	1	
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	1	
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	1	
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	1	
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H	1	
<i>ampicillin 500 mg cap</i>	1	
<i>dicloxacillin sodium 250 mg cap</i>	1	
<i>dicloxacillin sodium 500 mg cap</i>	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN	1	

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fidaxomicin 200 mg tab</i>	3	
QUINOLONES		
BAXDELA 450 MG TAB	3	QLC 28 / 22 DAYS
BESIVANCE 0.6 % SUSPENSION	3	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>ciprofloxacin hcl 250 mg tab</i>	1	
<i>ciprofloxacin hcl 500 mg tab</i>	1	
<i>ciprofloxacin hcl 750 mg tab</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin 250 mg tab</i>	1	
<i>levofloxacin 500 mg tab</i>	1	
<i>levofloxacin 750 mg tab</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	2	
OFLOXACIN 300 MG TAB	1	
OFLOXACIN 400 MG TAB	1	
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	1	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	1	
<i>sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension</i>	1	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	1	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	1	
<i>demeclocycline hcl 150 mg tab</i>	1	
<i>demeclocycline hcl 300 mg tab</i>	1	
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 100 mg tab dr</i>	3	
<i>doxycycline hyclate 20 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>doxycycline hyclate 50 mg tab</i>	1	
<i>doxycycline monohydrate 100 mg cap</i>	1	
<i>doxycycline monohydrate 100 mg tab</i>	1	
<i>doxycycline monohydrate 150 mg tab</i>	1	
<i>doxycycline monohydrate 25 mg/5ml recon susp</i>	1	
<i>doxycycline monohydrate 50 mg cap</i>	1	
<i>doxycycline monohydrate 50 mg tab</i>	1	
<i>doxycycline monohydrate 75 mg cap</i>	3	
<i>doxycycline monohydrate 75 mg tab</i>	1	
<i>minocycline hcl 100 mg cap</i>	1	
<i>minocycline hcl 100 mg tab</i>	1	
<i>minocycline hcl 50 mg cap</i>	1	
<i>minocycline hcl 50 mg tab</i>	1	
<i>minocycline hcl 75 mg cap</i>	1	
<i>minocycline hcl 75 mg tab</i>	1	
<i>mondoxyne nl 100 mg cap</i>	1	
NUZYRA 150 MG TAB	3	PA QLC 30 / 10 DAYS
<i>tetracycline hcl 250 mg cap</i>	3	
<i>tetracycline hcl 500 mg cap</i>	3	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
<i>divalproex sodium 125 mg cap dr</i>	1	PD Preventive Drug
<i>divalproex sodium 125 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium 250 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium 500 mg tab dr</i>	1	PD Preventive Drug
<i>divalproex sodium er 250 mg tab er 24h</i>	1	PD Preventive Drug
<i>divalproex sodium er 500 mg tab er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPIDIOLEX 100 MG/ML SOLUTION	3	QL 3.34 / 1 DAYS PA SP Specialty
EPRONTIA 25 MG/ML SOLUTION	3	QL 15.77 / 1 DAYS
<i>felbamate 400 mg tab</i>	1	PD Preventive Drug
<i>felbamate 600 mg tab</i>	1	PD Preventive Drug
<i>felbamate 600 mg/5ml suspension</i>	1	PD Preventive Drug
FINTEPLA 2.2 MG/ML SOLUTION	3	QL 12 / 1 DAYS PA SP Specialty
<i>lamotrigine 100 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 100 mg tab disp</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>lamotrigine 150 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 200 mg tab disp</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>lamotrigine 21 x 25 mg & 7 x 50 mg kit</i>	1	
<i>lamotrigine 25 & 50 & 100 mg kit</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab</i>	1	PD Preventive Drug
<i>lamotrigine 25 mg tab disp</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>lamotrigine 42 x 50 mg & 14x100 mg kit</i>	1	
<i>lamotrigine 5 mg chew tab</i>	1	PD Preventive Drug
<i>lamotrigine 50 mg tab disp</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>lamotrigine er 100 mg tab er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine er 200 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 25 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 250 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 300 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine er 50 mg tab er 24h</i>	1	PD Preventive Drug
<i>lamotrigine starter kit-blue 35 x 25 mg kit</i>	1	PD Preventive Drug
<i>lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit</i>	1	QLC 98 / 365 DAYS PD Preventive Drug
<i>lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i>	1	QLC 49 / 365 DAYS PD Preventive Drug
<i>levetiracetam 100 mg/ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 1000 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 250 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam 500 mg/5ml solution</i>	1	PD Preventive Drug
<i>levetiracetam 750 mg tab</i>	1	PD Preventive Drug
<i>levetiracetam er 500 mg tab er 24h</i>	1	QL 6 / 1 DAYS PD Preventive Drug
<i>levetiracetam er 750 mg tab er 24h</i>	1	QL 4 / 1 DAYS PD Preventive Drug
MOTPOLY XR 100 MG CAP ER 24H	3	QL 1 / 1 DAYS PA
MOTPOLY XR 150 MG CAP ER 24H	3	QL 2 / 1 DAYS PA
MOTPOLY XR 200 MG CAP ER 24H	3	QL 2 / 1 DAYS PA
<i>perampanel 10 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>perampanel 12 mg tab</i>	1	
<i>perampanel 2 mg tab</i>	1	
<i>perampanel 4 mg tab</i>	1	
<i>perampanel 6 mg tab</i>	1	
<i>perampanel 8 mg tab</i>	1	
<i>roweepra 500 mg tab</i>	1	PD Preventive Drug
<i>subvenite 100 mg tab</i>	1	PD Preventive Drug
<i>subvenite 150 mg tab</i>	1	PD Preventive Drug
<i>subvenite 200 mg tab</i>	1	PD Preventive Drug
<i>subvenite 25 mg tab</i>	1	PD Preventive Drug
<i>subvenite starter kit-blue 35 x 25 mg kit</i>	1	PD Preventive Drug
<i>subvenite starter kit-green 84 x 25 mg & 14x100 mg kit</i>	1	QLC 98 / 365 DAYS PD Preventive Drug
<i>subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i>	1	QLC 49 / 365 DAYS PD Preventive Drug
<i>topiramate 100 mg tab</i>	1	PD Preventive Drug
<i>topiramate 15 mg cap sprink</i>	2	PD Preventive Drug
<i>topiramate 200 mg tab</i>	1	PD Preventive Drug
<i>topiramate 25 mg cap sprink</i>	2	PD Preventive Drug
<i>topiramate 25 mg tab</i>	1	PD Preventive Drug
<i>topiramate 50 mg tab</i>	1	PD Preventive Drug
<i>topiramate er 100 mg cp24 sprnk</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>topiramate er 150 mg cp24 sprnk</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>topiramate er 200 mg cp24 sprnk</i>	2	QL 2 / 1 DAYS PD Preventive Drug
<i>topiramate er 25 mg cp24 sprnk</i>	2	QL 1 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topiramate er 50 mg cp24 sprnk</i>	2	QL 1 / 1 DAYS PD Preventive Drug
<i>valproic acid 250 mg cap</i>	1	PD Preventive Drug
<i>valproic acid 250 mg/5ml solution</i>	1	PD Preventive Drug
<i>valproic acid 500 mg/10ml solution</i>	1	PD Preventive Drug
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide 250 mg cap</i>	1	PD Preventive Drug
<i>ethosuximide 250 mg/5ml solution</i>	1	PD Preventive Drug
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam 10 mg tab</i>	1	QL 4 / 1 DAYS PD Preventive Drug
<i>clobazam 2.5 mg/ml suspension</i>	1	PD Preventive Drug
<i>clobazam 20 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>diazepam 10 mg gel</i>	1	QLC 5 / 30 DAYS
DIAZEPAM 2.5 MG GEL	1	QLC 5 / 30 DAYS
<i>diazepam 20 mg gel</i>	1	QLC 5 / 30 DAYS
<i>gabapentin 100 mg cap</i>	1	
<i>gabapentin 250 mg/5ml solution</i>	1	
<i>gabapentin 300 mg cap</i>	1	
<i>gabapentin 300 mg/6ml solution</i>	1	
<i>gabapentin 400 mg cap</i>	1	
<i>gabapentin 600 mg tab</i>	1	
<i>gabapentin 800 mg tab</i>	1	
LIBERVANT 10 MG FILM	3	QL 0.17 / 1 DAYS
LIBERVANT 12.5 MG FILM	3	QL 0.17 / 1 DAYS
LIBERVANT 15 MG FILM	3	QL 0.17 / 1 DAYS
LIBERVANT 5 MG FILM	3	QL 0.17 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIBERVANT 7.5 MG FILM	3	QL 0.17 / 1 DAYS
<i>phenobarbital 100 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 15 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 16.2 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 20 mg/5ml elixir</i>	1	PD Preventive Drug
<i>phenobarbital 30 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 30 mg/7.5ml elixir</i>	1	PD Preventive Drug
<i>phenobarbital 32.4 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 60 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 60 mg/15ml elixir</i>	1	PD Preventive Drug
<i>phenobarbital 64.8 mg tab</i>	1	PD Preventive Drug
<i>phenobarbital 97.2 mg tab</i>	1	PD Preventive Drug
PRIMIDONE 125 MG TAB	3	PD Preventive Drug
<i>primidone 250 mg tab</i>	1	PD Preventive Drug
<i>primidone 50 mg tab</i>	1	PD Preventive Drug
<i>tiagabine hcl 12 mg tab</i>	1	PD Preventive Drug
<i>tiagabine hcl 16 mg tab</i>	1	PD Preventive Drug
<i>tiagabine hcl 2 mg tab</i>	1	PD Preventive Drug
<i>tiagabine hcl 4 mg tab</i>	1	PD Preventive Drug
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	3	QLC 10 / 22 DAYS
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	3	QLC 10 / 22 DAYS
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	3	QLC 10 / 22 DAYS
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	3	QLC 10 / 22 DAYS
<i>vigabatrin 500 mg packet</i>	2	QL 6 / 1 DAYS PA SP Specialty PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vigabatrin 500 mg tab</i>	3	QL 6 / 1 DAYS PA SP Specialty PD Preventive Drug
<i>vigadrone 500 mg packet</i>	2	QL 6 / 1 DAYS PA SP Specialty PD Preventive Drug
<i>vigadrone 500 mg tab</i>	3	QL 6 / 1 DAYS PA SP Specialty PD Preventive Drug
VIGAFYDE 100 MG/ML SOLUTION	3	QL 10 / 1 DAYS PA SP Specialty
<i>vigpoder 500 mg packet</i>	2	QL 6 / 1 DAYS PA SP Specialty PD Preventive Drug
ZTALMY 50 MG/ML SUSPENSION	3	QL 3.67 / 1 DAYS PA SP Specialty
SODIUM CHANNEL AGENTS		
<i>carbamazepine 100 mg chew tab</i>	1	PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>carbamazepine 200 mg tab</i>	1	PD Preventive Drug
<i>carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)</i>	1	PD Preventive Drug
<i>CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)</i>	1	PD Preventive Drug
<i>epitol 200 mg tab</i>	1	PD Preventive Drug
<i>eslicarbazepine acetate 200 mg tab</i>	3	PD Preventive Drug
<i>eslicarbazepine acetate 400 mg tab</i>	3	PD Preventive Drug
<i>eslicarbazepine acetate 600 mg tab</i>	3	PD Preventive Drug
<i>eslicarbazepine acetate 800 mg tab</i>	3	PD Preventive Drug
<i>lacosamide 10 mg/ml solution</i>	1	QL 46.5 / 1 DAYS PD Preventive Drug
<i>lacosamide 100 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 100 mg/10ml solution</i>	1	QL 46.5 / 1 DAYS PD Preventive Drug
<i>lacosamide 150 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 200 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 50 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>lacosamide 50 mg/5ml solution</i>	1	QL 46.5 / 1 DAYS PD Preventive Drug
<i>oxcarbazepine 150 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg tab</i>	1	PD Preventive Drug
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxcarbazepine 600 mg tab</i>	1	PD Preventive Drug
<i>phenytoin 100 mg/4ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 125 mg/5ml suspension</i>	1	PD Preventive Drug
<i>phenytoin 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin infatabs 50 mg chew tab</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 100 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 200 mg cap</i>	1	PD Preventive Drug
<i>phenytoin sodium extended 300 mg cap</i>	1	PD Preventive Drug
<i>rufinamide 40 mg/ml suspension</i>	3	PD Preventive Drug
<i>zonisamide 100 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 25 mg cap</i>	1	PD Preventive Drug
<i>zonisamide 50 mg cap</i>	1	PD Preventive Drug
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	1	
CHOLINESTERASE INHIBITORS		
ADLARITY 10 MG/DAY PATCH WK	3	QL 0.15 / 1 DAYS ST
ADLARITY 5 MG/DAY PATCH WK	3	QL 0.15 / 1 DAYS ST
<i>donepezil hcl 10 mg tab</i>	1	
<i>donepezil hcl 10 mg tab disp</i>	1	
<i>donepezil hcl 23 mg tab</i>	1	
<i>donepezil hcl 5 mg tab</i>	1	
<i>donepezil hcl 5 mg tab disp</i>	1	
<i>galantamine hydrobromide 12 mg tab</i>	1	
<i>galantamine hydrobromide 4 mg tab</i>	1	
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide 8 mg tab</i>	1	
<i>galantamine hydrobromide er 16 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 24 mg cap er 24h</i>	1	
<i>galantamine hydrobromide er 8 mg cap er 24h</i>	1	
<i>rivastigmine 13.3 mg/24hr patch 24hr</i>	1	
<i>rivastigmine 4.6 mg/24hr patch 24hr</i>	1	
<i>rivastigmine 9.5 mg/24hr patch 24hr</i>	1	
<i>rivastigmine tartrate 1.5 mg cap</i>	1	
<i>rivastigmine tartrate 3 mg cap</i>	1	
<i>rivastigmine tartrate 4.5 mg cap</i>	1	
<i>rivastigmine tartrate 6 mg cap</i>	1	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl 10 mg tab</i>	1	
<i>memantine hcl 10 mg/5ml solution</i>	1	
<i>memantine hcl 2 mg/ml solution</i>	1	
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	1	
<i>memantine hcl 5 mg tab</i>	1	
<i>memantine hcl er 14 mg cap er 24h</i>	1	QL 1 / 1 DAYS
<i>memantine hcl er 21 mg cap er 24h</i>	1	QL 1 / 1 DAYS
<i>memantine hcl er 28 mg cap er 24h</i>	1	QL 1 / 1 DAYS
<i>memantine hcl er 7 mg cap er 24h</i>	1	QL 1 / 1 DAYS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	3	QL 2 / 1 DAYS PA
<i>bupropion hcl 100 mg tab</i>	1	
<i>bupropion hcl 75 mg tab</i>	1	
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	1	QL 2 / 1 DAYS
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	1	QL 2 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
bupropion hcl er (sr) 200 mg tab er 12h	1	QL	2 / 1 DAYS
bupropion hcl er (xl) 150 mg tab er 24h	1	QL	3 / 1 DAYS
bupropion hcl er (xl) 300 mg tab er 24h	1	QL	1 / 1 DAYS
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	3	QL	1 / 1 DAYS
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB	1		
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB	1		
mirtazapine 15 mg tab	1		
mirtazapine 15 mg tab disp	3		
mirtazapine 30 mg tab	1		
mirtazapine 30 mg tab disp	3		
mirtazapine 45 mg tab	1		
mirtazapine 45 mg tab disp	3		
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		
ZURZUVAE 20 MG CAP	3	QL	2 / 1 DAYS
		PA	
		QLC	28 / 274 DAYS
ZURZUVAE 25 MG CAP	3	QL	2 / 1 DAYS
		PA	
		QLC	28 / 274 DAYS
ZURZUVAE 30 MG CAP	3	QL	1 / 1 DAYS
		PA	
		QLC	14 / 274 DAYS
MONOAMINE OXIDASE INHIBITORS			
PHENELZINE SULFATE 15 MG TAB	1		
tranylcypromine sulfate 10 mg tab	3		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide 10 mg tab</i>	1	QL 3 / 1 DAYS PD Preventive Drug
<i>citalopram hydrobromide 10 mg/5ml solution</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 20 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program
<i>citalopram hydrobromide 20 mg/10ml solution</i>	1	PD Preventive Drug
<i>citalopram hydrobromide 40 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>desvenlafaxine succinate er 25 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>desvenlafaxine succinate er 50 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>escitalopram oxalate 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>escitalopram oxalate 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>escitalopram oxalate 5 mg tab</i>	1	PD Preventive Drug
FLUOXETINE HCL (PMDD) 10 MG TAB	3	
FLUOXETINE HCL (PMDD) 20 MG TAB	3	
<i>fluoxetine hcl 10 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>fluoxetine hcl 10 mg tab</i>	3	PD Preventive Drug
<i>fluoxetine hcl 20 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>fluoxetine hcl 20 mg tab</i>	3	PD Preventive Drug
<i>fluoxetine hcl 20 mg/5ml solution</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 40 mg cap</i>	1	PD Preventive Drug
FLUOXETINE HCL 60 MG TAB	3	PD Preventive Drug
<i>fluoxetine hcl 60 mg tab</i>	3	PD Preventive Drug
FLUOXETINE HCL 90 MG CAP DR	3	QL 0.15 / 1 DAYS PD Preventive Drug
<i>fluvoxamine maleate 100 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 25 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate 50 mg tab</i>	1	PD Preventive Drug
<i>fluvoxamine maleate er 100 mg cap er 24h</i>	3	QL 2 / 1 DAYS PD Preventive Drug
<i>fluvoxamine maleate er 150 mg cap er 24h</i>	3	QL 2 / 1 DAYS PD Preventive Drug
NEFAZODONE HCL 100 MG TAB	3	QL 2 / 1 DAYS
NEFAZODONE HCL 150 MG TAB	3	
NEFAZODONE HCL 200 MG TAB	3	
NEFAZODONE HCL 250 MG TAB	3	
NEFAZODONE HCL 50 MG TAB	3	QL 2 / 1 DAYS
<i>paroxetine hcl 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>paroxetine hcl 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>paroxetine hcl 30 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl 40 mg tab</i>	1	PD Preventive Drug
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	3	QL 2 / 1 DAYS PD Preventive Drug
<i>paroxetine hcl er 25 mg tab er 24h</i>	3	QL 2 / 1 DAYS PD Preventive Drug
<i>paroxetine hcl er 37.5 mg tab er 24h</i>	3	QL 2 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sertraline hcl 100 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>sertraline hcl 20 mg/ml conc</i>	1	PD Preventive Drug
<i>sertraline hcl 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>sertraline hcl 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>trazodone hcl 100 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 150 mg tab</i>	1	RX4L Rx4Less Program
<i>trazodone hcl 300 mg tab</i>	1	
<i>trazodone hcl 50 mg tab</i>	1	RX4L Rx4Less Program
<i>venlafaxine hcl 100 mg tab</i>	1	
<i>venlafaxine hcl 25 mg tab</i>	1	
<i>venlafaxine hcl 37.5 mg tab</i>	1	
<i>venlafaxine hcl 50 mg tab</i>	1	
<i>venlafaxine hcl 75 mg tab</i>	1	
<i>venlafaxine hcl er 150 mg cap er 24h</i>	1	QL 3 / 1 DAYS RX4L Rx4Less Program
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	1	QL 3 / 1 DAYS RX4L Rx4Less Program
<i>venlafaxine hcl er 75 mg cap er 24h</i>	1	QL 5 / 1 DAYS RX4L Rx4Less Program
<i>vilazodone hcl 10 mg tab</i>	3	QL 1 / 1 DAYS
<i>vilazodone hcl 20 mg tab</i>	3	QL 1 / 1 DAYS
<i>vilazodone hcl 40 mg tab</i>	3	QL 1 / 1 DAYS
TRICYCLICS		
<i>amitriptyline hcl 10 mg tab</i>	1	
<i>amitriptyline hcl 100 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amitriptyline hcl 150 mg tab</i>	1	
<i>amitriptyline hcl 25 mg tab</i>	1	
<i>amitriptyline hcl 50 mg tab</i>	1	
<i>amitriptyline hcl 75 mg tab</i>	1	
<i>amoxapine 100 mg tab</i>	1	
<i>amoxapine 150 mg tab</i>	1	
<i>amoxapine 25 mg tab</i>	1	
<i>amoxapine 50 mg tab</i>	1	
<i>clomipramine hcl 25 mg cap</i>	3	PA
<i>clomipramine hcl 50 mg cap</i>	3	PA
<i>clomipramine hcl 75 mg cap</i>	3	PA
<i>desipramine hcl 10 mg tab</i>	3	
<i>desipramine hcl 100 mg tab</i>	3	
<i>desipramine hcl 150 mg tab</i>	3	
<i>desipramine hcl 25 mg tab</i>	3	
<i>desipramine hcl 50 mg tab</i>	3	
<i>desipramine hcl 75 mg tab</i>	3	
<i>doxepin hcl 10 mg cap</i>	1	
<i>doxepin hcl 10 mg/ml conc</i>	1	
<i>doxepin hcl 100 mg cap</i>	1	
<i>doxepin hcl 150 mg cap</i>	1	
<i>doxepin hcl 25 mg cap</i>	1	
<i>doxepin hcl 50 mg cap</i>	1	
<i>doxepin hcl 75 mg cap</i>	1	
<i>imipramine hcl 10 mg tab</i>	1	
<i>imipramine hcl 25 mg tab</i>	1	
<i>imipramine hcl 50 mg tab</i>	1	
<i>nortriptyline hcl 10 mg cap</i>	1	RX4L Rx4Less Program
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>nortriptyline hcl 25 mg cap</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nortriptyline hcl 50 mg cap</i>	1	
<i>nortriptyline hcl 75 mg cap</i>	1	
<i>protriptyline hcl 10 mg tab</i>	3	
<i>protriptyline hcl 5 mg tab</i>	3	
<i>trimipramine maleate 100 mg cap</i>	1	
<i>trimipramine maleate 25 mg cap</i>	1	
<i>trimipramine maleate 50 mg cap</i>	1	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>compro 25 mg suppos</i>	1	
GIMOTI 15 MG/ACT SOLUTION	3	QL 0.35 / 1 DAYS PA
<i>meclizine hcl 12.5 mg tab</i>	1	
<i>meclizine hcl 25 mg tab</i>	1	
<i>metoclopramide hcl 10 mg tab</i>	1	
<i>metoclopramide hcl 10 mg/10ml solution</i>	1	
<i>metoclopramide hcl 5 mg tab</i>	1	
<i>metoclopramide hcl 5 mg/5ml solution</i>	1	
<i>perphenazine 16 mg tab</i>	1	
<i>perphenazine 2 mg tab</i>	1	
<i>perphenazine 4 mg tab</i>	1	
<i>perphenazine 8 mg tab</i>	1	
<i>prochlorperazine 25 mg suppos</i>	1	
<i>prochlorperazine maleate 10 mg tab</i>	1	
<i>prochlorperazine maleate 5 mg tab</i>	1	
<i>promethazine hcl 12.5 mg suppos</i>	1	
<i>promethazine hcl 12.5 mg tab</i>	1	
<i>promethazine hcl 25 mg suppos</i>	1	
<i>promethazine hcl 25 mg tab</i>	1	
<i>promethazine hcl 50 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>promethegan 12.5 mg suppos</i>	1	
<i>promethegan 25 mg suppos</i>	1	
PROMETHEGAN 50 MG SUPPOS	1	
<i>scopolamine 1 mg/3days patch 72hr</i>	3	
<i>trimethobenzamide hcl 300 mg cap</i>	3	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant 125 mg cap</i>	3	QLC 2 / 22 DAYS
<i>aprepitant 40 mg cap</i>	3	QLC 4 / 22 DAYS
<i>aprepitant 80 & 125 mg cap</i>	3	QLC 6 / 22 DAYS
<i>aprepitant 80 mg cap</i>	3	QLC 4 / 22 DAYS
<i>dronabinol 10 mg cap</i>	1	
<i>dronabinol 2.5 mg cap</i>	1	
<i>dronabinol 5 mg cap</i>	1	
<i>granisetron hcl 1 mg tab</i>	1	QL 2 / 1 DAYS
<i>ondansetron 4 mg tab disp</i>	2	
<i>ondansetron 8 mg tab disp</i>	2	
<i>ondansetron hcl 4 mg tab</i>	1	
<i>ondansetron hcl 4 mg/5ml solution</i>	1	
<i>ondansetron hcl 8 mg tab</i>	1	
SYNDROS 5 MG/ML SOLUTION	3	PA
ANTIFUNGALS		
AMPHOTERICIN B 50 MG RECON SOLN	1	
BREXAFEMME 150 MG TAB	3	PA QLC 4 / 22 DAYS
<i>clotrimazole 1 % cream</i>	1	
<i>clotrimazole 1 % solution</i>	1	
<i>clotrimazole 10 mg troche</i>	1	
CRESEMBA 186 MG CAP	3	
CRESEMBA 74.5 MG CAP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>econazole nitrate 1 % cream</i>	1	
<i>fluconazole 10 mg/ml recon susp</i>	1	
<i>fluconazole 100 mg tab</i>	1	
<i>fluconazole 150 mg tab</i>	1	
<i>fluconazole 200 mg tab</i>	1	
<i>fluconazole 40 mg/ml recon susp</i>	1	
<i>fluconazole 50 mg tab</i>	1	
<i>flucytosine 250 mg cap</i>	1	
<i>flucytosine 500 mg cap</i>	1	
<i>griseofulvin microsize 125 mg/5ml suspension</i>	1	
<i>griseofulvin microsize 500 mg tab</i>	1	
<i>griseofulvin ultramicrosize 125 mg tab</i>	1	
<i>griseofulvin ultramicrosize 250 mg tab</i>	1	
<i>itraconazole 10 mg/ml solution</i>	3	
<i>itraconazole 100 mg cap</i>	2	
<i>ketoconazole 2 % cream</i>	1	
<i>ketoconazole 2 % shampoo</i>	1	
<i>ketoconazole 200 mg tab</i>	1	
<i>klayesta 100000 unit/gm powder</i>	1	
<i>nyamyc 100000 unit/gm powder</i>	1	
<i>nystatin 100000 unit/gm cream</i>	1	
<i>nystatin 100000 unit/gm ointment</i>	1	
<i>nystatin 100000 unit/gm powder</i>	1	
NYSTATIN 100000 UNIT/ML SUSPENSION	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>nystop 100000 unit/gm powder</i>	1	
<i>tavaborole 5 % solution</i>	3	QL 0.14 / 1 DAYS PA
<i>terbinafine hcl 250 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terconazole 0.4 % cream</i>	1	
<i>terconazole 0.8 % cream</i>	1	
<i>terconazole 80 mg suppos</i>	1	
VIVJOA 150 MG CAP THPK	3	PA QLC 18 / 68 DAYS
<i>voriconazole 200 mg tab</i>	3	QL 2 / 1 DAYS
<i>voriconazole 40 mg/ml recon susp</i>	3	
<i>voriconazole 50 mg tab</i>	3	
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tab</i>	1	RX4L Rx4Less Program
<i>allopurinol 300 mg tab</i>	1	RX4L Rx4Less Program
<i>colchicine 0.6 mg tab</i>	1	QLC 66 / 23 DAYS
<i>colchicine-probenecid 0.5-500 mg tab</i>	1	
<i>febuxostat 40 mg tab</i>	1	QL 1 / 1 DAYS
<i>febuxostat 80 mg tab</i>	1	QL 1 / 1 DAYS
<i>probenecid 500 mg tab</i>	1	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG 140 MG/ML SOLN A-INJ	2	QL 0.04 / 1 DAYS PA
AIMOVIG 70 MG/ML SOLN A-INJ	2	QL 0.04 / 1 DAYS PA
AJOVY 225 MG/1.5ML SOLN A-INJ	2	QL 0.06 / 1 DAYS PA
AJOVY 225 MG/1.5ML SOLN PRSYR	2	QL 0.06 / 1 DAYS PA
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	QL 0.11 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMGALITY 120 MG/ML SOLN A-INJ	2	QL 0.04 / 1 DAYS PA
EMGALITY 120 MG/ML SOLN PRSYR	2	QL 0.04 / 1 DAYS PA
NURTEC 75 MG TAB DISP	2	QL 0.27 / 1 DAYS PA
QULIPTA 10 MG TAB	2	QL 1 / 1 DAYS PA
QULIPTA 30 MG TAB	2	QL 1 / 1 DAYS PA
QULIPTA 60 MG TAB	2	QL 1 / 1 DAYS PA
UBRELVY 100 MG TAB	2	PA QLC 8 / 22 DAYS
UBRELVY 50 MG TAB	2	PA QLC 8 / 22 DAYS
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	3	QL 0.27 / 1 DAYS PA
ERGOTAMINE-CAFFEINE 1-100 MG TAB	1	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate 12.5 mg tab</i>	3	QLC 12 / 21 DAYS
<i>almotriptan malate 6.25 mg tab</i>	3	QLC 12 / 21 DAYS
<i>eletriptan hydrobromide 20 mg tab</i>	2	QLC 12 / 21 DAYS
<i>eletriptan hydrobromide 40 mg tab</i>	2	QLC 12 / 21 DAYS
<i>frovatriptan succinate 2.5 mg tab</i>	3	QLC 9 / 21 DAYS
IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART	2	QLC 5 / 22 DAYS
<i>naratriptan hcl 1 mg tab</i>	3	QLC 18 / 21 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naratriptan hcl 2.5 mg tab</i>	1	QLC 18 / 21 DAYS
<i>rizatriptan benzoate 10 mg tab</i>	1	QLC 24 / 21 DAYS
<i>rizatriptan benzoate 10 mg tab disp</i>	1	QLC 24 / 21 DAYS
<i>rizatriptan benzoate 5 mg tab</i>	1	QLC 24 / 21 DAYS
<i>rizatriptan benzoate 5 mg tab disp</i>	1	QLC 24 / 21 DAYS
<i>sumatriptan 20 mg/act solution</i>	1	QLC 12 / 22 DAYS
<i>sumatriptan 5 mg/act solution</i>	1	QLC 18 / 22 DAYS
<i>sumatriptan succinate 100 mg tab</i>	1	QLC 18 / 21 DAYS
<i>sumatriptan succinate 25 mg tab</i>	1	QLC 18 / 21 DAYS
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	3	QLC 5 / 22 DAYS
<i>sumatriptan succinate 50 mg tab</i>	1	QLC 18 / 21 DAYS
<i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i>	2	QLC 5 / 22 DAYS
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	2	QLC 5 / 22 DAYS
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	1	QLC 5 / 22 DAYS
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	2	QLC 5 / 22 DAYS
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	1	QLC 9 / 21 DAYS
<i>zolmitriptan 2.5 mg tab</i>	1	QLC 12 / 21 DAYS
<i>zolmitriptan 2.5 mg tab disp</i>	2	QLC 12 / 21 DAYS
<i>zolmitriptan 5 mg tab</i>	1	QLC 12 / 21 DAYS
<i>zolmitriptan 5 mg tab disp</i>	2	QLC 12 / 21 DAYS
<i>zomig 2.5 mg tab</i>	1	QLC 12 / 21 DAYS
<i>zomig 5 mg tab</i>	1	QLC 12 / 21 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	1	
<i>pyridostigmine bromide 60 mg/5ml solution</i>	1	
<i>pyridostigmine bromide er 180 mg tab er</i>	1	
VYVGART HYTRULO 1000-10000 MG-UNT/5ML SOLN PRSYR	3	QL 20 / 28 day(s) PA SP Specialty
ZILBRYSQ 16.6 MG/0.416ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
ZILBRYSQ 23 MG/0.574ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
ZILBRYSQ 32.4 MG/0.81ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone 100 mg tab</i>	1	
<i>dapsone 25 mg tab</i>	1	
<i>rifabutin 150 mg cap</i>	1	
ANTITUBERCULARS		
CYCLOSERINE 250 MG CAP	1	
<i>ethambutol hcl 100 mg tab</i>	1	
<i>ethambutol hcl 400 mg tab</i>	1	
<i>isoniazid 100 mg tab</i>	1	
<i>isoniazid 300 mg tab</i>	1	
<i>isoniazid 50 mg/5ml syrup</i>	1	
<i>pyrazinamide 500 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>rifampin 150 mg cap</i>	1	
<i>rifampin 300 mg cap</i>	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25 MG CAP	1	
<i>cyclophosphamide 25 mg cap</i>	1	
CYCLOPHOSPHAMIDE 50 MG CAP	1	
<i>cyclophosphamide 50 mg cap</i>	1	
CYCLOPHOSPHAMIDE 50 MG TAB	3	
GLEOSTINE 10 MG CAP	3	
GLEOSTINE 100 MG CAP	3	
GLEOSTINE 40 MG CAP	3	
LEUKERAN 2 MG TAB	3	
MATULANE 50 MG CAP	3	SP Specialty
MYLERAN 2 MG TAB	2	
<i>temozolomide 100 mg cap</i>	1	SP Specialty
<i>temozolomide 140 mg cap</i>	1	SP Specialty
<i>temozolomide 180 mg cap</i>	1	SP Specialty
<i>temozolomide 20 mg cap</i>	1	SP Specialty
<i>temozolomide 250 mg cap</i>	1	SP Specialty
<i>temozolomide 5 mg cap</i>	1	SP Specialty
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	1	QL 4 / 1 DAYS SP Specialty
<i>abirtega 250 mg tab</i>	1	QL 4 / 1 DAYS SP Specialty
<i>bicalutamide 50 mg tab</i>	1	
ERLEADA 240 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ERLEADA 60 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
<i>nilutamide 150 mg tab</i>	1	SP Specialty
NUBEQA 300 MG TAB	2	QL 4 / 1 DAYS PA SP Specialty
ORSERDU 345 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ORSERDU 86 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
XTANDI 40 MG CAP	2	QL 4 / 1 DAYS PA SP Specialty
XTANDI 40 MG TAB	2	QL 4 / 1 DAYS PA SP Specialty
XTANDI 80 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
YONSA 125 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
ANTIANGIOGENIC AGENTS		
<i>lenalidomide 10 mg cap</i>	2	QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 15 mg cap</i>	2	QL 1 / 1 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lenalidomide 2.5 mg cap</i>	2	QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 20 mg cap</i>	2	QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 25 mg cap</i>	2	QL 1 / 1 DAYS SP Specialty
<i>lenalidomide 5 mg cap</i>	2	QL 1 / 1 DAYS SP Specialty
POMALYST 1 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
POMALYST 2 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
POMALYST 3 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
POMALYST 4 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
REVLIMID 10 MG CAP	2	QL 1 / 1 DAYS SP Specialty
REVLIMID 15 MG CAP	2	QL 1 / 1 DAYS SP Specialty
REVLIMID 2.5 MG CAP	2	QL 1 / 1 DAYS SP Specialty
REVLIMID 20 MG CAP	2	QL 1 / 1 DAYS SP Specialty
REVLIMID 25 MG CAP	2	QL 1 / 1 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVLIMID 5 MG CAP	2	QL 1 / 1 DAYS SP Specialty
THALOMID 100 MG CAP	3	QLC 60 / 22 DAYS SP Specialty
THALOMID 200 MG CAP	3	QL 2 / 1 DAYS SP Specialty
THALOMID 50 MG CAP	3	QLC 60 / 22 DAYS SP Specialty
ANTIESTROGENS/MODIFIERS		
SOLTAMOX 10 MG/5ML SOLUTION	3	QL 10 / 1 DAYS PA
<i>tamoxifen citrate 10 mg tab</i>	1	ACA Affordable Care Act
<i>tamoxifen citrate 20 mg tab</i>	1	ACA Affordable Care Act
<i>toremifene citrate 60 mg tab</i>	1	
ANTIMETABOLITES		
<i>capecitabine 150 mg tab</i>	1	SP Specialty
<i>capecitabine 500 mg tab</i>	1	SP Specialty
<i>cytarabine (pf) 100 mg/ml solution</i>	1	
<i>cytarabine (pf) 20 mg/ml solution</i>	1	
<i>mercaptopurine 50 mg tab</i>	1	
ONUREG 200 MG TAB	3	QL 0.5 / 1 DAYS PA SP Specialty
ONUREG 300 MG TAB	3	QL 0.5 / 1 DAYS PA SP Specialty
TABLOID 40 MG TAB	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS, OTHER		
AKEEGA 100-500 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
AKEEGA 50-500 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
AUGTYRO 160 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
AUGTYRO 40 MG CAP	3	QL 8 / 1 DAYS PA SP Specialty
FRUZAQLA 1 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
FRUZAQLA 5 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
<i>hydroxyurea 500 mg cap</i>	1	
INQOVI 35-100 MG TAB	3	QL 0.18 / 1 DAYS PA SP Specialty
IWILFIN 192 MG TAB	3	QL 8 / 1 DAYS PA SP Specialty
<i>leucovorin calcium 10 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 15 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 25 mg tab</i>	1	QL 4 EA / 28 days
<i>leucovorin calcium 5 mg tab</i>	1	QL 4 EA / 28 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LONSURF 15-6.14 MG TAB	3	PA QLC 100 / 21 DAYS SP Specialty
LONSURF 20-8.19 MG TAB	3	PA QLC 80 / 21 DAYS SP Specialty
LYSODREN 500 MG TAB	3	SP Specialty
OJJAARA 100 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
OJJAARA 150 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
OJJAARA 200 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
QINLOCK 50 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
WELIREG 40 MG TAB	3	QL 3 / 1 DAYS PA
ZOLINZA 100 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	1	
<i>exemestane 25 mg tab</i>	1	
<i>letrozole 2.5 mg tab</i>	1	
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	3	QL 66 EA / 28 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSACOVE 100 MG CAP	3	QL 60 EA / 30 days PA SP Specialty
ENSACOVE 25 MG CAP	3	QL 60 EA / 30 days PA SP Specialty
ETOPOSIDE 50 MG CAP	1	
HYCAMTIN 0.25 MG CAP	2	QL 1.2 / 1 DAYS SP Specialty
HYCAMTIN 1 MG CAP	2	QL 1.2 / 1 DAYS SP Specialty
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	3	QL 8 / 1 DAYS PA SP Specialty
ALUNBRIG 180 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ALUNBRIG 30 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
ALUNBRIG 90 & 180 MG TAB THPK	3	QL 1 / 1 DAYS PA SP Specialty
ALUNBRIG 90 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
AYVAKIT 100 MG TAB	3	QL 1 / 1 DAYS PA
AYVAKIT 200 MG TAB	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AYVAKIT 25 MG TAB	3	QL 1 / 1 DAYS PA
AYVAKIT 300 MG TAB	3	QL 1 / 1 DAYS PA
AYVAKIT 50 MG TAB	3	QL 1 / 1 DAYS PA
BALVERSA 3 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
BALVERSA 4 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
BALVERSA 5 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
BOSULIF 100 MG CAP	3	QL 5 / 1 DAYS PA SP Specialty
BOSULIF 100 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
BOSULIF 400 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
BOSULIF 50 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
BOSULIF 500 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRAFTOVI 75 MG CAP	3	QL 6 / 1 DAYS PA SP Specialty
BRUKINSA 160 MG TAB	3	QL 60 EA / 30 day(s) PA SP Specialty
BRUKINSA 80 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
CABOMETYX 20 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
CABOMETYX 40 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
CABOMETYX 60 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
CALQUENCE 100 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
CAPRELSA 100 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
CAPRELSA 300 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	3	QL 4 / 1 DAYS PA SP Specialty
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	3	QL 3 / 1 DAYS PA SP Specialty
COPIKTRA 15 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
COPIKTRA 25 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
COTELLIC 20 MG TAB	3	QL 2.25 / 1 DAYS PA SP Specialty
<i>dasatinib 100 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty
<i>dasatinib 140 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty
<i>dasatinib 20 mg tab</i>	1	QL 4 / 1 DAYS PA SP Specialty
<i>dasatinib 50 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty
<i>dasatinib 70 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dasatinib 80 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty
DAURISMO 100 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
DAURISMO 25 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
ERIVEDGE 150 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
<i>erlotinib hcl 100 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>erlotinib hcl 150 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>erlotinib hcl 25 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 10 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 2 mg tab sol</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 2.5 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>everolimus 3 mg tab sol</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 5 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 5 mg tab sol</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>everolimus 7.5 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
FOTIVDA 0.89 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
FOTIVDA 1.34 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
GAVRETO 100 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
<i>gefitinib 250 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
GILOTRIF 20 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
GILOTRIF 30 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GILOTRIF 40 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
GOMEKLI 1 MG CAP	3	PA QLC 168 EA / 28 days SP Specialty
GOMEKLI 1 MG TAB SOL	3	PA QLC 168 EA / 28 days SP Specialty
GOMEKLI 2 MG CAP	3	PA QLC 84 EA / 28 days SP Specialty
IBRANCE 100 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 100 MG TAB	3	QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 125 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 125 MG TAB	3	QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 75 MG CAP	3	QL 0.75 / 1 DAYS PA SP Specialty
IBRANCE 75 MG TAB	3	QL 0.75 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IBTROZI 200 MG CAP	3	QL 90 EA / 30 days PA SP Specialty
ICLUSIG 10 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ICLUSIG 15 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ICLUSIG 30 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ICLUSIG 45 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
IDHIFA 100 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
IDHIFA 50 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
<i>imatinib mesylate 100 mg tab</i>	1	QL 4 / 1 DAYS SP Specialty
<i>imatinib mesylate 400 mg tab</i>	1	QL 2 / 1 DAYS SP Specialty
IMBRUVICA 140 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
IMBRUVICA 140 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 280 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
IMBRUVICA 420 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
IMBRUVICA 70 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
IMBRUVICA 70 MG/ML SUSPENSION	3	QL 3.6 / 1 DAYS PA SP Specialty
IMKELDI 80 MG/ML SOLUTION	3	QL 5 / 1 DAYS PA SP Specialty
INLYTA 1 MG TAB	3	QL 8 / 1 DAYS PA SP Specialty
INLYTA 5 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
INREBIC 100 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
ITOVEBI 3 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
ITOVEBI 9 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAKAFI 10 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
JAKAFI 15 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
JAKAFI 20 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
JAKAFI 25 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
JAKAFI 5 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
JAYPIRCA 100 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
JAYPIRCA 50 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
KISQALI (200 MG DOSE) 200 MG TAB THPK	2	PA QLC 63 / 22 DAYS SP Specialty
KISQALI (400 MG DOSE) 200 MG TAB THPK	2	PA QLC 63 / 22 DAYS SP Specialty
KISQALI (600 MG DOSE) 200 MG TAB THPK	2	PA QLC 63 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL 1.75 / 1 DAYS PA SP Specialty
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL 2.5 / 1 DAYS PA SP Specialty
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	2	QL 3.25 / 1 DAYS PA SP Specialty
KOSELUGO 10 MG CAP	3	QL 8 / 1 DAYS PA SP Specialty
KOSELUGO 25 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
KOSELUGO 5 MG CAP SPRINK	3	QL 600 / 30 day(s) PA SP Specialty
KOSELUGO 7.5 MG CAP SPRINK	3	QL 360 / 30 day(s) PA SP Specialty
KRAZATI 200 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty
<i>lapatinib ditosylate 250 mg tab</i>	1	QL 6 / 1 DAYS PA SP Specialty
LAZCLUZE 240 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LAZCLUZE 80 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	3	QL 1 / 1 DAYS PA SP Specialty
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	3	QL 3 / 1 DAYS PA SP Specialty
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	3	QL 2 / 1 DAYS PA SP Specialty
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	3	QL 3 / 1 DAYS PA SP Specialty
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	3	QL 2 / 1 DAYS PA SP Specialty
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	3	QL 3 / 1 DAYS PA SP Specialty
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	3	QL 1 / 1 DAYS PA SP Specialty
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	3	QL 2 / 1 DAYS PA SP Specialty
LORBRENA 100 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LORBRENA 25 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
LUMAKRAS 120 MG TAB	3	QL 8 / 1 DAYS PA SP Specialty
LUMAKRAS 240 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
LUMAKRAS 320 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
LYNPARZA 100 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
LYNPARZA 150 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	3	QL 3 / 1 DAYS PA SP Specialty
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	3	QL 4 / 1 DAYS PA SP Specialty
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	3	QL 5 / 1 DAYS PA SP Specialty
MEKINIST 0.05 MG/ML RECON SOLN	3	QL 18 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEKINIST 0.5 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
MEKINIST 2 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
MEKTOVI 15 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty
NERLYNX 40 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty
<i>nilotinib hcl 150 mg cap</i>	1	QL 112 EA / 28 days PA SP Specialty
<i>nilotinib hcl 200 mg cap</i>	1	QL 112 EA / 28 days PA SP Specialty
<i>nilotinib hcl 50 mg cap</i>	1	QL 120 EA / 30 days PA SP Specialty
NINLARO 2.3 MG CAP	3	QL 0.11 / 1 DAYS PA SP Specialty
NINLARO 3 MG CAP	3	QL 0.11 / 1 DAYS PA SP Specialty
NINLARO 4 MG CAP	3	QL 0.11 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODOMZO 200 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
OGSIVEO 100 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
OGSIVEO 150 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
OGSIVEO 50 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty
OJEMDA 100 MG TAB	3	QL 0.86 / 1 DAYS PA SP Specialty
OJEMDA 25 MG/ML RECON SUSP	3	QL 1.72 / 1 DAYS PA SP Specialty
<i>pazopanib hcl 200 mg tab</i>	1	QL 4 / 1 DAYS PA SP Specialty
PEMAZYRE 13.5 MG TAB	3	PA QLC 14 / 16 DAYS SP Specialty
PEMAZYRE 4.5 MG TAB	3	PA QLC 14 / 16 DAYS SP Specialty
PEMAZYRE 9 MG TAB	3	PA QLC 14 / 16 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	3	QL 1 / 1 DAYS PA SP Specialty
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	3	QL 2 / 1 DAYS PA SP Specialty
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	3	QL 2 / 1 DAYS PA SP Specialty
RETEVMO 120 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
RETEVMO 160 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
RETEVMO 40 MG CAP	3	QL 6 / 1 DAYS PA SP Specialty
RETEVMO 40 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty
RETEVMO 80 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
RETEVMO 80 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
REVUFORJ 110 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REVUFORJ 160 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
REVUFORJ 25 MG TAB	3	QL 240 / 30 day(s) PA SP Specialty
REZLIDHIA 150 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
ROMVIMZA 14 MG CAP	3	PA QLC 8 EA / 30 days SP Specialty
ROMVIMZA 20 MG CAP	3	PA QLC 8 EA / 30 days SP Specialty
ROMVIMZA 30 MG CAP	3	PA QLC 8 EA / 30 days SP Specialty
ROZLYTREK 100 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
ROZLYTREK 200 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
ROZLYTREK 50 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
RUBRACA 200 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUBRACA 250 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
RUBRACA 300 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
RYDAPT 25 MG CAP	3	QL 8 / 1 DAYS PA SP Specialty
SCEMBLIX 100 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
SCEMBLIX 20 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
SCEMBLIX 40 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
<i>sorafenib tosylate 200 mg tab</i>	1	QL 4 / 1 DAYS PA SP Specialty
SPRYCEL 100 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
SPRYCEL 140 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
SPRYCEL 20 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPRYCEL 50 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
SPRYCEL 70 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
SPRYCEL 80 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
STIVARGA 40 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
<i>sunitinib malate 12.5 mg cap</i>	1	QL 3 / 1 DAYS PA SP Specialty
<i>sunitinib malate 25 mg cap</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>sunitinib malate 37.5 mg cap</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>sunitinib malate 50 mg cap</i>	1	QL 1 / 1 DAYS PA SP Specialty
TABRECTA 150 MG TAB	3	PA QLC 112 / 21 DAYS SP Specialty
TABRECTA 200 MG TAB	3	PA QLC 112 / 21 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAFINLAR 10 MG TAB SOL	3	QL 14 / 1 DAYS PA SP Specialty
TAFINLAR 50 MG CAP	3	QL 10 / 1 DAYS PA SP Specialty
TAFINLAR 75 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
TAGRISSO 40 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
TAGRISSO 80 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.1 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.25 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.35 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.5 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
TALZENNA 0.75 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TALZENNA 1 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
TASIGNA 150 MG CAP	3	QL 4 / 1 day(s) PA SP Specialty
TASIGNA 200 MG CAP	3	QL 4 / 1 day(s) PA SP Specialty
TASIGNA 50 MG CAP	3	QL 4 / 1 day(s) PA SP Specialty
TAZVERIK 200 MG TAB	3	QL 8 / 1 DAYS PA SP Specialty
TEPMETKO 225 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
TIBSOVO 250 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
<i>torpenz 10 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>torpenz 2.5 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>torpenz 5 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>torpenz 7.5 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
TRUQAP 160 MG TAB	3	QL 2.29 / 1 DAYS PA SP Specialty
TRUQAP 160 MG TAB THPK	3	QL 2.29 / 1 DAYS PA SP Specialty
TRUQAP 200 MG TAB	3	QL 2.29 / 1 DAYS PA SP Specialty
TRUQAP 200 MG TAB THPK	3	QL 2.29 / 1 DAYS PA SP Specialty
TUKYSA 150 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
TUKYSA 50 MG TAB	3	QL 8 / 1 DAYS PA SP Specialty
TURALIO 125 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
VANFLYTA 17.7 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
VANFLYTA 26.5 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENCLEXTA 10 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
VENCLEXTA 100 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty
VENCLEXTA 50 MG TAB	3	QL 8 / 1 DAYS PA SP Specialty
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	3	QL 1.5 / 1 DAYS PA SP Specialty
VERZENIO 100 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
VERZENIO 150 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
VERZENIO 200 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
VERZENIO 50 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
VIJOICE 125 MG TAB THPK	3	QL 1 / 1 DAYS PA
VIJOICE 200 & 50 MG TAB THPK	3	QL 2 / 1 DAYS PA
VIJOICE 50 MG PACKET	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIJOICE 50 MG TAB THPK	3	QL 1 / 1 DAYS PA
VITRAKVI 100 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
VITRAKVI 20 MG/ML SOLUTION	3	QL 10 / 1 DAYS PA SP Specialty
VITRAKVI 25 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
VIZIMPRO 15 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
VIZIMPRO 30 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
VIZIMPRO 45 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
VORANIGO 10 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
VORANIGO 40 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
XALKORI 150 MG CAP SPRINK	3	QL 6 / 1 DAYS PA SP Specialty
XALKORI 20 MG CAP SPRINK	3	QL 8 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XALKORI 200 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
XALKORI 250 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
XALKORI 50 MG CAP SPRINK	3	QL 4 / 1 DAYS PA SP Specialty
XOSPATA 40 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	QL 0.72 / 1 DAYS PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	3	QL 16 EA / 28 DAYS PA SP Specialty
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL 0.29 / 1 DAYS PA SP Specialty
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	QL 0.58 / 1 DAYS PA SP Specialty
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	QL 0.43 / 1 DAYS PA SP Specialty
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	3	QL 0.86 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL 0.58 / 1 DAYS PA SP Specialty
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	3	QL 1.15 / 1 DAYS PA SP Specialty
ZEJULA 100 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ZEJULA 200 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ZEJULA 300 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ZELBORAF 240 MG TAB	3	QL 8 / 1 DAYS PA SP Specialty
ZYDELIG 100 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
ZYDELIG 150 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
ZYKADIA 150 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
ANDEMBRY 200 MG/1.2ML SOLN A-INJ	3	QL 1.2 mL / 28 days PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETINOIDS		
<i>bexarotene 1 % gel</i>	1	QL 8 / 1 DAYS PA
<i>bexarotene 75 mg cap</i>	1	QL 10 / 1 DAYS PA SP Specialty
<i>tretinoin 10 mg cap</i>	1	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	3	
MESNEX 400 MG TAB	3	SP Specialty
VONJO 100 MG CAP	3	QL 4 / 1 DAYS PA
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	1	
<i>ivermectin 3 mg tab</i>	1	
<i>praziquantel 600 mg tab</i>	1	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	3	QLC 150 / 23 DAYS
<i>atovaquone 750 mg/5ml suspension</i>	1	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	1	
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	1	
BENZNIDAZOLE 100 MG TAB	3	QL 4 / 1 DAYS
BENZNIDAZOLE 12.5 MG TAB	3	QL 12 / 1 DAYS
CHLOROQUINE PHOSPHATE 250 MG TAB	1	
<i>chloroquine phosphate 250 mg tab</i>	1	
<i>chloroquine phosphate 500 mg tab</i>	1	
<i>hydroxychloroquine sulfate 100 mg tab</i>	1	QL 1 / 1 DAYS
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydroxychloroquine sulfate 300 mg tab</i>	1	QL 1 / 1 DAYS
<i>hydroxychloroquine sulfate 400 mg tab</i>	1	QL 1 / 1 DAYS
IMPAVIDO 50 MG CAP	3	QL 3 / 1 DAYS PA
KRINTAFEL 150 MG TAB	3	
LAMPIT 120 MG TAB	3	
LAMPIT 30 MG TAB	3	
<i>mefloquine hcl 250 mg tab</i>	1	
<i>nitazoxanide 500 mg tab</i>	1	QLC 20 / 23 DAYS
<i>pentamidine isethionate 300 mg recon soln</i>	1	
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	3	
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	1	
<i>pyrimethamine 25 mg tab</i>	3	PA
<i>quinine sulfate 324 mg cap</i>	3	PA
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate 0.5 mg tab</i>	1	
<i>benztropine mesylate 1 mg tab</i>	1	
<i>benztropine mesylate 2 mg tab</i>	1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<i>trihexyphenidyl hcl 2 mg tab</i>	1	
<i>trihexyphenidyl hcl 5 mg tab</i>	1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl 100 mg cap</i>	1	
<i>amantadine hcl 100 mg tab</i>	1	
<i>amantadine hcl 50 mg/5ml solution</i>	1	
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	3	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	1	
<i>entacapone 200 mg tab</i>	1	
GOCOVRI 137 MG CAP ER 24H	3	QL 2 / 1 DAYS PA SP Specialty
GOCOVRI 68.5 MG CAP ER 24H	3	QL 2 / 1 DAYS PA SP Specialty
OSMOLEX ER 129 MG TAB ER 24H	3	QL 1 / 1 DAYS PA
<i>tolcapone 100 mg tab</i>	1	
DOPAMINE AGONISTS		
<i>bromocriptine mesylate 2.5 mg tab</i>	1	
<i>bromocriptine mesylate 5 mg cap</i>	1	
ONAPGO 98 MG/20ML SOLN CART	3	PA QLC 600 mL / 30 days SP Specialty
<i>pramipexole dihydrochloride 0.125 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.25 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.5 mg tab</i>	1	
<i>pramipexole dihydrochloride 0.75 mg tab</i>	1	
<i>pramipexole dihydrochloride 1 mg tab</i>	1	
<i>pramipexole dihydrochloride 1.5 mg tab</i>	1	
<i>ropinirole hcl 0.25 mg tab</i>	1	
<i>ropinirole hcl 0.5 mg tab</i>	1	
<i>ropinirole hcl 1 mg tab</i>	1	
<i>ropinirole hcl 2 mg tab</i>	1	
<i>ropinirole hcl 3 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ropinirole hcl 4 mg tab</i>	1	
<i>ropinirole hcl 5 mg tab</i>	1	
<i>ropinirole hcl er 12 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 2 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 4 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 6 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>ropinirole hcl er 8 mg tab er 24h</i>	1	QL 2 / 1 DAYS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa 10-100 mg tab</i>	1	
<i>carbidopa-levodopa 10-100 mg tab disp</i>	3	
<i>carbidopa-levodopa 25-100 mg tab</i>	1	
<i>carbidopa-levodopa 25-100 mg tab disp</i>	3	
<i>carbidopa-levodopa 25-250 mg tab</i>	1	
<i>carbidopa-levodopa 25-250 mg tab disp</i>	3	
<i>carbidopa-levodopa er 25-100 mg tab er</i>	1	
<i>carbidopa-levodopa er 50-200 mg tab er</i>	1	
INBRIJA 42 MG CAP	3	QL 10 / 1 DAYS PA
VYALEV 12-240 MG/ML SOLUTION	3	QL 15 / 1 day(s) PA SP Specialty
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate 0.5 mg tab</i>	1	QL 1 / 1 DAYS
<i>rasagiline mesylate 1 mg tab</i>	1	QL 1 / 1 DAYS
<i>selegiline hcl 5 mg cap</i>	1	
<i>selegiline hcl 5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl 10 mg tab</i>	1	
<i>chlorpromazine hcl 100 mg tab</i>	1	
CHLORPROMAZINE HCL 100 MG/ML CONC	1	
<i>chlorpromazine hcl 200 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg tab</i>	1	
<i>chlorpromazine hcl 25 mg/ml solution</i>	1	
CHLORPROMAZINE HCL 30 MG/ML CONC	1	
<i>chlorpromazine hcl 50 mg tab</i>	1	
<i>chlorpromazine hcl 50 mg/2ml solution</i>	1	
<i>fluphenazine decanoate 25 mg/ml solution</i>	1	
<i>fluphenazine hcl 1 mg tab</i>	1	
<i>fluphenazine hcl 10 mg tab</i>	1	
<i>fluphenazine hcl 2.5 mg tab</i>	1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	1	
FLUPHENAZINE HCL 2.5 MG/ML SOLUTION	1	
<i>fluphenazine hcl 5 mg tab</i>	1	
FLUPHENAZINE HCL 5 MG/ML CONC	1	
HALDOL DECANOATE 100 MG/ML SOLUTION	3	
HALDOL DECANOATE 50 MG/ML SOLUTION	3	
<i>haloperidol 0.5 mg tab</i>	1	
<i>haloperidol 1 mg tab</i>	1	
<i>haloperidol 10 mg tab</i>	1	
<i>haloperidol 2 mg tab</i>	1	
<i>haloperidol 20 mg tab</i>	1	
<i>haloperidol 5 mg tab</i>	1	
<i>haloperidol decanoate 100 mg/ml solution</i>	1	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate 2 mg/ml conc</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>loxapine succinate 10 mg cap</i>	1	
<i>loxapine succinate 25 mg cap</i>	1	
<i>loxapine succinate 5 mg cap</i>	1	
<i>loxapine succinate 50 mg cap</i>	1	
MOLINDONE HCL 10 MG TAB	1	
MOLINDONE HCL 25 MG TAB	1	
MOLINDONE HCL 5 MG TAB	1	
PIMOZIDE 1 MG TAB	1	
PIMOZIDE 2 MG TAB	1	
<i>thioridazine hcl 10 mg tab</i>	1	
<i>thioridazine hcl 100 mg tab</i>	1	
<i>thioridazine hcl 25 mg tab</i>	1	
<i>thioridazine hcl 50 mg tab</i>	1	
<i>thiothixene 1 mg cap</i>	1	
<i>thiothixene 10 mg cap</i>	1	
<i>thiothixene 2 mg cap</i>	1	
<i>thiothixene 5 mg cap</i>	1	
<i>trifluoperazine hcl 1 mg tab</i>	1	
<i>trifluoperazine hcl 10 mg tab</i>	1	
<i>trifluoperazine hcl 2 mg tab</i>	1	
<i>trifluoperazine hcl 5 mg tab</i>	1	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	3	QL 0.043 / 1 DAYS
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	3	QL 0.058 / 1 DAYS
ABILIFY MAINTENA 300 MG PRSYR	3	
ABILIFY MAINTENA 300 MG SRER	3	
ABILIFY MAINTENA 400 MG PRSYR	3	
ABILIFY MAINTENA 400 MG SRER	3	
<i>aripiprazole 1 mg/ml solution</i>	1	QL 25 / 1 DAYS
<i>aripiprazole 10 mg tab</i>	1	QL 2 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole 15 mg tab</i>	1	QL 2 / 1 DAYS
<i>aripiprazole 2 mg tab</i>	1	QL 2 / 1 DAYS
<i>aripiprazole 20 mg tab</i>	1	QL 1 / 1 DAYS
<i>aripiprazole 30 mg tab</i>	1	QL 1 / 1 DAYS
<i>aripiprazole 5 mg tab</i>	1	QL 2 / 1 DAYS
ARISTADA 1064 MG/3.9ML PRSYR	3	QL 0.07 / 1 DAYS
ARISTADA 441 MG/1.6ML PRSYR	3	
ARISTADA 662 MG/2.4ML PRSYR	3	
ARISTADA 882 MG/3.2ML PRSYR	3	
ARISTADA INITIO 675 MG/2.4ML PRSYR	3	QLC 1 / 180 DAYS
ERZOFRI 117 MG/0.75ML SUSP PRSYR	3	
ERZOFRI 156 MG/ML SUSP PRSYR	3	
ERZOFRI 234 MG/1.5ML SUSP PRSYR	3	
ERZOFRI 351 MG/2.25ML SUSP PRSYR	3	
ERZOFRI 39 MG/0.25ML SUSP PRSYR	3	
ERZOFRI 78 MG/0.5ML SUSP PRSYR	3	
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	3	
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	3	
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	3	
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	3	
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	3	
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	3	
<i>lurasidone hcl 120 mg tab</i>	1	QL 1 / 1 DAYS
<i>lurasidone hcl 20 mg tab</i>	1	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lurasidone hcl 40 mg tab</i>	1	QL 1 / 1 DAYS
<i>lurasidone hcl 60 mg tab</i>	1	QL 1 / 1 DAYS
<i>lurasidone hcl 80 mg tab</i>	1	QL 2 / 1 DAYS
NUPLAZID 10 MG TAB	3	QL 1 / 1 DAYS PA QLC 60 / 22 DAYS SP Specialty
NUPLAZID 34 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
<i>olanzapine 10 mg tab</i>	1	
<i>olanzapine 10 mg tab disp</i>	3	
<i>olanzapine 15 mg tab</i>	1	
<i>olanzapine 15 mg tab disp</i>	3	
<i>olanzapine 2.5 mg tab</i>	1	
<i>olanzapine 20 mg tab</i>	1	
<i>olanzapine 20 mg tab disp</i>	3	
<i>olanzapine 5 mg tab</i>	1	
<i>olanzapine 5 mg tab disp</i>	3	
<i>olanzapine 7.5 mg tab</i>	1	
<i>paliperidone er 1.5 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>paliperidone er 3 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>paliperidone er 6 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>paliperidone er 9 mg tab er 24h</i>	3	QL 1 / 1 DAYS
PERSERIS 120 MG PRSYR	3	
PERSERIS 90 MG PRSYR	3	
<i>quetiapine fumarate 100 mg tab</i>	1	RX4L Rx4Less Program
QUETIAPINE FUMARATE 150 MG TAB	3	
<i>quetiapine fumarate 200 mg tab</i>	1	RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate 25 mg tab</i>	1	
<i>quetiapine fumarate 300 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate 400 mg tab</i>	1	QL 2 / 1 DAYS
<i>quetiapine fumarate 50 mg tab</i>	1	RX4L Rx4Less Program
<i>quetiapine fumarate er 150 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>quetiapine fumarate er 200 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>quetiapine fumarate er 300 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>quetiapine fumarate er 400 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>quetiapine fumarate er 50 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>risperidone 0.25 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 0.5 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 1 mg/ml solution</i>	1	
<i>risperidone 2 mg tab</i>	1	RX4L Rx4Less Program
<i>risperidone 3 mg tab</i>	1	
<i>risperidone 4 mg tab</i>	1	
<i>risperidone microspheres er 12.5 mg srer</i>	1	
<i>risperidone microspheres er 25 mg srer</i>	1	
<i>risperidone microspheres er 37.5 mg srer</i>	1	
<i>risperidone microspheres er 50 mg srer</i>	1	
RYKINDO 25 MG SRER	3	QLC 2 / 23 DAYS
RYKINDO 37.5 MG SRER	3	QLC 2 / 23 DAYS
RYKINDO 50 MG SRER	3	QLC 2 / 23 DAYS
UZEDY 100 MG/0.28ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 125 MG/0.35ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 150 MG/0.42ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 200 MG/0.56ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UZEDY 250 MG/0.7ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 50 MG/0.14ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
UZEDY 75 MG/0.21ML SUSP PRSYR	3	QLC 0.7 / 45 DAYS
<i>ziprasidone hcl 20 mg cap</i>	1	
<i>ziprasidone hcl 40 mg cap</i>	1	
<i>ziprasidone hcl 60 mg cap</i>	1	
<i>ziprasidone hcl 80 mg cap</i>	1	
ZYPREXA RELPREVV 210 MG RECON SUSP	3	
ZYPREXA RELPREVV 300 MG RECON SUSP	3	
ZYPREXA RELPREVV 405 MG RECON SUSP	3	
TREATMENT-RESISTANT		
<i>clozapine 100 mg tab</i>	1	
<i>clozapine 200 mg tab</i>	1	
<i>clozapine 25 mg tab</i>	1	
<i>clozapine 50 mg tab</i>	1	
ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tab</i>	1	
<i>baclofen 10 mg/5ml solution</i>	3	QL 40 / 1 DAYS PA
<i>baclofen 20 mg tab</i>	1	
<i>baclofen 25 mg/5ml suspension</i>	3	QL 16 / 1 DAYS PA
<i>baclofen 5 mg tab</i>	3	
BACLOFEN 5 MG/5ML SOLUTION	3	QL 80 / 1 DAYS PA
<i>dantrolene sodium 100 mg cap</i>	3	
<i>dantrolene sodium 25 mg cap</i>	3	
<i>dantrolene sodium 50 mg cap</i>	3	
LYVISPAH 10 MG PACKET	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYVISPAH 20 MG PACKET	3	QL 1 / 1 DAYS PA
LYVISPAH 5 MG PACKET	3	QL 1 / 1 DAYS PA
OZOBAX 5 MG/5ML SOLUTION	3	QL 80 / 1 DAYS PA
OZOBAX DS 10 MG/5ML SOLUTION	3	QL 40 / 1 DAYS PA
<i>tizanidine hcl 2 mg cap</i>	3	
<i>tizanidine hcl 2 mg tab</i>	1	
<i>tizanidine hcl 4 mg cap</i>	3	
<i>tizanidine hcl 4 mg tab</i>	1	
<i>tizanidine hcl 6 mg cap</i>	3	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl 450 mg tab</i>	1	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	1	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	1	
<i>entecavir 0.5 mg tab</i>	1	QL 1 / 1 DAYS
<i>entecavir 1 mg tab</i>	1	QL 1 / 1 DAYS
<i>lamivudine 100 mg tab</i>	1	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA 150-37.5 MG PACKET	2	QL 1 / 1 DAYS PA QLC 30 / 22 DAYS SP Specialty
EPCLUSA 200-50 MG PACKET	2	QL 1 / 1 DAYS PA QLC 30 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPCLUSA 200-50 MG TAB	2	PA QLC 30 / 22 DAYS SP Specialty
EPCLUSA 400-100 MG TAB	2	PA QLC 30 / 22 DAYS SP Specialty
HARVONI 33.75-150 MG PACKET	2	QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
HARVONI 45-200 MG PACKET	2	QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
HARVONI 45-200 MG TAB	2	PA QLC 168 / 365 DAYS SP Specialty
HARVONI 90-400 MG TAB	2	QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB	2	QL 1 / 1 DAYS PA QLC 168 / 365 DAYS SP Specialty
RIBAVIRIN 200 MG CAP	3	PA SP Specialty
RIBAVIRIN 200 MG TAB	3	PA SP Specialty
SOFOSBUVIR-VELPATASVIR 400-100 MG TAB	2	PA QLC 30 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY 30-120-15 MG TAB	2	QL 1 / 1 DAYS
BIKTARVY 50-200-25 MG TAB	2	QL 1 / 1 DAYS
DOVATO 50-300 MG TAB	2	
GENVOYA 150-150-200-10 MG TAB	2	
ISENTRESS 100 MG CHEW TAB	2	QL 6 / 1 DAYS
ISENTRESS 100 MG PACKET	2	
ISENTRESS 25 MG CHEW TAB	2	QL 22 / 1 DAYS
ISENTRESS 400 MG TAB	2	QL 2 / 1 DAYS
ISENTRESS HD 600 MG TAB	2	
JULUCA 50-25 MG TAB	2	
STRIBILD 150-150-200-300 MG TAB	3	QL 1 / 1 DAYS
TIVICAY 10 MG TAB	3	
TIVICAY 25 MG TAB	3	
TIVICAY 50 MG TAB	3	
TIVICAY PD 5 MG TAB SOL	3	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	3	QL 1 / 1 DAYS
EDURANT 25 MG TAB	3	
EDURANT PED 2.5 MG TAB SOL	3	
EFAVIRENZ 200 MG CAP	1	
EFAVIRENZ 50 MG CAP	1	
<i>efavirenz 600 mg tab</i>	1	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	1	QL 1 / 1 DAYS
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TAB	1	QL 1 / 1 DAYS
<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>	1	QL 1 / 1 DAYS
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg tab</i>	1	SP Specialty
<i>etravirine 100 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etravirine 200 mg tab</i>	1	
INTELENCE 25 MG TAB	2	
<i>nevirapine 200 mg tab</i>	1	
NEVIRAPINE 50 MG/5ML SUSPENSION	1	
<i>nevirapine er 400 mg tab er 24h</i>	1	
ODEFSEY 200-25-25 MG TAB	3	
PIFELTRO 100 MG TAB	3	QL 2 / 1 DAYS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	1	
<i>abacavir sulfate 300 mg tab</i>	1	
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	1	
CIMDUO 300-300 MG TAB	3	QL 1 / 1 DAYS
DESCOVY 120-15 MG TAB	2	
DESCOVY 200-25 MG TAB	2	ACA Affordable Care Act
<i>emtricitabine 200 mg cap</i>	1	
<i>emtricitabine-tenofovir df 100-150 mg tab</i>	1	
<i>emtricitabine-tenofovir df 133-200 mg tab</i>	1	
<i>emtricitabine-tenofovir df 167-250 mg tab</i>	1	
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	ACA Affordable Care Act
EMTRIVA 10 MG/ML SOLUTION	3	
<i>lamivudine 10 mg/ml solution</i>	1	
<i>lamivudine 150 mg tab</i>	1	
<i>lamivudine 300 mg tab</i>	1	
<i>lamivudine 300 mg/30ml solution</i>	1	
<i>lamivudine-zidovudine 150-300 mg tab</i>	1	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	1	ACA Affordable Care Act
TRIUMEQ 600-50-300 MG TAB	2	
TRIUMEQ PD 60-5-30 MG TAB SOL	2	QL 6 / 1 DAYS
VIREAD 150 MG TAB	3	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
VIREAD 200 MG TAB	3	ACA	Affordable Care Act
VIREAD 250 MG TAB	3	ACA	Affordable Care Act
VIREAD 40 MG/GM POWDER	3	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	3		
maraviroc 150 mg tab	1	QL	2 / 1 DAYS
maraviroc 300 mg tab	1	QL	4 / 1 DAYS
RUKOBIA 600 MG TAB ER 12H	3		
SELZENTRY 20 MG/ML SOLUTION	2		
SUNLENCA 300 MG TAB	3	SP	Specialty
SUNLENCA 4 X 300 MG TAB THPK	3	QLC	4 / 274 DAYS
SUNLENCA 5 X 300 MG TAB THPK	3	QLC	5 / 274 DAYS
TYBOST 150 MG TAB	2	QL	1 / 1 DAYS
YEZTUGO 300 MG TAB	3	QLC	4 EA / 365 days
		SP	Specialty
		ACA	Affordable Care Act
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)			
APTIVUS 250 MG CAP	3		
atazanavir sulfate 150 mg cap	1		
atazanavir sulfate 200 mg cap	1		
atazanavir sulfate 300 mg cap	1		
darunavir 600 mg tab	1		
darunavir 800 mg tab	1		
fosamprenavir calcium 700 mg tab	1		
lopinavir-ritonavir 100-25 mg tab	1		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	
PREZISTA 100 MG/ML SUSPENSION	3	
REYATAZ 50 MG PACKET	3	
<i>ritonavir 100 mg tab</i>	1	
SYMTUZA 800-150-200-10 MG TAB	3	QL 1 / 1 DAYS
VIRACEPT 250 MG TAB	3	
VIRACEPT 625 MG TAB	3	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QLC 20 / 22 DAYS
<i>oseltamivir phosphate 45 mg cap</i>	1	QLC 14 / 22 DAYS
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QLC 180 / 22 DAYS
<i>oseltamivir phosphate 75 mg cap</i>	1	QLC 14 / 22 DAYS
RIMANTADINE HCL 100 MG TAB	1	
XENLETA 600 MG TAB	3	PA QLC 14 / 5 DAYS
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QLC 4 / 22 DAYS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QLC 4 / 22 DAYS
ANTIHERPETIC AGENTS		
<i>acyclovir 200 mg cap</i>	1	
<i>acyclovir 200 mg/5ml suspension</i>	1	
<i>acyclovir 400 mg tab</i>	1	
<i>acyclovir 800 mg tab</i>	1	
<i>acyclovir 800 mg/20ml suspension</i>	1	
<i>famciclovir 125 mg tab</i>	1	
<i>famciclovir 250 mg tab</i>	1	
<i>famciclovir 500 mg tab</i>	1	QL 3 / 1 DAYS
<i>valacyclovir hcl 1 gm tab</i>	1	
<i>valacyclovir hcl 500 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	2	QLC 40 / 68 DAYS
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QLC 20 / 68 DAYS
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QLC 30 / 68 DAYS
PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK	2	QLC 11 / 90 days
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl 10 mg tab</i>	1	RX4L Rx4Less Program
<i>buspirone hcl 15 mg tab</i>	1	
<i>buspirone hcl 30 mg tab</i>	1	
<i>buspirone hcl 5 mg tab</i>	1	RX4L Rx4Less Program
<i>buspirone hcl 7.5 mg tab</i>	1	
<i>hydroxyzine hcl 10 mg tab</i>	1	
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	1	
<i>hydroxyzine hcl 25 mg tab</i>	1	
<i>hydroxyzine hcl 50 mg tab</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate 25 mg cap</i>	1	
<i>hydroxyzine pamoate 50 mg cap</i>	1	
BENZODIAZEPINES		
<i>alprazolam 0.25 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam 0.5 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam 1 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam 2 mg tab</i>	1	QL 5 / 1 DAYS
<i>alprazolam er 0.5 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>alprazolam er 1 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>alprazolam er 2 mg tab er 24h</i>	3	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alprazolam er 3 mg tab er 24h</i>	3	QL 1 / 1 DAYS
ALPRAZOLAM INTENSOL 1 MG/ML CONC	1	QL 10 / 1 DAYS
<i>alprazolam xr 0.5 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>alprazolam xr 1 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>alprazolam xr 2 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>alprazolam xr 3 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>chlordiazepoxide hcl 10 mg cap</i>	1	
<i>chlordiazepoxide hcl 25 mg cap</i>	1	
<i>chlordiazepoxide hcl 5 mg cap</i>	1	
<i>clonazepam 0.125 mg tab disp</i>	3	QL 10 / 1 DAYS PD Preventive Drug
<i>clonazepam 0.25 mg tab disp</i>	3	QL 10 / 1 DAYS PD Preventive Drug
<i>clonazepam 0.5 mg tab</i>	1	QL 10 / 1 DAYS PD Preventive Drug
<i>clonazepam 0.5 mg tab disp</i>	3	QL 10 / 1 DAYS PD Preventive Drug
<i>clonazepam 1 mg tab</i>	1	QL 10 / 1 DAYS PD Preventive Drug
<i>clonazepam 1 mg tab disp</i>	3	QL 10 / 1 DAYS PD Preventive Drug
<i>clonazepam 2 mg tab</i>	1	QL 10 / 1 DAYS PD Preventive Drug
<i>clonazepam 2 mg tab disp</i>	3	QL 10 / 1 DAYS PD Preventive Drug
<i>clorazepate dipotassium 15 mg tab</i>	3	
<i>clorazepate dipotassium 3.75 mg tab</i>	3	
<i>clorazepate dipotassium 7.5 mg tab</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diazepam 10 mg tab</i>	1	QL 4 / 1 DAYS
<i>diazepam 2 mg tab</i>	1	QL 4 / 1 DAYS
<i>diazepam 5 mg tab</i>	1	QL 4 / 1 DAYS
<i>diazepam 5 mg/5ml solution</i>	1	QL 40 / 1 DAYS
<i>diazepam 5 mg/ml conc</i>	1	QL 8 / 1 DAYS
<i>diazepam intensol 5 mg/ml conc</i>	1	QL 8 / 1 DAYS
<i>lorazepam 0.5 mg tab</i>	1	QL 5 / 1 DAYS
<i>lorazepam 1 mg tab</i>	1	QL 5 / 1 DAYS
<i>lorazepam 2 mg tab</i>	1	QL 5 / 1 DAYS
<i>lorazepam 2 mg/ml conc</i>	1	QL 5 / 1 DAYS
<i>lorazepam intensol 2 mg/ml conc</i>	1	QL 5 / 1 DAYS
LOREEV XR 1 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
LOREEV XR 1.5 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
LOREEV XR 2 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
LOREEV XR 3 MG CP24 SPRNK	3	QL 1 / 1 DAYS PA
<i>oxazepam 10 mg cap</i>	3	QL 4 / 1 DAYS
<i>oxazepam 15 mg cap</i>	3	QL 4 / 1 DAYS
<i>oxazepam 30 mg cap</i>	3	QL 4 / 1 DAYS
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lithium 8 meq/5ml solution</i>	1	
LITHIUM CARBONATE 150 MG CAP	1	
<i>lithium carbonate 150 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LITHIUM CARBONATE 300 MG CAP	1	
<i>lithium carbonate 300 mg cap</i>	1	
<i>lithium carbonate 300 mg tab</i>	1	
LITHIUM CARBONATE 600 MG CAP	1	
<i>lithium carbonate 600 mg cap</i>	1	
<i>lithium carbonate er 300 mg tab er</i>	1	
<i>lithium carbonate er 450 mg tab er</i>	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose 100 mg tab</i>	1	PD Preventive Drug
<i>acarbose 25 mg tab</i>	1	PD Preventive Drug
<i>acarbose 50 mg tab</i>	1	PD Preventive Drug
<i>glimepiride 1 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glimepiride 2 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glimepiride 4 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
GLIPIZIDE 2.5 MG TAB	3	
<i>glipizide 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide er 10 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide er 2.5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide er 5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glipizide xl 10 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide xl 2.5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide xl 5 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glipizide-metformin hcl 5-500 mg tab</i>	1	PD Preventive Drug
<i>glyburide 1.25 mg tab</i>	1	PD Preventive Drug
<i>glyburide 2.5 mg tab</i>	1	PD Preventive Drug
<i>glyburide 5 mg tab</i>	1	PD Preventive Drug
GLYBURIDE MICRONIZED 1.5 MG TAB	1	PD Preventive Drug
GLYBURIDE MICRONIZED 3 MG TAB	1	PD Preventive Drug
GLYBURIDE MICRONIZED 6 MG TAB	1	PD Preventive Drug
<i>glyburide-metformin 1.25-250 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 2.5-500 mg tab</i>	1	PD Preventive Drug
<i>glyburide-metformin 5-500 mg tab</i>	1	PD Preventive Drug
GLYXAMBI 10-5 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
GLYXAMBI 25-5 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
JENTADUETO 2.5-1000 MG TAB	2	QL 2 / 1 DAYS PD Preventive Drug
JENTADUETO 2.5-500 MG TAB	2	QL 2 / 1 DAYS PD Preventive Drug
JENTADUETO 2.5-850 MG TAB	2	QL 2 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL 2 / 1 DAYS PD Preventive Drug
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL 1 / 1 DAYS PD Preventive Drug
<i>metformin hcl 1000 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl 500 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl 850 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl er 500 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
METFORMIN HCL ER 500 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	PD Preventive Drug RX4L Rx4Less Program
<i>metformin hcl er 750 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
METFORMIN HCL ER 750 MG TAB ER 24H (GENERIC OF GLUCOPHAGE XR)	1	PD Preventive Drug RX4L Rx4Less Program
MIGLITOL 100 MG TAB	3	PD Preventive Drug
MIGLITOL 25 MG TAB	3	PD Preventive Drug
MIGLITOL 50 MG TAB	3	PD Preventive Drug
MOUNJARO 10 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 12.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 15 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR QLC 2 / 274 DAYS PD Preventive Drug
MOUNJARO 5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	QL 0.08 / 1 DAYS DUR PD Preventive Drug
<i>nateglinide 120 mg tab</i>	1	PD Preventive Drug
<i>nateglinide 60 mg tab</i>	1	PD Preventive Drug
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	QL 0.11 / 1 DAYS DUR PD Preventive Drug
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	QL 0.11 / 1 DAYS DUR PD Preventive Drug
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	QL 0.11 / 1 DAYS DUR PD Preventive Drug
<i>pioglitazone hcl 15 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl 30 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl 45 mg tab</i>	1	PD Preventive Drug
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>pioglitazone hcl-metformin hcl 15-500 mg tab</i>	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pioglitazone hcl-metformin hcl 15-850 mg tab</i>	3	PD Preventive Drug
<i>repaglinide 0.5 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 1 mg tab</i>	1	PD Preventive Drug
<i>repaglinide 2 mg tab</i>	1	PD Preventive Drug
RYBELSUS 14 MG TAB	2	QL 1 / 1 DAYS
		DUR
		PD Preventive Drug
RYBELSUS 3 MG TAB	2	QL 1 / 1 DAYS
		DUR
		PD Preventive Drug
RYBELSUS 7 MG TAB	2	QL 1 / 1 DAYS
		DUR
		PD Preventive Drug
<i>saxagliptin hcl 2.5 mg tab</i>	3	QL 1 / 1 DAYS
<i>saxagliptin hcl 5 mg tab</i>	3	QL 1 / 1 DAYS
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	3	QL 2 / 1 DAYS
<i>saxagliptin-metformin er 5-1000 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>saxagliptin-metformin er 5-500 mg tab er 24h</i>	3	QL 1 / 1 DAYS
SOLIQUA 100-33 UNT-MCG/ML SOLN PEN	2	QL 0.6 / 1 DAYS
		PD Preventive Drug
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	3	PD Preventive Drug
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	3	PD Preventive Drug
TRADJENTA 5 MG TAB	2	QL 1 / 1 DAYS
		PD Preventive Drug
TRIJARDY XR 10-5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H	2	PD Preventive Drug
TRIJARDY XR 25-5-1000 MG TAB ER 24H	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H	2	PD	Preventive Drug
TRULICITY 0.75 MG/0.5ML SOLN A-INJ	2	QL	0.08 / 1 DAYS
		DUR	
		PD	Preventive Drug
TRULICITY 1.5 MG/0.5ML SOLN A-INJ	2	QL	0.08 / 1 DAYS
		DUR	
		PD	Preventive Drug
TRULICITY 3 MG/0.5ML SOLN A-INJ	2	QL	0.08 / 1 DAYS
		DUR	
		PD	Preventive Drug
TRULICITY 4.5 MG/0.5ML SOLN A-INJ	2	QL	0.08 / 1 DAYS
		DUR	
		PD	Preventive Drug
XIGDUO XR 10-1000 MG TAB ER 24H	2	QL	1 / 1 DAYS
		PD	Preventive Drug
XIGDUO XR 10-500 MG TAB ER 24H	2	QL	1 / 1 DAYS
		PD	Preventive Drug
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL	2 / 1 DAYS
		PD	Preventive Drug
XIGDUO XR 5-1000 MG TAB ER 24H	2	QL	2 / 1 DAYS
		PD	Preventive Drug
XIGDUO XR 5-500 MG TAB ER 24H	2	QL	1 / 1 DAYS
		PD	Preventive Drug
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	QL	0.5 / 1 DAYS
		PD	Preventive Drug
GLYCEMIC AGENTS			
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	QLC	2 / 23 DAYS
		PD	Preventive Drug
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	QLC	2 / 23 DAYS
		PD	Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cvs glucose 15 gm/38gm gel</i>	3	OTC Over the Counter
CVS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
CVS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<i>cvs glucose 40 % gel</i>	3	OTC Over the Counter
CVS GLUCOSE BITS 1 GM CHEW TAB	1	OTC Over the Counter
<i>cvs glucose shot liquid</i>	3	OTC Over the Counter
<i>cvs glucose shot 15 gm/59ml liquid</i>	3	OTC Over the Counter
CVS SOFT GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
DEX4 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 GLUCOSE 15 GM/59ML LIQUID	3	OTC Over the Counter
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 GLUCOSE GO-POUCH 15 GM/33GM GEL	3	OTC Over the Counter
DEX4 NATURALS 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 POUCH PACK 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
DEX4 QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
FT GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QLC 2 / 22 DAYS PD Preventive Drug
<i>glucagon emergency 1 mg recon soln</i>	1	QLC 2 / 22 DAYS PD Preventive Drug
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QLC 2 / 22 DAYS PD Preventive Drug
<i>gluco shot liquid</i>	3	OTC Over the Counter
<i>gluco to go 15 40 % gel</i>	3	OTC Over the Counter
GLUCO TO GO 4 GM CHEW TAB	1	OTC Over the Counter
<i>glucose liquid</i>	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCOSE 15 GM/33GM GEL	3	OTC Over the Counter
GLUCOSE 15 GM/59ML LIQUID	3	OTC Over the Counter
GLUCOSE 15 GM/60ML LIQUID	3	OTC Over the Counter
GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<i>glucose 40 % gel</i>	3	OTC Over the Counter
GLUCOSE INSTANT ENERGY 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
GLUCOSE INSTANT ENERGY 6-4 MG-GM CHEW TAB	1	OTC Over the Counter
GLUCOSE NURSETTE 5 % SOLUTION	3	PA OTC Over the Counter
<i>glucose 15 40 % gel</i>	3	OTC Over the Counter
<i>glucose 45 40 % gel</i>	3	OTC Over the Counter
<i>glucose 5 40 % gel</i>	3	OTC Over the Counter
GNP GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
GNP GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
GNP QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
GOODSENSE GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QLC 0.2 / 23 DAYS PD Preventive Drug
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QLC 0.4 / 23 DAYS PD Preventive Drug
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QLC 0.2 / 23 DAYS PD Preventive Drug
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QLC 0.4 / 23 DAYS PD Preventive Drug
GVOKE KIT 1 MG/0.2ML SOLUTION	2	QLC 2 / 30 DAYS
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QLC 2 / 30 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HY-VEE GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
INSTA-GLUCOSE 77.4 % GEL	3	OTC Over the Counter
KROGER GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
LEADER GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
LEADER QUICK DISSOLVE GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
LONGS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
MEIJER GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
PREFERRED PLUS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
PX GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
RA GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
RA GLUCOSE 6-4 MG-GM CHEW TAB	1	OTC Over the Counter
RA TRUEPLUS GLUCOSE 15 GM/32ML GEL	3	OTC Over the Counter
<i>relion glucose 15 gm/38gm gel</i>	3	OTC Over the Counter
RELION GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
RELION GLUCOSE SHOT LIQUID	3	OTC Over the Counter
SM GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
SM GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
SMART SENSE GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<i>sweet cheeks 40 % gel</i>	3	OTC Over the Counter
TGT GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
TRUEPLUS GLUCOSE 15 GM/32ML GEL	3	OTC Over the Counter
TRUEPLUS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
TRUEPLUS GLUCOSE ON THE GO 4 GM CHEW TAB	1	OTC Over the Counter
TRUEPLUS GLUCOSE SHOT LIQUID	3	OTC Over the Counter
UP & UP GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
<i>value plus glucose 40 % gel</i>	3	OTC Over the Counter
VYKAT XR 150 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
VYKAT XR 25 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
VYKAT XR 75 MG TAB ER 24H	3	QL 30 EA / 30 days PA SP Specialty
WALGREENS GLUCOSE 4 GM CHEW TAB	1	OTC Over the Counter
WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB	1	OTC Over the Counter
INSULINS		
BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	3	PD Preventive Drug
BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN	3	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLN CART	2	PD Preventive Drug
HUMALOG 100 UNIT/ML SOLUTION	2	PD Preventive Drug
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
HUMULIN N 100 UNIT/ML SUSPENSION	2	PD Preventive Drug OTC Over the Counter
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	2	PD Preventive Drug OTC Over the Counter
HUMULIN R 100 UNIT/ML SOLUTION	2	PD Preventive Drug OTC Over the Counter
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	2	PD Preventive Drug
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN LISPRO 100 UNIT/ML SOLUTION	2	PD Preventive Drug
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	2	PD Preventive Drug
LANTUS 100 UNIT/ML SOLUTION	2	PD Preventive Drug
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	2	PD Preventive Drug
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	2	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>bd heparin posiflush 10 unit/ml solution</i>	1	
<i>bd heparin posiflush 100 unit/ml solution</i>	1	
<i>dabigatran etexilate mesylate 110 mg cap</i>	3	QL 2 / 1 DAYS
<i>dabigatran etexilate mesylate 150 mg cap</i>	3	QL 2 / 1 DAYS PD Preventive Drug
<i>dabigatran etexilate mesylate 75 mg cap</i>	3	QL 2 / 1 DAYS PD Preventive Drug
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	2	QL 560 / 28 days PD Preventive Drug
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	2	QL 560 / 28 days PD Preventive Drug
ELIQUIS 0.15 MG CAP SPRINK	2	QL 70 / 28 days PD Preventive Drug
ELIQUIS 0.5 MG TAB SOL	2	QL 560 / 28 days PD Preventive Drug
ELIQUIS 2.5 MG TAB	2	QL 2.5 / 1 DAYS PD Preventive Drug
ELIQUIS 5 MG TAB	2	QL 2.5 / 1 DAYS PD Preventive Drug
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	QLC 148 / 365 DAYS PD Preventive Drug
<i>enoxaparin sodium 100 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 120 mg/0.8ml soln prsyr</i>	1	
<i>enoxaparin sodium 150 mg/ml soln prsyr</i>	1	
<i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	
<i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>	1	
<i>enoxaparin sodium 80 mg/0.8ml soln prsyr</i>	1	
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	1	
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	1	
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	1	
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	1	
HEPARIN NA (PORK) LOCK FLSH PF 1 UNIT/ML SOLUTION	1	
<i>heparin na (pork) lock flsh pf 10 unit/ml solution</i>	1	
<i>heparin na (pork) lock flsh pf 100 unit/ml solution</i>	1	
<i>heparin sod (pork) lock flush 10 unit/ml solution</i>	1	
<i>heparin sod (pork) lock flush 100 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 20000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) 5000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	1	
<i>heparin sodium (porcine) pf 5000 unit/0.5ml solution</i>	1	
<i>jantoven 1 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>jantoven 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>jantoven 2 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>jantoven 2.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>jantoven 3 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>jantoven 4 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>jantoven 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>jantoven 6 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>jantoven 7.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>rivaroxaban 1 mg/ml recon susp</i>	2	QL 310.2 ml / 30 day(s)
<i>rivaroxaban 2.5 mg tab</i>	1	PD Preventive Drug
<i>warfarin sodium 1 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 2 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 2.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 3 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 4 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 6 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>warfarin sodium 7.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
XARELTO 1 MG/ML RECON SUSP	2	QL 10.34 / 1 DAYS
XARELTO 10 MG TAB	2	QL 1.2 / 1 DAYS PD Preventive Drug
XARELTO 15 MG TAB	2	QL 2 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 2.5 MG TAB	2	QL 2 / 1 DAYS PD Preventive Drug
XARELTO 20 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	PD Preventive Drug
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ALVAIZ 18 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ALVAIZ 36 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ALVAIZ 54 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ALVAIZ 9 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
<i>anagrelide hcl 0.5 mg cap</i>	1	
<i>anagrelide hcl 1 mg cap</i>	1	
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/0.5ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 100 MCG/ML SOLUTION	2	SP Specialty
ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/0.4ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 200 MCG/ML SOLUTION	2	SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/0.42ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 25 MCG/ML SOLUTION	2	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARANESP (ALBUMIN FREE) 300 MCG/0.6ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/0.4ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 40 MCG/ML SOLUTION	2	SP Specialty
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR	2	SP Specialty
ARANESP (ALBUMIN FREE) 60 MCG/ML SOLUTION	2	SP Specialty
<i>eltrombopag olamine 12.5 mg packet</i>	3	QL 30 / 30 days PA SP Specialty
<i>eltrombopag olamine 12.5 mg tab</i>	3	QL 30 / 30 days PA SP Specialty
<i>eltrombopag olamine 25 mg packet</i>	3	QL 30 / 30 days PA SP Specialty
<i>eltrombopag olamine 25 mg tab</i>	3	QL 30 / 30 days PA SP Specialty
<i>eltrombopag olamine 50 mg tab</i>	3	QL 30 / 30 days PA SP Specialty
<i>eltrombopag olamine 75 mg tab</i>	3	QL 30 / 30 days PA SP Specialty
EPOGEN 10000 UNIT/ML SOLUTION	3	SP Specialty
EPOGEN 2000 UNIT/ML SOLUTION	3	SP Specialty
EPOGEN 20000 UNIT/ML SOLUTION	3	SP Specialty
EPOGEN 3000 UNIT/ML SOLUTION	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EPOGEN 4000 UNIT/ML SOLUTION	3	SP Specialty
FABHALTA 200 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
LEUKINE 250 MCG RECON SOLN	3	QL 0.67 / 1 DAYS SP Specialty
MULPLETA 3 MG TAB	3	QL 0.24 / 1 DAYS PA SP Specialty
NEULASTA 6 MG/0.6ML SOLN PRSYR	2	SP Specialty
NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR	2	SP Specialty
<i>plerixafor 24 mg/1.2ml solution</i>	1	QLC 10 / 365 DAYS SP Specialty
PROCRIT 10000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 2000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 20000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 3000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 4000 UNIT/ML SOLUTION	3	SP Specialty
PROCRIT 40000 UNIT/ML SOLUTION	3	SP Specialty
PYRUKYND TAPER PACK 5 MG TAB THPK	3	QL 0.02 / 1 DAYS PA
PYRUKYND TAPER PACK 7 X 20 MG & 7 X 5 MG TAB THPK	3	QL 0.04 / 1 DAYS PA
PYRUKYND TAPER PACK 7 X 50 MG & 7 X 20 MG TAB THPK	3	QL 0.04 / 1 DAYS PA
RETACRIT 10000 UNIT/ML SOLUTION	3	SP Specialty
RETACRIT 2000 UNIT/ML SOLUTION	3	SP Specialty
RETACRIT 20000 UNIT/ML SOLUTION	3	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RETACRIT 3000 UNIT/ML SOLUTION	3	SP Specialty
RETACRIT 4000 UNIT/ML SOLUTION	3	SP Specialty
RETACRIT 40000 UNIT/ML SOLUTION	3	SP Specialty
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	SP Specialty
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	SP Specialty
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	2	SP Specialty
ZARXIO 300 MCG/0.5ML SOLN PRSYR	2	SP Specialty
ZARXIO 480 MCG/0.8ML SOLN PRSYR	2	SP Specialty
HEMOSTASIS AGENTS		
ALHEMO 150 MG/1.5ML SOLN PEN	3	PA SP Specialty
ALHEMO 300 MG/3ML SOLN PEN	3	QL 3 / 28 days PA SP Specialty
ALHEMO 60 MG/1.5ML SOLN PEN	3	PA SP Specialty
<i>aminocaproic acid 0.25 gm/ml solution</i>	1	
<i>aminocaproic acid 1000 mg tab</i>	1	
<i>aminocaproic acid 500 mg tab</i>	1	
HEMLIBRA 105 MG/0.7ML SOLUTION	3	PA SP Specialty
HEMLIBRA 12 MG/0.4ML SOLUTION	3	PA SP Specialty
HEMLIBRA 150 MG/ML SOLUTION	3	PA SP Specialty
HEMLIBRA 30 MG/ML SOLUTION	3	PA SP Specialty
HEMLIBRA 300 MG/2ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMLIBRA 60 MG/0.4ML SOLUTION	3	PA SP Specialty
HYMPAVZI 150 MG/ML SOLN A-INJ	3	QL 0.143 / 1 DAYS PA SP Specialty
<i>phytonadione 5 mg tab</i>	1	
<i>tranexamic acid 650 mg tab</i>	1	QLC 30 / 22 DAYS
PLATELET MODIFYING AGENTS		
<i>adult aspirin regimen 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin adult low strength 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin childrens 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin ec adult low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin ec low strength 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin low dose 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin regimen 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	1	PD Preventive Drug
<i>bayer aspirin ec low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>bayer low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
CABLIVI 11 MG KIT	3	PA QLC 30 / 30 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>childrens aspirin 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>cilostazol 100 mg tab</i>	1	
<i>cilostazol 50 mg tab</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	PD Preventive Drug
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>cvs aspirin adult low dose 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin adult low strength 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin ec 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>cvs aspirin low strength 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>dipyridamole 25 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 50 mg tab</i>	1	PD Preventive Drug
<i>dipyridamole 75 mg tab</i>	1	PD Preventive Drug
DOPTELET 20 MG TAB	3	QL 0.5 / 1 DAYS PA SP Specialty
DOPTELET SPRINKLE 10 MG CAP SPRINK	3	QL 60 EA / 30 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ecotrin low strength 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin adult low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>eq aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>ft aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>gnp adult aspirin low strength 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>gnp aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>goodsense aspirin 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>goodsense aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>h-e-b aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>hm aspirin ec low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>kls aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>kp aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>mm aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>prasugrel hcl 10 mg tab</i>	1	QL 1.17 / 1 DAYS PD Preventive Drug
<i>prasugrel hcl 5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>px aspirin 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>px enteric aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sm aspirin adult low strength 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin ec low strength 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>sm aspirin low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>sm childrens aspirin 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>st joseph aspirin 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>st joseph low dose 81 mg chew tab</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
<i>st joseph low dose 81 mg tab dr</i>	1	QL 1 / 1 day ACA Affordable Care Act OTC Over the Counter
TAVALISSE 100 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
TAVALISSE 150 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ticagrelor 60 mg tab</i>	1	QL 60 / 30 day(s) PD Preventive Drug
<i>ticagrelor 90 mg tab</i>	1	QL 60 / 30 day(s) PD Preventive Drug
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine 0.1 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS PD Preventive Drug
<i>clonidine 0.2 mg/24hr patch wk</i>	1	QL 0.29 / 1 DAYS PD Preventive Drug
<i>clonidine 0.3 mg/24hr patch wk</i>	1	QL 0.29 / 1 DAYS PD Preventive Drug
<i>clonidine hcl 0.1 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>clonidine hcl 0.2 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>clonidine hcl 0.3 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>droxidopa 100 mg cap</i>	3	QL 6 / 1 DAYS PA SP Specialty
<i>droxidopa 200 mg cap</i>	3	PA SP Specialty
<i>droxidopa 300 mg cap</i>	3	PA SP Specialty
<i>guanfacine hcl 1 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>guanfacine hcl 2 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methyldopa 250 mg tab</i>	1	PD Preventive Drug
METHYLDOPA 500 MG TAB	1	PD Preventive Drug
<i>midodrine hcl 10 mg tab</i>	1	
<i>midodrine hcl 2.5 mg tab</i>	1	
<i>midodrine hcl 5 mg tab</i>	1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tab</i>	1	
<i>doxazosin mesylate 2 mg tab</i>	1	
<i>doxazosin mesylate 4 mg tab</i>	1	
<i>doxazosin mesylate 8 mg tab</i>	1	
<i>phenoxybenzamine hcl 10 mg cap</i>	1	
<i>prazosin hcl 1 mg cap</i>	1	
<i>prazosin hcl 2 mg cap</i>	1	
<i>prazosin hcl 5 mg cap</i>	1	
<i>terazosin hcl 1 mg cap</i>	1	
<i>terazosin hcl 10 mg cap</i>	1	
<i>terazosin hcl 2 mg cap</i>	1	
<i>terazosin hcl 5 mg cap</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil 16 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil 32 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil 4 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil 8 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 150 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 300 mg tab</i>	1	PD Preventive Drug
<i>irbesartan 75 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium 100 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>losartan potassium 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>olmesartan medoxomil 20 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 40 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil 5 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 20 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 40 mg tab</i>	1	PD Preventive Drug
<i>telmisartan 80 mg tab</i>	1	PD Preventive Drug
<i>valsartan 160 mg tab</i>	1	PD Preventive Drug
<i>valsartan 320 mg tab</i>	1	PD Preventive Drug
<i>valsartan 40 mg tab</i>	1	PD Preventive Drug
<i>valsartan 80 mg tab</i>	1	PD Preventive Drug
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>benazepril hcl 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>benazepril hcl 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>benazepril hcl 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>captopril 100 mg tab</i>	1	PD Preventive Drug
<i>captopril 12.5 mg tab</i>	1	PD Preventive Drug
<i>captopril 25 mg tab</i>	1	PD Preventive Drug
<i>captopril 50 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate 1 mg/ml solution</i>	3	QL 40 / 1 DAYS PA PD Preventive Drug
<i>enalapril maleate 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>enalapril maleate 2.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>enalapril maleate 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>enalapril maleate 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>fosinopril sodium 10 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium 20 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium 40 mg tab</i>	1	PD Preventive Drug
<i>lisinopril 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 2.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 30 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>moexipril hcl 15 mg tab</i>	1	PD Preventive Drug
<i>moexipril hcl 7.5 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PERINDOPRIL ERBUMINE 2 MG TAB	1	PD Preventive Drug
<i>perindopril erbumine 4 mg tab</i>	1	PD Preventive Drug
PERINDOPRIL ERBUMINE 8 MG TAB	1	PD Preventive Drug
<i>quinapril hcl 10 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 20 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 40 mg tab</i>	1	PD Preventive Drug
<i>quinapril hcl 5 mg tab</i>	1	PD Preventive Drug
<i>ramipril 1.25 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>ramipril 10 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>ramipril 2.5 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>ramipril 5 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>trandolapril 1 mg tab</i>	3	PD Preventive Drug
<i>trandolapril 2 mg tab</i>	3	PD Preventive Drug
<i>trandolapril 4 mg tab</i>	3	PD Preventive Drug
ANTIARRHYTHMICS		
<i>amiodarone hcl 100 mg tab</i>	3	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>amiodarone hcl 400 mg tab</i>	3	
DIGOXIN 0.05 MG/ML SOLUTION	1	
<i>digoxin 0.05 mg/ml solution</i>	1	
<i>digoxin 125 mcg tab</i>	1	
<i>digoxin 250 mcg tab</i>	1	
<i>disopyramide phosphate 100 mg cap</i>	1	
<i>disopyramide phosphate 150 mg cap</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
dofetilide 125 mcg cap	1	
dofetilide 250 mcg cap	1	
dofetilide 500 mcg cap	1	
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	2	QL 2 / 1 DAYS
pacerone 100 mg tab	3	
pacerone 200 mg tab	1	
pacerone 400 mg tab	3	
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	3	
propafenone hcl er 325 mg cap er 12h	3	
propafenone hcl er 425 mg cap er 12h	3	
quinidine gluconate er 324 mg tab er	1	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	1	
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOTYLIZE 5 MG/ML SOLUTION	3	PA 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	PD Preventive Drug RX4L Rx4Less Program
atenolol 25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
atenolol 50 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
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
carvedilol 12.5 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
carvedilol 25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
carvedilol 3.125 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
carvedilol 6.25 mg tab	1	PD Preventive Drug RX4L Rx4Less Program
carvedilol phosphate er 10 mg cap er 24h	3	QL 1 / 1 DAYS PD Preventive Drug
carvedilol phosphate er 20 mg cap er 24h	3	QL 1 / 1 DAYS PD Preventive Drug
carvedilol phosphate er 40 mg cap er 24h	3	QL 1 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carvedilol phosphate er 80 mg cap er 24h</i>	3	QL 1 / 1 DAYS PD Preventive Drug
KAPSPARGO SPRINKLE 100 MG CP24 SPRNK	3	
KAPSPARGO SPRINKLE 200 MG CP24 SPRNK	3	
KAPSPARGO SPRINKLE 25 MG CP24 SPRNK	3	
KAPSPARGO SPRINKLE 50 MG CP24 SPRNK	3	
<i>labetalol hcl 100 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 200 mg tab</i>	1	PD Preventive Drug
<i>labetalol hcl 300 mg tab</i>	1	PD Preventive Drug
<i>metoprolol succinate er 100 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol succinate er 200 mg tab er 24h</i>	1	PD Preventive Drug
<i>metoprolol succinate er 25 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol succinate er 50 mg tab er 24h</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 100 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 37.5 mg tab</i>	1	
<i>metoprolol tartrate 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>metoprolol tartrate 75 mg tab</i>	1	
<i>nadolol 20 mg tab</i>	1	PD Preventive Drug
<i>nadolol 40 mg tab</i>	1	PD Preventive Drug
<i>nadolol 80 mg tab</i>	1	PD Preventive Drug
<i>nebivolol hcl 10 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nebivolol hcl 2.5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>nebivolol hcl 20 mg tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>nebivolol hcl 5 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>pindolol 10 mg tab</i>	1	PD Preventive Drug
<i>pindolol 5 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>propranolol hcl 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
PROPRANOLOL HCL 20 MG/5ML SOLUTION	1	PD Preventive Drug
<i>propranolol hcl 40 mg tab</i>	1	PD Preventive Drug
PROPRANOLOL HCL 40 MG/5ML SOLUTION	1	PD Preventive Drug
<i>propranolol hcl 60 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl 80 mg tab</i>	1	PD Preventive Drug
<i>propranolol hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 160 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 60 mg cap er 24h</i>	1	PD Preventive Drug
<i>propranolol hcl er 80 mg cap er 24h</i>	1	PD Preventive Drug
<i>timolol maleate 10 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 20 mg tab</i>	1	PD Preventive Drug
<i>timolol maleate 5 mg tab</i>	1	PD Preventive Drug
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate 10 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine besylate 2.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>amlodipine besylate 5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>felodipine er 10 mg tab er 24h</i>	1	PD Preventive Drug
<i>felodipine er 2.5 mg tab er 24h</i>	1	PD Preventive Drug
<i>felodipine er 5 mg tab er 24h</i>	1	PD Preventive Drug
<i>isradipine 2.5 mg cap</i>	3	PD Preventive Drug
<i>isradipine 5 mg cap</i>	3	PD Preventive Drug
<i>nifedipine 10 mg cap</i>	1	PD Preventive Drug
<i>nifedipine 20 mg cap</i>	1	PD Preventive Drug
<i>nifedipine er 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 30 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 60 mg tab er 24h</i>	1	PD Preventive Drug
<i>nifedipine er osmotic release 90 mg tab er 24h</i>	1	PD Preventive Drug
<i>nimodipine 30 mg cap</i>	1	
NIMODIPINE 60 MG/20ML SOLUTION	3	QL 120 / 1 DAYS
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>cartia xt 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>dilt-xr 180 mg cap er 24h</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dilt-xr 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl 120 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 30 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 60 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl 90 mg tab</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 120 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 180 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 240 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 300 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 360 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 420 mg tab er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 60 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er 90 mg cap er 12h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 180 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 240 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 300 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 360 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er beads 420 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 120 mg cap er 24h</i>	1	PD Preventive Drug
<i>diltiazem hcl er coated beads 180 mg cap er 24h</i>	1	PD Preventive Drug

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VERAPAMIL HCL ER 360 MG CAP ER 24H	1	PD Preventive Drug
VERELAN 360 MG CAP ER 24H	3	PD Preventive Drug
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide 125 mg tab	1	
acetazolamide 250 mg tab	1	
aliskiren fumarate 150 mg tab	1	QL 1 / 1 DAYS PD Preventive Drug
aliskiren fumarate 300 mg tab	1	QL 1 / 1 DAYS 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	3	QL 1 / 1 DAYS PD Preventive Drug
amlodipine besylate-valsartan 10-320 mg tab	3	QL 1 / 1 DAYS PD Preventive Drug
amlodipine besylate-valsartan 5-160 mg tab	3	QL 1 / 1 DAYS PD Preventive Drug
amlodipine besylate-valsartan 5-320 mg tab	3	QL 1 / 1 DAYS PD Preventive Drug
amlodipine-olmesartan 10-20 mg tab	3	QL 1 / 1 DAYS PD Preventive Drug
amlodipine-olmesartan 10-40 mg tab	3	QL 1 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amlodipine-olmesartan 5-20 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-olmesartan 5-40 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-12.5 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-160-25 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 10-320-25 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-12.5 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>amlodipine-valsartan-hctz 5-160-25 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>atenolol-chlorthalidone 100-25 mg tab</i>	1	PD Preventive Drug
<i>atenolol-chlorthalidone 50-25 mg tab</i>	1	PD Preventive Drug
ATTRUBY 356 MG TAB THPK	3	QL 4 / 1 DAYS PA SP Specialty
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i>	1	PD Preventive Drug
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	1	PD Preventive Drug
CAMZYOS 10 MG CAP	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CAMZYOS 15 MG CAP	3	QL 1 / 1 DAYS PA
CAMZYOS 2.5 MG CAP	3	QL 1 / 1 DAYS PA
CAMZYOS 5 MG CAP	3	QL 1 / 1 DAYS PA
<i>candesartan cilexetil-hctz 16-12.5 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil-hctz 32-12.5 mg tab</i>	1	PD Preventive Drug
<i>candesartan cilexetil-hctz 32-25 mg tab</i>	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-15 MG TAB	1	PD Preventive Drug
CAPTOPRIL-HYDROCHLOROTHIAZIDE 50-25 MG TAB	1	PD Preventive Drug
CORLANOR 5 MG/5ML SOLUTION	3	QL 15 / 1 DAYS
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	1	PD Preventive Drug
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium-hctz 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>fosinopril sodium-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tab</i>	1	PD Preventive Drug
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tab</i>	1	PD Preventive Drug
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	1	QL 6 / 1 DAYS
<i>ivabradine hcl 5 mg tab</i>	1	QL 2 / 1 DAYS
<i>ivabradine hcl 7.5 mg tab</i>	1	QL 2 / 1 DAYS
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
LODOCO 0.5 MG TAB	3	QL 1 / 1 DAYS PA
<i>losartan potassium-hctz 100-12.5 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 100-25 mg tab</i>	1	PD Preventive Drug
<i>losartan potassium-hctz 50-12.5 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	1	PD Preventive Drug
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	PD Preventive Drug
NEXLETOL 180 MG TAB	3	QL 1 / 1 DAYS ST
<i>olmesartan medoxomil-hctz 20-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-12.5 mg tab</i>	1	PD Preventive Drug
<i>olmesartan medoxomil-hctz 40-25 mg tab</i>	1	PD Preventive Drug
<i>olmesartan-amlodipine-hctz 20-5-12.5 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-12.5 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-10-25 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-12.5 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>olmesartan-amlodipine-hctz 40-5-25 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
<i>pentoxifylline er 400 mg tab er</i>	1	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab</i>	1	PD Preventive Drug
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	PD Preventive Drug
<i>ranolazine er 1000 mg tab er 12h</i>	1	QL 2 / 1 DAYS
<i>ranolazine er 500 mg tab er 12h</i>	1	QL 3 / 1 DAYS
<i>sacubitril-valsartan 24-26 mg tab</i>	1	
<i>sacubitril-valsartan 49-51 mg tab</i>	1	
<i>sacubitril-valsartan 97-103 mg tab</i>	1	
<i>spironolactone-hctz 25-25 mg tab</i>	1	PD Preventive Drug
<i>telmisartan-hctz 40-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-12.5 mg tab</i>	3	PD Preventive Drug
<i>telmisartan-hctz 80-25 mg tab</i>	3	PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 1-240 MG TAB ER	3	QL 1 / 1 DAYS PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER	3	QL 1 / 1 DAYS PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER	3	QL 1 / 1 DAYS PD Preventive Drug
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER	3	QL 1 / 1 DAYS PD Preventive Drug
<i>triamterene-hctz 37.5-25 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>triamterene-hctz 37.5-25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>triamterene-hctz 75-50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	3	QL 0.8 / 28 days PA SP Specialty
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab</i>	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valsartan-hydrochlorothiazide 160-25 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 320-12.5 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 320-25 mg tab</i>	1	PD Preventive Drug
<i>valsartan-hydrochlorothiazide 80-12.5 mg tab</i>	1	PD Preventive Drug
VERQUVO 10 MG TAB	3	QL 1 / 1 DAYS PA
VERQUVO 2.5 MG TAB	3	QL 1 / 1 DAYS PA
VERQUVO 5 MG TAB	3	QL 1 / 1 DAYS PA
DIURETICS, LOOP		
<i>bumetanide 0.5 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 1 mg tab</i>	1	PD Preventive Drug
<i>bumetanide 2 mg tab</i>	1	PD Preventive Drug
<i>ethacrynic acid 25 mg tab</i>	1	
<i>furosemide 10 mg/ml solution</i>	1	PD Preventive Drug
<i>furosemide 20 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>furosemide 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
FUROSEMIDE 8 MG/ML SOLUTION	1	
<i>furosemide 80 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>torsemide 10 mg tab</i>	1	
<i>torsemide 100 mg tab</i>	1	
<i>torsemide 20 mg tab</i>	1	
<i>torsemide 5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	1	
<i>eplerenone 25 mg tab</i>	1	
<i>eplerenone 50 mg tab</i>	1	
DIURETICS, THIAZIDE		
<i>chlorthalidone 25 mg tab</i>	1	PD Preventive Drug
<i>chlorthalidone 50 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 12.5 mg cap</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>hydrochlorothiazide 12.5 mg tab</i>	1	PD Preventive Drug
<i>hydrochlorothiazide 25 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>hydrochlorothiazide 50 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>indapamide 1.25 mg tab</i>	1	PD Preventive Drug
<i>indapamide 2.5 mg tab</i>	1	PD Preventive Drug
<i>metolazone 10 mg tab</i>	1	
<i>metolazone 2.5 mg tab</i>	1	
<i>metolazone 5 mg tab</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 145 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>fenofibrate 160 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>fenofibrate 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate 48 mg tab</i>	3	QL 2 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 54 mg tab</i>	1	PD Preventive Drug
<i>fenofibrate 67 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 134 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 200 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 43 mg cap</i>	1	PD Preventive Drug
<i>fenofibrate micronized 67 mg cap</i>	1	PD Preventive Drug
<i>fenofibric acid 135 mg cap dr</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>fenofibric acid 45 mg cap dr</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>gemfibrozil 600 mg tab</i>	1	PD Preventive Drug
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>atorvastatin calcium 20 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>atorvastatin calcium 40 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>atorvastatin calcium 80 mg tab</i>	1	PD Preventive Drug RX4L Rx4Less Program
<i>lovastatin 10 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>lovastatin 20 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pravastatin sodium 10 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>pravastatin sodium 20 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>pravastatin sodium 40 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>pravastatin sodium 80 mg tab</i>	1	ACA Affordable Care Act PD Preventive Drug
<i>rosuvastatin calcium 10 mg tab</i>	1	QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>rosuvastatin calcium 10 mg tab</i>	1	QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>rosuvastatin calcium 20 mg tab</i>	1	QL 1.5 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program
<i>rosuvastatin calcium 40 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program
<i>rosuvastatin calcium 5 mg tab</i>	1	QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>rosuvastatin calcium 5 mg tab</i>	1	QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 10 mg tab</i>	1	QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>simvastatin 10 mg tab</i>	1	QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>simvastatin 20 mg tab</i>	1	QL 3 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>simvastatin 20 mg tab</i>	1	QL 3 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>simvastatin 40 mg tab</i>	1	QL 2 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>simvastatin 40 mg tab</i>	1	QL 2 / 1 DAYS ACA Affordable Care Act PD Preventive Drug RX4L Rx4Less Program
<i>simvastatin tab 5 mg</i>	1	QL 1.5 / 1 DAYS ACA Affordable Care Act PD Preventive Drug
<i>simvastatin 80 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program
<i>simvastatin tab 80 mg</i>	1	QL 1 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DYSLIPIDEMICS, OTHER		
<i>cholestyramine 4 gm packet</i>	1	PD Preventive Drug
<i>cholestyramine 4 gm/dose powder</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm packet</i>	1	PD Preventive Drug
<i>cholestyramine light 4 gm/dose powder</i>	1	PD Preventive Drug
<i>colesevelam hcl 3.75 gm packet</i>	1	PD Preventive Drug
<i>colesevelam hcl 625 mg tab</i>	1	PD Preventive Drug
<i>colestipol hcl 1 gm tab</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm granules</i>	1	PD Preventive Drug
<i>colestipol hcl 5 gm packet</i>	1	PD Preventive Drug
<i>ezetimibe 10 mg tab</i>	1	PD Preventive Drug
EZETIMIBE-ROSUVASTATIN 10-10 MG TAB	2	
EZETIMIBE-ROSUVASTATIN 10-20 MG TAB	2	
EZETIMIBE-ROSUVASTATIN 10-40 MG TAB	2	
EZETIMIBE-ROSUVASTATIN 10-5 MG TAB	2	
<i>ezetimibe-simvastatin 10-10 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-20 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-40 mg tab</i>	3	PD Preventive Drug
<i>ezetimibe-simvastatin 10-80 mg tab</i>	3	PD Preventive Drug
<i>icosapent ethyl 0.5 gm cap</i>	2	QL 4 / 1 DAYS PD Preventive Drug
<i>icosapent ethyl 1 gm cap</i>	2	QL 4 / 1 DAYS PD Preventive Drug
JUXTAPID 10 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
JUXTAPID 20 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUXTAPID 30 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
JUXTAPID 5 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
NEXLIZET 180-10 MG TAB	3	QL 1 / 1 DAYS ST
<i>niacin er (antihyperlipidemic) 1000 mg tab er</i>	3	QL 2 / 1 DAYS PD Preventive Drug
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	3	QL 3 / 1 DAYS PD Preventive Drug
<i>niacin er (antihyperlipidemic) 750 mg tab er</i>	3	QL 2 / 1 DAYS PD Preventive Drug
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	QL 4 / 1 DAYS PD Preventive Drug
<i>prevalite 4 gm packet</i>	1	PD Preventive Drug
<i>prevalite 4 gm/dose powder</i>	1	PD Preventive Drug
REPATHA 140 MG/ML SOLN PRSYR	2	QL 0.08 / 1 DAYS
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	2	QL 0.13 / 1 DAYS
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	QL 0.08 / 1 DAYS
ROSZET 10-10 MG TAB	2	
ROSZET 10-20 MG TAB	2	
ROSZET 10-40 MG TAB	2	
ROSZET 10-5 MG TAB	2	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA 10 MG TAB	2	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KERENDIA 20 MG TAB	2	QL 1 / 1 DAYS PA
KERENDIA 40 MG TAB	2	QL 30 EA / 30 day(s) PA
<i>spironolactone 100 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 25 mg tab</i>	1	PD Preventive Drug
<i>spironolactone 50 mg tab</i>	1	PD Preventive Drug
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
FARXIGA 10 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
FARXIGA 5 MG TAB	2	QL 1 / 1 DAYS PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl 10 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 100 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 25 mg tab</i>	1	PD Preventive Drug
<i>hydralazine hcl 50 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 10 mg tab</i>	1	PD Preventive Drug
<i>minoxidil 2.5 mg tab</i>	1	PD Preventive Drug
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate 10 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 20 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 30 mg tab</i>	1	PD Preventive Drug
<i>isosorbide dinitrate 5 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 10 MG TAB	1	PD Preventive Drug
<i>isosorbide mononitrate 10 mg tab</i>	1	PD Preventive Drug
ISOSORBIDE MONONITRATE 20 MG TAB	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>isosorbide mononitrate 20 mg tab</i>	1	PD	Preventive Drug
<i>isosorbide mononitrate er 120 mg tab er 24h</i>	1	PD	Preventive Drug
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	1	PD	Preventive Drug
<i>isosorbide mononitrate er 60 mg tab er 24h</i>	1	PD	Preventive Drug
NITRO-TIME 2.5 MG CAP ER	1	PD	Preventive Drug
NITRO-TIME 6.5 MG CAP ER	1	PD	Preventive Drug
NITRO-TIME 9 MG CAP ER	1	PD	Preventive Drug
<i>nitroglycerin 0.1 mg/hr patch 24hr</i>	1	PD	Preventive Drug
<i>nitroglycerin 0.2 mg/hr patch 24hr</i>	1	PD	Preventive Drug
<i>nitroglycerin 0.3 mg sl tab</i>	1		
<i>nitroglycerin 0.4 % ointment</i>	1	QL	1.43 / 1 DAYS
<i>nitroglycerin 0.4 mg sl tab</i>	1		
<i>nitroglycerin 0.4 mg/hr patch 24hr</i>	1	PD	Preventive Drug
<i>nitroglycerin 0.4 mg/spray solution</i>	1	QL	0.4 / 1 DAYS
<i>nitroglycerin 0.6 mg sl tab</i>	1		
<i>nitroglycerin 0.6 mg/hr patch 24hr</i>	1	PD	Preventive Drug
RECTIV 0.4 % OINTMENT	3	QL	1.43 / 1 DAYS
CENTRAL NERVOUS SYSTEM AGENTS			
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS			
RADICAVA ORS 105 MG/5ML SUSPENSION	3	PA	
		QLC	50 / 21 DAYS
		SP	Specialty
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	3	PA	
		QLC	70 / 274 DAYS
		SP	Specialty
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES			
ADDERALL XR 10 MG CAP ER 24H	3	QL	3 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ADDERALL XR 15 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADDERALL XR 20 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADDERALL XR 25 MG CAP ER 24H	3	QL 3 / 1 DAYS
ADDERALL XR 30 MG CAP ER 24H	3	QL 2 / 1 DAYS
ADDERALL XR 5 MG CAP ER 24H	3	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 10 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 15 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 20 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 25 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphet er 30 mg cap er 24h</i>	1	QL 2 / 1 DAYS
<i>amphetamine-dextroamphet er 5 mg cap er 24h</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 10 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 15 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 20 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 30 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 5 mg tab</i>	1	QL 3 / 1 DAYS
<i>amphetamine-dextroamphetamine 7.5 mg tab</i>	1	QL 3 / 1 DAYS
<i>dextroamphetamine sulfate 10 mg tab</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate 15 mg tab</i>	3	QL 4 / 1 day(s)
<i>dextroamphetamine sulfate 20 mg tab</i>	3	QL 4 / 1 day(s)
<i>dextroamphetamine sulfate 5 mg tab</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	3	QL 40 / 1 DAYS
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	1	QL 4 / 1 DAYS
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	1	QL 4 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	1	QL 4 / 1 DAYS
<i>lisdexamfetamine dimesylate 10 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 10 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 20 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 20 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 30 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 30 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 40 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 40 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 50 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 50 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 60 mg cap</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 60 mg chew tab</i>	2	QL 1 / 1 DAYS
<i>lisdexamfetamine dimesylate 70 mg cap</i>	2	QL 1 / 1 DAYS
<i>procentra 5 mg/5ml solution</i>	3	QL 6 / 1 day(s)
<i>zenzedi 15 mg tab</i>	3	QL 4 / 1 day(s)
<i>zenzedi 20 mg tab</i>	3	QL 4 / 1 day(s)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl 10 mg cap</i>	1	
<i>atomoxetine hcl 100 mg cap</i>	1	
<i>atomoxetine hcl 18 mg cap</i>	1	
<i>atomoxetine hcl 25 mg cap</i>	1	
<i>atomoxetine hcl 40 mg cap</i>	1	
<i>atomoxetine hcl 60 mg cap</i>	1	
<i>atomoxetine hcl 80 mg cap</i>	1	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	1	QL 4 / 1 DAYS
<i>clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)</i>	1	QL 4 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CONCERTA 18 MG TAB ER	3	QL 3 / 1 DAYS
CONCERTA 27 MG TAB ER	3	QL 3 / 1 DAYS
CONCERTA 36 MG TAB ER	3	QL 3 / 1 DAYS
CONCERTA 54 MG TAB ER	3	QL 3 / 1 DAYS
<i>Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN)</i>	1	QL 3 / 1 DAYS
<i>Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN)</i>	1	QL 3 / 1 DAYS
<i>Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN)</i>	1	QL 3 / 1 DAYS
<i>Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 1 / 1 DAYS
<i>Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 1 / 1 DAYS
<i>Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 1 / 1 DAYS
<i>Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR)</i>	2	QL 2 / 1 DAYS
<i>guanfacine hcl er 1 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>guanfacine hcl er 2 mg tab er 24h</i>	1	QL 2 / 1 DAYS
<i>guanfacine hcl er 3 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>guanfacine hcl er 4 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>Methylphenidate HCl 10 MG CHEW TAB (generic of METHYLIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 10 MG TAB (generic of RITALIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 10 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 30 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>Methylphenidate HCl 2.5 MG CHEW TAB (generic of METHYLIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 20 MG TAB (generic of RITALIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 5 MG CHEW TAB (generic of METHYLIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 5 MG TAB (generic of RITALIN)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl 5 MG/5ML SOLUTION (generic of METHYLIN)</i>	1	QL 60 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 10 MG CAP ER (generic of METADATE CD)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 20 MG CAP ER (generic of METADATE CD)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 30 MG CAP ER (generic of METADATE CD)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 40 MG CAP ER (generic of METADATE CD)</i>	1	QL 2 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 50 MG CAP ER (generic of METADATE CD)</i>	1	QL 2 / 1 DAYS
<i>Methylphenidate HCl ER (CD) 60 MG CAP ER (generic of METADATE CD)</i>	1	QL 1 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 10 MG CAP ER 24H (generic of RITALIN LA)</i>	2	QL 3 / 1 DAYS
<i>methylphenidate hcl er (la) 20 mg cap er 24h</i>	2	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 20 MG CAP ER 24H (generic of RITALIN LA)</i>	2	QL 3 / 1 DAYS
<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	2	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 30 MG CAP ER 24H (generic of RITALIN LA)</i>	2	QL 3 / 1 DAYS
<i>methylphenidate hcl er (la) 40 mg cap er 24h</i>	2	QL 2 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 40 MG CAP ER 24H (generic of RITALIN LA)</i>	2	QL 2 / 1 DAYS
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	2	QL 1 / 1 DAYS
<i>Methylphenidate HCl ER (LA) 60 MG CAP ER 24H (generic of RITALIN LA)</i>	2	QL 1 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er (osm) 27 mg tab er</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER 10 MG TAB ER (generic of METADATE ER)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
METHYLPHENIDATE HCL ER 18 MG TAB ER 24H	1	QL 3 / 1 DAYS
<i>Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)</i>	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
METHYLPHENIDATE HCL ER 27 MG TAB ER 24H	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
METHYLPHENIDATE HCL ER 36 MG TAB ER 24H	1	QL 3 / 1 DAYS
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)</i>	1	QL 3 / 1 DAYS
METHYLPHENIDATE HCL ER 54 MG TAB ER 24H	1	QL 3 / 1 DAYS
QELBREE 100 MG CAP ER 24H	3	QL 1 / 1 DAYS PA
QELBREE 150 MG CAP ER 24H	3	QL 2 / 1 DAYS PA
QELBREE 200 MG CAP ER 24H	3	QL 2 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO 12 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
AUSTEDO 6 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
AUSTEDO 9 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
AUSTEDO XR 12 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 18 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 24 MG TAB ER 24H	3	QL 2 / 1 DAYS PA SP Specialty
AUSTEDO XR 30 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 36 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 42 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR 48 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 6 MG TAB ER 24H	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	3	QL 1 / 1 DAYS PA SP Specialty
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	3	QL 1.5 / 1 DAYS PA SP Specialty
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	3	QL 6 / 1 DAYS
<i>benzphetamine hcl 50 mg tab</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	QL 6 / 1 DAYS
<i>butalbital-apap-cafeine 50-300-40 mg cap</i>	1	
<i>butalbital-apap-cafeine 50-325-40 mg cap</i>	3	QL 6 / 1 day
<i>butalbital-apap-cafeine 50-325-40 mg tab</i>	3	QL 6 / 1 DAYS
CONTRAIVE 8-90 MG TAB ER 12H	3	QL 4 / 1 DAYS PA
<i>diethylpropion hcl 25 mg tab</i>	1	
DIETHYLPROPION HCL ER 75 MG TAB ER 24H	1	
<i>esgic 50-325-40 mg cap</i>	3	QL 6 / 1 day
FIRDAPSE 10 MG TAB	3	QL 10 / 1 DAYS PA SP Specialty
<i>gabapentin (once-daily) 300 mg tab</i>	3	QL 3 / 1 DAYS PA
<i>gabapentin (once-daily) 600 mg tab</i>	3	QL 3 / 1 DAYS PA
GRALISE 300 MG TAB	3	QL 3 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GRALISE 450 MG TAB	3	QL 1 / 1 DAYS PA
GRALISE 600 MG TAB	3	QL 3 / 1 DAYS PA
GRALISE 750 MG TAB	3	QL 2 / 1 DAYS PA
GRALISE 900 MG TAB	3	QL 2 / 1 DAYS PA
INGREZZA 40 & 80 MG CAP THPK	3	QL 1 / 1 DAYS PA SP Specialty
INGREZZA 40 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
INGREZZA 40 MG CAP SPRINK	3	QL 1 / 1 DAYS PA SP Specialty
INGREZZA 60 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
INGREZZA 60 MG CAP SPRINK	3	QL 1 / 1 DAYS PA SP Specialty
INGREZZA 80 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
INGREZZA 80 MG CAP SPRINK	3	QL 1 / 1 DAYS PA SP Specialty
LEQEMBI IQLIK 360 MG/1.8ML SOLN A-INJ	3	QL 7.2 ML / 28 day(s) PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>midazolam hcl 2 mg/ml syrup</i>	1	
NUEDEXTA 20-10 MG CAP	3	QL 2 / 1 DAYS PA
<i>phendimetrazine tartrate 35 mg tab</i>	3	
PHENDIMETRAZINE TARTRATE ER 105 MG CAP ER 24H	3	
<i>phentermine hcl 15 mg cap</i>	1	
<i>phentermine hcl 30 mg cap</i>	1	
<i>phentermine hcl 37.5 mg cap</i>	1	
<i>phentermine hcl 37.5 mg tab</i>	1	
<i>phentermine-topiramate er 11.25-69 mg cap er 24h</i>	3	QL 30 / 30 days PA
<i>phentermine-topiramate er 15-92 mg cap er 24h</i>	3	QL 30 / 30 days PA
<i>phentermine-topiramate er 3.75-23 mg cap er 24h</i>	3	QL 45 / 30 days PA
<i>phentermine-topiramate er 7.5-46 mg cap er 24h</i>	3	QL 30 / 30 days PA
<i>phentermine-topiramate erxdnu 11.25-69 mg cap er 24h</i>	3	QL 30 / 30 days PA
<i>phentermine-topiramate erxdnu 15-92 mg cap er 24h</i>	3	QL 30 / 30 days PA
<i>phentermine-topiramate erxdnu 3.75-23 mg cap er 24h</i>	3	QL 45 / 30 days PA
<i>phentermine-topiramate erxdnu 7.5-46 mg cap er 24h</i>	3	QL 30 / 30 days PA
<i>riluzole 50 mg tab</i>	1	
<i>tetrabenazine 12.5 mg tab</i>	2	QL 3 / 1 DAYS PA SP Specialty
<i>tetrabenazine 25 mg tab</i>	2	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYLEESI 1.75 MG/0.3ML SOLN A-INJ	3	PA QLC 4 / 30 DAYS
zebutal 50-325-40 mg cap	3	QL 6 / 1 day
FIBROMYALGIA AGENTS		
duloxetine hcl 20 mg cp dr part	1	QL 5 / 1 DAYS
duloxetine hcl 30 mg cp dr part	1	QL 3 / 1 DAYS
duloxetine hcl 60 mg cp dr part	1	QL 2 / 1 DAYS
pregabalin 100 mg cap	1	
pregabalin 150 mg cap	1	
pregabalin 20 mg/ml solution	1	QL 30 / 1 DAYS
pregabalin 200 mg cap	1	
pregabalin 225 mg cap	1	
pregabalin 25 mg cap	1	
pregabalin 300 mg cap	1	
pregabalin 50 mg cap	1	
pregabalin 75 mg cap	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	2	QL 0.04 / 1 DAYS SP Specialty
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	2	QL 0.04 / 1 DAYS SP Specialty
BETASERON 0.3 MG KIT	3	QL 0.5 / 1 DAYS SP Specialty
COPAXONE 40 MG/ML SOLN PRSYR	2	QL 0.43 / 1 DAYS SP Specialty
dalfampridine er 10 mg tab er 12h	1	QL 2 / 1 DAYS SP Specialty
dimethyl fumarate 120 mg cap dr	1	QL 2 / 1 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL 2 / 1 DAYS SP Specialty
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	1	QL 2 / 1 DAYS SP Specialty
EXTAVIA 0.3 MG KIT	3	QL 0.5 / 1 DAYS SP Specialty
<i>fingolimod hcl 0.5 mg cap</i>	1	QL 1 / 1 DAYS SP Specialty
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	1	QL 1 / 1 DAYS SP Specialty
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	1	QL 0.43 / 1 DAYS SP Specialty
<i>glatopa 20 mg/ml soln prsyr</i>	1	QL 1 / 1 DAYS SP Specialty
<i>glatopa 40 mg/ml soln prsyr</i>	1	QL 0.43 / 1 DAYS SP Specialty
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	QL 0.06 / 1 DAYS SP Specialty
MAYZENT 0.25 MG TAB	2	QL 4 / 1 DAYS SP Specialty
MAYZENT 1 MG TAB	2	QL 1 / 1 DAYS SP Specialty
MAYZENT 2 MG TAB	2	QL 1 / 1 DAYS SP Specialty
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL 4 / 1 DAYS SP Specialty
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	QL 4 / 1 DAYS SP Specialty
PLEGRIDY 125 MCG/0.5ML SOLN A-INJ	2	QL 0.04 / 1 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	2	QL 0.04 / 1 DAYS SP Specialty
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ	2	QL 0.04 / 1 DAYS SP Specialty
PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR	2	QL 0.04 / 1 DAYS SP Specialty
REBIF 22 MCG/0.5ML SOLN PRSYR	2	QL 0.43 / 1 DAYS SP Specialty
REBIF 44 MCG/0.5ML SOLN PRSYR	2	QL 0.43 / 1 DAYS SP Specialty
REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ	2	QL 0.43 / 1 DAYS SP Specialty
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	2	QL 0.43 / 1 DAYS SP Specialty
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	SP Specialty
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	SP Specialty
<i>teriflunomide 14 mg tab</i>	1	QL 1 / 1 DAYS SP Specialty
<i>teriflunomide 7 mg tab</i>	1	QL 1 / 1 DAYS SP Specialty
TYSABRI 300 MG/15ML CONC	3	PA QLC 15 / 21 DAYS
ZEPOSIA 0.92 MG CAP	2	QL 1 / 1 DAYS PA SP Specialty
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA QLC 7 / 23 DAYS SP Specialty
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA QLC 28 / 21 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	1	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>clinpro 5000 1.1 % paste</i>	1	
<i>denta 5000 plus 1.1 % cream</i>	1	
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	1	
<i>dentagel 1.1 % gel</i>	1	
<i>fraiche 5000 dental 1.1 % gel</i>	1	
<i>just right 5000 1.1 % gel</i>	1	
<i>kourzeq 0.1 % paste</i>	1	
<i>oralone 0.1 % paste</i>	1	
<i>periogard 0.12 % solution</i>	1	
<i>pilocarpine hcl 5 mg tab</i>	1	
<i>pilocarpine hcl 7.5 mg tab</i>	1	
<i>sf 1.1 % gel</i>	1	
<i>sf 5000 plus 1.1 % cream</i>	1	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	
<i>sodium fluoride 0.2 % solution</i>	1	
<i>sodium fluoride 1.1 % cream</i>	1	
<i>sodium fluoride 1.1 % gel</i>	1	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	
<i>sodium fluoride 5000 plus 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % cream</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % gel</i>	1	
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>acutane 10 mg cap</i>	3	
<i>acutane 20 mg cap</i>	3	
<i>acutane 30 mg cap</i>	3	
<i>acutane 40 mg cap</i>	3	
<i>acitretin 10 mg cap</i>	1	QL 2 / 1 DAYS
<i>acitretin 17.5 mg cap</i>	1	QL 2 / 1 DAYS
<i>acitretin 25 mg cap</i>	1	QL 2 / 1 DAYS
<i>adapalene 0.1 % cream</i>	3	
<i>adapalene 0.3 % gel</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	QL 1.5 / 1 DAYS
<i>amneestem 10 mg cap</i>	3	
<i>amneestem 20 mg cap</i>	3	
<i>amneestem 30 mg cap</i>	3	
<i>amneestem 40 mg cap</i>	3	
<i>avita 0.025 % cream</i>	1	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	3	PA
<i>claravis 10 mg cap</i>	3	
<i>claravis 20 mg cap</i>	3	
<i>claravis 30 mg cap</i>	3	
<i>claravis 40 mg cap</i>	3	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	3	QL 2.34 / 1 DAYS
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	2	QL 1.79 / 1 DAYS
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	1	
<i>isotretinoin 10 mg cap</i>	3	
<i>isotretinoin 20 mg cap</i>	3	
<i>isotretinoin 25 mg cap</i>	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin 30 mg cap</i>	3	
<i>isotretinoin 35 mg cap</i>	3	PA
<i>isotretinoin 40 mg cap</i>	3	
<i>neuac 1.2-5 % gel</i>	1	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	1	
<i>tazarotene 0.1 % cream</i>	3	
<i>tretinoin 0.01 % gel</i>	2	
<i>tretinoin 0.025 % cream</i>	1	
<i>tretinoin 0.025 % gel</i>	2	
<i>tretinoin 0.05 % cream</i>	1	
<i>tretinoin 0.05 % gel</i>	2	
<i>tretinoin 0.1 % cream</i>	1	
WINLEVI 1 % CREAM	3	QL 2 / 1 DAYS PA
<i>zenatane 10 mg cap</i>	3	
<i>zenatane 20 mg cap</i>	3	
<i>zenatane 30 mg cap</i>	3	
<i>zenatane 40 mg cap</i>	3	
DERMATITIS AND PRURITUS AGENTS		
<i>ala-cort 1 % cream</i>	1	
<i>alclometasone dipropionate 0.05 % cream</i>	1	
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
<i>ammonium lactate 12 % cream</i>	1	
<i>ammonium lactate 12 % lotion</i>	1	
<i>anucort-hc 25 mg suppos</i>	1	
<i>anusol-hc 25 mg suppos</i>	1	
<i>betamethasone dipropionate 0.05 % cream</i>	1	
<i>betamethasone dipropionate 0.05 % lotion</i>	1	
<i>betamethasone dipropionate 0.05 % ointment</i>	1	
<i>betamethasone dipropionate aug 0.05 % cream</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETAMETHASONE DIPROPIONATE AUG 0.05 % GEL	1	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	1	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	1	
<i>betamethasone valerate 0.1 % cream</i>	1	
BETAMETHASONE VALERATE 0.1 % LOTION	1	
<i>betamethasone valerate 0.1 % lotion</i>	1	
<i>betamethasone valerate 0.1 % ointment</i>	1	
<i>betamethasone valerate 0.12 % foam</i>	1	
BYLVAY (PELLETS) 200 MCG CAP SPRINK	3	QL 1 / 1 DAYS PA SP Specialty
BYLVAY (PELLETS) 600 MCG CAP SPRINK	3	QL 1 / 1 DAYS PA SP Specialty
BYLVAY 1200 MCG CAP	3	QL 1 / 1 DAYS PA SP Specialty
BYLVAY 400 MCG CAP	3	QL 1 / 1 DAYS PA SP Specialty
<i>clobetasol prop emollient base 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % cream</i>	1	
<i>clobetasol propionate 0.05 % gel</i>	1	
<i>clobetasol propionate 0.05 % liquid</i>	1	
<i>clobetasol propionate 0.05 % lotion</i>	1	
<i>clobetasol propionate 0.05 % ointment</i>	1	
<i>clobetasol propionate 0.05 % shampoo</i>	1	
<i>clobetasol propionate 0.05 % solution</i>	1	
<i>clobetasol propionate e 0.05 % cream</i>	1	
<i>clodan 0.05 % shampoo</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>desonide 0.05 % cream</i>	1	
<i>desonide 0.05 % lotion</i>	3	
<i>desonide 0.05 % ointment</i>	1	
<i>desoximetasone 0.05 % cream</i>	1	
DESOXIMETASONE 0.05 % GEL	1	
<i>desoximetasone 0.05 % ointment</i>	1	
<i>desoximetasone 0.25 % cream</i>	1	
<i>desoximetasone 0.25 % ointment</i>	1	
EUCRISA 2 % OINTMENT	2	QL 3.34 / 1 DAYS ST
<i>fluocinolone acetonide 0.01 % cream</i>	1	
<i>fluocinolone acetonide 0.01 % solution</i>	1	
<i>fluocinolone acetonide 0.025 % cream</i>	1	
<i>fluocinolone acetonide 0.025 % ointment</i>	1	
<i>fluocinolone acetonide body 0.01 % oil</i>	1	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	1	
<i>fluocinonide 0.05 % cream</i>	1	
<i>fluocinonide 0.05 % gel</i>	1	
<i>fluocinonide 0.05 % ointment</i>	1	
<i>fluocinonide 0.05 % solution</i>	1	
<i>fluocinonide 0.1 % cream</i>	1	
<i>fluocinonide emulsified base 0.05 % cream</i>	1	
FLURANDRENOLIDE 0.05 % LOTION	1	
<i>fluticasone propionate 0.005 % ointment</i>	1	
<i>fluticasone propionate 0.05 % cream</i>	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	3	
<i>halobetasol propionate 0.05 % cream</i>	1	
<i>halobetasol propionate 0.05 % ointment</i>	1	
<i>hemmorex-hc 25 mg suppos</i>	1	
<i>hemmorex-hc 30 mg suppos</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE (PERIANAL) 1 % CREAM	1	
<i>hydrocortisone (perianal) 2.5 % cream</i>	1	
<i>hydrocortisone 1 % cream</i>	1	
<i>hydrocortisone 1 % ointment</i>	1	
<i>hydrocortisone 2.5 % cream</i>	1	
HYDROCORTISONE 2.5 % LOTION	1	
<i>hydrocortisone 2.5 % ointment</i>	1	
<i>hydrocortisone acetate 25 mg suppos</i>	1	
<i>hydrocortisone acetate 30 mg suppos</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT	1	
<i>hydrocortisone butyrate 0.1 % ointment</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	1	
<i>hydrocortisone valerate 0.2 % cream</i>	1	
<i>hydrocortisone valerate 0.2 % ointment</i>	1	
<i>mometasone furoate 0.1 % cream</i>	1	
<i>mometasone furoate 0.1 % ointment</i>	1	
<i>mometasone furoate 0.1 % solution</i>	1	
<i>pimecrolimus 1 % cream</i>	1	QL 5 / 1 DAYS
<i>procto-med hc 2.5 % cream</i>	1	
<i>proctosol hc 2.5 % cream</i>	1	
<i>proctozone-hc 2.5 % cream</i>	1	
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>tacrolimus 0.03 % ointment</i>	1	QL 4 / 1 DAYS
<i>tacrolimus 0.1 % ointment</i>	1	QL 4 / 1 DAYS
<i>triamcinolone acetonide 0.025 % cream</i>	1	
<i>triamcinolone acetonide 0.025 % lotion</i>	1	
<i>triamcinolone acetonide 0.025 % ointment</i>	1	
<i>triamcinolone acetonide 0.1 % cream</i>	1	
<i>triamcinolone acetonide 0.1 % lotion</i>	1	
<i>triamcinolone acetonide 0.1 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide 0.5 % cream</i>	1	
<i>triamcinolone acetonide 0.5 % ointment</i>	1	
<i>triderm 0.5 % cream</i>	1	
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene 0.005 % cream</i>	1	QL 4 / 1 DAYS
<i>calcipotriene 0.005 % ointment</i>	1	QL 4 / 1 DAYS
CALCIPOTRIENE 0.005 % SOLUTION	1	QL 4 / 1 DAYS
<i>calcipotriene 0.005 % solution</i>	1	QL 4 / 1 DAYS
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	1	QL 2 / 1 DAYS
<i>calcipotriene-betameth diprop 0.005-0.064 % suspension</i>	1	QL 2 / 1 DAYS
<i>calcitrene 0.005 % ointment</i>	1	QL 4 / 1 DAYS
CALCITRIOL 3 MCG/GM OINTMENT	1	QL 3.34 / 1 DAYS
CARAC 0.5 % CREAM	3	PA
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	1	
CLOTRIMAZOLE-BETAMETHASONE 1-0.05 % LOTION	1	
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	1	
DRYSOL 20 % SOLUTION	3	
DY-O-DERM VITILIGO STAIN 6.55 % SOLUTION	1	OTC Over the Counter
FLUOROURACIL 0.5 % CREAM	3	PA
FLUOROURACIL 2 % SOLUTION	1	
<i>fluorouracil 5 % cream</i>	1	
<i>fluorouracil 5 % solution</i>	1	
GNP ISOPROPYL ALC/WINTERGREEN 70 % SOLUTION	3	OTC Over the Counter
HYFTOR 0.2 % GEL	3	QL 0.84 / 1 DAYS PA
<i>imiquimod 5 % cream</i>	1	
INSTACLEAN LIQUID	3	OTC Over the Counter
<i>isopropyl alcohol 70 % liquid</i>	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KLISYRI (250 MG) 1 % OINTMENT	3	PA QLC 5 / 22 DAYS
KLISYRI (350 MG) 1 % OINTMENT	3	PA QLC 5 / 22 DAYS
<i>lidocaine-hydrocort (perianal) 3-0.5 % cream</i>	1	
<i>lidocaine-hydrocortisone ace 3-0.5 % kit</i>	1	
<i>lidocort 3-0.5 % cream</i>	1	
METHOXSALLEN RAPID 10 MG CAP	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	1	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	1	
OTEZLA 20 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
OTEZLA 30 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
OTEZLA XR 75 MG TAB ER 24H	2	QL 30 EA / 30 day(s) PA SP Specialty
PODOFILOX 0.5 % SOLUTION	1	
REGRANEX 0.01 % GEL	3	QL 0.5 / 1 DAYS
SALICYLIC ACID 26 % SOLUTION	1	
<i>salicylic acid wart remover 27.5 % liquid</i>	1	
SANTYL 250 UNIT/GM OINTMENT	3	QLC 180 / 22 DAYS
<i>selenium sulfide 2.25 % shampoo</i>	1	
<i>silver sulfadiazine 1 % cream</i>	1	
<i>ssd 1 % cream</i>	1	
TOLAK 4 % CREAM	3	
TRI-LUMA 0.01-4-0.05 % CREAM	3	PA
VALCHLOR 0.016 % GEL	3	QL 2 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDICULICIDES/SCABICIDES		
CROTAN 10 % LOTION	1	QL 2 / 1 DAYS
<i>malathion 0.5 % lotion</i>	3	
<i>permethrin 5 % cream</i>	1	
PRURADIK 10 % LOTION	1	
SPINOSAD 0.9 % SUSPENSION	3	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	1	QLC 30 / 22 DAYS
<i>ciclodan 8 % solution</i>	1	QL 0.22 / 1 DAYS
<i>ciclopirox 0.77 % gel</i>	1	
<i>ciclopirox 1 % shampoo</i>	1	
<i>ciclopirox 8 % solution</i>	1	QL 0.22 / 1 DAYS
<i>ciclopirox olamine 0.77 % cream</i>	1	
<i>ciclopirox olamine 0.77 % suspension</i>	1	
<i>clindacin 1 % foam</i>	3	
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p 1 % swab</i>	1	
<i>clindamycin phos (twice-daily) 1 % gel</i>	1	
<i>clindamycin phosphate 1 % foam</i>	3	
<i>clindamycin phosphate 1 % lotion</i>	3	
<i>clindamycin phosphate 1 % solution</i>	1	
<i>clindamycin phosphate 1 % swab</i>	1	
<i>dapsone 5 % gel</i>	2	QL 3 / 1 DAYS
ERY 2 % PAD	1	
ERYTHROMYCIN 2 % GEL	1	
<i>erythromycin 2 % gel</i>	1	
<i>erythromycin 2 % solution</i>	1	
MAFENIDE ACETATE 5 % PACKET	1	
<i>mafenide acetate 5 % packet</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mupirocin 2 % ointment</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ACCRUFER 30 MG CAP	3	QL PA 2 / 1 DAYS
ADVERA LIQUID	3	PA OTC Over the Counter
ALITRAQ PACKET	3	PA OTC Over the Counter
ARGIMENT AT PACKET	3	PA OTC Over the Counter
ARGINAID PACKET	3	PA OTC Over the Counter
ARGINAID EXTRA LIQUID	3	PA OTC Over the Counter
BALANCED NUTRITIONAL DRINK LIQUID	3	PA OTC Over the Counter
BALANCED NUTRITIONAL DRINK PLS LIQUID	3	PA OTC Over the Counter
BALANCED NUTRITIONAL SHAKE PLS LIQUID	3	PA OTC Over the Counter
BENECALORIE LIQUID	3	PA OTC Over the Counter
BOOST LIQUID	3	PA OTC Over the Counter
BOOST BREEZE LIQUID	3	PA OTC Over the Counter
BOOST BREEZE 2-FLAVOR PACK LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BOOST GLUCOSE CONTROL LIQUID	3	PA OTC Over the Counter
BOOST GLUCOSE CTRL MAX PROTEIN LIQUID	3	PA OTC Over the Counter
BOOST HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
BOOST KID ESSENTIALS 1.0 CAL LIQUID	3	PA OTC Over the Counter
BOOST KID ESSENTIALS 1.5 CAL LIQUID	3	PA OTC Over the Counter
BOOST KID ESSENTIALS 1.5/FIBER LIQUID	3	PA OTC Over the Counter
BOOST MAX PROTEIN LIQUID	3	PA OTC Over the Counter
BOOST ORIGINAL LIQUID	3	PA OTC Over the Counter
BOOST PLUS LIQUID	3	PA OTC Over the Counter
BOOST SOOTHE LIQUID	3	PA OTC Over the Counter
BOOST VERY HIGH CALORIE LIQUID	3	PA OTC Over the Counter
BOOST VHC LIQUID	3	PA OTC Over the Counter
BOOST WOMEN LIQUID	3	PA OTC Over the Counter
BRAINSUSTAIN PACKET	3	PA OTC Over the Counter
BRIGHT BEGINNINGS PEDIATRIC LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
C-NATE DHA 28-1-200 MG CAP	1	
CARNATION BREAKFAST ESSENTIALS LIQUID	3	PA OTC Over the Counter
CARNATION BREAKFAST ESSENTIALS PACKET	3	PA OTC Over the Counter
CFPREOP LIQUID	3	PA OTC Over the Counter
CITRANATAL MEDLEY 27-1-200 MG CAP	3	
CLASSIC PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter
COMPLEAT LIQUID	3	PA OTC Over the Counter
COMPLEAT ORGANIC BLENDS LIQUID	3	PA OTC Over the Counter
COMPLEAT ORIGINAL PLANT-BASED LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDI ORIG PLANT-BASED LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDI PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDI STANDARD 1.0 LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDI STANDARD 1.4 LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDIATRIC LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDIATRIC ORG BLENDS LIQUID	3	PA OTC Over the Counter
COMPLEAT PEDIATRIC PEPTIDE 1.0 LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COMPLEAT PEPTIDE 1.0 LIQUID	3	PA OTC Over the Counter
COMPLEAT PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
COMPLEAT STANDARD 1.4 LIQUID	3	PA OTC Over the Counter
COMPLETE AMINO ACID MIX POWDER	3	PA OTC Over the Counter
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	1	
COMPLEX JUNIOR MSD POWDER	3	PA OTC Over the Counter
COMPLEX MSD POWDER	3	PA OTC Over the Counter
COMPLEX MSUD POWDER	3	PA OTC Over the Counter
CVS NUTRITION LIQUID LIQUID	3	PA OTC Over the Counter
CVS NUTRITION PLUS LIQUID	3	PA OTC Over the Counter
CVS NUTRITION PLUS CHOCOLATE LIQUID	3	PA OTC Over the Counter
CVS NUTRITION PLUS VANILLA LIQUID	3	PA OTC Over the Counter
CVS NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter
CVS PRENATAL MULTI+DHA 27-0.8-250 MG CAP	1	OTC Over the Counter
CVS PRENATAL MULTIVITAMIN 27-0.8-250 MG CAP	1	OTC Over the Counter
DECUBAMINE POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIABETISOURCE AC LIQUID	3	PA OTC Over the Counter
DIARESQ PACKET	3	PA OTC Over the Counter
DIARESQ CHILDRENS PACKET	3	PA OTC Over the Counter
DIARESQ GENTLE RELIEF TODDLERS PACKET	3	PA OTC Over the Counter
DPP DIPEPTIDE POWER LIQUID	3	PA OTC Over the Counter
EAA SUPPLEMENT PACKET	3	PA OTC Over the Counter
ENCALA PACKET	3	PA OTC Over the Counter
ENLIVE LIQUID	3	PA OTC Over the Counter
ENSURE LIQUID	3	PA OTC Over the Counter
ENSURE ACTIVE LIQUID	3	PA OTC Over the Counter
ENSURE ACTIVE HEART HEALTH LIQUID	3	PA OTC Over the Counter
ENSURE ACTIVE HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
ENSURE ACTIVE LIGHT LIQUID	3	PA OTC Over the Counter
ENSURE BONE HEALTH REVIGOR LIQUID	3	PA OTC Over the Counter
ENSURE CLEAR LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE CLINICAL ST REVIGOR LIQUID	3	PA OTC Over the Counter
ENSURE COMPACT LIQUID	3	PA OTC Over the Counter
ENSURE COMPLETE LIQUID	3	PA OTC Over the Counter
ENSURE COMPLETE SHAKE LIQUID	3	PA OTC Over the Counter
ENSURE ENLIVE LIQUID	3	PA OTC Over the Counter
ENSURE HARVEST 1.2 CAL LIQUID	3	PA OTC Over the Counter
ENSURE HEALTHY MOM LIQUID	3	PA OTC Over the Counter
ENSURE HIGH CALCIUM LIQUID	3	PA OTC Over the Counter
ENSURE HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
ENSURE IMMUNE HEALTH LIQUID	3	PA OTC Over the Counter
ENSURE MAX PROTEIN LIQUID	3	PA OTC Over the Counter
ENSURE MUSCLE HEALTH REVIGOR LIQUID	3	PA OTC Over the Counter
ENSURE NUTRA SHAKE HI-CAL LIQUID	3	PA OTC Over the Counter
ENSURE NUTRITION SHAKE LIQUID	3	PA OTC Over the Counter
ENSURE ORIG THERAPEUTIC NUTRI LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENSURE ORIGINAL LIQUID	3	PA OTC Over the Counter
ENSURE ORIGINAL/FIBER LIQUID	3	PA OTC Over the Counter
ENSURE PLANT-BASED PROTEIN LIQUID	3	PA OTC Over the Counter
ENSURE PLUS LIQUID	3	PA OTC Over the Counter
ENSURE PLUS HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
ENSURE PLUS HN LIQUID	3	PA OTC Over the Counter
ENSURE PLUS WITH FIBER LIQUID	3	PA OTC Over the Counter
ENSURE PRE-SURGERY LIQUID	3	PA OTC Over the Counter
ENSURE SURGERY LIQUID	3	PA OTC Over the Counter
ENSURE SURGICAL NUTRITION LIQUID	3	PA OTC Over the Counter
ENSURE/FIBER LIQUID	3	PA OTC Over the Counter
ENTERADE LIQUID	3	PA OTC Over the Counter
ENTERADE IBS-D LIQUID	3	PA OTC Over the Counter
ENU COMPLETE NUTRITION SHAKE LIQUID	3	PA OTC Over the Counter
ENU NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EO28 SPLASH LIQUID	3	PA OTC Over the Counter
EQ NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter
EQ NUTRITIONAL SHAKE PLUS LIQUID	3	PA OTC Over the Counter
EQ WEIGHT LOSS SHAKE LIQUID	3	PA OTC Over the Counter
EQL PRENATAL FORMULA 28-0.8 MG TAB	1	OTC Over the Counter
EQUATE LIQUID	3	PA OTC Over the Counter
EQUATE PLUS LIQUID	3	PA OTC Over the Counter
ESSENTIAL AMINO ACID MIX POWDER	3	PA OTC Over the Counter
EXPEDITE LIQUID	3	PA OTC Over the Counter
FIBER FLOW LIQUID	3	PA OTC Over the Counter
FIBERSOURCE HN LIQUID	3	PA OTC Over the Counter
FITFOOD LEAN COMPLETE PACKET	3	PA OTC Over the Counter
FLORAFOL PEDIATRIC 0.25 MG/ML SOLUTION	1	PD Preventive Drug
FLORAFOL PEDIATRIC 0.5 MG CHEW TAB	1	PD Preventive Drug
FLORAFOL PEDIATRIC 1 MG CHEW TAB	1	PD Preventive Drug
FLORIVA 0.25 MG CHEW TAB	3	
FLORIVA 0.25-400 MG-UNIT/ML LIQUID	3	
FLORIVA 0.5 MG CHEW TAB	3	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLORIVA 1 MG CHEW TAB	3	PD Preventive Drug
FLORIVA PLUS 0.25 MG/ML SOLUTION	1	PD Preventive Drug
FLOTREX 0.25 MG CHEW TAB	1	PD Preventive Drug
FLOTREX 0.5 MG CHEW TAB	1	PD Preventive Drug
FLOTREX 1 MG CHEW TAB	1	PD Preventive Drug
FOLIVANE-OB 85-1 MG CAP	1	
FRUITIVITS PACKET	3	PA OTC Over the Counter
FT PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter
G-PREPROTEIN LIQUID	3	PA OTC Over the Counter
GA EXPRESS15 PACKET	3	PA OTC Over the Counter
GA GEL PACKET	3	PA OTC Over the Counter
GELATEIN MCT LIQUID	3	PA OTC Over the Counter
GLUCERNA LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.0 CAL LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.0 CAL/CARBSTEADY LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.0 CAL/FIBER LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.2 CAL LIQUID	3	PA OTC Over the Counter
GLUCERNA 1.5 CAL LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLUCERNA 1.5 CAL/CARBSTEADY LIQUID	3	PA OTC Over the Counter
GLUCERNA ADVANCE SHAKE LIQUID	3	PA OTC Over the Counter
GLUCERNA CARBSTEADY LIQUID	3	PA OTC Over the Counter
GLUCERNA HUNGER SMART SHAKE LIQUID	3	PA OTC Over the Counter
GLUCERNA OS LIQUID	3	PA OTC Over the Counter
GLUCERNA SELECT LIQUID	3	PA OTC Over the Counter
GLUCERNA SHAKE LIQUID	3	PA OTC Over the Counter
GLUCERNA SNACK SHAKE LIQUID	3	PA OTC Over the Counter
GLUCERNA WEIGHT LOSS SHAKE LIQUID	3	PA OTC Over the Counter
GLUTARADE AMINO ACID BLEND POWDER	3	PA OTC Over the Counter
GLUTARADE ESSENTIAL GA-1 POWDER	3	PA OTC Over the Counter
GLUTARADE JUNIOR GA-1 POWDER	3	PA OTC Over the Counter
GLYCOSADE PACKET	3	PA OTC Over the Counter
GLYTROL PREBIO1 LIQUID	3	PA OTC Over the Counter
GNP PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP PRENATAL/FOLIC ACID 28-0.8 MG TAB	1	OTC Over the Counter
GOODSENSE NUTRISURE ORIGINAL LIQUID	3	PA OTC Over the Counter
GOODSENSE NUTRISURE PLUS LIQUID	3	PA OTC Over the Counter
HAELAN 951 FERMENTED SOY LIQUID	3	PA OTC Over the Counter
HAELAN HTPI FERMENTED SOY LIQUID	3	PA OTC Over the Counter
HCU COOLER LIQUID	3	PA OTC Over the Counter
HCU COOLER15 LIQUID	3	PA OTC Over the Counter
HCU GEL PACKET	3	PA OTC Over the Counter
HCU LOPHLEX LQ LIQUID	3	PA OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT LIQUID	3	PA OTC Over the Counter
HEALTHY ACCENTS NUTRA FIT PLUS LIQUID	3	PA OTC Over the Counter
HI-CAL LIQUID	3	PA OTC Over the Counter
HIGH-PROTEIN NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter
HM NUTRISURE LIQUID	3	PA OTC Over the Counter
HM NUTRISURE PLUS LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
I5 PACKET	3	PA OTC Over the Counter
IMPACT LIQUID	3	PA OTC Over the Counter
IMPACT ADVANCED RECOVERY LIQUID	3	PA OTC Over the Counter
IMPACT PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
INNOVACIN LIQUID	3	PA OTC Over the Counter
INTROLITE LIQUID	3	PA OTC Over the Counter
IODINE STRONG 5 % SOLUTION	1	
ISOSOURCE 1.5 CAL LIQUID	3	PA OTC Over the Counter
ISOSOURCE HN LIQUID	3	PA OTC Over the Counter
JEVITY 1 CAL LIQUID	3	PA OTC Over the Counter
JEVITY 1 CAL/FIBER LIQUID	3	PA OTC Over the Counter
JEVITY 1.2 CAL LIQUID	3	PA OTC Over the Counter
JEVITY 1.2 CAL/FIBER LIQUID	3	PA OTC Over the Counter
JEVITY 1.5 CAL/FIBER LIQUID	3	PA OTC Over the Counter
JUICE PLUS FIBRE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUVEN PACKET	3	PA OTC Over the Counter
JUVEN NUTRIVIGOR PACKET	3	PA OTC Over the Counter
JUVEN REVIGOR PACKET	3	PA OTC Over the Counter
KATE FARMS GLUCOSE SUPPORT 1.2 LIQUID	3	PA OTC Over the Counter
KATE FARMS KIDS NUTRITION LIQUID	3	PA OTC Over the Counter
KATE FARMS PED PEPTIDE 1.0 LIQUID	3	PA OTC Over the Counter
KATE FARMS PED PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
KATE FARMS PED STANDARD 1.2 LIQUID	3	PA OTC Over the Counter
KATE FARMS PEPTIDE 1.0 LIQUID	3	PA OTC Over the Counter
KATE FARMS PEPTIDE 1.5 LIQUID	3	PA OTC Over the Counter
KATE FARMS RENAL SUPPORT 1.8 LIQUID	3	PA OTC Over the Counter
KATE FARMS STANDARD 1.0 LIQUID	3	PA OTC Over the Counter
KATE FARMS STANDARD 1.4 LIQUID	3	PA OTC Over the Counter
KETO LIQUID	3	PA OTC Over the Counter
KETOCAL 2.5:1 LQ MULTI FIBER LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KETOCAL 4:1 LIQUID	3	PA OTC Over the Counter
KETOCAL 4:1 LQ MULTI FIBER LIQUID	3	PA OTC Over the Counter
KETOCAL 4:1 LQ MULTI-FIBER LIQUID	3	PA OTC Over the Counter
KFLO LIQUID	3	PA OTC Over the Counter
KIDS PLANT PROTEIN SHAKE LIQUID	3	PA OTC Over the Counter
KIDS PROTEIN ORGANIC SHAKE LIQUID	3	PA OTC Over the Counter
KINDERSPROUT PLANT PROTEIN LIQUID	3	PA OTC Over the Counter
KLOR-CON 10 10 MEQ TAB ER	1	
<i>klor-con 10 10 meq tab er</i>	1	
<i>klor-con 20 meq packet</i>	1	
KLOR-CON 8 MEQ TAB ER	1	
<i>klor-con m10 10 meq tab er</i>	1	
<i>klor-con m15 15 meq tab er</i>	1	
<i>klor-con m20 20 meq tab er</i>	1	
KP PRENATAL MULTIVITAMINS 28-0.8 MG TAB	1	OTC Over the Counter
LANAFLEX PACKET	3	PA OTC Over the Counter
LIQUACEL LIQUID	3	PA OTC Over the Counter
LIQUACEL PUMP + GO LIQUID	3	PA OTC Over the Counter
LIQUID HOPE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIQUID HOPE PEPTIDE LIQUID	3	PA OTC Over the Counter
LIQUID HOPE PEPTIDE BERRY LIQUID	3	PA OTC Over the Counter
LIQUID HOPE PEPTIDE HP LIQUID	3	PA OTC Over the Counter
LOPHLEX PACKET	3	PA OTC Over the Counter
LOPHLEX LQ 20 LIQUID	3	PA OTC Over the Counter
LPS CRITICAL CARE SUGAR FREE LIQUID	3	PA OTC Over the Counter
LPS SUGAR FREE LIQUID	3	PA OTC Over the Counter
LUTRISH CHOCOLATE SHAKE PACKET	3	PA OTC Over the Counter
LUTRISH VANILLA SHAKE PACKET	3	PA OTC Over the Counter
M-NATAL PLUS 27-1 MG TAB	1	
MASONATAL 28-0.8 MG TAB	1	OTC Over the Counter
MAXPRO-18G LIQUID	3	PA OTC Over the Counter
MCT PRO-CAL PACKET	3	PA OTC Over the Counter
MCTPROCAL PACKET	3	PA OTC Over the Counter
MMA/PA COOLER15 LIQUID	3	PA OTC Over the Counter
MMA/PA EXPRESS 15 PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MMA/PA GEL PACKET	3	PA OTC Over the Counter
MSUD COOLER LIQUID	3	PA OTC Over the Counter
MSUD EXPRESS 15 PLUS PACKET	3	PA OTC Over the Counter
MSUD EXPRESS 20 PLUS PACKET	3	PA OTC Over the Counter
MSUD GEL PACKET	3	PA OTC Over the Counter
MSUD LOPHLEX LQ LIQUID	3	PA OTC Over the Counter
MULTI-VIT-FLOR 0.25 MG CHEW TAB	1	PD Preventive Drug
MULTI-VIT-FLOR 0.5 MG CHEW TAB	1	PD Preventive Drug
MULTI-VIT-FLOR 1 MG CHEW TAB	1	PD Preventive Drug
MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
MULTIVITAMIN W/FLUORIDE 0.25 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN W/FLUORIDE 0.5 MG CHEW TAB	1	PD Preventive Drug
MULTIVITAMIN W/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug
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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1	PD Preventive Drug OTC Over the Counter
NEO-VITAL RX 1 MG TAB	1	
NEOCATE SPLASH LIQUID	3	PA OTC Over the Counter
NEPRO LIQUID	3	PA OTC Over the Counter
NEPRO/CARBSTEADY LIQUID	3	PA OTC Over the Counter
NOURISH LIQUID	3	PA OTC Over the Counter
NOURISH PEPTIDE BERRY MEDLEY LIQUID	3	PA OTC Over the Counter
NOURISH PEPTIDE FORMULA LIQUID	3	PA OTC Over the Counter
NOVASOURCE RENAL LIQUID	3	PA OTC Over the Counter
NUTRA/SHAKE LIQUID	3	PA OTC Over the Counter
NUTRAMINE PACKET	3	PA OTC Over the Counter
NUTRAMINE AMINO BITES PACKET	3	PA OTC Over the Counter
NUTRASENTIALS POWDER	3	PA OTC Over the Counter
NUTREN 1.0 LIQUID	3	PA OTC Over the Counter
NUTREN 1.0/FIBER LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTREN 1.5 LIQUID	3	PA OTC Over the Counter
NUTREN 2.0 LIQUID	3	PA OTC Over the Counter
NUTREN JR LIQUID	3	PA OTC Over the Counter
NUTREN JR FIBER LIQUID	3	PA OTC Over the Counter
NUTREN JUNIOR 1.0 LIQUID	3	PA OTC Over the Counter
NUTREN JUNIOR/FIBER LIQUID	3	PA OTC Over the Counter
NUTREN PULMONARY LIQUID	3	PA OTC Over the Counter
NUTRICIA PREOP PACKET	3	PA OTC Over the Counter
NUTRIFOCUS LIQUID	3	PA OTC Over the Counter
NUTRIHEP 1.5 CAL LIQUID	3	PA OTC Over the Counter
NUTRITIONAL DRINK LIQUID	3	PA OTC Over the Counter
NUTRITIONAL DRINK PLUS LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SHAKE COMPLETE LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SHAKE HIGH PROTEIN LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTRITIONAL SHAKE PLUS LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SHAKE PLUS PROTEIN LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SUPPLEMENT LIQUID	3	PA OTC Over the Counter
NUTRITIONAL SUPPLEMENT PLUS LIQUID	3	PA OTC Over the Counter
OPTICLEANSE GHI PACKET	3	PA OTC Over the Counter
OPTICLEANSE PLUS PACKET	3	PA OTC Over the Counter
OPTIMENTAL LIQUID	3	PA OTC Over the Counter
OPTIMETABOLIX PACKET	3	PA OTC Over the Counter
OPTIMETABOLIX 2:1 PACKET	3	PA OTC Over the Counter
ORGANIC MIX-INS STAGE1/STAGE 2 PACKET	3	PA OTC Over the Counter
ORGANIC NUTRITION SHAKE LIQUID	3	PA OTC Over the Counter
OSAPLEX MK-7 PACKET	3	PA OTC Over the Counter
OSMOLITE LIQUID	3	PA OTC Over the Counter
OSMOLITE 1 CAL LIQUID	3	PA OTC Over the Counter
OSMOLITE 1.2 CAL LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OSMOLITE 1.5 CAL LIQUID	3	PA OTC Over the Counter
OSMOLITE HN LIQUID	3	PA OTC Over the Counter
OXEPA LIQUID	3	PA OTC Over the Counter
OXEPA 1.5 LIQUID	3	PA OTC Over the Counter
PEDIASURE LIQUID	3	PA OTC Over the Counter
PEDIASURE 1.0 CAL/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE 1.5 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE 1.5 CAL/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE ENTERAL 1.0 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE ENTERAL 1.0CAL/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE GROW & GAIN LIQUID	3	PA OTC Over the Counter
PEDIASURE GROW & GAIN ORGANIC LIQUID	3	PA OTC Over the Counter
PEDIASURE GROW & GAIN/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE HARVEST 1.0 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE NUTRIPALS LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE PEDIATRIC LIQUID	3	PA OTC Over the Counter
PEDIASURE PEPTIDE 1.0 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE PEPTIDE 1.5 CAL LIQUID	3	PA OTC Over the Counter
PEDIASURE REDUCED CALORIE LIQUID	3	PA OTC Over the Counter
PEDIASURE SHAKE/FIBER LIQUID	3	PA OTC Over the Counter
PEDIASURE SIDEKICKS LIQUID	3	PA OTC Over the Counter
PEDIASURE SIDEKICKS CLEAR LIQUID	3	PA OTC Over the Counter
PEDIASURE SIDEKICKS SHAKE LIQUID	3	PA OTC Over the Counter
PEDIASURE/FIBER LIQUID	3	PA OTC Over the Counter
PEDIATRIC DRINK LIQUID	3	PA OTC Over the Counter
PEPTAMEN LIQUID	3	PA OTC Over the Counter
PEPTAMEN 1 CAL/PREBIO1 LIQUID	3	PA OTC Over the Counter
PEPTAMEN 1.5 CAL LIQUID	3	PA OTC Over the Counter
PEPTAMEN 1.5 CAL/PREBIO1 LIQUID	3	PA OTC Over the Counter
PEPTAMEN AF LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEPTAMEN INTENSE VHP LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1 CAL/PREBIO1 LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1.5 LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR 1.5 CAL LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR FIBER LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR HP LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR PHGG 1.2 LIQUID	3	PA OTC Over the Counter
PEPTAMEN JUNIOR/PREBIO1 LIQUID	3	PA OTC Over the Counter
PEPTAMEN/PREBIO1 LIQUID	3	PA OTC Over the Counter
PERATIVE LIQUID	3	PA OTC Over the Counter
PERATIVE 1.3 CAL LIQUID	3	PA OTC Over the Counter
PERIFLEX LQ PKU LIQUID	3	PA OTC Over the Counter
PHENYLADE POWDER	3	PA OTC Over the Counter
PHENYLADE AMINO ACID BLEND PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHENYLADE ESSENTIAL DRINK MIX PACKET	3	PA OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER PACKET	3	PA OTC Over the Counter
PHENYLADE GMP PACKET	3	PA OTC Over the Counter
PHENYLADE GMP MIX-IN PACKET	3	PA OTC Over the Counter
PHENYLADE GMP READY LIQUID	3	PA OTC Over the Counter
PHENYLADE GMP ULTRA PACKET	3	PA OTC Over the Counter
PHENYLADE MTE POWDER	3	PA OTC Over the Counter
PHENYLADE MTE AMINO ACID BLEND PACKET	3	PA OTC Over the Counter
PHENYLADE MTE AMINO ACID BLEND POWDER	3	PA OTC Over the Counter
PHENYLADE PHEBLOC POWDER	3	PA OTC Over the Counter
PHENYLADE RTD PKU 10 LIQUID	3	PA OTC Over the Counter
PHENYLADE40 DRINK MIX PACKET	3	PA OTC Over the Counter
PHENYLADE60 DRINK MIX PACKET	3	PA OTC Over the Counter
PHLEXY-10 PACKET	3	PA OTC Over the Counter
PIVOT 1.5 CAL LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU AIR20 GOLD LIQUID	3	PA OTC Over the Counter
PKU AIR20 GREEN LIQUID	3	PA OTC Over the Counter
PKU AIR20 YELLOW LIQUID	3	PA OTC Over the Counter
PKU COOLER 10 LIQUID	3	PA OTC Over the Counter
PKU COOLER 15 LIQUID	3	PA OTC Over the Counter
PKU COOLER 20 LIQUID	3	PA OTC Over the Counter
PKU EXPLORE10 PACKET	3	PA OTC Over the Counter
PKU EXPLORE5 PACKET	3	PA OTC Over the Counter
PKU GEL PACKET	3	PA OTC Over the Counter
PKU LOPHLEX LQ 20 LIQUID	3	PA OTC Over the Counter
PKU MAXAMUM POWDER	3	PA OTC Over the Counter
PKU SPHERE 15 PACKET	3	PA OTC Over the Counter
PKU SPHERE 20 LIQUID	3	PA OTC Over the Counter
PKU SPHERE 20 PACKET	3	PA OTC Over the Counter
PKU SPHERE NEXT 15 LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PNV 27-CA/FE/FA 60-1 MG TAB	1	
PNV-DHA 27-0.6-0.4-300 MG CAP	1	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	1	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	1	
PNV-SELECT 27-0.6-0.4 MG TAB	1	
POLY-VI-FLOR 0.25 MG CHEW TAB	1	PD Preventive Drug
POLY-VI-FLOR 0.5 MG CHEW TAB	1	PD Preventive Drug
POLY-VI-FLOR 1 MG CHEW TAB	1	PD Preventive Drug
<i>potassium chloride 10 % solution</i>	1	
<i>potassium chloride 20 meq packet</i>	1	
<i>potassium chloride 20 meq/15ml (10%) solution</i>	1	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	1	
<i>potassium chloride crys er 10 meq tab er</i>	1	
<i>potassium chloride crys er 15 meq tab er</i>	1	
<i>potassium chloride crys er 20 meq tab er</i>	1	
<i>potassium chloride er 10 meq cap er</i>	1	
<i>potassium chloride er 10 meq tab er</i>	1	
POTASSIUM CHLORIDE ER 15 MEQ TAB ER	3	
<i>potassium chloride er 20 meq tab er</i>	1	
<i>potassium chloride er 8 meq cap er</i>	1	
<i>potassium chloride er 8 meq tab er</i>	1	
<i>potassium citrate er 10 meq (1080 mg) tab er</i>	1	
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	1	
<i>potassium citrate er 5 meq (540 mg) tab er</i>	1	
PPA/MMA EXPRESS PACKET	3	PA OTC Over the Counter
PRENAISSANCE 29-1.25-325 MG CAP	1	
PRENAISSANCE PLUS 28-1-250 MG CAP	1	
PRENATABS FA 29-1 MG TAB	1	OTC Over the Counter
PRENATABS RX 29-1 MG TAB	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRENATAL (W/IRON & FA) 27-0.8 MG TAB	1	OTC Over the Counter
PRENATAL 19 29-1 MG TAB	1	
PRENATAL 27-0.8 MG TAB	1	OTC Over the Counter
PRENATAL 27-1 MG TAB	1	
PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter
PRENATAL COMPLETE 14-0.4 MG TAB	1	OTC Over the Counter
PRENATAL FORTE TAB	1	OTC Over the Counter
PRENATAL MULTI +DHA 27-0.8-250 MG CAP	1	OTC Over the Counter
PRENATAL ONE DAILY 27-0.8 MG TAB	1	OTC Over the Counter
PRENATAL VITAMIN AND MINERAL 28-0.8 MG TAB	1	OTC Over the Counter
PRENATAL VITAMINS 28-0.8 MG TAB	1	OTC Over the Counter
PRENATAL-U 106.5-1 MG CAP	1	
PRENATAL/IRON TAB	1	OTC Over the Counter
PRENATAL/IRON 28-0.8 MG TAB	1	OTC Over the Counter
PREPROTEIN LIQUID	3	PA OTC Over the Counter
PREPROTEIN 20 LIQUID	3	PA OTC Over the Counter
PROMOD LIQUID	3	PA OTC Over the Counter
PROMOTE LIQUID	3	PA OTC Over the Counter
PROMOTE 1.0 LIQUID	3	PA OTC Over the Counter
PROMOTE 1.0 WITH FIBER LIQUID	3	PA OTC Over the Counter
PROMOTE/FIBER LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSOURCE LIQUID	3	PA OTC Over the Counter
PROSOURCE NO CARB LIQUID	3	PA OTC Over the Counter
PROSOURCE PLUS LIQUID	3	PA OTC Over the Counter
PROSOURCE PROTEIN LIQUID	3	PA OTC Over the Counter
PROSOURCE TF LIQUID	3	PA OTC Over the Counter
PROSOURCE XTRACAL LIQUID	3	PA OTC Over the Counter
PROSOURCE ZAC LIQUID	3	PA OTC Over the Counter
PROSURE LIQUID	3	PA OTC Over the Counter
PROTALITY LIQUID	3	PA OTC Over the Counter
PULMOCARE LIQUID	3	PA OTC Over the Counter
PULMOCARE 1.5 LIQUID	3	PA OTC Over the Counter
PUSH 20+ ADVANCED LIQUID	3	PA OTC Over the Counter
PX PRENATAL MULTIVITAMINS 28-0.8 MG TAB	1	OTC Over the Counter
PX VANILLA PLUS LIQUID	3	PA OTC Over the Counter
QC PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter
QUFLORA PEDIATRIC 0.25 MG CHEW TAB	1	PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUFLORA PEDIATRIC 0.25 MG/ML SOLUTION	1	PD Preventive Drug
QUFLORA PEDIATRIC 0.5 MG CHEW TAB	1	PD Preventive Drug
QUFLORA PEDIATRIC 0.5 MG/ML SOLUTION	1	PD Preventive Drug
QUFLORA PEDIATRIC 1 MG CHEW TAB	1	PD Preventive Drug
RA PRENATAL 28-0.8 MG TAB	1	OTC Over the Counter
RA PRENATAL FORMULA 28-0.8 MG TAB	1	OTC Over the Counter
RE/NEPH LIQUID	3	PA OTC Over the Counter
RE/NEPH LP/HC LIQUID	3	PA OTC Over the Counter
RE/NEPH REDUCED SUGAR LIQUID	3	PA OTC Over the Counter
REAL FOOD BLENDS LIQUID	3	PA OTC Over the Counter
REAL FOOD BLENDS MINI LIQUID	3	PA OTC Over the Counter
REASON LIQUID	3	PA OTC Over the Counter
REGULAR NUTRITIONAL SHAKE LIQUID	3	PA OTC Over the Counter
RELNATE DHA 28-1-200 MG CAP	1	
RENALCAL LIQUID	3	PA OTC Over the Counter
RENASTEP LIQUID	3	PA OTC Over the Counter
REPLETE LIQUID	3	PA OTC Over the Counter
REPLETE FIBER LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REPLETE FIBER 1 CAL LIQUID	3	PA OTC Over the Counter
RESOURCE 2.0 LIQUID	3	PA OTC Over the Counter
RESURGEX PACKET	3	PA OTC Over the Counter
RESURGEX PLUS PACKET	3	PA OTC Over the Counter
RESURGEX SELECT PACKET	3	PA OTC Over the Counter
S.O.S. 20 PACKET	3	PA OTC Over the Counter
S.O.S. 25 PACKET	3	PA OTC Over the Counter
SB COMPLETE NUTRITION LIQUID	3	PA OTC Over the Counter
SB COMPLETE NUTRITION PLUS LIQUID	3	PA OTC Over the Counter
SE-NATAL 19 29-1 MG CHEW TAB	1	
SE-NATAL 19 29-1 MG TAB	1	
SERACAL PACKET	3	PA OTC Over the Counter
SM NUTRI-DRINK LIQUID	3	PA OTC Over the Counter
SM NUTRI-DRINK + LIQUID	3	PA OTC Over the Counter
SM PRENATAL VITAMINS 28-0.8 MG 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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
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
SOLUVITA WITH FLUORIDE 0.25 MG/ML SOLUTION	1	
SOLUVITA WITH FLUORIDE 0.5 MG/ML SOLUTION	1	
SUPLENA LIQUID	3	PA OTC Over the Counter
SUPLENA 1.8/CARBSTEADY LIQUID	3	PA OTC Over the Counter
SUPLENA/CARB STEADY LIQUID	3	PA OTC Over the Counter
TARON-C DHA 35-1 MG CAP	1	
THICK-IT THICKENED CRANBERRY LIQUID	3	PA OTC Over the Counter
TOLEREX PACKET	3	PA OTC Over the Counter
TRINATAL RX 1 60-1 MG TAB	1	
TRINATE TAB	1	
TWOCAL HN LIQUID	3	PA OTC Over the Counter
TWOCAL HN 2.0 LIQUID	3	PA OTC Over the Counter
TYR COOLER LIQUID	3	PA OTC Over the Counter
TYR GEL PACKET	3	PA OTC Over the Counter
TYR GOLIKE PLUS PACKET	3	PA OTC Over the Counter
TYR LOPHLEX GMP MIX-IN PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYR LOPHLEX LQ LIQUID	3	PA OTC Over the Counter
ULTRIENT 1.5 SAFE-T FEED LIQUID	3	PA OTC Over the Counter
UTYMAX PACKET	3	PA OTC Over the Counter
VINATE ONE 60-1 MG TAB	1	
VITAL 1.0 CAL LIQUID	3	PA OTC Over the Counter
VITAL 1.5 CAL LIQUID	3	PA OTC Over the Counter
VITAL AF 1.2 CAL LIQUID	3	PA OTC Over the Counter
VITAL AF 1.2 CAL ADV FORMULA LIQUID	3	PA OTC Over the Counter
VITAL HIGH PROTEIN LIQUID	3	PA OTC Over the Counter
VITAL HN PACKET	3	PA OTC Over the Counter
VITAL HP 1.0 CAL LIQUID	3	PA OTC Over the Counter
VITAL JR LIQUID	3	PA OTC Over the Counter
VITAL PEPTIDE 1.5 CAL LIQUID	3	PA OTC Over the Counter
VIVA DHA 28-1-200 MG CAP	1	
VIVONEX PEDIATRIC PACKET	3	PA OTC Over the Counter
VIVONEX PEDIATRIC RTF LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VIVONEX PLUS PACKET	3	PA OTC Over the Counter
VIVONEX RTF LIQUID	3	PA OTC Over the Counter
VIVONEX T.E.N. PACKET	3	PA OTC Over the Counter
WESCAP-C DHA 53.5-38-1 MG CAP	1	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	1	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	1	
WESNATE DHA 28-1-200 MG CAP	1	
WESTAB PLUS 27-1 MG TAB	1	
XPHE MAXAMUM PACKET	3	PA OTC Over the Counter
XTRACAL PLUS LIQUID	3	PA OTC Over the Counter
XYMOBOIX POWDER	3	PA OTC Over the Counter
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAP	3	
<i>deferasirox 125 mg tab sol</i>	1	SP Specialty
<i>deferasirox 180 mg tab</i>	1	SP Specialty
<i>deferasirox 250 mg tab sol</i>	1	SP Specialty
<i>deferasirox 360 mg tab</i>	1	SP Specialty
<i>deferasirox 500 mg tab sol</i>	1	SP Specialty
<i>deferasirox 90 mg tab</i>	1	SP Specialty
<i>penicillamine 250 mg cap</i>	1	QL 6 / 1 day SP Specialty
<i>tolvaptan 15 mg tab</i>	3	QL 1 / 1 DAYS PA QLC 30 / 274 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolvaptan 15 mg tab thpk</i>	3	QL 60 / 30 days PA SP Specialty
<i>tolvaptan 30 & 15 mg tab thpk</i>	3	QL 60 / 30 days PA SP Specialty
<i>tolvaptan 30 mg tab</i>	3	QL 1 / 1 DAYS PA QLC 30 / 274 DAYS SP Specialty
<i>tolvaptan 45 & 15 mg tab thpk</i>	3	QL 60 / 30 days PA SP Specialty
<i>tolvaptan 60 & 30 mg tab thpk</i>	3	QL 60 / 30 days PA SP Specialty
<i>tolvaptan 90 & 30 mg tab thpk</i>	3	QL 60 / 30 days PA SP Specialty
<i>trientine hcl 250 mg cap</i>	2	PA SP Specialty
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder) 667 mg cap</i>	1	
<i>calcium acetate (phos binder) 667 mg tab</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
<i>sevelamer carbonate 0.8 gm packet</i>	3	
<i>sevelamer carbonate 2.4 gm packet</i>	3	
<i>sevelamer carbonate 800 mg tab</i>	1	
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOKELMA 10 GM PACKET	2	QL 1.14 / 1 DAYS
LOKELMA 5 GM PACKET	2	QL 3.2 / 1 DAYS
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	1	
VELTASSA 1 GM PACKET	2	
VELTASSA 16.8 GM PACKET	2	QL 4 / 1 day(s)
VELTASSA 25.2 GM PACKET	2	QL 4 / 1 day(s)
VELTASSA 8.4 GM PACKET	2	QL 4 / 1 day(s)
VITAMINS		
ACTICARNITINE SF 1 GM/10ML SOLUTION	3	PA OTC Over the Counter
AIRBORNE+EVERYDAY STRESS AWAY PACKET	3	PA OTC Over the Counter
AIRBORNE+NATURAL ENERGY LIQUID	3	PA OTC Over the Counter
ARGININE 500 MG PACKET	3	PA OTC Over the Counter
ARGININE2000 2000 MG PACKET	3	PA OTC Over the Counter
ARGININE500 500 MG PACKET	3	PA OTC Over the Counter
b complex formula 1 (lipotrop) tab	1	OTC Over the Counter
B COMPLEX-C-BIOTIN-E-FA 0.4 MG TAB	1	OTC Over the Counter
b-complex balanced tab	1	OTC Over the Counter
b-complex-c tab	1	OTC Over the Counter
b-complex-c (w/folic acid) tab	1	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
b-complex/vitamin c tab	1	OTC Over the Counter
balance b-100 tab	1	OTC Over the Counter
balance b-50 tab	1	OTC Over the Counter
BENEPROTEIN PACKET	3	PA OTC Over the Counter
BENEPROTEIN POWDER	3	PA OTC Over the Counter
BOOST PUDDING PUDDING	3	PA OTC Over the Counter
CARDIOWHEY POWDER	3	PA OTC Over the Counter
CITRULLINE 1000 1 GM PACKET	3	PA OTC Over the Counter
CITRULLINE1000 1 GM PACKET	3	PA OTC Over the Counter
CITRULLINE200 200 MG PACKET	3	PA OTC Over the Counter
COENZYME Q10 30 MG/5ML LIQUID	3	PA OTC Over the Counter
CREATINE5000 5000 MG PACKET	3	PA OTC Over the Counter
cvs folic acid 800 mcg tab	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
cvs live better gripe water liquid	3	PA OTC Over the Counter
CVS WHEY PROTEIN PACKET	3	PA OTC Over the Counter
CVS WHEY PROTEIN POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS WHEY PROTEIN POWDER	3	PA OTC Over the Counter
<i>cyanocobalamin 1000 mcg/ml solution</i>	1	
CYSTINE 500 MG PACKET	3	PA OTC Over the Counter
CYSTINE500 500 MG PACKET	3	PA OTC Over the Counter
CYTO CARN POWDER	3	PA OTC Over the Counter
CYTO RALA 800 MG/GM POWDER	3	PA OTC Over the Counter
CYTO-Q MAX 100 MG/ML LIQUID	3	PA OTC Over the Counter
CYTO-Q T/F 80 MG/10ML LIQUID	3	PA OTC Over the Counter
CYTOLLINE POWDER	3	PA OTC Over the Counter
CYTOTINE 1.5 GM/15ML LIQUID	3	PA OTC Over the Counter
<i>dialyvite 800 0.8 mg tab</i>	1	OTC Over the Counter
<i>dodex 1000 mcg/ml solution</i>	1	
DOJOLVI 100 % LIQUID	3	QL 16.67 / 1 DAYS PA SP Specialty
ENSURE HIGH PROTEIN PUDDING	3	PA OTC Over the Counter
ENSURE PUDDING PUDDING	3	PA OTC Over the Counter
FITFOOD LEAN PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FITFOOD LEAN COLLAGEN POWDER	3	PA OTC Over the Counter
FITFOOD LEAN WHEY PACKET	3	PA OTC Over the Counter
<i>folate 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>folic acid 1 mg tab</i>	1	RX4L Rx4Less Program
<i>folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>folic acid 5 mg/ml solution</i>	1	
<i>folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>ft folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>ft folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>full spectrum b/vitamin c 0.8 mg tab</i>	1	OTC Over the Counter
g-levocarnitine s/f 1 gm/10ml solution	3	PA OTC Over the Counter
GI PROTECT POWDER	3	PA OTC Over the Counter
GLUTASOLVE 15 GM PACKET	3	PA OTC Over the Counter
GLYCINE POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>glycine powder</i>	3	PA OTC Over the Counter
GLYCINE500 500 MG PACKET	3	PA OTC Over the Counter
<i>glymax powder</i>	3	PA OTC Over the Counter
<i>gnp folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>gripe water liquid</i>	3	PA OTC Over the Counter
<i>hm folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
IGG 2000 CWP POWDER	3	PA OTC Over the Counter
IGG PURE POWDER	3	PA OTC Over the Counter
ISOLEUCINE 1000 1 GM PACKET	3	PA OTC Over the Counter
ISOLEUCINE 50 MG PACKET	3	PA OTC Over the Counter
ISOLEUCINE1000 1 GM PACKET	3	PA OTC Over the Counter
<i>kobee tab</i>	1	OTC Over the Counter
<i>kp folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
LEUCINE 100 MG PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEUCINE100 100 MG PACKET	3	PA OTC Over the Counter
LEVOCARNITINE (DIETARY) 1 GM/10ML SOLUTION	3	PA OTC Over the Counter
<i>levocarnitine (dietary) 1 gm/10ml solution</i>	3	PA OTC Over the Counter
LIQUID COLLAGEN LIQUID	3	PA OTC Over the Counter
METHIONINE 100 MG PACKET	3	PA OTC Over the Counter
METHIONINE100 100 MG PACKET	3	PA OTC Over the Counter
NATURAL WHEY POWDER	3	PA OTC Over the Counter
NEOKE ALCAR POWDER	3	PA
NEW ZEALAND WHEY PROTEIN POWDER	3	PA OTC Over the Counter
NUTRA/PRO CHOCOLATE PACKET	3	PA OTC Over the Counter
NUTRA/PRO STRAWBERRY PACKET	3	PA OTC Over the Counter
NUTRA/PRO VANILLA PACKET	3	PA OTC Over the Counter
OVASITOL 2000-50 MG PACKET	3	PA OTC Over the Counter
PRE PROTEIN POWDER	3	PA OTC Over the Counter
PRE PROTEIN POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREGNITUDE 2000-200 MG-MCG PACKET	3	PA OTC Over the Counter
<i>pro-stat liquid</i>	3	PA OTC Over the Counter
<i>pro-stat 101 liquid</i>	3	PA OTC Over the Counter
<i>pro-stat 64 liquid</i>	3	PA OTC Over the Counter
<i>pro-stat awc liquid</i>	3	PA OTC Over the Counter
<i>pro-stat max liquid</i>	3	PA OTC Over the Counter
<i>pro-stat profile liquid</i>	3	PA OTC Over the Counter
<i>pro-stat rc liquid</i>	3	PA OTC Over the Counter
<i>pro-stat sugar free liquid</i>	3	PA OTC Over the Counter
<i>pro-stat/fiber liquid</i>	3	PA OTC Over the Counter
PROCEL PACKET	3	PA OTC Over the Counter
PROCEL POWDER	3	PA OTC Over the Counter
PROCEL 100 POWDER	3	PA OTC Over the Counter
PROSOURCE PACKET	3	PA OTC Over the Counter
PROSOURCE PROTEIN PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSOURCE PROTEIN POWDER	3	PA OTC Over the Counter
PROSOURCE TF20 ENFIT COMPATIBL LIQUID	3	PA OTC Over the Counter
PROSYNMINIC POWDER	3	PA OTC Over the Counter
PROTEIN POWDER	3	PA OTC Over the Counter
PROTEIN 80 % POWDER	3	PA OTC Over the Counter
PROTEINEX LIQUID	3	PA OTC Over the Counter
PROTEINEX P100 LIQUID	3	PA OTC Over the Counter
PROTEINEX P18 LIQUID	3	PA OTC Over the Counter
PROTEINEX-18 LIQUID	3	PA OTC Over the Counter
PROXEED PLUS PACKET	3	PA OTC Over the Counter
PURE L-CITRULLINE POWDER	3	PA OTC Over the Counter
<i>px folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
PYRIDOXINE HCL 100 MG/ML SOLUTION	1	
<i>qc folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ra balanced b-100 tab</i>	1	OTC Over the Counter
<i>ra folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>ra folic acid 800 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
<i>rena-vite tab</i>	1	OTC Over the Counter
RENAMENT PACKET	3	PA OTC Over the Counter
<i>sm folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
SOLUVITA ACD WITH FLUORIDE 0.25 MG/ML SOLUTION	1	
<i>stress formula/iron tab</i>	1	OTC Over the Counter
<i>super b complex/fa/vit c tab</i>	1	OTC Over the Counter
<i>super b-complex/vit c/fa tab</i>	1	OTC Over the Counter
<i>super quints b-50 tab</i>	1	OTC Over the Counter
TRI-VI-FLOR 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VI-FLORO 0.25 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VI-FLORO 0.5 MG/ML SUSPENSION	3	PD Preventive Drug
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
TRI-VITE/FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
<i>true folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
TYROSINE 1000 MG PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYROSINE1000 1000 MG PACKET	3	PA OTC Over the Counter
UNJURY POWDER	3	PA OTC Over the Counter
UTI-STAT LIQUID	3	PA OTC Over the Counter
VALINE 1000 1 GM PACKET	3	PA OTC Over the Counter
VALINE 50 MG PACKET	3	PA OTC Over the Counter
VALINE1000 1 GM PACKET	3	PA OTC Over the Counter
VEGAPRO POWDER	3	PA OTC Over the Counter
VITAMINS ACD-FLUORIDE 0.25 MG/ML SOLUTION	1	PD Preventive Drug
VITAMINS ACD-FLUORIDE 0.5 MG/ML SOLUTION	1	PD Preventive Drug
WELLNESS PROTEIN SHAKE 21 GM POWDER	3	PA OTC Over the Counter
WHEY PROTEIN POWDER	3	PA OTC Over the Counter
WHEY PROTEIN CONCENTRATE POWDER	3	PA OTC Over the Counter
<i>yl folic acid 400 mcg tab</i>	1	QL 1 / 1 DAYS ACA Affordable Care Act OTC Over the Counter
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>bisacodyl 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bisacodyl ec 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>citrate of magnesia solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>citroma 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
<i>constulose 10 gm/15ml solution</i>	1	
<i>cvs gentle laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs gentle laxative womens 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>cvs milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>cvs purelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>dulcolax 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>dulcolax milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>enulose 10 gm/15ml solution</i>	1	
<i>eq clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>eq gentle laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eql magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>fleet stimulant 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>freskaro magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ft milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>gavilax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>generlac 10 gm/15ml solution</i>	1	
<i>gentle laxative 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>gentle laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gentlelax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>glycolax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp gentle laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>gnp magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gnp milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>gnp womens gentle laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense bisacodyl laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>goodsense milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>hm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>hm milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>kls laxaclear 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>kristalose 10 gm packet</i>	3	QL 1 / 1 DAYS PA
<i>kristalose 20 gm packet</i>	3	PA
<i>lactulose 10 gm packet</i>	3	QL 1 / 1 DAYS PA
<i>lactulose 10 gm/15ml solution</i>	1	
<i>lactulose 20 gm packet</i>	3	PA
<i>lactulose 20 gm/30ml solution</i>	1	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lubiprostone 24 mcg cap</i>	1	QL 2 / 1 DAYS
<i>lubiprostone 8 mcg cap</i>	1	QL 2 / 1 DAYS
<i>magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>milk of magnesia 2400 mg/30ml suspension</i>	1	OTC Over the Counter
<i>milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>milk of magnesia 7.75 % suspension</i>	1	OTC Over the Counter
MILK OF MAGNESIA CONCENTRATE 2400 MG/10ML SUSPENSION	1	OTC Over the Counter
<i>mm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
MOVANTIK 12.5 MG TAB	2	QL 1 / 1 DAYS
MOVANTIK 25 MG TAB	2	QL 1 / 1 DAYS
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	1	ACA Affordable Care Act
<i>onelax magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>peg 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	1	ACA Affordable Care Act
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	1	QL 0.04 / 1 DAYS ACA Affordable Care Act
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	1	QL 0.04 / 1 DAYS ACA Affordable Care Act
PEG-PREP 5-210 MG-GM KIT	1	
<i>phillips milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>px laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>px milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>qc magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>qc milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>qc natura-lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>ra milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>sb magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sb milk of magnesia 400 mg/5ml suspension</i>	1	OTC Over the Counter
<i>sb polyethylene glycol 3350 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm clearlax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm gentle laxative 5 mg tab dr</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm magnesium citrate 1.745 gm/30ml solution</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sm milk of magnesia 1200 mg/15ml suspension</i>	1	OTC Over the Counter
<i>smooth lax 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SUTAB 1479-225-188 MG TAB	2	QLC 24 / 23 days
<i>true laxative 17 gm/scoop powder</i>	1	ACA Affordable Care Act OTC Over the Counter
TRULANCE 3 MG TAB	2	QL 1 / 1 DAYS
ANTI-DIARRHEAL AGENTS		
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	1	
<i>loperamide hcl 2 mg cap</i>	1	
MYTESI 125 MG TAB DR	3	QL 2 / 1 DAYS PA
XERMELO 250 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
ANTISPASMODICS, GASTROINTESTINAL		
DARTISLA ODT 1.7 MG TAB DISP	3	QL 4 / 1 DAYS PA
<i>dicyclomine hcl 10 mg cap</i>	1	
<i>dicyclomine hcl 10 mg/5ml solution</i>	1	
<i>dicyclomine hcl 20 mg tab</i>	1	
GLYCATE 1.5 MG TAB	3	QL 5 / 1 DAYS PA
<i>glycopyrrolate 1 mg tab</i>	1	
<i>glycopyrrolate 1 mg/5ml solution</i>	3	QL 45 / 1 DAYS PA
GLYCOPYRROLATE 1.5 MG TAB	3	QL 5 / 1 DAYS PA
<i>glycopyrrolate 2 mg tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg sl tab</i>	1	
<i>hyoscyamine sulfate 0.125 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hyoscyamine sulfate 0.125 mg tab disp</i>	1	
<i>hyoscyamine sulfate 0.125 mg/5ml elixir</i>	1	
<i>hyoscyamine sulfate 0.125 mg/ml solution</i>	1	
<i>hyoscyamine sulfate er 0.375 mg tab er 12h</i>	1	
<i>hyoscyamine sulfate sl 0.125 mg sl tab</i>	1	
<i>hyosyne 0.125 mg/5ml elixir</i>	1	
<i>hyosyne 0.125 mg/ml solution</i>	1	
<i>methscopolamine bromide 2.5 mg tab</i>	1	
<i>methscopolamine bromide 5 mg tab</i>	1	
<i>oscimin 0.125 mg sl tab</i>	1	
<i>oscimin 0.125 mg tab</i>	1	
<i>pb-hyoscy-atropine-scopolamine 16.2 mg tab</i>	1	
GASTROINTESTINAL AGENTS, OTHER		
<i>alvimopan 12 mg cap</i>	1	
AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	3	
<i>cromolyn sodium 100 mg/5ml conc</i>	1	PD Preventive Drug
GAVILYTE-C 240 GM RECON SOLN	1	ACA Affordable Care Act
<i>gavilyte-g 236 gm recon soln</i>	1	ACA Affordable Care Act
IMCIVREE 10 MG/ML SOLUTION	3	QL 0.3 / 1 day(s)
		PA
		SP Specialty
LIVMARLI 10 MG TAB	3	QL 30 / 30 days
		PA
		SP Specialty
LIVMARLI 15 MG TAB	3	QL 30 / 30 days
		PA
		SP Specialty
LIVMARLI 19 MG/ML SOLUTION	3	QL 1 / 1 DAYS
		PA
		SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVMARLI 20 MG TAB	3	QL 30 / 30 days PA SP Specialty
LIVMARLI 30 MG TAB	3	QL 30 / 30 days PA SP Specialty
LIVMARLI 9.5 MG/ML SOLUTION	3	QL 1 / 1 DAYS PA SP Specialty
OCALIVA 10 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
OCALIVA 5 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
OMNITROPE 10 MG/1.5ML SOLN CART	2	PA SP Specialty
<i>opium 10 mg/ml (1%) tincture</i>	3	
ORLISTAT 120 MG CAP	3	QL 3 / 1 DAYS PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	1	ACA Affordable Care Act
RE:IIMMUNE PACKET	3	PA OTC Over the Counter
RELTONE 200 MG CAP	3	QL 1 / 1 DAYS PA
RELTONE 400 MG CAP	3	QL 1 / 1 DAYS PA
SUFLAVE 178.7 GM RECON SOLN	2	
URSODIOL 200 MG CAP	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ursodiol 250 mg tab</i>	1	
<i>ursodiol 300 mg cap</i>	1	
URSODIOL 400 MG CAP	3	QL 1 / 1 DAYS PA
<i>ursodiol 500 mg tab</i>	1	
XENICAL 120 MG CAP	3	QL 3 / 1 DAYS PA
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine 200 mg tab</i>	1	
<i>cimetidine 300 mg tab</i>	1	
<i>cimetidine 400 mg tab</i>	3	
<i>cimetidine 800 mg tab</i>	3	
<i>cimetidine hcl 300 mg/5ml solution</i>	3	
<i>famotidine 20 mg tab</i>	1	
<i>famotidine 40 mg tab</i>	1	
<i>famotidine 40 mg/5ml recon susp</i>	1	
<i>nizatidine 150 mg cap</i>	3	
NIZATIDINE 300 MG CAP	3	
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	1	
<i>misoprostol 200 mcg tab</i>	1	
<i>sucralfate 1 gm tab</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	2	QL 2 / 1 DAYS
<i>esomeprazole magnesium 40 mg cap dr</i>	2	QL 2 / 1 DAYS
FIRST-LANSOPRAZOLE 3 MG/ML SUSPENSION	3	
<i>lansoprazole 15 mg cap dr</i>	2	QL 2 / 1 DAYS
<i>lansoprazole 30 mg cap dr</i>	2	QL 2 / 1 DAYS
<i>omeprazole 10 mg cap dr</i>	2	QL 2 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>omeprazole 20 mg cap dr</i>	2	QL 4 / 1 DAYS
<i>omeprazole 40 mg cap dr</i>	2	QL 2 / 1 DAYS
OMEPRAZOLE+SYRSPEND SF ALKA 2 MG/ML SUSPENSION	3	
<i>pantoprazole sodium 20 mg tab dr</i>	2	QL 2 / 1 DAYS
<i>pantoprazole sodium 40 mg tab dr</i>	2	QL 2 / 1 DAYS
<i>rabeprazole sodium 20 mg tab dr</i>	1	QL 2 / 1 DAYS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
AGAMREE 40 MG/ML SUSPENSION	3	QL 3.34 / 1 DAYS PA
AQNEURSA 1 GM PACKET	3	QL 4 / 1 DAYS PA SP Specialty
<i>betaine powder</i>	1	
<i>carglumic acid 200 mg tab sol</i>	1	PA SP Specialty
CERDELGA 84 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
CHOLBAM 250 MG CAP	3	QL 3 / 1 DAYS PA
CHOLBAM 50 MG CAP	3	QL 4 / 1 DAYS PA
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	
CYSTADROPS 0.37 % SOLUTION	3	QL 0.72 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CYSTAGON 150 MG CAP	3	SP Specialty
CYSTAGON 50 MG CAP	3	SP Specialty
CYSTARAN 0.44 % SOLUTION	3	QL 2 / 1 DAYS PA
DAYBUE 200 MG/ML SOLUTION	3	QL 16.08 / 1 DAYS PA SP Specialty
<i>dichlorphenamide 50 mg tab</i>	3	QL 4 / 1 day(s) PA SP Specialty
DROXIA 200 MG CAP	3	
DROXIA 300 MG CAP	3	
DROXIA 400 MG CAP	3	
DUVYZAT 8.86 MG/ML SUSPENSION	3	QL 4.67 / 1 DAYS PA SP Specialty
EVRYSDI 0.75 MG/ML RECON SOLN	3	QL 2.67 / 1 DAYS PA SP Specialty
FABRAZYME 35 MG RECON SOLN	3	PA SP Specialty
FABRAZYME 5 MG RECON SOLN	3	PA SP Specialty
GALAFOLD 123 MG CAP	3	QL 0.5 / 1 DAYS PA SP Specialty
<i>javygtor 100 mg packet</i>	3	PA SP Specialty
<i>javygtor 100 mg tab</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>javygtor 500 mg packet</i>	3	PA SP Specialty
JOENJA 70 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
l-glutamine 5 gm packet	3	QL 2 / 1 DAYS PA SP Specialty
<i>levocarnitine 1 gm/10ml solution</i>	1	
<i>levocarnitine 330 mg tab</i>	1	
<i>levocarnitine sf 1 gm/10ml solution</i>	1	
<i>miglustat 100 mg cap</i>	2	QL 3 / 1 DAYS PA SP Specialty
MIPLYFFA 124 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
MIPLYFFA 47 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
MIPLYFFA 62 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
MIPLYFFA 93 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
MYALEPT 11.3 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
<i>nitisinone 10 mg cap</i>	2	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitisinone 2 mg cap</i>	2	PA SP Specialty
<i>nitisinone 20 mg cap</i>	2	PA SP Specialty
<i>nitisinone 5 mg cap</i>	2	PA SP Specialty
NITYR 10 MG TAB	3	PA SP Specialty
NITYR 2 MG TAB	3	PA SP Specialty
NITYR 5 MG TAB	3	PA SP Specialty
OLPRUVA (2 GM DOSE) 2 GM THER PACK	3	QL 6 / 1 DAYS PA SP Specialty
OLPRUVA (3 GM DOSE) 3 GM THER PACK	3	QL 6 / 1 DAYS PA SP Specialty
OLPRUVA (4 GM DOSE) 2 & 2 GM THER PACK	3	QL 9 / 1 DAYS PA SP Specialty
OLPRUVA (5 GM DOSE) 2 & 3 GM THER PACK	3	QL 9 / 1 DAYS PA SP Specialty
OLPRUVA (6 GM DOSE) 3 & 3 GM THER PACK	3	QL 9 / 1 DAYS PA SP Specialty
OLPRUVA (6.67 GM DOSE) 3 & 3.67 GM THER PACK	3	QL 9 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPFOLDA 65 MG CAP	3	QL 0.29 / 1 DAYS SP Specialty
<i>ormalvi 50 mg tab</i>	3	QL 4 / 1 day(s) PA SP Specialty
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
PALYNZIQ 20 MG/ML SOLN PRSYR	3	QL 1 / 1 DAYS PA SP Specialty
PHEBURANE 483 MG/GM PELLET	3	ST
PROCYSBI 25 MG CAP DR	3	QL 2 / 1 DAYS PA SP Specialty
PROCYSBI 300 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
PROCYSBI 75 MG CAP DR	3	QL 6 / 1 DAYS PA SP Specialty
PROCYSBI 75 MG PACKET	3	QL 6 / 1 DAYS PA SP Specialty
PYRUKYND 20 MG TAB	3	QL 2 / 1 DAYS PA
PYRUKYND 5 MG TAB	3	QL 2 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PYRUKYND 50 MG TAB	3	QL 2 / 1 DAYS PA
REVCovi 2.4 MG/1.5ML SOLUTION	3	PA SP Specialty
RIVFLOZA 128 MG/0.8ML SOLN PRSYR	3	QL 0.027 / 1 DAYS PA SP Specialty
RIVFLOZA 160 MG/ML SOLN PRSYR	3	QL 0.034 / 1 DAYS PA SP Specialty
RIVFLOZA 80 MG/0.5ML SOLUTION	3	QL 0.034 / 1 DAYS PA SP Specialty
RYPLAZIM 68.8 MG RECON SOLN	3	QL 0.04 / 1 DAYS PA
<i>sapropterin dihydrochloride 100 mg packet</i>	3	PA SP Specialty
<i>sapropterin dihydrochloride 100 mg tab</i>	3	PA SP Specialty
<i>sapropterin dihydrochloride 500 mg packet</i>	3	PA SP Specialty
SIKLOS 100 MG TAB	3	PA SP Specialty
SIKLOS 1000 MG TAB	3	PA SP Specialty
SKYCLARYS 50 MG CAP	3	QL 3 / 1 DAYS PA SP Specialty
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	1	SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium phenylbutyrate 500 mg tab</i>	1	SP Specialty
SOHONOS 1 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
SOHONOS 1.5 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
SOHONOS 10 MG CAP	3	QL 2 / 1 DAYS PA SP Specialty
SOHONOS 2.5 MG CAP	3	QL 5 / 1 DAYS PA SP Specialty
SOHONOS 5 MG CAP	3	QL 5 / 1 DAYS PA SP Specialty
STRENSIQ 18 MG/0.45ML SOLUTION	3	QL 0.017 / 1 DAYS PA SP Specialty
STRENSIQ 28 MG/0.7ML SOLUTION	3	QL 0.025 / 1 DAYS PA SP Specialty
STRENSIQ 40 MG/ML SOLUTION	3	QL 0.036 / 1 DAYS PA SP Specialty
STRENSIQ 80 MG/0.8ML SOLUTION	3	QL 0.029 / 1 DAYS 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 QLC 6 / 21 DAYS SP Specialty
VOXZOGO 0.4 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
VOXZOGO 0.56 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
VOXZOGO 1.2 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
VYNDAMAX 61 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
VYNDAQEL 20 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
XOLREMDI 100 MG CAP	3	QL 4 / 1 DAYS PA SP Specialty
XURIDEN 2 GM PACKET	3	QL 4 / 1 DAYS PA QLC 120 / 22 DAYS SP Specialty
<i>yargesa 100 mg cap</i>	2	QL 3 / 1 DAYS PA SP Specialty
<i>zelvysia 100 mg packet</i>	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zelvysia 500 mg packet</i>	3	PA 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	
ZOKINVY 50 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
ZOKINVY 75 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er 15 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>darifenacin hydrobromide er 7.5 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>fesoterodine fumarate er 4 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>fesoterodine fumarate er 8 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>flavoxate hcl 100 mg tab</i>	3	
GEMTESA 75 MG TAB	2	QL 1 / 1 DAYS
<i>mirabegron er 25 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>mirabegron er 50 mg tab er 24h</i>	1	QL 1 / 1 DAYS
OXYBUTYNIN CHLORIDE 2.5 MG TAB	3	
<i>oxybutynin chloride 5 mg tab</i>	1	
<i>oxybutynin chloride 5 mg/5ml solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxybutynin chloride er 10 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 15 mg tab er 24h</i>	1	
<i>oxybutynin chloride er 5 mg tab er 24h</i>	1	
<i>solifenacin succinate 10 mg tab</i>	1	QL 1 / 1 DAYS
<i>solifenacin succinate 5 mg tab</i>	1	QL 1 / 1 DAYS
<i>tolterodine tartrate 1 mg tab</i>	3	QL 2 / 1 DAYS
<i>tolterodine tartrate 2 mg tab</i>	3	QL 2 / 1 DAYS
<i>tolterodine tartrate er 2 mg cap er 24h</i>	3	QL 1 / 1 DAYS
<i>tolterodine tartrate er 4 mg cap er 24h</i>	3	QL 1 / 1 DAYS
<i>trospium chloride 20 mg tab</i>	2	QL 2 / 1 DAYS
<i>trospium chloride er 60 mg cap er 24h</i>	3	QL 1 / 1 DAYS
VESICARE LS 5 MG/5ML SUSPENSION	3	QL 10 / 1 DAYS PA
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	1	QL 1 / 1 DAYS
<i>dutasteride 0.5 mg cap</i>	1	QL 1 / 1 DAYS
ENTADFI 5-5 MG CAP	3	QL 1 / 1 DAYS
<i>finasteride 5 mg tab</i>	1	
<i>silodosin 4 mg cap</i>	3	QL 1 / 1 DAYS
<i>silodosin 8 mg cap</i>	3	QL 1 / 1 DAYS
<i>tadalafil 10 mg tab</i>	3	QLC 6 / 22 DAYS
<i>tadalafil 2.5 mg tab</i>	3	QL 1 / 1 DAYS
<i>tadalafil 20 mg tab</i>	3	QLC 6 / 22 DAYS
<i>tadalafil 5 mg tab</i>	3	QL 1 / 1 DAYS
<i>tamsulosin hcl 0.4 mg cap</i>	1	QL 2 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS, OTHER		
ADDYI 100 MG TAB	3	PA
<i>argyle sterile saline 0.9 % solution</i>	1	
<i>bethanechol chloride 10 mg tab</i>	1	
<i>bethanechol chloride 25 mg tab</i>	1	
<i>bethanechol chloride 5 mg tab</i>	1	
<i>bethanechol chloride 50 mg tab</i>	1	
<i>curity sterile saline 0.9 % solution</i>	1	
ELMIRON 100 MG CAP	3	
FILSPARI 200 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
FILSPARI 400 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
<i>glycine 1.5 % solution</i>	1	
<i>glycine urologic 1.5 % solution</i>	1	
K-PHOS 500 MG TAB	3	
K-PHOS NO 2 305-700 MG TAB	3	
OPTIONS GYNOL II CONTRACEPTIVE 3 % GEL	1	ACA Affordable Care Act OTC Over the Counter
<i>phenazo 200 mg tab</i>	1	
<i>phenazopyridine hcl 100 mg tab</i>	1	
<i>phenazopyridine hcl 200 mg tab</i>	1	
PHEXXI 1.8-1-0.4 % GEL	3	ACA Affordable Care Act
<i>sildenafil citrate 100 mg tab</i>	3	QLC 6 / 22 DAYS
<i>sildenafil citrate 25 mg tab</i>	3	QLC 6 / 22 DAYS
<i>sildenafil citrate 50 mg tab</i>	3	QLC 6 / 22 DAYS
<i>sodium chloride 0.9 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tiopronin 100 mg tab</i>	3	QL 10 / 1 DAYS PA SP Specialty
<i>tiopronin 100 mg tab dr</i>	3	QL 10 / 1 DAYS PA SP Specialty
<i>tiopronin 300 mg tab dr</i>	3	QL 3 / 1 DAYS PA SP Specialty
VANRAFIA 0.75 MG TAB	3	QL 30 EA / 30 days PA SP Specialty
<i>varденаfil hcl 10 mg tab</i>	3	QLC 6 / 22 DAYS
<i>varденаfil hcl 10 mg tab disp</i>	3	QLC 6 / 22 DAYS
<i>varденаfil hcl 2.5 mg tab</i>	3	QLC 6 / 22 DAYS
<i>varденаfil hcl 20 mg tab</i>	3	QLC 6 / 22 DAYS
<i>varденаfil hcl 5 mg tab</i>	3	QLC 6 / 22 DAYS
VCF VAGINAL CONTRACEPTIVE 28 % FILM	3	ACA Affordable Care Act OTC Over the Counter
VCF VAGINAL CONTRACEPTIVE 4 % GEL	3	ACA Affordable Care Act OTC Over the Counter
<i>venxxiva 100 mg tab dr</i>	3	QL 10 / 1 DAYS PA SP Specialty
<i>venxxiva 300 mg tab dr</i>	3	QL 3 / 1 DAYS PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR 80 UNIT/ML GEL	3	PA QLC 5 / 23 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTHAR GEL 40 UNIT/0.5ML PEN	3	QL 0.067 / 1 day(s) PA SP Specialty
ACTHAR GEL 80 UNIT/ML PEN	3	QL 0.14 / 1 day(s) PA SP Specialty
CORTISONE ACETATE 25 MG TAB	1	
CORTROPHIN 80 UNIT/ML GEL	3	PA QLC 5 / 23 DAYS SP Specialty
CORTROPHIN GEL 40 UNIT/0.5ML PRSYR	3	QL 2 mL / 30 days PA SP Specialty
CORTROPHIN GEL 80 UNIT/ML PRSYR	3	QL 4 mL / 30 days PA SP Specialty
<i>deflazacort 18 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 22.75 mg/ml suspension</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 30 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 36 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty
<i>deflazacort 6 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone 0.5 mg tab</i>	1	
<i>dexamethasone 0.5 mg/5ml elixir</i>	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone 0.75 mg tab</i>	1	
<i>dexamethasone 1 mg tab</i>	1	
<i>dexamethasone 1.5 mg tab</i>	1	
<i>dexamethasone 2 mg tab</i>	1	
<i>dexamethasone 4 mg tab</i>	1	
<i>dexamethasone 6 mg tab</i>	1	
<i>fludrocortisone acetate 0.1 mg tab</i>	1	
<i>jaythari 18 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty
<i>jaythari 30 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty
<i>jaythari 36 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty
<i>jaythari 6 mg tab</i>	2	QL 1 / 1 DAYS PA SP Specialty
<i>methylprednisolone 16 mg tab</i>	1	
<i>methylprednisolone 32 mg tab</i>	1	
<i>methylprednisolone 4 mg tab</i>	1	
<i>methylprednisolone 4 mg tab thpk</i>	1	
<i>methylprednisolone 8 mg tab</i>	1	
METHYLPREDNISOLONE ACETATE 40 MG/ML SUSPENSION	1	
<i>methylprednisolone acetate 40 mg/ml suspension</i>	1	
METHYLPREDNISOLONE ACETATE 80 MG/ML SUSPENSION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone acetate 80 mg/ml suspension</i>	1	
<i>mifepristone 200 mg tab</i>	1	
ORAPRED ODT 15 MG TAB DISP	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 10 mg/5ml solution</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP	1	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	1	
<i>prednisone 1 mg tab</i>	1	
<i>prednisone 10 mg (21) tab thpk</i>	1	
<i>prednisone 10 mg (48) tab thpk</i>	1	
<i>prednisone 10 mg tab</i>	1	RX4L Rx4Less Program
<i>prednisone 2.5 mg tab</i>	1	
<i>prednisone 20 mg tab</i>	1	
<i>prednisone 5 mg (21) tab thpk</i>	1	
<i>prednisone 5 mg (48) tab thpk</i>	1	
<i>prednisone 5 mg tab</i>	1	RX4L Rx4Less Program
PREDNISONE 5 MG/5ML SOLUTION	1	
<i>prednisone 50 mg tab</i>	1	
PREDNISONE INTENSOL 5 MG/ML CONC	1	
<i>pyqui 22.75 mg/ml suspension</i>	3	QL 1 / 1 DAYS PA SP Specialty
RAYOS 1 MG TAB DR	3	QL 1 / 1 DAYS PA
RAYOS 2 MG TAB DR	3	QL 1 / 1 DAYS PA
RAYOS 5 MG TAB DR	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARPEYO 4 MG CAP DR	3	QL 4 / 1 DAYS PA QLC 1108 / 274 DAYS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig 0.01 % solution</i>	1	
<i>desmopressin acetate 0.1 mg tab</i>	1	
<i>desmopressin acetate 0.2 mg tab</i>	1	
<i>desmopressin acetate 4 mcg/ml solution</i>	1	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
<i>desmopressin acetate spray 0.01 % solution</i>	1	
EGRIFTA SV 2 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
EGRIFTA WR 11.6 MG KIT	3	QL 4 EA / 28 day(s) PA
GONAL-F 1050 UNIT RECON SOLN	2	PA QLC 4 / 22 DAYS SP Specialty
GONAL-F 450 UNIT RECON SOLN	2	PA QLC 10 / 22 DAYS SP Specialty
GONAL-F RFF 75 UNIT RECON SOLN	2	PA QLC 47 / 22 DAYS SP Specialty
GONAL-F RFF REDIJECT 300 UNT/0.48ML SOLN PEN	2	PA QLC 8 / 22 DAYS SP Specialty
GONAL-F RFF REDIJECT 450 UNT/0.72ML SOLN PEN	2	PA QLC 8 / 22 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GONAL-F RFF REDIJECT 900 UNT/1.44ML SOLN PEN	2	PA QLC 8 / 22 DAYS SP Specialty
INCRELEX 40 MG/4ML SOLUTION	3	PA SP Specialty
ISTURISA 1 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ISTURISA 5 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
MENOPUR 75 UNIT RECON SOLN	3	PA SP Specialty
MYFEMBREE 40-1-0.5 MG TAB	3	QL 1 / 1 DAYS PA
NOVAREL 5000 UNIT RECON SOLN	2	QL 0.43 / 1 DAYS PA SP Specialty
OMNITROPE 5 MG/1.5ML SOLN CART	2	PA SP Specialty
OMNITROPE 5.8 MG RECON SOLN	2	PA SP Specialty
PREGNYL 10000 UNIT RECON SOLN	2	QL 0.22 / 1 DAYS PA SP Specialty
SEROSTIM 4 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SEROSTIM 5 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROSTIM 6 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
AZMIRO 200 MG/ML SOLN PRSYR	3	
<i>danazol 100 mg cap</i>	1	
<i>danazol 200 mg cap</i>	1	
<i>danazol 50 mg cap</i>	1	
METHITEST 10 MG TAB	3	
<i>methyltestosterone 10 mg cap</i>	3	
NATESTO 5.5 MG/ACT GEL	3	QL 0.75 / 1 DAYS
<i>testosterone 1.62 % gel</i>	1	
TESTOSTERONE 10 MG/ACT (2%) GEL	3	
<i>testosterone 10 mg/act (2%) gel</i>	3	
TESTOSTERONE 12.5 MG/ACT (1%) GEL	3	
<i>testosterone 12.5 mg/act (1%) gel</i>	3	
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	3	
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	3	
<i>testosterone 20.25 mg/act (1.62%) gel</i>	1	
<i>testosterone 25 mg/2.5gm (1%) gel</i>	3	
<i>testosterone 30 mg/act solution</i>	3	
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	3	
TESTOSTERONE 50 MG/5GM (1%) GEL	3	
<i>testosterone 50 mg/5gm (1%) gel</i>	3	
<i>testosterone cypionate 100 mg/ml solution</i>	1	
<i>testosterone cypionate 200 mg/ml solution</i>	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
VOGELXO 50 MG/5GM (1%) GEL	3	
VOGELXO PUMP 12.5 MG/ACT (1%) GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XYOSTED 100 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS
XYOSTED 50 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS
XYOSTED 75 MG/0.5ML SOLN A-INJ	3	QL 0.08 / 1 DAYS
ESTROGENS		
<i>abigale 1-0.5 mg tab</i>	1	
<i>abigale lo 0.5-0.1 mg tab</i>	1	
<i>afirmelle 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>altavera 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>amabelz 0.5-0.1 mg tab</i>	1	
<i>amabelz 1-0.5 mg tab</i>	1	
<i>amethia 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>amethyst 90-20 mcg tab</i>	1	ACA Affordable Care Act
ANNOVERA 0.013-0.15 MG/24HR RING	3	ACA Affordable Care Act
<i>apri 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ashlyna 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>aubra eq 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
AVERI 0.15-0.03 MG TAB	3	ACA Affordable Care Act
<i>aviane 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ayuna 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>balziva 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>briellyn 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>charlotte 24 fe 1-20 mg-mcg(24) chew tab</i>	1	ACA Affordable Care Act
<i>chateal eq 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	2	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>cyred eq 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>dasetta 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>delyla 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>dolishale 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>dotti 0.025 mg/24hr patch tw</i>	1	
<i>dotti 0.0375 mg/24hr patch tw</i>	1	
<i>dotti 0.05 mg/24hr patch tw</i>	1	
<i>dotti 0.075 mg/24hr patch tw</i>	1	
<i>dotti 0.1 mg/24hr patch tw</i>	1	
<i>drospiren-eth estrad-levomefol 3-0.02-0.451 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>drospiren-eth estrad-levomefol 3-0.03-0.451 mg tab</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>elinest 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>eluryng 0.12-0.015 mg/24hr ring</i>	1	ACA Affordable Care Act
<i>enilloring 0.12-0.015 mg/24hr ring</i>	1	ACA Affordable Care Act
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>enskyce 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>estarylla 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>estradiol 0.01 % cream</i>	1	
<i>estradiol 0.025 mg/24hr patch tw</i>	1	
<i>estradiol 0.025 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.0375 mg/24hr patch tw</i>	1	
<i>estradiol 0.0375 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.05 mg/24hr patch tw</i>	1	
<i>estradiol 0.05 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.06 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.075 mg/24hr patch tw</i>	1	
<i>estradiol 0.075 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.1 mg/24hr patch tw</i>	1	
<i>estradiol 0.1 mg/24hr patch wk</i>	1	QL 0.15 / 1 DAYS
<i>estradiol 0.5 mg tab</i>	1	
<i>estradiol 1 mg tab</i>	1	
<i>estradiol 10 mcg tab</i>	1	
<i>estradiol 2 mg tab</i>	1	
<i>estradiol valerate 10 mg/ml oil</i>	1	
<i>estradiol valerate 20 mg/ml oil</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol valerate 40 mg/ml oil</i>	1	
<i>estradiol-norethindrone acet 0.5-0.1 mg tab</i>	1	
<i>estradiol-norethindrone acet 1-0.5 mg tab</i>	1	
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	1	ACA Affordable Care Act
EVAMIST 1.53 MG/SPRAY SOLUTION	2	
<i>falmina 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>feirza 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
FEMLYV 1-0.02 MG TAB DISP	3	ACA Affordable Care Act
<i>finzala 1-20 mg-mcg(24) chew tab</i>	1	ACA Affordable Care Act
<i>fyavolv 0.5-2.5 mg-mcg tab</i>	1	
<i>fyavolv 1-5 mg-mcg tab</i>	1	
<i>galbriela 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>gemmily 1-20 mg-mcg(24) cap</i>	1	ACA Affordable Care Act
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>haloette 0.12-0.015 mg/24hr ring</i>	1	ACA Affordable Care Act
<i>iclevia 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>introvale 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>isibloom 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>jaimiess 0.15-0.03 &0.01 mg tab</i>	1	ACA Affordable Care Act
<i>jasmiel 3-0.02 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>jinteli 1-5 mg-mcg tab</i>	1	
<i>jolessa 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>juleber 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>kaitlib fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>kalliga 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>kelnor 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kelnor 1/50 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>kurvelo 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>larin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>layolis fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lessina 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth est & eth est 42-21-21-7 days tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	1	ACA Affordable Care Act
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	2	ACA Affordable Care Act
<i>lo-zumandimine 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>loryna 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lutra 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>lyllana 0.025 mg/24hr patch tw</i>	1	
<i>lyllana 0.0375 mg/24hr patch tw</i>	1	
<i>lyllana 0.05 mg/24hr patch tw</i>	1	
<i>lyllana 0.075 mg/24hr patch tw</i>	1	
<i>lyllana 0.1 mg/24hr patch tw</i>	1	
<i>marlissa 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>merzee 1-20 mg-mcg(24) cap</i>	1	ACA Affordable Care Act
<i>mibelas 24 fe 1-20 mg-mcg(24) chew tab</i>	1	ACA Affordable Care Act
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mili 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>mimvey 1-0.5 mg tab</i>	1	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	1	ACA Affordable Care Act
<i>mono-linyah 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
NATAZIA 3/2-2/2-3/1 MG TAB	3	ACA Affordable Care Act
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
NEXTSTELLIS 3-14.2 MG TAB	3	ACA Affordable Care Act
<i>nikki 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	1	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	1	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i>	1	ACA Affordable Care Act
<i>norethin ace-eth estrad-fe 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>norethindrone-eth estradiol 0.5-2.5 mg-mcg tab</i>	1	
<i>norethindrone-eth estradiol 1-5 mg-mcg tab</i>	1	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>nymyo 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>ocella 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>philith 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>portia-28 0.15-30 mg-mcg tab</i>	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	
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO 0.3-1.5 MG TAB	2	
PREMPRO 0.45-1.5 MG TAB	2	
PREMPRO 0.625-2.5 MG TAB	2	
PREMPRO 0.625-5 MG TAB	2	
<i>reclipsen 0.15-30 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>rivelsa 42-21-21-7 days tab</i>	1	ACA Affordable Care Act
<i>rosyrah 42-21-21-7 days tab</i>	1	ACA Affordable Care Act
<i>setlakin 0.15-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	1	ACA Affordable Care Act
<i>sprintec 28 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>sronyx 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>syeda 3-0.03 mg tab</i>	1	ACA Affordable Care Act
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	1	ACA Affordable Care Act
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>taysofy 1-20 mg-mcg(24) cap</i>	1	ACA Affordable Care Act
<i>tilia fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-legest fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	1	ACA Affordable Care Act
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	1	ACA Affordable Care Act
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	1	ACA Affordable Care Act
<i>turqoz 0.3-30 mg-mcg tab</i>	1	ACA Affordable Care Act
TWIRLA 120-30 MCG/24HR PATCH WK	3	ACA Affordable Care Act
TYBLUME 0.1-20 MG-MCG CHEW TAB	3	ACA Affordable Care Act
<i>tydemy 3-0.03-0.451 mg tab</i>	1	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>valtya 1/35 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>valtya 1/50 1-50 mg-mcg tab</i>	1	ACA Affordable Care Act
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	1	ACA Affordable Care Act
<i>vestura 3-0.02 mg tab</i>	1	ACA Affordable Care Act
<i>vienva 0.1-20 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	1	ACA Affordable Care Act
<i>vyfemla 0.4-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>vylibra 0.25-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wera 0.5-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
<i>xarah fe 1-20/1-30/1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	1	ACA Affordable Care Act
XULANE	1	ACA Affordable Care Act
<i>yuvaferm 10 mcg tab</i>	1	
<i>zafemy 150-35 mcg/24hr patch wk</i>	1	ACA Affordable Care Act
ZAFEMY	1	ACA Affordable Care Act
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	1	ACA Affordable Care Act
<i>zumandimine 3-0.03 mg tab</i>	1	ACA Affordable Care Act
PROGESTINS		
<i>aftera 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>afterpill 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>camila 0.35 mg tab</i>	1	ACA Affordable Care Act
CRINONE 4 % GEL	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CRINONE 8 % GEL	3	
<i>curae 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>deblitane 0.35 mg tab</i>	1	ACA Affordable Care Act
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	3	ACA Affordable Care Act
<i>econtra one-step 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
ELLA 30 MG TAB	3	ACA Affordable Care Act
<i>emzahh 0.35 mg tab</i>	1	ACA Affordable Care Act
ENDOMETRIN 100 MG INSERT	2	PA
<i>errin 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>gallifrey 5 mg tab</i>	1	
<i>heather 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>her style 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>incassia 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>jencycla 0.35 mg tab</i>	1	ACA Affordable Care Act
KYLEENA 19.5 MG IUD	3	ACA Affordable Care Act
<i>levonorgestrel 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
LILETTA (52 MG) 20.1 MCG/DAY IUD	3	ACA Affordable Care Act
<i>lyleq 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>lyza 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 10 mg tab</i>	1	
<i>medroxyprogesterone acetate 150 mg/ml susp prsy</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	1	ACA Affordable Care Act
<i>medroxyprogesterone acetate 2.5 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 5 mg tab</i>	1	
<i>megestrol acetate 20 mg tab</i>	1	
<i>megestrol acetate 40 mg tab</i>	1	
<i>megestrol acetate 40 mg/ml suspension</i>	1	
<i>megestrol acetate 400 mg/10ml suspension</i>	1	
MEGESTROL ACETATE 625 MG/5ML SUSPENSION	1	
<i>megestrol acetate 800 mg/20ml suspension</i>	1	
<i>meleva 0.35 mg tab</i>	1	ACA Affordable Care Act
MIRENA (52 MG) 20 MCG/DAY IUD	3	ACA Affordable Care Act
<i>my choice 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>my way 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>new day 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
NEXPLANON 68 MG IMPLANT	3	ACA Affordable Care Act
<i>nora-be 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>norethindrone acetate 5 mg tab</i>	1	
<i>norlyroc 0.35 mg tab</i>	1	ACA Affordable Care Act
<i>opcicon one-step 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
OPIII 0.075 MG TAB	3	OTC Over the Counter
<i>option 2 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>orquidea 0.35 mg tab</i>	1	ACA Affordable Care Act
PLAN B ONE-STEP 1.5 MG TAB	3	ACA Affordable Care Act OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>progesterone 100 mg cap</i>	1	
<i>progesterone 100 mg insert</i>	3	PA
<i>progesterone 200 mg cap</i>	1	
<i>progesterone 50 mg/ml oil</i>	1	
<i>react 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
<i>sharobel 0.35 mg tab</i>	1	ACA Affordable Care Act
SKYLA 13.5 MG IUD	3	ACA Affordable Care Act
SLYND 4 MG TAB	3	ACA Affordable Care Act
<i>take action 1.5 mg tab</i>	1	ACA Affordable Care Act OTC Over the Counter
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>clomid 50 mg tab</i>	1	
<i>clomiphene citrate 50 mg tab</i>	1	
DUAVEE 0.45-20 MG TAB	2	
<i>milophene 50 mg tab</i>	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA 120 MG TAB	1	
ADTHYZA 130 MG TAB	3	
ADTHYZA 15 MG TAB	1	
ADTHYZA 16.25 MG TAB	3	
ADTHYZA 30 MG TAB	1	
ADTHYZA 32.5 MG TAB	3	
ADTHYZA 60 MG TAB	1	
ADTHYZA 65 MG TAB	3	
ADTHYZA 90 MG TAB	1	
ADTHYZA 97.5 MG TAB	3	
ARMOUR THYROID 120 MG TAB	1	
ARMOUR THYROID 15 MG TAB	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARMOUR THYROID 180 MG TAB	3	
ARMOUR THYROID 240 MG TAB	3	
ARMOUR THYROID 30 MG TAB	1	
ARMOUR THYROID 300 MG TAB	3	
ARMOUR THYROID 60 MG TAB	1	
ARMOUR THYROID 90 MG TAB	1	
<i>euthyrox 100 mcg tab</i>	1	
<i>euthyrox 112 mcg tab</i>	1	
<i>euthyrox 125 mcg tab</i>	1	
<i>euthyrox 137 mcg tab</i>	1	
<i>euthyrox 150 mcg tab</i>	1	
<i>euthyrox 175 mcg tab</i>	1	
<i>euthyrox 200 mcg tab</i>	1	
<i>euthyrox 25 mcg tab</i>	1	
<i>euthyrox 50 mcg tab</i>	1	
<i>euthyrox 75 mcg tab</i>	1	
<i>euthyrox 88 mcg tab</i>	1	
EVEXITHROID 120 MG TAB	1	
EVEXITHROID 15 MG TAB	1	
EVEXITHROID 180 MG TAB	3	
EVEXITHROID 30 MG TAB	1	
EVEXITHROID 60 MG TAB	1	
EVEXITHROID 90 MG TAB	1	
<i>levo-t 100 mcg tab</i>	1	
<i>levo-t 112 mcg tab</i>	1	
<i>levo-t 125 mcg tab</i>	1	
<i>levo-t 137 mcg tab</i>	1	
<i>levo-t 150 mcg tab</i>	1	
<i>levo-t 175 mcg tab</i>	1	
<i>levo-t 200 mcg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levo-t 25 mcg tab</i>	1	
<i>levo-t 300 mcg tab</i>	1	
<i>levo-t 50 mcg tab</i>	1	
<i>levo-t 75 mcg tab</i>	1	
<i>levo-t 88 mcg tab</i>	1	
<i>levothyroxine sodium 100 mcg tab</i>	1	
<i>levothyroxine sodium 112 mcg tab</i>	1	
<i>levothyroxine sodium 125 mcg tab</i>	1	
<i>levothyroxine sodium 137 mcg tab</i>	1	
<i>levothyroxine sodium 150 mcg tab</i>	1	
<i>levothyroxine sodium 175 mcg tab</i>	1	
<i>levothyroxine sodium 200 mcg tab</i>	1	
<i>levothyroxine sodium 25 mcg tab</i>	1	
<i>levothyroxine sodium 300 mcg tab</i>	1	
<i>levothyroxine sodium 50 mcg tab</i>	1	
<i>levothyroxine sodium 75 mcg tab</i>	1	
<i>levothyroxine sodium 88 mcg tab</i>	1	
<i>levoxyl 100 mcg tab</i>	1	
<i>levoxyl 112 mcg tab</i>	1	
<i>levoxyl 125 mcg tab</i>	1	
<i>levoxyl 137 mcg tab</i>	1	
<i>levoxyl 150 mcg tab</i>	1	
<i>levoxyl 175 mcg tab</i>	1	
<i>levoxyl 200 mcg tab</i>	1	
<i>levoxyl 25 mcg tab</i>	1	
<i>levoxyl 50 mcg tab</i>	1	
<i>levoxyl 75 mcg tab</i>	1	
<i>levoxyl 88 mcg tab</i>	1	
<i>liomny 25 mcg tab</i>	1	
<i>liomny 5 mcg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>liomny 50 mcg tab</i>	1	
<i>liothyronine sodium 25 mcg tab</i>	1	
<i>liothyronine sodium 5 mcg tab</i>	1	
<i>liothyronine sodium 50 mcg tab</i>	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	
RENTHYROID 120 MG TAB	1	
RENTHYROID 15 MG TAB	1	
RENTHYROID 30 MG TAB	1	
RENTHYROID 60 MG TAB	1	
RENTHYROID 90 MG TAB	1	
REZDIFFRA 100 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
REZDIFFRA 60 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
REZDIFFRA 80 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
SYNTHROID 100 MCG TAB	3	
SYNTHROID 112 MCG TAB	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SYNTHROID 125 MCG TAB	3	
SYNTHROID 137 MCG TAB	3	
SYNTHROID 150 MCG TAB	3	
SYNTHROID 175 MCG TAB	3	
SYNTHROID 200 MCG TAB	3	
SYNTHROID 25 MCG TAB	3	
SYNTHROID 300 MCG TAB	3	
SYNTHROID 50 MCG TAB	3	
SYNTHROID 75 MCG TAB	3	
SYNTHROID 88 MCG TAB	3	
THYROID 120 MG TAB	1	
THYROID 15 MG TAB	1	
THYROID 30 MG TAB	1	
THYROID 60 MG TAB	1	
THYROID 90 MG TAB	1	
<i>unithroid 100 mcg tab</i>	1	
<i>unithroid 112 mcg tab</i>	1	
<i>unithroid 125 mcg tab</i>	1	
<i>unithroid 137 mcg tab</i>	1	
<i>unithroid 150 mcg tab</i>	1	
<i>unithroid 175 mcg tab</i>	1	
<i>unithroid 200 mcg tab</i>	1	
<i>unithroid 25 mcg tab</i>	1	
<i>unithroid 300 mcg tab</i>	1	
<i>unithroid 50 mcg tab</i>	1	
<i>unithroid 75 mcg tab</i>	1	
<i>unithroid 88 mcg tab</i>	1	
YORVIPATH 168 MCG/0.56ML SOLN PEN	3	QL 0.04 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
YORVIPATH 294 MCG/0.98ML SOLN PEN	3	QL 0.07 / 1 DAYS PA SP Specialty
YORVIPATH 420 MCG/1.4ML SOLN PEN	3	QL 0.1 / 1 DAYS PA SP Specialty
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	1	
<i>cetrorelix acetate 0.25 mg kit</i>	3	PA
CRENESSITY 100 MG CAP	3	QL 60 / 30 days PA SP Specialty
CRENESSITY 25 MG CAP	3	QL 60 EA / 30 day(s) PA SP Specialty
CRENESSITY 50 MG CAP	3	QL 60 / 30 days PA SP Specialty
CRENESSITY 50 MG/ML SOLUTION	3	QL 30 / 30 days PA SP Specialty
<i>fyremadel 250 mcg/0.5ml soln prsyr</i>	3	PA SP Specialty
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	3	PA SP Specialty
<i>ganirelix acetate 250 mcg/0.5ml soln prsyr</i>	3	PA SP Specialty
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	3	QL 0.04 / 1 day SP Specialty
<i>lanreotide acetate 120 mg/0.5ml solution</i>	1	QL 0.04 / 1 DAYS SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leuprolide acetate 1 mg/0.2ml kit</i>	1	PA SP Specialty
<i>mifepristone 300 mg tab</i>	2	QL 4 / 1 DAYS PA SP Specialty
OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR	1	SP Specialty
<i>octreotide acetate 100 mcg/ml solution</i>	1	SP Specialty
<i>octreotide acetate 1000 mcg/ml solution</i>	1	SP Specialty
<i>octreotide acetate 200 mcg/ml solution</i>	1	SP Specialty
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR	1	SP Specialty
<i>octreotide acetate 50 mcg/ml solution</i>	1	SP Specialty
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	1	SP Specialty
<i>octreotide acetate 500 mcg/ml solution</i>	1	SP Specialty
ORGOVYX 120 MG TAB	3	PA QLC 30 / 21 DAYS SP Specialty
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	3	QL 2 / 1 DAYS PA
ORILISSA 150 MG TAB	3	QL 1 / 1 DAYS PA
ORILISSA 200 MG TAB	3	QL 2 / 1 DAYS PA
RECORLEV 150 MG TAB	3	QL 2 / 1 DAYS PA
SIGNIFOR 0.3 MG/ML SOLUTION	3	PA SP Specialty
SIGNIFOR 0.6 MG/ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR 0.9 MG/ML SOLUTION	3	PA SP Specialty
SOMAVERT 10 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SOMAVERT 15 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SOMAVERT 20 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SOMAVERT 25 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SOMAVERT 30 MG RECON SOLN	3	QL 1 / 1 DAYS PA SP Specialty
SYNAREL 2 MG/ML SOLUTION	3	QL 0.27 / 1 DAYS PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tab</i>	1	
<i>methimazole 5 mg tab</i>	1	
<i>propylthiouracil 50 mg tab</i>	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT 500 UNIT KIT	3	QL 0.36 / 1 DAYS PA SP Specialty
CINRYZE 500 UNIT RECON SOLN	3	QL 0.67 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EKTERLY 300 MG TAB	3	PA QLC 4 EA / 30 days SP Specialty
HAEGARDA 2000 UNIT RECON SOLN	2	QL 0.29 / 1 DAYS PA SP Specialty
HAEGARDA 3000 UNIT RECON SOLN	2	QL 0.29 / 1 DAYS PA SP Specialty
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	1	QL 0.3 / 1 DAYS PA SP Specialty
ORLADEYO 110 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
ORLADEYO 150 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
RUCONEST 2100 UNIT RECON SOLN	3	QL 0.15 / 1 DAYS PA SP Specialty
<i>sajazir 30 mg/3ml soln prsyr</i>	1	QL 0.3 / 1 DAYS PA SP Specialty
TAKHZYRO 150 MG/ML SOLN PRSYR	2	QL 0.036 / 1 DAYS PA SP Specialty
TAKHZYRO 300 MG/2ML SOLN PRSYR	2	QL 0.08 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO 300 MG/2ML SOLUTION	2	QL 0.08 / 1 DAYS PA SP Specialty
IMMUNOGLOBULINS		
GAMMAGARD 1 GM/10ML SOLUTION	3	PA SP Specialty
GAMMAGARD 10 GM/100ML SOLUTION	3	PA SP Specialty
GAMMAGARD 2.5 GM/25ML SOLUTION	3	PA SP Specialty
GAMMAGARD 20 GM/200ML SOLUTION	3	PA SP Specialty
GAMMAGARD 30 GM/300ML SOLUTION	3	PA SP Specialty
GAMMAGARD 5 GM/50ML SOLUTION	3	PA SP Specialty
GAMMAGARD S/D LESS IGA 10 GM RECON SOLN	3	PA SP Specialty
GAMMAGARD S/D LESS IGA 5 GM RECON SOLN	3	PA SP Specialty
GAMUNEX-C 1 GM/10ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 10 GM/100ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 2.5 GM/25ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 20 GM/200ML SOLUTION	3	PA SP Specialty
GAMUNEX-C 40 GM/400ML SOLUTION	3	PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAMUNEX-C 5 GM/50ML SOLUTION	3	PA SP Specialty
HIZENTRA 1 GM/5ML SOLN PRSYR	3	PA SP Specialty
HIZENTRA 1 GM/5ML SOLUTION	3	PA SP Specialty
HIZENTRA 10 GM/50ML SOLN PRSYR	3	PA SP Specialty
HIZENTRA 10 GM/50ML SOLUTION	3	PA SP Specialty
HIZENTRA 2 GM/10ML SOLN PRSYR	3	PA SP Specialty
HIZENTRA 2 GM/10ML SOLUTION	3	PA SP Specialty
HIZENTRA 4 GM/20ML SOLN PRSYR	3	PA SP Specialty
HIZENTRA 4 GM/20ML SOLUTION	3	PA SP Specialty
PRIVIGEN 10 GM/100ML SOLUTION	3	PA SP Specialty
PRIVIGEN 20 GM/200ML SOLUTION	3	PA SP Specialty
PRIVIGEN 40 GM/400ML SOLUTION	3	PA SP Specialty
PRIVIGEN 5 GM/50ML SOLUTION	3	PA SP Specialty
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9ML SOLN PRSYR	2	QL 0.15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ	2	QL 0.15 / 1 DAYS PA SP Specialty
ARCALYST 220 MG RECON SOLN	3	PA QLC 4 / 21 DAYS SP Specialty
BENLYSTA 200 MG/ML SOLN A-INJ	3	QL 0.15 / 1 DAYS SP Specialty
BENLYSTA 200 MG/ML SOLN PRSYR	3	QL 0.15 / 1 DAYS SP Specialty
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL 0.08 / 1 DAYS PA SP Specialty
COSENTYX 150 MG/ML SOLN PRSYR	2	QL 0.04 / 1 DAYS PA SP Specialty
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QL 0.02 / 1 DAYS PA SP Specialty
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	QL 0.08 / 1 DAYS PA SP Specialty
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	QL 0.04 / 1 DAYS PA SP Specialty
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	QL 0.072 / 1 DAYS PA SP Specialty
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	QL 0.05 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 200 MG/1.14ML SOLN A-INJ	2	QL 0.09 / 1 DAYS PA SP Specialty
DUPIXENT 200 MG/1.14ML SOLN PRSYR	2	QL 0.09 / 1 DAYS PA SP Specialty
DUPIXENT 300 MG/2ML SOLN A-INJ	2	QL 0.15 / 1 DAYS PA SP Specialty
DUPIXENT 300 MG/2ML SOLN PRSYR	2	QL 0.15 / 1 DAYS PA SP Specialty
EMPAVELI 1080 MG/20ML SOLUTION	3	PA
ENSPRYNG 120 MG/ML SOLN PRSYR	3	QL 0.04 / 1 DAYS PA SP Specialty
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	3	QL 1.36 ML / 28 day(s) PA SP Specialty
GRASTEK 2800 BAU SL TAB	3	QL 1 / 1 DAYS
ODACTRA 12 SQ-HDM SL TAB	3	QL 1 / 1 DAYS
ORALAIR 300 IR SL TAB	3	QL 1 / 1 DAYS SP Specialty
ORALAIR ADULT STARTER PACK 300 IR SL TAB	3	QL 1 / 1 DAYS SP Specialty
ORENCIA 125 MG/ML SOLN PRSYR	3	QL 0.15 / 1 DAYS PA SP Specialty
ORENCIA 50 MG/0.4ML SOLN PRSYR	3	QL 0.06 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	3	QL 0.1 / 1 DAYS PA SP Specialty
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	3	QL 0.15 / 1 DAYS PA SP Specialty
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL 2 / 1 DAYS PA SP Specialty
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	2	QL 1.97 / 1 DAYS PA SP Specialty
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	2	QL 41 EA / 28 day(s) PA SP Specialty
PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK	3	QL 3.22 / 1 DAYS PA SP Specialty
PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK	3	QL 2.15 / 1 DAYS PA SP Specialty
PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK	3	QL 4.29 / 1 DAYS PA SP Specialty
PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK	3	QL 1.08 / 1 DAYS PA SP Specialty
PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK	3	QL 2.15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK	3	QL 4.29 / 1 DAYS PA SP Specialty
PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK	3	QL 3.22 / 1 DAYS PA SP Specialty
PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET	3	QL 1 / 1 DAYS PA SP Specialty
PALFORZIA (300 MG TITRATION) 300 MG PACKET	3	QL 1.08 / 1 DAYS PA SP Specialty
PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK	3	QL 2.15 / 1 DAYS PA SP Specialty
PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK	3	QL 6.43 / 1 DAYS PA SP Specialty
PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK	3	QL 4.29 / 1 DAYS PA SP Specialty
PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	QL 13 / 1 DAYS PA SP Specialty
PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK	3	QL 13 / 1 DAYS PA SP Specialty
RAGWITEK 12 AMB A 1-U SL TAB	3	QL 1 / 1 DAYS
REZUROCK 200 MG TAB	3	QL 1 / 1 DAYS PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RINVOQ 15 MG TAB ER 24H	2	QL 1 / 1 DAYS PA SP Specialty
RINVOQ 30 MG TAB ER 24H	2	QL 1 / 1 DAYS PA SP Specialty
RINVOQ 45 MG TAB ER 24H	2	QL 1 / 1 DAYS PA QLC 84 / 274 DAYS SP Specialty
RINVOQ LQ 1 MG/ML SOLUTION	2	QL 12 / 1 DAYS PA SP Specialty
SELARSDI 45 MG/0.5ML SOLN PRSYR	2	QL 0.006 mL / 1 day PA SP Specialty
SELARSDI 90 MG/ML SOLN PRSYR	2	QL 0.012 / 1 day PA SP Specialty
SKYRIZI 150 MG/ML SOLN PRSYR	2	QL 0.012 / 1 DAYS PA SP Specialty
SKYRIZI 180 MG/1.2ML SOLN CART	2	QL 0.022 / 1 DAYS PA SP Specialty
SKYRIZI 360 MG/2.4ML SOLN CART	2	QL 0.043 / 1 DAYS PA SP Specialty
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	QL 0.012 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SOTYKTU 6 MG TAB	2	QL 1 / 1 DAYS PA
TAVNEOS 10 MG CAP	3	QL 6 / 1 DAYS PA
TREMFYA 100 MG/ML SOLN PRSYR	2	QL 0.02 / 1 DAYS PA SP Specialty
TREMFYA 200 MG/2ML SOLN PRSYR	2	QL 0.072 / 1 day(s) PA SP Specialty
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	2	QL 0.02 / 1 day(s) PA SP Specialty
TREMFYA PEN 100 MG/ML SOLN A-INJ	2	QL 0.02 / 1 DAYS PA SP Specialty
TREMFYA PEN 200 MG/2ML SOLN A-INJ	2	QL 0.072 / 1 day(s) PA SP Specialty
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	2	QL 4 / 28 day(s) PA SP Specialty
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	2	QL 0.006 mL / 1 day PA SP Specialty
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	2	QL 0.012 / 1 day PA SP Specialty
VOYDEYA 100 MG TAB	3	QL 6 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VOYDEYA 50 & 100 MG TAB THPK	3	QL 6 / 1 DAYS PA SP Specialty
XELJANZ 1 MG/ML SOLUTION	2	QL 10 / 1 DAYS PA SP Specialty
XELJANZ 10 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
XELJANZ 5 MG TAB	2	QL 2 / 1 DAYS PA SP Specialty
XELJANZ XR 11 MG TAB ER 24H	2	QL 1 / 1 DAYS PA SP Specialty
XELJANZ XR 22 MG TAB ER 24H	2	QL 1 / 1 DAYS PA SP Specialty
XOLAIR 150 MG RECON SOLN	3	PA QLC 8 / 21 DAYS SP Specialty
XOLAIR 150 MG/ML SOLN A-INJ	3	QL 0.036 / 1 DAYS PA SP Specialty
XOLAIR 150 MG/ML SOLN PRSYR	3	QL 0.04 / 1 DAYS PA SP Specialty
XOLAIR 300 MG/2ML SOLN A-INJ	3	QL 0.072 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR 300 MG/2ML SOLN PRSYR	3	QL 0.072 / 1 DAYS PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN A-INJ	3	QL 0.018 / 1 DAYS PA SP Specialty
XOLAIR 75 MG/0.5ML SOLN PRSYR	3	QL 0.02 / 1 DAYS PA SP Specialty
YESINTEK 45 MG/0.5ML SOLN PRSYR	2	QL 0.006 mL / 1 day PA SP Specialty
YESINTEK 45 MG/0.5ML SOLUTION	2	QL 0.006 mL / 1 day PA SP Specialty
YESINTEK 90 MG/ML SOLN PRSYR	2	QL 0.012 / 1 day PA SP Specialty
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	3	QL 0.018 / 1 DAYS PA SP Specialty
ALFERON N 5000000 UNIT/ML SOLUTION	3	
BESREMI 500 MCG/ML SOLN PRSYR	3	QL 0.072 / 1 DAYS PA
PEGASYS 180 MCG/0.5ML SOLN PRSYR	3	QL 0.08 / 1 DAYS PA SP Specialty
PEGASYS 180 MCG/ML SOLUTION	3	QL 0.15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMMUNOSUPPRESSANTS		
ADALIMUMAB-RYVK (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	PA SP Specialty
<i>azathioprine 50 mg tab</i>	1	
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	3	PA SP Specialty
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	3	QL 0.04 / 1 DAYS PA SP Specialty
CIMZIA-STARTER 200 MG/ML PREF SY KT	3	QL 0.11 / 1 DAYS PA SP Specialty
<i>cyclosporine 100 mg cap</i>	1	
<i>cyclosporine 25 mg cap</i>	1	
<i>cyclosporine modified 100 mg cap</i>	1	
<i>cyclosporine modified 100 mg/ml solution</i>	1	
<i>cyclosporine modified 25 mg cap</i>	1	
<i>cyclosporine modified 50 mg cap</i>	1	
ENBREL 25 MG/0.5ML SOLN PRSYR	2	QL 0.15 / 1 DAYS PA SP Specialty
ENBREL 25 MG/0.5ML SOLUTION	2	QL 0.15 / 1 DAYS PA SP Specialty
ENBREL 50 MG/ML SOLN PRSYR	2	QL 0.15 / 1 DAYS PA SP Specialty
ENBREL MINI 50 MG/ML SOLN CART	2	QL 0.15 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	QL 0.15 / 1 DAYS PA SP Specialty
ENVARUSUS XR 0.75 MG TAB ER 24H	3	QL 3 / 1 DAYS PA
ENVARUSUS XR 1 MG TAB ER 24H	3	QL 3 / 1 DAYS PA
ENVARUSUS XR 4 MG TAB ER 24H	3	QL 7 / 1 DAYS PA
<i>gengraf 100 mg cap</i>	1	
<i>gengraf 100 mg/ml solution</i>	1	
<i>gengraf 25 mg cap</i>	1	
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	QL 0.029 / 1 DAYS PA SP Specialty
HADLIMA 40 MG/0.8ML SOLN PRSYR	2	QL 0.058 / 1 DAYS PA SP Specialty
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	QL 0.029 / 1 DAYS PA SP Specialty
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	2	QL 0.058 / 1 DAYS PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT	2	QL 0.08 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA (2 SYRINGE) 20 MG/0.2ML PREF SY KT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA 10 MG/0.1ML PREF SY KT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA 40 MG/0.4ML PREF SY KT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	QL 0.11 / 1 DAYS PA SP Specialty
HUMIRA-PED>=40KG UC STARTER 80 MG/0.8ML AUT-IJ KIT	2	QL 0.15 / 1 DAYS PA SP Specialty
HUMIRA-PS/UV/ADOL HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	QL 0.08 / 1 DAYS PA SP Specialty
HUMIRA-PSORIASIS/UVEIT STARTER 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	2	QL 0.11 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JYLAMVO 2 MG/ML SOLUTION	3	QL 2 / 1 DAYS PA
<i>leflunomide 10 mg tab</i>	1	
<i>leflunomide 20 mg tab</i>	1	
LUPKYNIS 7.9 MG CAP	3	QL 6 / 1 DAYS PA
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 1 gm/40ml solution</i>	1	
METHOTREXATE SODIUM (PF) 1000 MG/40ML SOLUTION	1	
<i>methotrexate sodium (pf) 250 mg/10ml solution</i>	1	
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	1	
<i>methotrexate sodium 1 gm recon soln</i>	1	
<i>methotrexate sodium 2.5 mg tab</i>	1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	1	
<i>mycophenolate mofetil 250 mg cap</i>	1	
<i>mycophenolate mofetil 500 mg tab</i>	1	
<i>mycophenolate sodium 180 mg tab dr</i>	1	
<i>mycophenolate sodium 360 mg tab dr</i>	1	
<i>mycophenolic acid 180 mg tab dr</i>	1	
<i>mycophenolic acid 360 mg tab dr</i>	1	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	2	QL 0.072 / 1 DAYS PA SP Specialty
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	2	PA SP Specialty
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	2	PA SP Specialty
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	2	QL 0.072 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	2	PA SP Specialty
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	2	QL 0.072 / 1 DAYS PA SP Specialty
<i>sirolimus 0.5 mg tab</i>	1	
<i>sirolimus 1 mg tab</i>	1	
<i>sirolimus 1 mg/ml solution</i>	1	
<i>sirolimus 2 mg tab</i>	1	
SPEVIGO 150 MG/ML SOLN PRSYR	3	QL 0.072 / 1 DAYS PA SP Specialty
<i>tacrolimus 0.5 mg cap</i>	1	
<i>tacrolimus 1 mg cap</i>	1	
<i>tacrolimus 5 mg cap</i>	1	
XATMEP 2.5 MG/ML SOLUTION	3	PA
VACCINES		
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	3	ACA Affordable Care Act
PENMENVY RECON SUSP	3	ACA Affordable Care Act
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium 750 mg cap</i>	1	
<i>mesalamine 1.2 gm tab dr</i>	1	
<i>mesalamine 1000 mg suppos</i>	1	
<i>mesalamine 4 gm enema</i>	1	
<i>mesalamine 400 mg cap dr</i>	1	
<i>mesalamine 800 mg tab dr</i>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	1	
<i>sulfasalazine 500 mg tab</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfasalazine 500 mg tab dr</i>	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE 0.5 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
ALKINDI SPRINKLE 1 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
ALKINDI SPRINKLE 2 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
ALKINDI SPRINKLE 5 MG CAP SPRINK	3	QL 1 / 1 DAYS PA
<i>budesonide 2 mg foam</i>	2	QL 3.34 / 1 DAYS PA
<i>budesonide 2 mg/act foam</i>	2	QL 3.34 / 1 DAYS PA
<i>budesonide 3 mg cp dr part</i>	1	
<i>budesonide er 9 mg tab er 24h</i>	3	QL 1 / 1 DAYS
<i>hydrocortisone 10 mg tab</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
<i>hydrocortisone 20 mg tab</i>	1	
<i>hydrocortisone 5 mg tab</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium 10 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>alendronate sodium 35 mg tab</i>	1	QL 0.15 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program
<i>alendronate sodium 70 mg tab</i>	1	QL 0.15 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>alendronate sodium 70 mg/75ml solution</i>	3	PD Preventive Drug
<i>calcitonin (salmon) 200 unit/act solution</i>	1	PD Preventive Drug
<i>calcitriol 0.25 mcg cap</i>	1	
<i>calcitriol 0.5 mcg cap</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>cinacalcet hcl 30 mg tab</i>	1	SP Specialty
<i>cinacalcet hcl 60 mg tab</i>	1	SP Specialty
<i>cinacalcet hcl 90 mg tab</i>	1	SP Specialty
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL 0.04 / 1 DAYS PD Preventive Drug
<i>paricalcitol 1 mcg cap</i>	1	
<i>paricalcitol 2 mcg cap</i>	1	
<i>paricalcitol 4 mcg cap</i>	1	
PROLIA 60 MG/ML SOLN PRSYR	3	PA QLC 1 / 135 DAYS SP Specialty
<i>raloxifene hcl 60 mg tab</i>	1	PD Preventive Drug
<i>risedronate sodium 150 mg tab</i>	1	QL 0.04 / 1 DAYS PD Preventive Drug
<i>risedronate sodium 35 mg tab</i>	1	QL 0.15 / 1 DAYS PD Preventive Drug
<i>risedronate sodium 35 mg tab dr</i>	3	QL 0.15 / 1 DAYS PD Preventive Drug
<i>risedronate sodium 5 mg tab</i>	3	QL 1 / 1 DAYS PD Preventive Drug
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	QL 0.06 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap</i>	1	
<i>vitamin d (ergocalciferol) 50000 unit cap</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
3232A INFANT FORMULA POWDER	3	PA OTC Over the Counter
ACCU-CHEK AVIVA PLUS STRIP	2	QL 100 / 30 days OTC Over the Counter
LANCETS	3	OTC Over the Counter
ACCU-CHEK GUIDE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ACCU-CHEK SMARTVIEW STRIP	2	QL 100 / 30 days OTC Over the Counter
ACCUTREND GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
ACE AEROSOL CLOUD ENHANCER MISC	3	QLC 2 / 22 DAYS
ACERFLEX POWDER	3	PA OTC Over the Counter
ADULT MASK LARGE MISC	3	QLC 2 / 22 DAYS
ADVANCE INTUITION TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ADVANCE MICRO-DRAW TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ADVANTAGE INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter
ADVOCATE REDI-CODE STRIP	2	QL 100 / 30 days OTC Over the Counter
ADVOCATE REDI-CODE+ TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ADVOCATE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AEROTRACH PLUS MISC	3	QLC 2 / 22 DAYS
AGAMATRIX AMP TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
AGAMATRIX JAZZ TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
AGAMATRIX KEYNOTE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
AGAMATRIX PRESTO TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
AIMSCO LUBRICATED MISC	3	OTC Over the Counter
<i>alcohol (rubbing) 70 % solution</i>	3	OTC Over the Counter
ALFAMINO INFANT POWDER	3	PA OTC Over the Counter
ALFAMINO JUNIOR POWDER	3	PA OTC Over the Counter
ALIMENTUM LIQUID	3	PA OTC Over the Counter
ALIMENTUM POWDER	3	PA OTC Over the Counter
ALSOY SOY FORMULA CONC	3	PA OTC Over the Counter
ALSOY SOY FORMULA LIQUID	3	PA OTC Over the Counter
ALSOY SOY FORMULA POWDER	3	PA OTC Over the Counter
AQ INSULIN SYRINGE 31G X 5/16" 1 ML MISC	3	
<i>argyle sterile water solution</i>	1	
ASSURE 3 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASSURE 4 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ASSURE II STRIP	2	QL 100 / 30 days OTC Over the Counter
ASSURE II CHECK STRIP	2	QL 100 / 30 days OTC Over the Counter
ASSURE PLATINUM STRIP	2	QL 100 / 30 days OTC Over the Counter
ASSURE PRISM MULTI TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ASSURE PRO TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
BABY'S BIG SUPPORT POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGANIC/DAIRY POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGANIC/DHA & ARA POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGANIC/SOY POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGNIC/GENT DHA-ARA POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGNIC/GENTLE DAIRY POWDER	3	PA OTC Over the Counter
BABYS ONLY ORGNIC/SENS DHA-ARA POWDER	3	PA OTC Over the Counter
BCAD 1 POWDER	3	PA OTC Over the Counter
BCAD 2 POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BD ALLERGY SYRINGE 27G X 1/2" 0.5 ML MISC	3	OTC Over the Counter
BD ALLERGY SYRINGE 27G X 3/8" 0.5 ML MISC	3	OTC Over the Counter
BD CATHETER TIP SYRINGE 50 ML MISC	3	OTC Over the Counter
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	3	OTC Over the Counter
BD FILTER NEEDLE 18G X 1-1/2" MISC	3	OTC Over the Counter
BD INTERLINK BLUNT CANNULA MISC	3	OTC Over the Counter
BD PRECISIONGLIDE NEEDLE 27G X 3/8" MISC	3	OTC Over the Counter
BD Q-STYLE ACCESS DEVICE MISC	3	OTC Over the Counter
BD Q-STYLE VIAL ADAPTER MISC	3	OTC Over the Counter
BD SAFETYGLIDE NEEDLE 27G X 5/8" MISC	3	OTC Over the Counter
BD SYRINGE LUER-LOK 5 ML MISC	3	
BD TB SYRINGE 27G X 1/2" 0.5 ML MISC	3	OTC Over the Counter
BIOTEL CARE TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
BLOOD GLUCOSE TEST STRIPS 333 STRIP	2	QL 100 / 30 days OTC Over the Counter
BLULINK GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
BRAINSUSTAIN FOR KIDS POWDER	3	PA OTC Over the Counter
CALCILO XD POWDER	3	PA OTC Over the Counter
CAREONE BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CAREPOINT SYRINGE LUER LOCK 10 ML MISC	3	
CAREPOINT SYRINGE LUER LOCK 5 ML MISC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARESENS N GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CARESENS S GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CARETOUCH TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CAYA DIAPHRAGM	3	ACA Affordable Care Act
CHEMO TRANSFER PIN MISC	3	OTC Over the Counter
CHICKEN/PEAS/CARROTS POWDER	3	PA OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS POWDER	3	PA OTC Over the Counter
CHICKEN/PEAS/CARROTS PLUS PEDI POWDER	3	PA OTC Over the Counter
CHOLEXTRA POWDER	3	PA OTC Over the Counter
CHOLEXTRA T/F POWDER	3	PA OTC Over the Counter
CLEVER CHEK AUTO-CODE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CLEVER CHEK AUTO-CODE VOICE STRIP	2	QL 100 / 30 days OTC Over the Counter
CLEVER CHEK TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CLEVER CHOICE AUTO-CODE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CLEVER CHOICE MICRO TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CLEVER CHOICE NO CODING STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE TALK SYSTEM STRIP	2	QL 100 / 30 days OTC Over the Counter
CLICK ESPRESSO PROTEIN DRINK POWDER	3	PA OTC Over the Counter
COMPLEX ESSENTIAL MSD POWDER	3	PA OTC Over the Counter
CONFORMANT 2 WOUND VEIL MISC	3	OTC Over the Counter
CONTOUR MONITOR DEVICE	2	QLC 1 EA / 180 days PD Preventive Drug OTC Over the Counter
CONTOUR NEXT ONE KIT	2	QLC 1 EA / 180 days PD Preventive Drug OTC Over the Counter
CONTOUR NEXT TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CONTOUR PLUS TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CONTOUR TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
COOL BLOOD GLUCOSE TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
CVS ADVANCED GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CVS ADVANTAGE/IRON POWDER	3	PA OTC Over the Counter
CVS ALKALINE BATTERIES SIZE AA MISC	3	OTC Over the Counter
CVS DRESSING 4"X4-3/4" MISC	3	OTC Over the Counter
CVS GENTLE INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CVS GLUCOSE METER TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
<i>cv's hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
CVS INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter
<i>cv's instant food thickener powder</i>	3	OTC Over the Counter
<i>cv's rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
CVS SENSITIVITY/IRON POWDER	3	PA OTC Over the Counter
CVS TENDER/IRON POWDER	3	PA OTC Over the Counter
CVS TODDLER & INFANT/IRON POWDER	3	PA OTC Over the Counter
CVS TODDLER BEGINNINGS-IRON POWDER	3	PA OTC Over the Counter
CVS TRUE METRIX GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
CVS WINDOW BANDAGES MISC	3	OTC Over the Counter
CYCLINEX-1 POWDER	3	PA OTC Over the Counter
CYCLINEX-2 POWDER	3	PA OTC Over the Counter
CYTOTINE POWDER	3	PA
D-MANNOSE POWDER	3	PA OTC Over the Counter
DEXCOM G6 RECEIVER DEVICE	2	QL 0.034 / 1 DAYS DUR QLC 1 / 274 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DEXCOM G6 SENSOR MISC	2	QL 0.08 / 1 day PA DUR QLC 3 / 23 DAYS
DEXCOM G6 TRANSMITTER MISC	2	PA QLC 1 / 68 DAYS
DEXCOM G7 15 DAY SENSOR MISC	2	QL 0.08 / 1 day PA DUR
DEXCOM G7 RECEIVER DEVICE	2	QL 0.034 / 1 DAYS DUR QLC 1 / 274 DAYS
DEXCOM G7 SENSOR MISC	2	QL 0.08 / 1 day PA DUR
DIATHRIVE BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
DIATHRIVE GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
DIATHRIVE+ GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
DIATRUE PLUS TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
DOVER BULB SYRINGE 60 ML MISC	3	OTC Over the Counter
DR BROWN GOOD ST SOY-EASE PRO POWDER	3	PA OTC Over the Counter
DR BROWN GOOD START GENTLE PRO POWDER	3	PA OTC Over the Counter
DR BROWN GOOD START SOOTHE PRO POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML MISC	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC	3	
DUO-CARE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
DUOCAL POWDER	3	PA OTC Over the Counter
DUREX REALFEEL DEVICE	3	OTC Over the Counter
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML MISC	3	PD Preventive Drug OTC Over the Counter
EASY COMFORT PEN NEEDLES 29G X 4MM MISC	3	
EASY MAX BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASY PLUS II GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASY STEP TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASY TALK BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASY TALK PLUS II TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
EASY TOUCH HEALTHPRO GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
EASY TOUCH TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EASY TRAK BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASY TRAK II GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASYGLUCO STRIP	2	QL 100 / 30 days OTC Over the Counter
EASYMAX 15 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASYMAX TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASYPRO BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EASYPRO PLUS STRIP	2	QL 100 / 30 days OTC Over the Counter
EGG/PRO POWDER	3	PA OTC Over the Counter
ELECARE POWDER	3	PA OTC Over the Counter
ELECARE DHA/ARA POWDER	3	PA OTC Over the Counter
ELECARE DHA/ARA INFANT POWDER	3	PA OTC Over the Counter
ELECARE DHA/ARA/IRON INFANT POWDER	3	PA OTC Over the Counter
ELECARE JR POWDER	3	PA OTC Over the Counter
ELEMENT COMPACT TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ELEMENT TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
EMBRACE BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EMBRACE EVO BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EMBRACE PRO GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EMBRACE TALK GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
EMBRACE WAVE BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
ENCALA POWDER	3	PA OTC Over the Counter
ENFAGROW NEUROPRO TODDLER LIQUID	3	PA OTC Over the Counter
ENFAGROW NEXT STEP LIQUID	3	PA OTC Over the Counter
ENFAGROW PREMIUM LIPIL POWDER	3	PA OTC Over the Counter
ENFAGROW PREMIUM OLDER TODDLER POWDER	3	PA OTC Over the Counter
ENFAGROW PREMIUM TODDLER POWDER	3	PA OTC Over the Counter
ENFAGROW PREMIUM TODDLER GENTL POWDER	3	PA OTC Over the Counter
ENFAMIL 24 LIQUID	3	PA OTC Over the Counter
ENFAMIL A.R. INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL AR LIPIL LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL AR SPIT-UP LIQUID	3	PA OTC Over the Counter
ENFAMIL AR SPIT-UP POWDER	3	PA OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT LIQUID	3	PA OTC Over the Counter
ENFAMIL DHA & ARA SUPPLEMENT 20-40 MG/0.5ML LIQUID	3	PA OTC Over the Counter
ENFAMIL ENFACARE LIQUID	3	PA OTC Over the Counter
ENFAMIL ENSPIRE GENTLEASE POWDER	3	PA OTC Over the Counter
ENFAMIL ENSPIRE OPTIMUM POWDER	3	PA OTC Over the Counter
ENFAMIL ENSPIRE/IRON POWDER	3	PA OTC Over the Counter
ENFAMIL GENTLEASE LIQUID	3	PA OTC Over the Counter
ENFAMIL GENTLEASE POWDER	3	PA OTC Over the Counter
ENFAMIL GENTLEASE LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER CONC	3	PA OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER LIQUID	3	PA OTC Over the Counter
ENFAMIL HUMAN MILK FORTIFIER PACKET	3	PA OTC Over the Counter
ENFAMIL INFANT POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL MILK-BASED W/IRON LIQUID	3	PA OTC Over the Counter
ENFAMIL MILK-BASED W/IRON POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE LIQUID	3	PA OTC Over the Counter
ENFAMIL NEUROPRO ENFACARE POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE LIQUID	3	PA OTC Over the Counter
ENFAMIL NEUROPRO GENTLEASE POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO INFANT LIQUID	3	PA OTC Over the Counter
ENFAMIL NEUROPRO INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL NEUROPRO SENSITIVE POWDER	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN LIQUID	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN LIPIL CONC	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN PROBIOT LGG POWDER	3	PA OTC Over the Counter
ENFAMIL NUTRAMIGEN TOD/ENF LGG POWDER	3	PA OTC Over the Counter
ENFAMIL PREGESTIMIL LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL PREMATURE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENFAMIL PREMIUM INFANT LIQUID	3	PA OTC Over the Counter
ENFAMIL PREMIUM INFANT POWDER	3	PA OTC Over the Counter
ENFAMIL PREMIUM LIPIL CONC	3	PA OTC Over the Counter
ENFAMIL PREMIUM NEWBORN POWDER	3	PA OTC Over the Counter
ENFAMIL PROSOBEE LIPIL CONC	3	PA OTC Over the Counter
ENFAMIL PROSOBEE LIPIL LIQUID	3	PA OTC Over the Counter
ENFAMIL PROSOBEE SOY POWDER	3	PA OTC Over the Counter
ENFAMIL PROSOBEE/SENSITIVE LIQUID	3	PA OTC Over the Counter
ENFAMIL REGULINE-IRON POWDER	3	PA OTC Over the Counter
ENFAPORT LIQUID	3	PA OTC Over the Counter
ENLITE GLUCOSE SENSOR MISC	2	QL 0.08 / 1 day PA DUR
ENSURE POWDER	3	PA OTC Over the Counter
ENSURE HIGH PROTEIN POWDER	3	PA OTC Over the Counter
ENSURE ORIGINAL POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENTERAL FEEDING PISTON SYRINGE MISC	3	OTC Over the Counter
EQ BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
<i>eq ethyl alcohol (rubbing) 70 % solution</i>	3	OTC Over the Counter
<i>eq hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
<i>eq isopropyl rubbing alcohol 70 % solution</i>	1	OTC Over the Counter
<i>ethyl alcohol (rubbing) 70 % solution</i>	3	OTC Over the Counter
EVERSENSE 365 SENSOR/HOLDER MISC	2	QL 0.08 / 1 day PA DUR
EVERSENSE E3 SENSOR/HOLDER MISC	2	QL 0.08 / 1 day PA DUR
EVERSENSE SENSOR/HOLDER MISC	2	QL 0.08 / 1 day PA DUR
EVOLUTION AUTOCODE STRIP	2	QL 100 / 30 days OTC Over the Counter
FANTASY LUBRICATED MISC	3	OTC Over the Counter
FANTASY LUBRICATED/SPERMICIDE MISC	3	OTC Over the Counter
FC2 FEMALE CONDOM MISC	3	ACA Affordable Care Act OTC Over the Counter
FEMCAP 22 MM DEVICE	3	ACA Affordable Care Act
FEMCAP 26 MM DEVICE	3	ACA Affordable Care Act
FEMCAP 30 MM DEVICE	3	ACA Affordable Care Act
FIFTY50 GLUCOSE TEST 2.0 STRIP	2	QL 100 / 30 days OTC Over the Counter
FILSUEVZ 10 % GEL	3	QL 11.7 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FILTER 0.2 MICRON/25MM MISC	3	
FILTER/MILLEX-GP/50MM/CLEAR MISC	3	
FIRST-MOUTHWASH BLM SUSPENSION	3	
FLEXICHAMBER ADULT MASK/SMALL MISC	3	QLC 2 / 22 DAYS
FLEXICHAMBER CHILD MASK/LARGE MISC	3	QLC 2 / 22 DAYS
FLEXICHAMBER CHILD MASK/SMALL MISC	3	QLC 2 / 22 DAYS
FLUID ADMINISTRATION SET MISC	3	OTC Over the Counter
FORA 6 CONNECT STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA 6 CONNECT/GTEL TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA D15G BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA D20 BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA D40/G31 BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA G20 BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA G30/PREM V10 GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA GD20 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA GD50 BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA GTEL BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FORA GTEL BLOOD KETONE TEST STRIP	3	OTC Over the Counter
FORA TN'G ADVANCE PRO STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA TN'G/TN'G VOICE STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA V10 BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA V12 BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA V20 BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORA V30A BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORACARE GD40 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORACARE PREMIUM V10 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORACARE TEST N GO TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FORTA DRINK POWDER	3	PA OTC Over the Counter
FORTA SHAKE POWDER	3	PA OTC Over the Counter
FORTINI INFANT FORMULA LIQUID	3	PA OTC Over the Counter
FORTISCARE G1 TEST STRIP STRIP	2	QL 100 / 30 days OTC Over the Counter
FORTISCARE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE INSULINX TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL 0.034 / 1 DAYS DUR QLC 1 / 274 DAYS
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL 0.08 / 1 day PA DUR
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	QL 0.08 / 1 day PA DUR
FREESTYLE LIBRE 2 READER DEVICE	2	QL 0.034 / 1 DAYS DUR QLC 1 / 274 DAYS
FREESTYLE LIBRE 2 SENSOR MISC	2	QL 0.08 / 1 day PA DUR
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	QL 0.08 / 1 day PA DUR QLC 2 / 23 DAYS
FREESTYLE LIBRE 3 READER DEVICE	2	DUR QLC 1 / 274 DAYS
FREESTYLE LIBRE 3 SENSOR MISC	2	QL 0.08 / 1 day PA DUR QLC 2 / 21 DAYS
FREESTYLE LIBRE READER DEVICE	2	DUR QLC 1 / 274 DAYS
FREESTYLE LITE DEVICE	2	PD Preventive Drug OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LITE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FREESTYLE PRECISION NEO TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
FREESTYLE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
<i>ft ethyl rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
<i>ft hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
<i>ft isopropyl rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
GA POWDER	3	PA OTC Over the Counter
GA-1 ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
GE100 BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GELMIX INFANT THICKENER POWDER	3	OTC Over the Counter
GELMIX INFANT THICKENER POWDER	3	OTC Over the Counter
GENULTIMATE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GERBER EXTENSIVE HA POWDER	3	PA OTC Over the Counter
GERBER GOOD START A2-IRON POWDER	3	PA OTC Over the Counter
GERBER GOOD START A2-TODDLER POWDER	3	PA OTC Over the Counter
GERBER GOOD START GENTLE CONC	3	PA OTC Over the Counter
GERBER GOOD START GENTLE LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER GOOD START GENTLE POWDER	3	PA OTC Over the Counter
GERBER GOOD START GENTLE 2 POWDER	3	PA OTC Over the Counter
GERBER GOOD START GENTLEPRO POWDER	3	PA OTC Over the Counter
GERBER GOOD START GENTLEPRO 2 POWDER	3	PA OTC Over the Counter
GERBER GOOD START GENTLEPRO/FE CONC	3	PA OTC Over the Counter
GERBER GOOD START GENTLEPRO/FE POWDER	3	PA OTC Over the Counter
GERBER GOOD START GROW 3 POWDER	3	PA OTC Over the Counter
GERBER GOOD START NOURISH LIQUID	3	PA OTC Over the Counter
GERBER GOOD START NOURISH POWDER	3	PA OTC Over the Counter
GERBER GOOD START PREMATURE LIQUID	3	PA OTC Over the Counter
GERBER GOOD START PREMATURE POWDER	3	PA OTC Over the Counter
GERBER GOOD START PROTECT/IRON POWDER	3	PA OTC Over the Counter
GERBER GOOD START SOOTHE POWDER	3	PA OTC Over the Counter
GERBER GOOD START SOOTHE 1 POWDER	3	PA OTC Over the Counter
GERBER GOOD START SOOTHE 2 POWDER	3	PA OTC Over the Counter

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

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GERBER NATURA STAGE 2 POWDER	3	PA OTC Over the Counter
GERBER NATURA STAGE 3 POWDER	3	PA OTC Over the Counter
GHT TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCO PERFECT 3 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCOCARD 01 SENSOR PLUS STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCOCARD EXPRESSION TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCOCARD SHINE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCOCARD VITAL TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCOCARD X-SENSOR STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCOCOM TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCONAVII BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUCOSE METER TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GLUTAREX-1 POWDER	3	PA OTC Over the Counter
GLUTAREX-2 POWDER	3	PA OTC Over the Counter
GLUTOL LIQUID	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GNP EASY TOUCH GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
<i>gnp hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
<i>gnp rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
GNP TRUE METRIX GLUCOSE STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
GNP TRUETRACK SMART SYSTEM STRIP	2	QL 100 / 30 days OTC Over the Counter
GNP TRUETRACK TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
GOJJI BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
GOJJI BLOOD TEST STRIP/LANCETS STRIP	2	QL 100 / 30 days OTC Over the Counter
GOOD START LIQUID	3	PA OTC Over the Counter
GOOD START POWDER	3	PA OTC Over the Counter
GOOD START 2 ESSENTIALS SOY/FE POWDER	3	PA OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON CONC	3	PA OTC Over the Counter
GOOD START 2 ESSENTIALS/IRON LIQUID	3	PA OTC Over the Counter
GOOD START 2 SUPREME/IRON CONC	3	PA OTC Over the Counter
GOOD START 2 SUPREME/IRON LIQUID	3	PA OTC Over the Counter
GOOD START 2 SUPREME/IRON POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOOD START ESSENTIALS SOY/IRON CONC	3	PA OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON LIQUID	3	PA OTC Over the Counter
GOOD START ESSENTIALS SOY/IRON POWDER	3	PA OTC Over the Counter
GOOD START ESSENTIALS/IRON POWDER	3	PA OTC Over the Counter
GOOD START GENTLE PLUS CONC	3	PA OTC Over the Counter
GOOD START GENTLE PLUS POWDER	3	PA OTC Over the Counter
GOOD START NATURAL CULTURES POWDER	3	PA OTC Over the Counter
GOOD START SOY PLUS 2 POWDER	3	PA OTC Over the Counter
GOOD START SUPREME/IRON CONC	3	PA OTC Over the Counter
GOOD START SUPREME/IRON LIQUID	3	PA OTC Over the Counter
GOOD START SUPREME/IRON POWDER	3	PA OTC Over the Counter
GOOD START/FE CONC	3	PA OTC Over the Counter
GOOD START/FE LIQUID	3	PA OTC Over the Counter
GOOD START/FE POWDER	3	PA OTC Over the Counter
GOODSENSE BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOODSENSE ISOPROPYL ALCOHOL 70 % SOLUTION	3	OTC Over the Counter
GUARDIAN 4 GLUCOSE SENSOR MISC	2	QL 0.08 / 1 day PA DUR
GUARDIAN REAL-TIME CHARGER MISC	3	
GUARDIAN REAL-TIME REPLACE PED DEVICE	2	DUR QLC 1 / 274 DAYS
GUARDIAN REAL-TIME TEST PLUG MISC	3	
GUARDIAN SENSOR (3) MISC	2	QL 0.08 / 1 day PA DUR
GUARDIAN SENSOR 3 MISC	2	QL 0.08 / 1 day PA DUR
HCU ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
HCU ANAMIX NEXT POWDER	3	PA OTC Over the Counter
HCU MAXAMUM POWDER	3	PA OTC Over the Counter
HCY 1 POWDER	3	PA OTC Over the Counter
HCY 2 POWDER	3	PA OTC Over the Counter
HEALTH SOURCE POWDER	3	PA OTC Over the Counter
HM ISOPROPYL ALCOHOL 70 % SOLUTION	3	OTC Over the Counter
HOM 2 POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HOMINEX-1 POWDER	3	PA OTC Over the Counter
HOMINEX-2 POWDER	3	PA OTC Over the Counter
HURRICAINA DISPENSING CAP MISC	3	OTC Over the Counter
HW EMBRACE PRO GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
HW EMBRACE TALK GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
HYDROGEN PEROXIDE 3 % SOLUTION	1	OTC Over the Counter
<i>hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
I-VALEX-1 POWDER	3	PA OTC Over the Counter
I-VALEX-2 POWDER	3	PA OTC Over the Counter
IGLUCOSE TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
IHEALTH BLOOD GLUCOSE TEST STR STRIP	2	QL 100 / 30 days OTC Over the Counter
IMMULIFE POWDER	3	PA OTC Over the Counter
IN TOUCH BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
INFINITY BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
INFINITY VOICE STRIP	2	QL 100 / 30 days OTC Over the Counter
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML MISC	3	
INSULIN SYRINGE-NEEDLE U-100 30G X 1/2" 1 ML MISC	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML MISC	3	
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC	3	
IQIRVO 80 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ISOMIL 2 POWDER	3	PA OTC Over the Counter
ISOMIL ADVANCE SOY FORMULA-FE LIQUID	3	PA OTC Over the Counter
ISOMIL DF LIQUID	3	PA OTC Over the Counter
ISOMIL SF/IRON CONC	3	PA OTC Over the Counter
ISOMIL SOY FORMULA/IRON LIQUID	3	PA OTC Over the Counter
ISOMIL SOY/IRON POWDER	3	PA OTC Over the Counter
ISOMIL/IRON CONC	3	PA OTC Over the Counter
ISOMIL/IRON LIQUID	3	PA OTC Over the Counter
ISOMIL/IRON POWDER	3	PA OTC Over the Counter
ISOPROPANOL 70 % SOLUTION	3	
ISOPROPYL ALCOHOL 70 % SOLUTION	3	
ISOPROPYL ALCOHOL 70 % SOLUTION	3	OTC Over the Counter
<i>isopropyl alcohol 70 % solution</i>	1	OTC Over the Counter
<i>isopropyl alcohol, rubbing 70 % solution</i>	3	OTC Over the Counter
IV3000 1-HAND MISC	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IV3000 FRAME DELIVERY MISC	3	OTC Over the Counter
IVA ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
IVA ANAMIX NEXT POWDER	3	PA OTC Over the Counter
IVA MAXAMUM POWDER	3	PA OTC Over the Counter
JUVEN POWDER	3	PA OTC Over the Counter
K-PAX PROTEIN BLEND IMMUNE POWDER	3	PA OTC Over the Counter
KALE/QUINOA/BERRIES POWDER	3	PA OTC Over the Counter
KALE/QUINOA/BERRIES PLUS POWDER	3	PA OTC Over the Counter
KALE/QUINOA/BERRIES PLUS PEDIA POWDER	3	PA OTC Over the Counter
KENDALL TRANSPARENT FILM DRESS MISC	3	OTC Over the Counter
KETOCAL 3:1 POWDER	3	PA OTC Over the Counter
KETOCAL 4:1 POWDER	3	PA OTC Over the Counter
KETOGEN POWDER	3	PA OTC Over the Counter
KETONEX-1 POWDER	3	PA OTC Over the Counter
KETONEX-2 POWDER	3	PA OTC Over the Counter
KIMONO MICRO THIN MISC	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KIMONO MICRO THIN PLUS MISC	3	OTC Over the Counter
KIMONO SENSATION MISC	3	OTC Over the Counter
KIMONO SENSATION PLUS MISC	3	OTC Over the Counter
KROGER BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
KROGER HEALTHPRO GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
KROGER PREMIUM GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
KT TAPE CGM PATCH MISC	3	
L-ARGININE POWDER	3	PA OTC Over the Counter
L-ISOLEUCINE POWDER	3	PA OTC Over the Counter
L-LEUCINE POWDER	3	PA OTC Over the Counter
L-TYROSINE POWDER	3	PA OTC Over the Counter
L-VALINE POWDER	3	PA OTC Over the Counter
<i>lactated ringers solution</i>	1	
LIBERTY NEXT GENERATION TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
LIBERTY TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
LIL MIXINS-EGG 5 GM/5GM POWDER	3	PA OTC Over the Counter
LIL MIXINS-PEANUT 5 GM/5GM POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIPISTART POWDER	3	PA OTC Over the Counter
LITETOUCH MASK LARGE MISC	3	QLC 2 / 22 DAYS
LITETOUCH MASK MEDIUM MISC	3	QLC 2 / 22 DAYS
LITETOUCH MASK SMALL MISC	3	QLC 2 / 22 DAYS
LITTLE REMEDIES GRIPE WATER 5-4 MG/5ML LIQUID	3	PA OTC Over the Counter
LIVDELZI 10 MG CAP	3	QL 1 / 1 DAYS PA SP Specialty
LMD POWDER	3	PA OTC Over the Counter
LUER TIP CAP TRAY MISC	3	
MALTOCARB POWDER	3	PA OTC Over the Counter
MANNXTRA POWDER	3	PA OTC Over the Counter
MASK VORTEX/CHILD/FROG MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
MASK VORTEX/TODDLER/LADYBUG MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
MEIJER BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
MEIJER ESSENTIAL GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
MEIJER TRUETEST TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
MEIJER TRUETRACK TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methergine 0.2 mg tab</i>	1	QL 4 / 1 DAYS QLC 28 / 7 DAYS
METHIONAID POWDER	3	PA OTC Over the Counter
<i>methylergonovine maleate 0.2 mg tab</i>	1	QL 4 / 1 DAYS QLC 28 / 7 DAYS
MICRODOT TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
MINI TRANSFER PIN MISC	3	OTC Over the Counter
MINIMED INSTINCT GLUC SENSOR MISC	2	QL 0.08 / 1 day PA DUR
MIUDELLA INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act
MM BLULINK GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
MM EASY TOUCH GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
MMA/PA ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
MMA/PA ANAMIX NEXT POWDER	3	PA OTC Over the Counter
MMA/PA MAXAMUM POWDER	3	PA OTC Over the Counter
MODD1 SUPPLY KIT KIT	3	QLC 1/365 days
MODULEN POWDER	3	PA OTC Over the Counter
MONOGEN POWDER	3	PA OTC Over the Counter
MONOJECT ENTERAL SYRINGE/12ML MISC	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOJECT ENTERAL SYRINGE/1ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/35ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/3ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/60ML MISC	3	OTC Over the Counter
MONOJECT ENTERAL SYRINGE/6ML MISC	3	OTC Over the Counter
MONOJECT LIFESHIELD CANNULA MISC	3	
MONOJECT SAFETY SYR TIP CAPS MISC	3	OTC Over the Counter
MONOJECT SMARTIP SYR/CANNULA MISC	3	
MONOJECT SYRINGE TIP CAPS MISC	3	OTC Over the Counter
MONOJECT TIP CAPS MISC	3	OTC Over the Counter
MONOJECT VIAL ACCESS CANNULA MISC	3	
MSUD 2 POWDER	3	PA OTC Over the Counter
MSUD AID POWDER	3	PA OTC Over the Counter
MSUD ANALOG POWDER	3	PA OTC Over the Counter
MSUD ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
MSUD MAXAMAID POWDER	3	PA OTC Over the Counter
MSUD MAXAMUM POWDER	3	PA OTC Over the Counter
MYGLUCOHEALTH TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
NEOCATE INFANT DHA/ARA POWDER	3	PA OTC Over the Counter
NEOCATE JUNIOR POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NEOCATE JUNIOR PREBIOTICS POWDER	3	PA OTC Over the Counter
NEOCATE NUTRA POWDER	3	PA OTC Over the Counter
NEOCATE SYNEO INFANT POWDER	3	PA OTC Over the Counter
NEOCATE SYNEO JUNIOR POWDER	3	PA OTC Over the Counter
NEOKE BCAA4 POWDER	3	PA OTC Over the Counter
NEOSURE ADVANCE LIQUID	3	PA OTC Over the Counter
NERIA 29G INFUSION SET 10MM MISC	3	OTC Over the Counter
NERIA 29G INFUSION SET 6MM MISC	3	OTC Over the Counter
NERIA 29G INFUSION SET 8MM MISC	3	OTC Over the Counter
NESTLE NAN PRO 1-IRON POWDER	3	PA OTC Over the Counter
NESTLE NAN PRO-TODDLER POWDER	3	PA OTC Over the Counter
NEUTEK 2TEK TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
NEXCARE TEGADERM 2-3/8"X2-3/4" MISC	3	OTC Over the Counter
NEXCARE TEGADERM 4"X4-3/4" MISC	3	OTC Over the Counter
NOVA MAX GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
NOVA MAX PLUS KETONE TEST STRIP	3	OTC Over the Counter
NUTRITIONAL DRINK MIX POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUTRITIONAL DRINK SHAKE MIX POWDER	3	PA OTC Over the Counter
OA 1 POWDER	3	PA OTC Over the Counter
OA 2 POWDER	3	PA OTC Over the Counter
<i>Omnipod 5 DexG7G6 Pods Gen 5 MISC</i>	3	QL 0.5 / 1 DAYS ST
OMNIPOD 5 G6 PODS (GEN 5) MISC	3	QL 0.5 / 1 DAYS ST
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	QL 0.5 / 1 DAYS ST
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	QL 0.5 / 1 DAYS ST
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL 0.5 / 1 DAYS ST
OMNIPOD DASH PODS (GEN 4) MISC	3	QL 0.5 / 1 DAYS ST
ON CALL EXPRESS BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
ONE DROP TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ONE-WAY VALVED EXPIRATORY MOUTHPIECE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
ONE-WAY VALVED INSPIRATORY MOUTHPIECE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
ONETOUCH ULTRA STRIP	2	QL 100 / 30 days OTC Over the Counter
ONETOUCH ULTRA BLUE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ONETOUCH ULTRA TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
ONETOUCH VERIO STRIP	2	QL 100 / 30 days OTC Over the Counter
OPSITE IV 3000 MISC	3	OTC Over the Counter
OPTICLEANSE GHI POWDER	3	PA OTC Over the Counter
OPTIUMEZ TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
OPVEE 2.7 MG/0.1ML SOLUTION	2	
ORGANIC PEDIA SMART POWDER	3	PA OTC Over the Counter
OS 2 POWDER	3	PA OTC Over the Counter
OVAL TAPE MISC	3	OTC Over the Counter
PANDA MASK LARGE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PANDA MASK MEDIUM MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PANDA MASK SMALL MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PARAGARD INTRAUTERINE COPPER IUD	3	ACA Affordable Care Act
PARI VORTEX ADULT MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PARI VORTEX PEDIATRIC MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEDIASMART PEA PROTEIN POWDER	3	PA OTC Over the Counter
PEDIASURE GROW & GAIN POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIASURE SHAKE MIX POWDER	3	PA OTC Over the Counter
PEDIASURE SIDEKICKS POWDER	3	PA OTC Over the Counter
PEDIATRIC MEDIUM MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEDIATRIC MOUTHPIECE MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEDIATRIC PANDA MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEDIATRIC SMALL MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
PEN NEEDLES 30G X 5 MM MISC	3	
PEPTICATE POWDER	3	PA OTC Over the Counter
PERIFLEX ADVANCE POWDER	3	PA OTC Over the Counter
PERIFLEX INFANT POWDER	3	PA OTC Over the Counter
PERIFLEX JUNIOR POWDER	3	PA OTC Over the Counter
PFD POWDER	3	PA OTC Over the Counter
PFD 2 POWDER	3	PA OTC Over the Counter
PHARMACIST CHOICE AUTOCODE STRIP	2	QL 100 / 30 days OTC Over the Counter
PHARMACIST CHOICE NO CODING STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHASEAL PROTECTOR 14 MISC	3	
PHASEAL PROTECTOR 21 MISC	3	
PHASEAL PROTECTOR 28 MISC	3	
PHASEAL PROTECTOR 50 MISC	3	
PHENEX-1 POWDER	3	PA OTC Over the Counter
PHENEX-2 POWDER	3	PA OTC Over the Counter
PHENYL-FREE 1 POWDER	3	PA OTC Over the Counter
PHENYL-FREE 2 POWDER	3	PA OTC Over the Counter
PHENYL-FREE 2HP POWDER	3	PA OTC Over the Counter
PHENYLADE DRINK MIX POWDER	3	PA OTC Over the Counter
PHENYLADE ESSENTIAL DRINK MIX POWDER	3	PA OTC Over the Counter
PHENYLADE ESSENTIAL MIX/FIBER POWDER	3	PA OTC Over the Counter
PHENYLADE GMP POWDER	3	PA OTC Over the Counter
PHENYLADE GMP MIX DHA/FIBER POWDER	3	PA OTC Over the Counter
PHENYLADE GMP MIX-IN POWDER	3	PA OTC Over the Counter
PHENYLADE60 DRINK MIX POWDER	3	PA OTC Over the Counter
PIP BLOOD GLUCOSE TEST STRIP STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PKU 2 POWDER	3	PA OTC Over the Counter
PKU 3 POWDER	3	PA OTC Over the Counter
PKU EASY SHAKE & GO POWDER	3	PA OTC Over the Counter
PKU PERIFLEX EARLY YEARS POWDER	3	PA OTC Over the Counter
PKU PERIFLEX JUNIOR PLUS POWDER	3	PA OTC Over the Counter
PKU START POWDER	3	PA OTC Over the Counter
PKU TRIO POWDER	3	PA OTC Over the Counter
POCKETCHEM EZ TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
POLYCAL POWDER	3	PA OTC Over the Counter
POLYSKIN II DRESSING 2"X2.75" MISC	3	OTC Over the Counter
PORTAGEN POWDER	3	PA OTC Over the Counter
PRECISION XTRA BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
PRECISION XTRA KETONE STRIP	2	OTC Over the Counter
PRECISION XTRA-GLUCOSE/KETONE DEVICE	2	PD Preventive Drug OTC Over the Counter
PREGESTIMIL POWDER	3	PA OTC Over the Counter
PREMIUM BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMIUM INFANT FORMULA/IRON POWDER	3	PA OTC Over the Counter
PRO VOICE V8/V9 GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
PRO-PHREE POWDER	3	PA OTC Over the Counter
PRODIGY NO CODING BLOOD GLUC STRIP	2	QL 100 / 30 days OTC Over the Counter
PROMOD POWDER	3	PA OTC Over the Counter
PROPIMEX-1 POWDER	3	PA OTC Over the Counter
PROPIMEX-2 POWDER	3	PA OTC Over the Counter
PROSOURCE POWDER	3	PA OTC Over the Counter
PROTEIN FORTIFIER LIQUID	3	PA OTC Over the Counter
PROVIMIN POWDER	3	PA OTC Over the Counter
PTS PANELSEGLU TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
PURAMINO DHA/ARA POWDER	3	PA OTC Over the Counter
PURAMINO JR POWDER	3	PA OTC Over the Counter
PURATHICK POWDER	3	OTC Over the Counter
PURATHICK POWDER	3	OTC Over the Counter
PURE BLISS ORG/A2 MILK/IRON POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PURE BLISS ORGANIC/IRON LIQUID	3	PA OTC Over the Counter
PURE BLISS ORGANIC/IRON POWDER	3	PA OTC Over the Counter
PURECARB POWDER	3	PA OTC Over the Counter
QUICK TOUCH BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
QUICKTEK TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
QUINTET AC BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
QUINTET BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
<i>ra ethyl rubbing alcohol 70 % solution</i>	3	OTC Over the Counter
<i>ra hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
<i>ra isopropyl rubbing alcohol 70 % solution</i>	1	OTC Over the Counter
RCF CONC	3	PA OTC Over the Counter
RCF LOW-IRON CONC	3	PA OTC Over the Counter
REFUAH PLUS BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
RELION BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
RELION CONFIRM/MICRO TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
RELION GLUCOSE TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RELION PREMIER TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
RELION PRIME TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
RELION TRUE METRIX TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
RELION ULTIMA TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
RENASTART POWDER	3	PA OTC Over the Counter
RESOURCE THICKENUP PACKET	3	OTC Over the Counter
RESOURCE THICKENUP POWDER	3	OTC Over the Counter
RESOURCE THICKENUP CLEAR POWDER	3	OTC Over the Counter
RESTORE FUSION RENAL SUPPORT POWDER	3	PA OTC Over the Counter
RESTORE RENAL SUPPORT POWDER	3	PA OTC Over the Counter
REXALL BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
RIGHTEST GS100 BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
RIGHTEST GS300 BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
RIGHTEST GS550 BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
RIGHTEST GT333 BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
RIGHTEST GT333 GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RINGERS IRRIGATION SOLUTION	1	
SCANDICAL POWDER	3	PA OTC Over the Counter
SCANDISHAKE POWDER	3	PA OTC Over the Counter
SERACAL POWDER	3	PA OTC Over the Counter
SIDESTREAM PEDIATRIC FACE MASK MISC	3	QLC 2 / 22 DAYS OTC Over the Counter
SILICONE MASK/INFANT MISC	3	QLC 2 / 22 DAYS
SILICONE MASK/PEDIATRIC MISC	3	QLC 2 / 22 DAYS
SIMILAC LIQUID	3	PA OTC Over the Counter
SIMILAC POWDER	3	PA OTC Over the Counter
SIMILAC 2 ADVANCE POWDER	3	PA OTC Over the Counter
SIMILAC 2-IRON POWDER	3	PA OTC Over the Counter
SIMILAC 360 TOT CARE SENS 5HMO LIQUID	3	PA OTC Over the Counter
SIMILAC 360 TOTAL CARE POWDER	3	PA OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO LIQUID	3	PA OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO POWDER	3	PA OTC Over the Counter
SIMILAC 360 TOTAL CARE 5 HMO POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC 360 TOTAL CARE SENS POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE COMPLETE LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE COMPLETE POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD CONC	3	PA OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE EARLY SHIELD POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE KOSHER LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE LAMEHADRIDIN POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE NON-GMO POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE ON-THE-GO LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE OPTIGRO/IRON POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE ORGANIC LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE ORGANIC POWDER	3	PA OTC Over the Counter
SIMILAC ADVANCE-IRON LIQUID	3	PA OTC Over the Counter
SIMILAC ADVANCE-IRON POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC ADVANCE/IRON PACKET	3	PA OTC Over the Counter
SIMILAC ALIMENTUM ADVANCE-IRON LIQUID	3	PA OTC Over the Counter
SIMILAC ALIMENTUM IMMUNESUPP LIQUID	3	PA OTC Over the Counter
SIMILAC ALIMENTUM TODDLER POWDER	3	PA OTC Over the Counter
SIMILAC ALIMENTUM-IRON POWDER	3	PA OTC Over the Counter
SIMILAC EXPERT CARE ALIMENTUM LIQUID	3	PA OTC Over the Counter
SIMILAC EXPERT CARE DIARRHEA LIQUID	3	PA OTC Over the Counter
SIMILAC EXPERT CARE NEOSURE/FE LIQUID	3	PA OTC Over the Counter
SIMILAC FOR SPIT-UP LIQUID	3	PA OTC Over the Counter
SIMILAC FOR SPIT-UP POWDER	3	PA OTC Over the Counter
SIMILAC FOR SPIT-UP/OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION LIQUID	3	PA OTC Over the Counter
SIMILAC FOR SUPPLEMENTATION POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW EARLY SHIELD POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW HMO POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC GO & GROW NON-GMO POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC GO & GROW TODDLER POWDER	3	PA OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER CONC	3	PA OTC Over the Counter
SIMILAC HUMAN MILK FORTIFIER POWDER	3	PA OTC Over the Counter
SIMILAC LACTOSE FREE POWDER	3	PA OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE LIQUID	3	PA OTC Over the Counter
SIMILAC LACTOSE FREE ADVANCE POWDER	3	PA OTC Over the Counter
SIMILAC LOW-IRON CONC	3	PA OTC Over the Counter
SIMILAC LOW-IRON LIQUID	3	PA OTC Over the Counter
SIMILAC LOW-IRON POWDER	3	PA OTC Over the Counter
SIMILAC NATURAL CARE LIQUID	3	PA OTC Over the Counter
SIMILAC NEOSURE POWDER	3	PA OTC Over the Counter
SIMILAC NEOSURE ADVANCE/IRON LIQUID	3	PA OTC Over the Counter
SIMILAC NEOSURE OPTIGRO LIQUID	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC NEOSURE OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC ORGANIC/A2 MILK/IRON POWDER	3	PA OTC Over the Counter
SIMILAC ORGANIC/IRON LIQUID	3	PA OTC Over the Counter
SIMILAC ORGANIC/IRON POWDER	3	PA OTC Over the Counter
SIMILAC PM POWDER	3	PA OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-ADVANCE OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-ADVANCE WITH IRON POWDER	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE OPTIGRO POWDER	3	PA OTC Over the Counter
SIMILAC PRO-SENSITIVE/IRON POWDER	3	PA OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT LIQUID	3	PA OTC Over the Counter
SIMILAC PRO-TOTAL COMFORT POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC PURE BLISS POWDER	3	PA OTC Over the Counter
SIMILAC PURE BLISS/IRON POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE CONC	3	PA OTC Over the Counter
SIMILAC SENSITIVE POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD CONC	3	PA OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD LIQUID	3	PA OTC Over the Counter
SIMILAC SENSITIVE EARLY SHIELD POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE FUSSINESS POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE NON-GMO POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO LIQUID	3	PA OTC Over the Counter
SIMILAC SENSITIVE OPTIGRO/IRON POWDER	3	PA OTC Over the Counter
SIMILAC SENSITIVE SPIT-UP LIQUID	3	PA OTC Over the Counter
SIMILAC SOY ISOMIL CONC	3	PA OTC Over the Counter
SIMILAC SOY ISOMIL LIQUID	3	PA OTC Over the Counter
SIMILAC SOY ISOMIL PACKET	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMILAC SOY ISOMIL POWDER	3	PA OTC Over the Counter
SIMILAC SPECIAL CARE LIQUID	3	PA OTC Over the Counter
SIMILAC SPECIAL CARE PREMATURE LIQUID	3	PA OTC Over the Counter
SIMILAC SPECIAL CARE/IRON LIQUID	3	PA OTC Over the Counter
SIMILAC SPECIAL CARE/LOW IRON LIQUID	3	PA OTC Over the Counter
SIMILAC SPIT-UP OPTIGRO/IRON POWDER	3	PA OTC Over the Counter
SIMILAC TOTAL CMFRT OPTIGRO/FE POWDER	3	PA OTC Over the Counter
SIMILAC TOTAL COMFORT LIQUID	3	PA OTC Over the Counter
SIMILAC TOTAL COMFORT POWDER	3	PA OTC Over the Counter
SIMILAC/IRON CONC	3	PA OTC Over the Counter
SIMILAC/IRON LIQUID	3	PA OTC Over the Counter
SIMILAC/IRON POWDER	3	PA OTC Over the Counter
SIMPLERA SENSOR MISC	2	QL 0.08 / 1 day PA DUR
SIMPLERA SYNC SENSOR MISC	2	QL 0.08 / 1 day PA DUR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIMPLERA SYSTEM MISC	2	QL 0.08 / 1 day PA DUR
SIMPLYTHICK GEL	3	OTC Over the Counter
SIMPLYTHICK EASY MIX GEL	3	OTC Over the Counter
SIMPLYTHICK EASY MIX GEL	3	OTC Over the Counter
SIMPLYTHICK EASYMIX LEVEL 1 GEL	3	OTC Over the Counter
SIMPLYTHICK EASYMIX LEVEL 2 GEL	3	OTC Over the Counter
SIMPLYTHICK EASYMIX LEVEL 3 GEL	3	OTC Over the Counter
<i>sm alcohol 70 % solution</i>	3	OTC Over the Counter
<i>sm ethyl alcohol (rubbing) 70 % solution</i>	3	OTC Over the Counter
<i>sm hydrogen peroxide 3 % solution</i>	1	OTC Over the Counter
SM ISOPROPYL ALCOHOL 70 % SOLUTION	3	OTC Over the Counter
SMART SENSE PREMIUM TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
SMART SENSE VALUE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
SMARTTEST BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
SOD ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
<i>sodium bicarbonate 4.2 % solution</i>	1	
<i>sodium bicarbonate 8.4 % solution</i>	1	
SOL CARB POWDER	3	PA OTC Over the Counter
SOLUS V2 TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
STERILE WATER FOR INJECTION SOLUTION	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sterile water for injection</i> solution	1	
<i>sterile water for irrigation</i> solution	1	
SUPREME TEST STRIP	2	QL OTC 100 / 30 days Over the Counter
SYRINGE FILTER/MILLEX-GS/25MM MISC	3	
SYRINGE LUER LOCK 10 ML MISC	3	
TEGADERM + PAD 2"X2-3/4" MISC	3	OTC Over the Counter
TEGADERM + PAD 2-3/8"X4" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X10" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X13-3/4" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X4" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X4-1/8" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X6" MISC	3	OTC Over the Counter
TEGADERM + PAD 3-1/2"X8" MISC	3	OTC Over the Counter
TEGADERM ABSORBENT DRESSING MISC	3	OTC Over the Counter
TEGADERM FILM 2-3/8"X2-3/4" MISC	3	OTC Over the Counter
TEGADERM FILM 4"X10" MISC	3	OTC Over the Counter
TEGADERM FILM 4"X4-3/4" MISC	3	OTC Over the Counter
TEGADERM FILM 6"X8" MISC	3	OTC Over the Counter
TEGADERM FILM 8"X12" MISC	3	OTC Over the Counter
TEGADERM HP 2-1/8"X2-1/2" MISC	3	OTC Over the Counter
TEGADERM HP 2-3/8"X2-3/4" MISC	3	OTC Over the Counter
TEGADERM HP 4"X4-1/2" MISC	3	OTC Over the Counter
TEGADERM HP 4"X4-3/4" MISC	3	OTC Over the Counter
TEGADERM HP 4-1/2"X4-3/4" MISC	3	OTC Over the Counter
TEGADERM HP 5-1/2"X6-1/2" MISC	3	OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TEGADERM I.V. 3-1/2"X4-1/4" MISC	3	OTC Over the Counter
TEGADERM I.V. ADVANCED MISC	3	OTC Over the Counter
TEMPO SMART BUTTON MISC	3	QL 0.034 / 1 DAYS QLC 2 / 274 DAYS PD Preventive Drug
TGT BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
<i>thick & easy packet</i>	3	OTC Over the Counter
<i>thick & easy powder</i>	3	OTC Over the Counter
<i>thick now powder</i>	3	OTC Over the Counter
<i>thick-it packet</i>	3	OTC Over the Counter
THICK-IT POWDER	1	OTC Over the Counter
THICK-IT #2 PACKET	3	OTC Over the Counter
THICK-IT #2 POWDER	3	OTC Over the Counter
THICKENUP CLEAR POWDER	3	OTC Over the Counter
<i>tis-u-sol solution</i>	1	
TRANSFER PIN MISC	3	OTC Over the Counter
TRANSPARENT FILM DRESSING MISC	3	OTC Over the Counter
TRUE FOCUS BLOOD GLUCOSE STRIP STRIP	2	QL 100 / 30 days OTC Over the Counter
TRUE METRIX BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
TRUE METRIX PRO BLOOD GLUCOSE STRIP	2	QL 100 / 30 days OTC Over the Counter
TRUETEST TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
TRUETRACK TEST STRIP	2	QL 100 / 30 days OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRUSTEX LUB/RIBBED/STUDDED MISC	3	OTC Over the Counter
TRUSTEX LUB/SPERMICIDE EX ST MISC	3	OTC Over the Counter
TRUSTEX LUB/SPERMICIDE XL MISC	3	OTC Over the Counter
TRUSTEX LUBRICATED MISC	3	OTC Over the Counter
TRUSTEX LUBRICATED EX LARGE MISC	3	OTC Over the Counter
TRUSTEX LUBRICATED EXTRA ST MISC	3	OTC Over the Counter
TRUSTEX LUBRICATED/SPERMICIDE MISC	3	OTC Over the Counter
TRUSTEX NON-LUBRICATED MISC	3	OTC Over the Counter
TRUSTEX RIA LUB/SPERMICIDE MISC	3	OTC Over the Counter
TRUSTEX RIA LUBRICATED MISC	3	OTC Over the Counter
TRUSTEX RIA NON-LUBRICATED MISC	3	OTC Over the Counter
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	OTC Over the Counter
TYR ANAMIX EARLY YEARS POWDER	3	PA OTC Over the Counter
TYR ANAMIX NEXT POWDER	3	PA OTC Over the Counter
TYREX-1 POWDER	3	PA OTC Over the Counter
TYREX-2 POWDER	3	PA OTC Over the Counter
TYROS 1 POWDER	3	PA OTC Over the Counter
TYROS 2 POWDER	3	PA OTC Over the Counter
UCD 2 POWDER	3	PA OTC Over the Counter
UCD ANAMIX INFANT POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UCD ANAMIX JUNIOR POWDER	3	PA OTC Over the Counter
UCD TRIO POWDER	3	PA OTC Over the Counter
ULTRAMINO SOY PROTEIN POWDER	3	PA OTC Over the Counter
UNISTRIP1 GENERIC STRIP	2	QL 100 / 30 days OTC Over the Counter
UNIVERSAL SYRINGE TIP ADAPTOR MISC	3	OTC Over the Counter
VERASENS BLOOD GLUCOSE TEST STRIP	2	QL 100 / 30 days OTC Over the Counter
VIVAGUARD INO TEST STRIPS STRIP	2	QL 100 / 30 days OTC Over the Counter
VIVONEX PEDIATRIC POWDER	3	PA OTC Over the Counter
VOWST CAP	3	QL 4 / 1 DAYS PA QLC 12 / 274 DAYS SP Specialty
WAINUA 45 MG/0.8ML SOLN A-INJ	3	QL 0.027 / 1 DAYS PA SP Specialty
<i>water for irrigation, sterile solution</i>	1	
WATER ORAL LIQUID	3	PA OTC Over the Counter
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	3	ACA Affordable Care Act

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	3	ACA Affordable Care Act
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	3	ACA Affordable Care Act
WND 1 POWDER	3	PA OTC Over the Counter
WND 2 POWDER	3	PA OTC Over the Counter
XLEU ANALOG POWDER	3	PA OTC Over the Counter
XLEU MAXAMAID POWDER	3	PA OTC Over the Counter
XLYS XTRP ANALOG POWDER	3	PA OTC Over the Counter
XLYS-XTRP MAXAMAID POWDER	3	PA OTC Over the Counter
XLYS-XTRP MAXAMUM POWDER	3	PA OTC Over the Counter
XMET ANALOG POWDER	3	PA OTC Over the Counter
XMET MAXAMAID POWDER	3	PA OTC Over the Counter
XMET XCYS MAXAMAID POWDER	3	PA OTC Over the Counter
XMTVI ANALOG POWDER	3	PA OTC Over the Counter
XMTVI MAXAMAID POWDER	3	PA OTC Over the Counter

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPHE MAXAMAID POWDER	3	PA OTC Over the Counter
XPHE-XTYR ANALOG POWDER	3	PA OTC Over the Counter
XPHE-XTYR MAXAMAID POWDER	3	PA OTC Over the Counter
XPTM ANALOG POWDER	3	PA OTC Over the Counter
ZURNAI 1.5 MG/0.5ML SOLN A-INJ	2	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>altacaine 0.5 % solution</i>	3	
<i>altacaine 0.5 % solution</i>	3	
<i>altafrin 10 % solution</i>	1	
<i>altafrin 2.5 % solution</i>	1	
ATROPINE SULFATE 1 % OINTMENT	1	
<i>atropine sulfate 1 % ointment</i>	1	
ATROPINE SULFATE 1 % SOLUTION	1	
<i>atropine sulfate 1 % solution</i>	1	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	1	
<i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i>	1	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	3	QL 0.34 / 1 DAYS
<i>cyclopentolate hcl 1 % solution</i>	1	
<i>cyclosporine 0.05 % emulsion</i>	1	QL 2 / 1 DAYS
<i>dorzolamide hcl-timolol mal 2-0.5 % solution</i>	1	
<i>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</i>	1	
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	3	QL 2 / 1 DAYS
<i>neo-polycin 3.5-400-10000 ointment</i>	1	
<i>neo-polycin hc 1 % ointment</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</i>	1	
<i>neomycin-bacitracin zn-polymyx 5-400-10000 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 0.1 % suspension</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i>	1	
<i>neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
OXERVATE 0.002 % SOLUTION	3	PA QLC 56 / 365 DAYS SP Specialty
<i>phenylephrine hcl 10 % solution</i>	1	
PHENYLEPHRINE HCL 2.5 % SOLUTION	1	
<i>phenylephrine hcl 2.5 % solution</i>	1	
<i>polycin 500-10000 unit/gm ointment</i>	1	
<i>proparacaine hcl 0.5 % solution</i>	1	
ROCKLATAN 0.02-0.005 % SOLUTION	2	QL 0.1 / 1 DAYS ST
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TETRACAINE HCL 0.5 % SOLUTION	3	
<i>tetracaine hcl 0.5 % solution</i>	3	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>tropicamide 0.5 % solution</i>	1	
<i>tropicamide 1 % solution</i>	1	
TRYPTYR 0.003 % SOLUTION	3	QL 60 EA / 30 day(s) PA
VERKAZIA 0.1 % EMULSION	3	QL 4 / 1 DAYS PA
XDEMVIY 0.25 % SOLUTION	3	PA QLC 10 / 273 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XIIDRA 5 % SOLUTION	2	QL 2 / 1 DAYS
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	PD Preventive Drug
<i>epinastine hcl 0.05 % solution</i>	1	
<i>olopatadine hcl 0.1 % solution</i>	1	
<i>olopatadine hcl 0.2 % solution</i>	3	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	1	
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
<i>gatifloxacin 0.5 % solution</i>	3	
<i>gentamicin sulfate 0.3 % solution</i>	1	
LEVOFLOXACIN 0.5 % SOLUTION	1	
LEVOFLOXACIN 1.5 % SOLUTION	1	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	2	QLC 12 / 21 DAYS
<i>moxifloxacin hcl 0.5 % solution</i>	2	QLC 12 / 21 DAYS
<i>ofloxacin 0.3 % solution</i>	1	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
SULFACETAMIDE SODIUM 10 % SOLUTION	1	
<i>sulfacetamide sodium 10 % solution</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
ZIRGAN 0.15 % GEL	3	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluorometholone 0.1 % suspension</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
ILEVRO 0.3 % SUSPENSION	3	
<i>ketorolac tromethamine 0.4 % solution</i>	1	
<i>ketorolac tromethamine 0.5 % solution</i>	1	
LOTEMAX 0.5 % OINTMENT	2	
LOTEMAX SM 0.38 % GEL	2	
<i>loteprednol etabonate 0.5 % gel</i>	1	
<i>loteprednol etabonate 0.5 % suspension</i>	3	
<i>prednisolone acetate 1 % suspension</i>	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	1	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate 0.25 % solution</i>	3	
<i>timolol maleate 0.5 % solution</i>	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>brimonidine tartrate 0.1 % solution</i>	2	
<i>brimonidine tartrate 0.15 % solution</i>	1	
<i>brimonidine tartrate 0.2 % solution</i>	1	
<i>dorzolamide hcl 2 % solution</i>	1	
<i>methazolamide 25 mg tab</i>	1	
<i>methazolamide 50 mg tab</i>	1	
<i>pilocarpine hcl 1 % solution</i>	1	
<i>pilocarpine hcl 2 % solution</i>	1	
<i>pilocarpine hcl 4 % solution</i>	1	
QLOSI 0.4 % SOLUTION	3	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RHOPRESSA 0.02 % SOLUTION	2	QL 0.1 / 1 DAYS ST
VUITY 1.25 % SOLUTION	3	QL 0.1 / 1 day(s)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	1	
<i>latanoprost 0.005 % solution</i>	1	QL 0.1 / 1 DAYS
LUMIGAN 0.01 % SOLUTION	2	
<i>travoprost (bak free) 0.004 % solution</i>	1	
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	1	
CIPRO HC 0.2-1 % SUSPENSION	3	
<i>ciprofloxacin hcl 0.2 % solution</i>	1	QLC 14 / 23 DAYS
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	1	
<i>flac 0.01 % oil</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	1	
<i>neomycin-polymyxin-hc 1 % solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 solution</i>	1	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	1	
<i>ofloxacin 0.3 % solution</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
ARNUITY ELLIPTA 200 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
ARNUITY ELLIPTA 50 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 0.04 / 1 day(s) PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 0.04 / 1 day(s) PD Preventive Drug
ASMANEX (30 METERED DOSES) 110 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug
ASMANEX (30 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 0.04 / 1 day(s) PD Preventive Drug
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	2	QL 0.04 / 1 day(s) PD Preventive Drug
ASMANEX HFA 100 MCG/ACT AEROSOL	2	QL 0.47 / 1 DAYS PD Preventive Drug
ASMANEX HFA 200 MCG/ACT AEROSOL	2	QL 0.47 / 1 DAYS PD Preventive Drug
ASMANEX HFA 50 MCG/ACT AEROSOL	2	QL 0.47 / 1 DAYS
<i>budesonide 0.25 mg/2ml suspension</i>	1	QL 4 / 1 DAYS PD Preventive Drug
<i>budesonide 0.5 mg/2ml suspension</i>	1	QL 8 / 1 DAYS PD Preventive Drug
<i>budesonide 1 mg/2ml suspension</i>	1	QL 4 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 250 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE DISKUS 50 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE HFA 110 MCG/ACT AEROSOL	2	QL 0.4 / 1 DAYS PD Preventive Drug
FLUTICASONE PROPIONATE HFA 220 MCG/ACT AEROSOL	2	QL 0.4 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL	2	QL 0.37 / 1 DAYS PD Preventive Drug
QNASL 80 MCG/ACT AERO SOLN	2	QL 0.04 / 1 DAYS
QNASL CHILDRENS 40 MCG/ACT AERO SOLN	2	QL 0.04 / 1 DAYS
QVAR REDHALER 40 MCG/ACT AERO BA	2	QL 0.71 / 1 DAYS
QVAR REDHALER 80 MCG/ACT AERO BA	2	QL 0.71 / 1 DAYS
XHANCE 93 MCG/ACT EXHU	3	QL 0.54 / 1 DAYS
ANTIHISTAMINES		
azelastine hcl 0.1 % solution	1	
azelastine hcl 0.15 % solution	1	QL 1.2 / 1 DAYS
azelastine hcl 137 mcg/spray solution	1	
carbinoxamine maleate 4 mg tab	1	
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	1	
cetirizine hcl 1 mg/ml solution	1	
cetirizine hcl 5 mg/5ml solution	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
CLEMASZ 2.68 MG TAB	1	
CLEMSZA 2.68 MG TAB	1	
cyproheptadine hcl 2 mg/5ml syrup	1	
cyproheptadine hcl 4 mg tab	1	
desloratadine 5 mg tab	1	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
levocetirizine dihydrochloride 2.5 mg/5ml solution	1	
levocetirizine dihydrochloride 5 mg tab	1	
olopatadine hcl 0.6 % solution	1	QL 1.02 / 1 DAYS
promethazine hcl 12.5 mg/10ml solution	1	
promethazine hcl 6.25 mg/5ml solution	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTILEUKOTRIENES		
<i>montelukast sodium 10 mg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug RX4L Rx4Less Program
<i>montelukast sodium 4 mg chew tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>montelukast sodium 4 mg packet</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>montelukast sodium 5 mg chew tab</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>zafirlukast 10 mg tab</i>	1	QL 2 / 1 day(s) PD Preventive Drug
<i>zafirlukast 20 mg tab</i>	1	QL 2 / 1 day(s) PD Preventive Drug
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	QL 1 / 1 DAYS PD Preventive Drug
<i>ipratropium bromide 0.02 % solution</i>	1	RX4L Rx4Less Program
<i>ipratropium bromide 0.03 % solution</i>	1	
<i>ipratropium bromide 0.06 % solution</i>	1	
SPIRIVA RESPIMAT 1.25 MCG/ACT AERO SOLN	2	
SPIRIVA RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
<i>tiotropium bromide 18 mcg cap</i>	1	QL 1 / 1 day(s)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>	1	RX4L Rx4Less Program
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	1	
<i>albuterol sulfate 0.63 mg/3ml nebu soln</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate 1.25 mg/3ml nebu soln</i>	1	
<i>albuterol sulfate 2 mg tab</i>	1	
<i>albuterol sulfate 2 mg/5ml syrup</i>	1	
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln</i>	1	
<i>albuterol sulfate 4 mg tab</i>	1	
<i>albuterol sulfate 8 mg/20ml syrup</i>	1	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	2	QLC 36 / 22 days
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	1	QLC 36 / 22 DAYS
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	1	QLC 36 / 22 DAYS
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	1	QLC 36 / 22 DAYS
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	1	QL 4 / 1 DAYS
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	3	QLC 6 / 30 DAYS
AUVI-Q 0.15 MG/0.15ML SOLN A-INJ	1	QLC 6 / 30 DAYS
AUVI-Q 0.3 MG/0.3ML SOLN A-INJ	1	QLC 6 / 30 days
<i>epinephrine (anaphylaxis) 30 mg/30ml solution</i>	1	
EPINEPHRINE 0.15 MG/0.15ML SOLN A-INJ	1	QLC 6 / 30 DAYS
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	1	QLC 6 / 30 DAYS
EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ	1	QLC 6 / 30 days
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	1	QLC 6 / 30 DAYS
EPINEPHRINE 1 MG/10ML SOLN PRSYR	1	
EPINEPHRINE 1 MG/ML SOLUTION	1	
<i>epinephrine 1 mg/ml solution</i>	1	
EPINEPHRINE 10 MG/10ML SOLUTION	1	
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	1	QL 4 / 1 DAYS
<i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>	1	
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	3	
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>	3	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	2	QLC 30 / 22 DAYS
NEFFY 1 MG/0.1ML SOLUTION	3	QL 2 / 1 day(s) QLC 6 / 23 days
NEFFY 2 MG/0.1ML SOLUTION	3	QL 2 / 1 DAYS QLC 6 / 23 DAYS
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	QL 0.15 / 1 DAYS
<i>terbutaline sulfate 1 mg/ml solution</i>	1	
<i>terbutaline sulfate 2.5 mg tab</i>	1	
<i>terbutaline sulfate 5 mg tab</i>	1	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	2	QLC 36 / 22 days
CYSTIC FIBROSIS AGENTS		
BRONCHITOL 40 MG CAP	3	QL 20 / 1 DAYS PA
BRONCHITOL TOLERANCE TEST 40 MG CAP	3	QL 20 / 1 DAYS PA
KALYDECO 13.4 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
KALYDECO 150 MG TAB	3	QL 2 / 1 DAYS PA SP Specialty
KALYDECO 25 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
KALYDECO 5.8 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 50 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
KALYDECO 75 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
KITABIS PAK 300 MG/5ML NEBU SOLN	3	SP Specialty
ORKAMBI 100-125 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
ORKAMBI 100-125 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
ORKAMBI 150-188 MG PACKET	3	QL 2 / 1 DAYS PA SP Specialty
ORKAMBI 200-125 MG TAB	3	QL 4 / 1 DAYS PA SP Specialty
ORKAMBI 75-94 MG PACKET	3	QL 2 / 1 DAYS PA
SYMDEKO 100-150 & 150 MG TAB THPK	3	QL 2 / 1 DAYS PA SP Specialty
SYMDEKO 50-75 & 75 MG TAB THPK	3	QL 2 / 1 DAYS PA SP Specialty
<i>tobramycin 300 mg/5ml nebu soln</i>	1	SP Specialty
TRIKAFTA 100-50-75 & 150 MG TAB THPK	3	QL 3 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIKAFTA 100-50-75 & 75 MG THER PACK	3	QL 2 / 1 DAYS PA SP Specialty
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK	3	QL 3 / 1 DAYS PA SP Specialty
TRIKAFTA 80-40-60 & 59.5 MG THER PACK	3	QL 2 / 1 DAYS PA SP Specialty
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	PD Preventive Drug
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>elixophyllin 80 mg/15ml elixir</i>	1	
OHTUVAYRE 3 MG/2.5ML SUSPENSION	3	QL 5 / 1 day(s) PA SP Specialty
<i>roflumilast 250 mcg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>roflumilast 500 mcg tab</i>	1	QL 1 / 1 DAYS PD Preventive Drug
<i>theophylline 80 mg/15ml elixir</i>	1	
<i>theophylline 80 mg/15ml solution</i>	1	
THEOPHYLLINE ER 100 MG TAB ER 12H	1	PD Preventive Drug
THEOPHYLLINE ER 200 MG TAB ER 12H	1	PD Preventive Drug
<i>theophylline er 300 mg tab er 12h</i>	1	
<i>theophylline er 400 mg tab er 24h</i>	1	
<i>theophylline er 450 mg tab er 12h</i>	1	
<i>theophylline er 600 mg tab er 24h</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
ADEMPAS 1 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
ADEMPAS 1.5 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
ADEMPAS 2 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
ADEMPAS 2.5 MG TAB	3	QL 3 / 1 DAYS PA SP Specialty
<i>alyq 20 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty
<i>ambrisentan 10 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>ambrisentan 5 mg tab</i>	1	QL 1 / 1 DAYS PA SP Specialty
<i>bosentan 125 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty
<i>bosentan 62.5 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIQREV 10 MG/ML SUSPENSION	3	QL 8.14 / 1 DAYS PA SP Specialty
OPSYNVI 10-20 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
OPSYNVI 10-40 MG TAB	3	QL 1 / 1 DAYS PA SP Specialty
ORENITRAM 0.125 MG TAB ER	3	PA SP Specialty
ORENITRAM 0.25 MG TAB ER	3	PA SP Specialty
ORENITRAM 1 MG TAB ER	3	PA SP Specialty
ORENITRAM 2.5 MG TAB ER	3	PA SP Specialty
ORENITRAM 5 MG TAB ER	3	PA SP Specialty
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK	3	PA SP Specialty
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK	3	PA SP Specialty
ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK	3	PA SP Specialty
<i>sildenafil citrate 10 mg/ml recon susp</i>	1	QL 6 / 1 DAYS PA SP Specialty
<i>sildenafil citrate 20 mg tab</i>	1	QL 3 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tadalafil (pah) 20 mg tab</i>	1	QL 2 / 1 DAYS PA SP Specialty
TYVASO 0.6 MG/ML SOLUTION	3	QL 2.93 / 1 DAYS PA SP Specialty
TYVASO DPI INSTITUTIONAL KIT 16 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI INSTITUTIONAL KIT 32 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI INSTITUTIONAL KIT 48 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI INSTITUTIONAL KIT 64 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 16 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 32 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 48 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI MAINTENANCE KIT 64 MCG POWDER	3	QL 4 / 1 DAYS PA
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	3	QL 7 / 1 DAYS PA
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	3	QL 9 / 1 DAYS PA
TYVASO REFILL 0.6 MG/ML SOLUTION	3	QL 2.93 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYVASO STARTER 0.6 MG/ML SOLUTION	3	QL 2.93 / 1 DAYS PA SP Specialty
UPTRAVI 1000 MCG TAB	3	QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 1200 MCG TAB	3	QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 1400 MCG TAB	3	QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 1600 MCG TAB	3	QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 200 & 800 MCG TAB THPK	3	PA QLC 200 / 21 DAYS SP Specialty
UPTRAVI 200 MCG TAB	3	QL 5 / 1 DAYS PA SP Specialty
UPTRAVI 400 MCG TAB	3	QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 600 MCG TAB	3	QL 2 / 1 DAYS PA SP Specialty
UPTRAVI 800 MCG TAB	3	QL 2 / 1 DAYS PA SP Specialty

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VENTAVIS 10 MCG/ML SOLUTION	3	QL 2.5 / 1 DAYS PA SP Specialty
VENTAVIS 20 MCG/ML SOLUTION	3	QL 2.5 / 1 DAYS PA SP Specialty
WINREVAIR 2 X 45 MG KIT	3	QL 0.048 / 1 DAYS PA SP Specialty
WINREVAIR 2 X 60 MG KIT	3	QL 0.048 / 1 DAYS PA SP Specialty
WINREVAIR 45 MG KIT	3	QL 0.048 / 1 DAYS PA SP Specialty
WINREVAIR 60 MG KIT	3	QL 0.048 / 1 DAYS PA SP Specialty
PULMONARY FIBROSIS AGENTS		
OFEV 100 MG CAP	2	QL 2 / 1 DAYS PA SP Specialty
OFEV 150 MG CAP	2	QL 2 / 1 DAYS PA SP Specialty
<i>pirfenidone 267 mg cap</i>	2	QL 9 / 1 DAYS PA SP Specialty
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 10 % solution</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acetylcysteine 20 % solution</i>	1	
ADVAIR HFA 115-21 MCG/ACT AEROSOL	2	QL 0.4 / 1 DAYS PD Preventive Drug
ADVAIR HFA 230-21 MCG/ACT AEROSOL	2	QL 0.4 / 1 DAYS PD Preventive Drug
ADVAIR HFA 45-21 MCG/ACT AEROSOL	2	QL 0.4 / 1 DAYS PD Preventive Drug
AIRSUPRA 90-80 MCG/ACT AEROSOL	3	PA QLC 21.4 / 23 DAYS
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
<i>benzonatate 100 mg cap</i>	1	
BENZONATATE 150 MG CAP	1	
<i>benzonatate 150 mg cap</i>	1	
<i>benzonatate 200 mg cap</i>	1	
BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL	2	QLC 11 / 22 DAYS
BREO ELLIPTA 100-25 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
BREO ELLIPTA 200-25 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
<i>breyna 160-4.5 mcg/act aerosol</i>	1	QLC 20.4 / 23 DAYS PD Preventive Drug
<i>breyna 80-4.5 mcg/act aerosol</i>	1	QLC 20.4 / 23 DAYS PD Preventive Drug
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL 0.36 / 1 DAYS PD Preventive Drug
<i>bromfed dm 2-30-10 mg/5ml syrup</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>budesonide-formoterol fumarate 160-4.5 mcg/act aerosol</i>	1	QLC 20.4 / 23 DAYS PD Preventive Drug
<i>budesonide-formoterol fumarate 80-4.5 mcg/act aerosol</i>	1	QLC 20.4 / 23 DAYS PD Preventive Drug
<i>caffeine citrate 20 mg/ml solution</i>	1	
<i>caffeine citrate 60 mg/3ml solution</i>	1	
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	QL 0.27 / 1 DAYS
DULERA 100-5 MCG/ACT AEROSOL	2	QL 0.44 / 1 DAYS PD Preventive Drug
DULERA 200-5 MCG/ACT AEROSOL	2	QL 0.44 / 1 DAYS PD Preventive Drug
DULERA 50-5 MCG/ACT AEROSOL	2	QL 0.44 / 1 DAYS PD Preventive Drug
FASENRA PEN 30 MG/ML SOLN A-INJ	2	QL 0.02 / 1 DAYS PA SP Specialty
<i>flunisolide 25 mcg/act (0.025%) solution</i>	1	QL 2 / 1 DAYS
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>fluticasone-salmeterol 100-50 mcg/act aer pow ba</i>	1	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE-SALMETEROL 113-14 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug
FLUTICASONE-SALMETEROL 232-14 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug
<i>fluticasone-salmeterol 250-50 mcg/act aer pow ba</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>fluticasone-salmeterol 500-50 mcg/act aer pow ba</i>	1	QL 2 / 1 DAYS PD Preventive Drug
FLUTICASONE-SALMETEROL 55-14 MCG/ACT AER POW BA	2	QL 0.04 / 1 DAYS PD Preventive Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
g tussin ac 100-10 mg/5ml solution	1	OTC Over the Counter
<i>guaifenesin-codeine 100-10 mg/5ml solution</i>	1	OTC Over the Counter
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	1	QL 10 / 1 DAYS
<i>hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution</i>	1	
<i>hydromet 5-1.5 mg/5ml solution</i>	1	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	1	
<i>maxi-tuss ac 100-10 mg/5ml solution</i>	1	OTC Over the Counter
<i>mometasone furoate 50 mcg/act suspension</i>	2	
<i>nebusal 3 % nebu soln</i>	1	
NUCALA 100 MG/ML SOLN A-INJ	2	QL 0.11 / 1 DAYS
		PA
		SP Specialty
NUCALA 100 MG/ML SOLN PRSYR	2	QL 0.11 / 1 DAYS
		PA
		SP Specialty
NUCALA 40 MG/0.4ML SOLN PRSYR	2	QL 0.015 / 1 DAYS
		PA
		SP Specialty
PROMETHAZINE VC 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP	1	
<i>promethazine-codeine 6.25-10 mg/5ml solution</i>	1	
<i>promethazine-codeine 6.25-10 mg/5ml syrup</i>	1	
<i>promethazine-dm 15-6.25 mg/5ml syrup</i>	1	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	1	
PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	1	
<i>pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup</i>	1	
<i>pulmosal 7 % nebu soln</i>	1	
<i>sodium chloride 0.9 % nebu soln</i>	1	
<i>sodium chloride 10 % nebu soln</i>	1	
<i>sodium chloride 3 % nebu soln</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium chloride 7 % nebu soln</i>	1	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	QL 0.15 / 1 DAYS PD Preventive Drug
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
TRELEGY ELLIPTA 200-62.5-25 MCG/ACT AER POW BA	2	QL 2 / 1 DAYS PD Preventive Drug
<i>wixela inhub 100-50 mcg/act aer pow ba</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>wixela inhub 250-50 mcg/act aer pow ba</i>	1	QL 2 / 1 DAYS PD Preventive Drug
<i>wixela inhub 500-50 mcg/act aer pow ba</i>	1	QL 2 / 1 DAYS PD Preventive Drug
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 350 mg tab</i>	1	
<i>chlorzoxazone 500 mg tab</i>	1	QL 6 / 1 DAYS
<i>cyclobenzaprine hcl 10 mg tab</i>	1	
<i>cyclobenzaprine hcl 5 mg tab</i>	1	
<i>metaxalone 800 mg tab</i>	3	QL 4 / 1 DAYS
<i>methocarbamol 500 mg tab</i>	1	
<i>methocarbamol 750 mg tab</i>	1	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	1	
<i>vanadom 350 mg tab</i>	1	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
<i>estazolam 1 mg tab</i>	1	
<i>estazolam 2 mg tab</i>	1	
<i>eszopiclone 1 mg tab</i>	1	QL 1 / 1 DAYS
<i>eszopiclone 2 mg tab</i>	1	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>eszopiclone 3 mg tab</i>	1	QL 1 / 1 DAYS
FLURAZEPAM HCL 15 MG CAP	3	
FLURAZEPAM HCL 30 MG CAP	3	
HETLIOZ LQ 4 MG/ML SUSPENSION	3	QL 1.6 / 1 DAYS PA SP Specialty
<i>ramelteon 8 mg tab</i>	1	QL 1 / 1 DAYS
<i>tasimelteon 20 mg cap</i>	3	QL 1 / 1 DAYS PA SP Specialty
<i>temazepam 15 mg cap</i>	1	
<i>temazepam 22.5 mg cap</i>	3	
<i>temazepam 30 mg cap</i>	1	
<i>temazepam 7.5 mg cap</i>	3	
<i>triazolam 0.125 mg tab</i>	1	
<i>triazolam 0.25 mg tab</i>	1	
<i>zaleplon 10 mg cap</i>	1	QL 2 / 1 DAYS
<i>zaleplon 5 mg cap</i>	1	QL 1 / 1 DAYS
ZOLPIDEM TARTRATE 1.75 MG SL TAB	3	QL 1 / 1 DAYS
<i>zolpidem tartrate 10 mg tab</i>	1	QL 1 / 1 DAYS
ZOLPIDEM TARTRATE 3.5 MG SL TAB	3	QL 1 / 1 DAYS
<i>zolpidem tartrate 5 mg tab</i>	1	QL 2 / 1 DAYS
<i>zolpidem tartrate er 12.5 mg tab er</i>	1	QL 1 / 1 DAYS
<i>zolpidem tartrate er 6.25 mg tab er</i>	1	QL 1 / 1 DAYS
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil 150 mg tab</i>	1	QL 1 / 1 DAYS
<i>armodafinil 200 mg tab</i>	1	QL 1 / 1 DAYS
<i>armodafinil 250 mg tab</i>	1	QL 1 / 1 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>armodafinil 50 mg tab</i>	1	QL 2 / 1 DAYS
<i>modafinil 100 mg tab</i>	1	QL 2 / 1 DAYS
<i>modafinil 200 mg tab</i>	1	QL 2 / 1 DAYS
SODIUM OXYBATE 500 MG/ML SOLUTION	3	QL 18 / 1 DAYS PA SP Specialty
SUNOSI 150 MG TAB	3	QL 1 / 1 DAYS PA
SUNOSI 75 MG TAB	3	QL 1 / 1 DAYS PA
XYREM 500 MG/ML SOLUTION	3	QL 18 / 1 DAYS PA SP Specialty
XYWAV 500 MG/ML SOLUTION	3	QL 18 / 1 DAYS PA SP Specialty

Index of covered drugs

3

3232A INFANT FORMULA 287

A

abacavir sulfate 101
 abacavir sulfate-lamivudine 101
 abigale 249
 abigale lo 249
 ABILIFY ASIMTUFII 93
 ABILIFY MAINTENA 93
 abiraterone acetate 56
 abirtega 56
 acamprosate calcium 12
 acarbose 107
 ACCRUFER 179
 ACCU-CHEK AVIVA PLUS 287
 ACCU-CHEK GUIDE TEST 287
 ACCU-CHEK SMARTVIEW 287
 accutane 171
 ACCUTREND GLUCOSE 287
 ACE AEROSOL CLOUD ENHANCER 287
 acebutolol hcl 138
 ACERFLEX 287
 ACETAMINOPHEN-CODEINE 8
 acetaminophen-codeine 8
 acetazolamide 144
 acetazolamide er 344
 acetic acid 28,345
 acetylcysteine 357,358
 acitretin 171
 ACTEMRA 271
 ACTEMRA ACTPEN 272
 ACTHAR 242
 ACTHAR GEL 243
 ACTICARNITINE SF 212
 ACTIMMUNE 279
 acyclovir 103,178
 ADALIMUMAB-RYVK (1 PEN) 280
 adapalene 171
 adapalene-benzoyl peroxide 171

ADDERALL XR 157,158
 ADDYI 241
 adefovir dipivoxil 98
 ADEMPAS 353
 ADLARITY 42
 ADTHYZA 261
 adult aspirin regimen 125
 ADULT MASK LARGE 287
 ADVAIR HFA 358
 ADVANCE INTUITION TEST 287
 ADVANCE MICRO-DRAW TEST 287
 ADVANTAGE INFANT FORMULA/IRON 287
 ADVERA 179
 ADVOCATE REDI-CODE 287
 ADVOCATE REDI-CODE+ TEST 287
 ADVOCATE TEST 287
 AEROTRACH PLUS 288
 afirmelle 249
 aftera 258
 afterpill 258
 AGAMATRIX AMP TEST 288
 AGAMATRIX JAZZ TEST 288
 AGAMATRIX KEYNOTE TEST 288
 AGAMATRIX PRESTO TEST 288
 AGAMREE 231
 AIMOVIG 52
 AIMSCO LUBRICATED 288
 AIRBORNE+EVERYDAY STRESS AWAY 212
 AIRBORNE+NATURAL ENERGY 212
 AIRSUPRA 358
 AJOVY 52
 AKEEGA 60
 ala-cort 172
 albendazole 88
 albuterol sulfate 348,349
 ALBUTEROL SULFATE 348,349,350
 albuterol sulfate hfa 349
 albuterol sulfate hfa 108 (90 base) mcg/act aero soln
 (generic of proair hfa) 349
 albuterol sulfate hfa 108 (90 base) mcg/act aero soln
 (generic of proventil hfa) 349

ALBUTEROL SULFATE HFA 108 (90 BASE)		aminocaproic acid	124
MCG/ACT AERO SOLN (GENERIC OF VENTOLIN HFA)	349	amiodarone hcl	136
alclometasone dipropionate	172	amitriptyline hcl	47,48
ALCLOMETASONE DIPROPIONATE	172	amlodipine besy-benazepril hcl	144
alcohol (rubbing)	288	amlodipine besylate	140,141
ALECENSA	62	amlodipine besylate-valsartan	144
alendronate sodium	285,286	amlodipine-olmesartan	144,145
ALFAMINO INFANT	288	amlodipine-valsartan-hctz	145
ALFAMINO JUNIOR	288	ammonium lactate	172
ALFERON N	279	amnesteam	171
alfuzosin hcl er	240	amoxapine	48
ALHEMO	124	AMOXICILL-CLARITHRO-LANSOPRAZ	228
ALIMENTUM	288	AMOXICILLIN	31
ALINIA	88	amoxicillin	31
aliskiren fumarate	144	AMOXICILLIN-POT CLAVULANATE	31
ALITRAQ	179	amoxicillin-pot clavulanate	31
ALKINDI SPRINKLE	285	AMOXICILLIN-POT CLAVULANATE ER	31
allopurinol	52	amphetamine-dextroamphet er	158
almotriptan malate	53	amphetamine-dextroamphetamine	158
alprazolam	104	AMPHOTERICIN B	50
alprazolam er	104,105	ampicillin	31
ALPRAZOLAM INTENSOL	105	anagrelide hcl	121
alprazolam xr	105	anastrozole	61
ALSOY SOY FORMULA	288	ANDEMBRY	87
altacaine	341	ANNOVERA	249
altafrin	341	ANORO ELLIPTA	358
altavera	249	anucort-hc	172
ALUNBRIG	62	anusol-hc	172
ALVAIZ	121	APAP-CAFF-DIHYDROCODEINE	8
alvimopan	228	APRACLONIDINE HCL	344
alyacen 1/35	249	aprepitant	50
alyacen 7/7/7	249	apri	249
alyq	353	APTIVUS	102
amabelz	249	AQ INSULIN SYRINGE	288
amantadine hcl	89	AQNEURSA	231
ambrisentan	353	aranella	249
amethia	249	ARANESP (ALBUMIN FREE)	121,122
amethyst	249	ARCALYST	272
amiloride hcl	150	arformoterol tartrate	349
AMILORIDE-HYDROCHLOROTHIAZIDE	144	ARGIMENT AT	179
		ARGINAID	179

ARGINAID EXTRA.....	179	atomoxetine hcl.....	159
ARGININE.....	212,315	atorvastatin calcium.....	151
ARGININE2000.....	212	atorvastatin calcium 10 mg tab.....	151
ARGININE500.....	212	atorvastatin calcium 20 mg tab.....	151
argyle sterile saline.....	241	atovaquone.....	88
argyle sterile water.....	288	atovaquone-proguanil hcl.....	88
ARIKAYCE.....	27	ATROPINE SULFATE.....	341
aripiprazole.....	93,94	atropine sulfate.....	341
ARISTADA.....	94	ATROVENT HFA.....	348
ARISTADA INITIO.....	94	ATTRUBY.....	145
armodafinil.....	362,363	aubra eq.....	249
ARMOUR THYROID.....	261,262	AUGTYRO.....	60
ARNUITY ELLIPTA.....	345	aurovela 1.5/30.....	249
ascomp-codeine.....	8	aurovela 1/20.....	249
ashlyna.....	249	aurovela 24 fe.....	249
ASMANEX (120 METERED DOSES).....	345	aurovela fe 1.5/30.....	249
ASMANEX (14 METERED DOSES).....	346	aurovela fe 1/20.....	249
ASMANEX (30 METERED DOSES).....	346	AUSTEDO.....	163
ASMANEX (60 METERED DOSES).....	346	AUSTEDO XR.....	163,164
ASMANEX HFA.....	346	AUSTEDO XR PATIENT TITRATION.....	164
aspirin.....	1,125	AUVELITY.....	43
aspirin 81.....	1,125	AUVI-Q.....	349
aspirin adult low dose.....	1,125	AVERI.....	249
aspirin adult low strength.....	125	aviane.....	249
aspirin childrens.....	125	avidoxy.....	33
aspirin ec adult low dose.....	126	avita.....	171
aspirin ec low dose.....	126	AVMAPKI FAKZYNJA CO-PACK.....	61
aspirin ec low strength.....	126	AVONEX PEN.....	167
aspirin low dose.....	1,126	AVONEX PREFILLED.....	167
aspirin regimen.....	126	ayuna.....	250
aspirin-dipyridamole er.....	126	AYVAKIT.....	62,63
ASSURE 3 TEST.....	288	azathioprine.....	280
ASSURE 4 TEST.....	289	azelastine hcl.....	343,347
ASSURE II.....	289	AZITHROMYCIN.....	32
ASSURE II CHECK.....	289	azithromycin.....	32
ASSURE PLATINUM.....	289	AZMIRO.....	248
ASSURE PRISM MULTI TEST.....	289	azurette.....	250
ASSURE PRO TEST.....	289		
atazanavir sulfate.....	102		
atenolol.....	138		
atenolol-chlorthalidone.....	145		

B

b complex formula 1 (lipotrop).....	212
B COMPLEX-C-BIOTIN-E-FA.....	212

b-complex balanced	212	BD Q-STYLE ACCESS DEVICE	290
b-complex-c	212	BD Q-STYLE VIAL ADAPTER	290
b-complex-c (w/folic acid)	212	BD SAFETYGLIDE NEEDLE	290
b-complex/vitamin c	213	BD SYRINGE LUER-LOK	290
BABY'S BIG SUPPORT	289	BD TB SYRINGE	290
BABYS ONLY ORGANIC/DAIRY	289	benazepril hcl	134
BABYS ONLY ORGANIC/DHA & ARA	289	benazepril-hydrochlorothiazide	145
BABYS ONLY ORGANIC/SOY	289	BENECALORIE	179
BABYS ONLY ORGNIC/GENT DHA-ARA	289	BENEPROTEIN	213
BABYS ONLY ORGNIC/GENTLE DAIRY	289	BENLYSTA	272
BABYS ONLY ORGNIC/SENS DHA-ARA	289	BENZNIDAZOLE	88
bac (butalbital-acetamin-caff)	164	benzonatate	358
bacitra-neomycin-polymyxin-hc	341	BENZONATATE	358
BACITRACIN	343	benzoyl peroxide-erythromycin	171
bacitracin-polymyxin b	341	benzphetamine hcl	164
baclofen	97	benztropine mesylate	89
BACLOFEN	97,98	BERINERT	268
balance b-100	213	BESIVANCE	33
balance b-50	213	BESREMI	279
BALANCED NUTRITIONAL DRINK	179	betaine	231
BALANCED NUTRITIONAL DRINK PLS	179	betamethasone dipropionate	172
BALANCED NUTRITIONAL SHAKE PLS	179	betamethasone dipropionate aug	172,173
balsalazide disodium	284	BETAMETHASONE DIPROPIONATE AUG	173
BALVERSA	63	betamethasone valerate	173
balziva	250	BETAMETHASONE VALERATE	173
BAQSIMI ONE PACK	112	BETASERON	167
BAQSIMI TWO PACK	112	betaxolol hcl	138
BASAGLAR KWIKPEN	116	BETAXOLOL HCL	344
BASAGLAR TEMPO PEN	116	bethanechol chloride	241
BAXDELA	33	BEVESPI AEROSPHERE	358
bayer aspirin ec low dose	126	bexarotene	88
bayer low dose	126	bicalutamide	56
BCAD 1	289	BIKTARVY	100
BCAD 2	289	bimatoprost	345
BD ALLERGY SYRINGE	290	BIOTEL CARE TEST STRIPS	290
BD CATHETER TIP SYRINGE	290	bisacodyl	221
BD ECLIPSE SYRINGE	290	bisacodyl ec	222
BD FILTER NEEDLE	290	bisoprolol fumarate	138
bd heparin posiflush	118	bisoprolol-hydrochlorothiazide	145
BD INTERLINK BLUNT CANNULA	290	blisovi 24 fe	250
BD PRECISIONGLIDE NEEDLE	290	blisovi fe 1.5/30	250

blisovi fe 1/20	250
BLOOD GLUCOSE TEST	290
BLOOD GLUCOSE TEST STRIPS 333	290
BLULINK GLUCOSE TEST	290
BOOST	179
BOOST BREEZE	179
BOOST BREEZE 2-FLAVOR PACK	179
BOOST GLUCOSE CONTROL	180
BOOST GLUCOSE CTRL MAX PROTEIN	180
BOOST HIGH PROTEIN	180
BOOST KID ESSENTIALS 1.0 CAL	180
BOOST KID ESSENTIALS 1.5 CAL	180
BOOST KID ESSENTIALS 1.5/FIBER	180
BOOST MAX PROTEIN	180
BOOST ORIGINAL	180
BOOST PLUS	180
BOOST PUDDING	213
BOOST SOOTHE	180
BOOST VERY HIGH CALORIE	180
BOOST VHC	180
BOOST WOMEN	180
bosentan	353
BOSULIF	63
BRAFTOVI	64
BRAINSUSTAIN	180
BRAINSUSTAIN FOR KIDS	290
BREO ELLIPTA	358
BREXAFEMME	50
breyana	358
BREZTRI AEROSPHERE	358
briellyn	250
BRIGHT BEGINNINGS PEDIATRIC	180
brimonidine tartrate	171,344
brimonidine tartrate-timolol	341
BRIXADI	4
BRIXADI (WEEKLY)	4
bromfed dm	358
bromfenac sodium (once-daily)	343
bromocriptine mesylate	90
BRONCHITOL	350
BRONCHITOL TOLERANCE TEST	350

BRUKINSA	64
budesonide	285,346
budesonide er	285
budesonide-formoterol fumarate	359
bumetanide	149
buprenorphine	4
buprenorphine hcl	13
buprenorphine hcl-naloxone hcl	13
bupropion hcl	43
bupropion hcl er (smoking det)	14
bupropion hcl er (sr)	43,44
bupropion hcl er (xl)	44
BUPROPION HCL ER (XL)	44
buspirone hcl	104
butalbital-acetaminophen	164
butalbital-apap-caff-cod	8
butalbital-apap-caffeine	164
butalbital-asa-caff-codeine	8
butalbital-aspirin-caffeine	1
butorphanol tartrate	8
BYLVAY	173
BYLVAY (PELLETS)	173

C

C-NATE DHA	181
cabergoline	266
CABLIVI	126
CABOMETYX	64
caffeine citrate	359
CALCILO XD	290
calcipotriene	176
CALCIPOTRIENE	176
calcipotriene-betameth diprop	176
calcitonin (salmon)	286
calcitrene	176
CALCITRIOL	176,286
calcitriol	286
calcium acetate	211
calcium acetate (phos binder)	211
CALQUENCE	64
camila	258

camrese	250	carvedilol	138
camrese lo	250	carvedilol phosphate er	138,139
CAMZYOS	145,146	CAYA	291
candesartan cilexetil	133	CEFACLOR	30
candesartan cilexetil-hctz	146	CEFACLOR ER	30
capecitabine	59	CEFADROXIL	30
CAPRELSA	64	cefadroxil	30
captopril	134	cefdinir	30
CAPTOPRIL-HYDROCHLOROTHIAZIDE	146	cefixime	30
CARAC	176	cefprozime proxetil	30
carbamazepine	40	CEFPODOXIME PROXETIL	30
carBAMazepine 100 MG/5ML SUSPENSION (generic of TEGRETOL)	40	cefprozil	30
CarBAMazepine ER 100 MG CAP ER 12H (generic of CARBATROL)	40	cefuroxime axetil	30
CarBAMazepine ER 100 MG TAB ER 12H (generic of TEGRETOL-XR)	40	celecoxib	1
carBAMazepine ER 200 MG CAP ER 12H (generic of CARBATROL)	41	cephalexin	30,31
CarBAMazepine ER 200 MG TAB ER 12H (generic of TEGRETOL-XR)	41	CERDELGA	231
CarBAMazepine ER 300 MG CAP ER 12H (generic of CARBATROL)	41	cetirizine hcl	347
CarBAMazepine ER 400 MG TAB ER 12H (generic of TEGRETOL-XR)	41	cetrorelix acetate	266
carbidopa-levodopa	91	cevimeline hcl	170
carbidopa-levodopa er	91	CFPREOP	181
carbidopa-levodopa-entacapone	89,90	charlotte 24 fe	250
carbinoxamine maleate	347	chateal eq	250
CARBINOXAMINE MALEATE	347	CHEMET	210
CARDIOWHEY	213	CHEMO TRANSFER PIN	291
CAREONE BLOOD GLUCOSE TEST	290	CHICKEN/PEAS/CARROTS	291
CAREPOINT SYRINGE LUER LOCK	290	CHICKEN/PEAS/CARROTS PLUS	291
CARESENS N GLUCOSE TEST	291	CHICKEN/PEAS/CARROTS PLUS PEDI	291
CARESENS S GLUCOSE TEST	291	childrens aspirin	127
CARETOUCH TEST	291	chlordiazepoxide hcl	105
carglumic acid	231	CHLORDIAZEPOXIDE-AMITRIPTYLINE	44
carisoprodol	361	chlorhexidine gluconate	170
CARNATION BREAKFAST ESSENTIALS	181	CHLOROQUINE PHOSPHATE	88
CARTEOLOL HCL	344	chloroquine phosphate	88
cartia xt	141	chlorpromazine hcl	92
		CHLORPROMAZINE HCL	92
		chlorthalidone	150
		chlorzoxazone	361
		CHOLBAM	231
		cholestyramine	154
		cholestyramine light	154
		CHOLEXTRA	291

CHOLEXTRA T/F	291	CLIMARA PRO	250
ciclodan	178	clindacin	178
ciclopirox	178	clindacin etz	178
ciclopirox olamine	178	clindacin-p	178
cilostazol	127	clindamycin hcl	28
CIMDUO	101	clindamycin palmitate hcl	28
cimetidine	230	clindamycin phos (twice-daily)	178
cimetidine hcl	230	clindamycin phos-benzoyl perox	171
CIMZIA (1 SYRINGE)	280	clindamycin phosphate	28,178
CIMZIA (2 SYRINGE)	280	clinpro 5000	170
CIMZIA-STARTER	280	clobazam	38
cinacalcet hcl	286	clobetasol prop emollient base	173
CINRYZE	268	clobetasol propionate	173
CIPRO HC	345	clobetasol propionate e	173
ciprofloxacin hcl	33,345	clodan	173
ciprofloxacin-dexamethasone	345	clomid	261
citalopram hydrobromide	45	clomiphene citrate	261
CITRANATAL MEDLEY	181	clomipramine hcl	48
citrate of magnesia	222	clonazepam	105
citroma	222	clonidine	132
CITRULLINE 1000	213	clonidine hcl	132
CITRULLINE1000	213	clonidine hcl 0.1 mg tab er 12h (generic of KAPVAY)	159
CITRULLINE200	213	clonidine hcl er	159
claravis	171	clopidogrel bisulfate	127
CLARITHROMYCIN	32	clorazepate dipotassium	105
clarithromycin	32	clotrimazole	50
clarithromycin er	32	clotrimazole-betamethasone	176
CLASSIC PRENATAL	181	CLOTRIMAZOLE-BETAMETHASONE	176
clearlax	222	clozapine	97
CLEMASTINE FUMARATE	347	CODEINE SULFATE	8
CLEMASZ	347	codeine sulfate	8
CLEMSZA	347	COENZYME Q10	213
CLENPIQ	222	colchicine	52
CLEVER CHEK AUTO-CODE TEST	291	colchicine-probenecid	52
CLEVER CHEK AUTO-CODE VOICE	291	colesevelam hcl	154
CLEVER CHEK TEST	291	colestipol hcl	154
CLEVER CHOICE AUTO-CODE TEST	291	COMBIVENT RESPIMAT	359
CLEVER CHOICE MICRO TEST	291	COMETRIQ (100 MG DAILY DOSE)	64
CLEVER CHOICE NO CODING	291	COMETRIQ (140 MG DAILY DOSE)	65
CLEVER CHOICE TALK SYSTEM	292	COMETRIQ (60 MG DAILY DOSE)	65
CLICK ESPRESSO PROTEIN DRINK	292		

COMPLEAT.....	181	COTELLIC.....	65
COMPLEAT ORGANIC BLENDS.....	181	CREATINE5000.....	213
COMPLEAT ORIGINAL PLANT-BASED.....	181	CRENESSITY.....	266
COMPLEAT PEDI ORIG PLANT-BASED.....	181	CREON.....	231
COMPLEAT PEDI PEPTIDE 1.5.....	181	CRESEMBA.....	50
COMPLEAT PEDI STANDARD 1.0.....	181	CRINONE.....	258,259
COMPLEAT PEDI STANDARD 1.4.....	181	cromolyn sodium.....	228,352
COMPLEAT PEDIATRIC.....	181	CROMOLYN SODIUM.....	343,352
COMPLEAT PEDIATRIC ORG BLENDS.....	181	CROTAN.....	178
COMPLEAT PEDIATRIC PEPTIDE 1.0.....	181	cryselle-28.....	250
COMPLEAT PEPTIDE 1.0.....	182	curae.....	259
COMPLEAT PEPTIDE 1.5.....	182	curity sterile saline.....	241
COMPLEAT STANDARD 1.4.....	182	CVS ADVANCED GLUCOSE TEST.....	292
COMPLETE AMINO ACID MIX.....	182	CVS ADVANTAGE/IRON.....	292
COMPLETE NATAL DHA.....	182	CVS ALKALINE BATTERIES SIZE AA.....	292
COMPLEX ESSENTIAL MSD.....	292	cvs aspirin adult low dose.....	127
COMPLEX JUNIOR MSD.....	182	cvs aspirin adult low strength.....	127
COMPLEX MSD.....	182	cvs aspirin ec.....	127
COMPLEX MSUD.....	182	cvs aspirin low dose.....	127
compro.....	49	cvs aspirin low strength.....	127
CONCERTA.....	160	CVS DRESSING 4"X4-3/4".....	292
CONFORMANT 2 WOUND VEIL.....	292	cvs folic acid.....	213
constulose.....	222	CVS GENTLE INFANT FORMULA/IRON.....	292
CONTOUR MONITOR.....	292	cvs gentle laxative.....	222
CONTOUR NEXT ONE.....	292	cvs gentle laxative womens.....	222
CONTOUR NEXT TEST.....	292	cvs glucose.....	113
CONTOUR PLUS TEST.....	292	CVS GLUCOSE.....	113
CONTOUR TEST.....	292	CVS GLUCOSE BITS.....	113
CONTRACE.....	164	CVS GLUCOSE METER TEST STRIPS.....	293
COOL BLOOD GLUCOSE TEST STRIPS.....	292	cvs glucose shot.....	113
COPAXONE.....	167	cvs hydrogen peroxide.....	293
COPIKTRA.....	65	CVS INFANT FORMULA/IRON.....	293
CORLANOR.....	146	cvs instant food thickener.....	293
CORTISONE ACETATE.....	243	cvs live better gripe water.....	213
CORTROPHIN.....	243	cvs magnesium citrate.....	222
CORTROPHIN GEL.....	243	cvs milk of magnesia.....	222
COSENTYX.....	272	cvs nicotine.....	14
COSENTYX (300 MG DOSE).....	272	cvs nicotine polacrilex.....	14,15
COSENTYX SENSOREADY (300 MG).....	272	CVS NUTRITION LIQUID.....	182
COSENTYX SENSOREADY PEN.....	272	CVS NUTRITION PLUS.....	182
COSENTYX UNOREADY.....	272	CVS NUTRITION PLUS CHOCOLATE.....	182

CVS NUTRITION PLUS VANILLA	182	dabigatran etexilate mesylate	118
CVS NUTRITIONAL SHAKE	182	dalfampridine er	167
CVS PRENATAL MULTI+DHA	182	danazol	248
CVS PRENATAL MULTIVITAMIN	182	dantrolene sodium	97
cvs purelax	222	dapsone	55,178
cvs rubbing alcohol	293	darifenacin hydrobromide er	239
CVS SENSITIVITY/IRON	293	DARTISLA ODT	227
CVS SOFT GLUCOSE	113	darunavir	102
CVS TENDER/IRON	293	dasatinib	65,66
CVS TODDLER & INFANT/IRON	293	dasetta 1/35	250
CVS TODDLER BEGINNINGS-IRON	293	dasetta 7/7/7	250
CVS TRUE METRIX GLUCOSE TEST	293	DAURISMO	66
CVS WHEY PROTEIN	213,214	DAYBUE	232
CVS WINDOW BANDAGES	293	daysee	250
cyanocobalamin	214	deblitane	259
CYCLINEX-1	293	DECUBAMINE	182
CYCLINEX-2	293	deferasirox	210
cyclobenzaprine hcl	361	deflazacort	243
cyclopentolate hcl	341	DELSTRIGO	100
CYCLOPHOSPHAMIDE	56	delyla	250
cyclophosphamide	56	demeclocycline hcl	33
CYCLOSERINE	55	denta 5000 plus	170
cyclosporine	280,341	DENTA 5000 PLUS SENSITIVE	170
cyclosporine modified	280	dentagel	170
cyproheptadine hcl	347	DEPO-SUBQ PROVERA 104	259
cyred eq	250	DESCOVY	101
CYSTADROPS	231	desflurane	12
CYSTAGON	232	desipramine hcl	48
CYSTARAN	232	desloratadine	347
CYSTINE	214	desmopressin ace spray refrig	246
CYSTINE500	214	desmopressin acetate	246
cytarabine (pf)	59	desmopressin acetate pf	246
CYTO CARN	214	DESMOPRESSIN ACETATE SPRAY	246
CYTO RALA	214	desmopressin acetate spray	246
CYTO-Q MAX	214	desogestrel-ethinyl estradiol	250
CYTO-Q T/F	214	desonide	174
CYTOLLINE	214	desoximetasone	174
CYTOTINE	214,293	DESOXIMETASONE	174
D		desvenlafaxine succinate er	45
D-MANNOSE	293,316	DEX4	113
		DEX4 GLUCOSE	113

DEX4 GLUCOSE GO-POUCH.....	113	DIARESQ GENTLE RELIEF TODDLERS.....	183
DEX4 NATURALS.....	113	DIATHRIVE BLOOD GLUCOSE TEST.....	294
DEX4 POUCH PACK.....	113	DIATHRIVE GLUCOSE TEST.....	294
DEX4 QUICK DISSOLVE GLUCOSE.....	113	DIATHRIVE+ GLUCOSE TEST.....	294
dexamethasone.....	244	DIATRUE PLUS TEST.....	294
DEXAMETHASONE.....	244	diazepam.....	38,106
DEXAMETHASONE SODIUM PHOSPHATE.....	343	DIAZEPAM.....	38,106
DEXCOM G6 RECEIVER.....	293	diazepam intensol.....	106
DEXCOM G6 SENSOR.....	294	dichlorphenamide.....	232
DEXCOM G6 TRANSMITTER.....	294	diclofenac potassium.....	1
DEXCOM G7 15 DAY SENSOR.....	294	diclofenac sodium.....	1,2,343
DEXCOM G7 RECEIVER.....	294	diclofenac sodium er.....	2
DEXCOM G7 SENSOR.....	294	dicloxacin sodium.....	31
Dexmethylphenidate HCl 10 MG TAB (generic of FOCALIN).....	160	dicyclomine hcl.....	227
Dexmethylphenidate HCl 2.5 MG TAB (generic of FOCALIN).....	160	diethylpropion hcl.....	164
Dexmethylphenidate HCl 5 MG TAB (generic of FOCALIN).....	160	DIETHYLPROPION HCL ER.....	164
Dexmethylphenidate HCl ER 10 MG CAP ER 24H (generic of FOCALIN XR).....	160	DIFICID.....	32
Dexmethylphenidate HCl ER 15 MG CAP ER 24H (generic of FOCALIN XR).....	160	diflunisal.....	2
Dexmethylphenidate HCl ER 20 MG CAP ER 24H (generic of FOCALIN XR).....	160	DIGOXIN.....	136
Dexmethylphenidate HCl ER 25 MG CAP ER 24H (generic of FOCALIN XR).....	160	digoxin.....	136
Dexmethylphenidate HCl ER 30 MG CAP ER 24H (generic of FOCALIN XR).....	160	dihydroergotamine mesylate.....	53
Dexmethylphenidate HCl ER 35 MG CAP ER 24H (generic of FOCALIN XR).....	160	dilt-xr.....	141,142
Dexmethylphenidate HCl ER 40 MG CAP ER 24H (generic of FOCALIN XR).....	160	diltiazem hcl.....	142
Dexmethylphenidate HCl ER 5 MG CAP ER 24H (generic of FOCALIN XR).....	160	diltiazem hcl er.....	142
dextroamphetamine sulfate.....	158	diltiazem hcl er beads.....	142
dextroamphetamine sulfate er.....	158,159	diltiazem hcl er coated beads.....	142,143
DIABETISOURCE AC.....	183	dimethyl fumarate.....	167,168
dialyvite 800.....	214	dimethyl fumarate starter pack.....	168
DIARESQ.....	183	DIPHENHYDRAMINE HCL.....	347
DIARESQ CHILDRENS.....	183	diphenoxylate-atropine.....	227
		DIPHENOXYLATE-ATROPINE.....	227
		dipyridamole.....	127
		disopyramide phosphate.....	136
		disulfiram.....	12
		divalproex sodium.....	34
		divalproex sodium er.....	34
		dodex.....	214
		dofetilide.....	137
		DOJOLVI.....	214
		dolishale.....	250
		donepezil hcl.....	42

DOPTELET	127	EASY PLUS II GLUCOSE TEST	295
DOPTELET SPRINKLE	127	EASY STEP TEST	295
dorzolamide hcl	344	EASY TALK BLOOD GLUCOSE TEST	295
dorzolamide hcl-timolol mal	341	EASY TALK PLUS II TEST STRIPS	295
dorzolamide hcl-timolol mal pf	341	EASY TOUCH HEALTHPRO GLUCOSE	295
dotti	250	EASY TOUCH TEST	295
DOVATO	100	EASY TRAK BLOOD GLUCOSE TEST	296
DOVER BULB SYRINGE	294	EASY TRAK II GLUCOSE TEST	296
doxazosin mesylate	133	EASYGLUCO	296
doxepin hcl	48	EASYMAX 15 TEST	296
doxycycline hyclate	33,34	EASYMAX TEST	296
doxycycline monohydrate	34	EASYPRO BLOOD GLUCOSE TEST	296
DPP DIPEPTIDE POWER	183	EASYPRO PLUS	296
DR BROWN GOOD ST SOY-EASE PRO	294	ec-naproxen	2
DR BROWN GOOD START GENTLE PRO	294	econazole nitrate	51
DR BROWN GOOD START SOOTHE PRO	294	econtra one-step	259
dronabinol	50	ecotrin low strength	128
DROPSAFE SAFETY SYRINGE/NEEDLE	295	EDURANT	100
drosipren-eth estrad-levomefol	250,251	EDURANT PED	100
drosiprenone-ethinyl estradiol	251	EFAVIRENZ	100
DROXIA	232	efavirenz	100
droxidopa	132	efavirenz-emtricitab-tenofo df	100
DRYSOL	176	EFAVIRENZ-LAMIVUDINE-TENOFOVIR	100
DUAVEE	261	efavirenz-lamivudine-tenofovir	100
dulcolax	222	EGG/PRO	296
dulcolax milk of magnesia	222	EGRIFTA SV	246
DULERA	359	EGRIFTA WR	246
duloxetine hcl	167	EKTERLY	269
DUO-CARE TEST	295	ELECARE	296
DUOCAL	295	ELECARE DHA/ARA	296
DUPIXENT	272,273	ELECARE DHA/ARA INFANT	296
DUREX REALFEEL	295	ELECARE DHA/ARA/IRON INFANT	296
dutasteride	240	ELECARE JR	296
DUVYZAT	232	ELEMENT COMPACT TEST	296
DY-O-DERM VITILIGO STAIN	176	ELEMENT TEST	296
E		eletriptan hydrobromide	53
EAA SUPPLEMENT	183	elimest	251
EASY COMFORT INSULIN SYRINGE	295	ELIQUIS	118
EASY COMFORT PEN NEEDLES	295	ELIQUIS (1.5 MG PACK)	118
EASY MAX BLOOD GLUCOSE TEST	295	ELIQUIS (2 MG PACK)	118
		ELIQUIS DVT/PE STARTER PACK	118

elixophyllin	352	ENFAMIL GENTLEASE	298
ELLA	259	ENFAMIL GENTLEASE LIPIL	298
ELMIRON	241	ENFAMIL HUMAN MILK FORTIFIER	298
eltrombopag olamine	122	ENFAMIL INFANT	298
eluryng	251	ENFAMIL MILK-BASED W/IRON	299
EMBRACE BLOOD GLUCOSE TEST	297	ENFAMIL NEUROPRO ENFACARE	299
EMBRACE EVO BLOOD GLUCOSE TEST	297	ENFAMIL NEUROPRO GENTLEASE	299
EMBRACE PRO GLUCOSE TEST	297	ENFAMIL NEUROPRO INFANT	299
EMBRACE TALK GLUCOSE TEST	297	ENFAMIL NEUROPRO SENSITIVE	299
EMBRACE WAVE BLOOD GLUCOSE	297	ENFAMIL NUTRAMIGEN	299
EMGALITY	53	ENFAMIL NUTRAMIGEN LIPIL	299
EMGALITY (300 MG DOSE)	52	ENFAMIL NUTRAMIGEN PROBIOT LGG	299
EMPAVELI	273	ENFAMIL NUTRAMIGEN TOD/ENF LGG	299
emtricitab-rilpivir-tenofovir df	100	ENFAMIL PREGESTIMIL LIPIL	299
emtricitabine	101	ENFAMIL PREMATURE	299
emtricitabine-tenofovir df	101	ENFAMIL PREMIUM INFANT	300
EMTRIVA	101	ENFAMIL PREMIUM LIPIL	300
emzahh	259	ENFAMIL PREMIUM NEWBORN	300
enalapril maleate	135	ENFAMIL PROSOBEE LIPIL	300
enalapril-hydrochlorothiazide	146	ENFAMIL PROSOBEE SOY	300
ENBREL	280	ENFAMIL PROSOBEE/SENSITIVE	300
ENBREL MINI	280	ENFAMIL REGULINE-IRON	300
ENBREL SURECLICK	281	ENFAPORT	300
ENCALA	183,297	enilloring	251
endocet	8,9	ENLITE GLUCOSE SENSOR	300
ENDOMETRIN	259	ENLIVE	183
ENFAGROW NEUROPRO TODDLER	297	enoxaparin sodium	118,119
ENFAGROW NEXT STEP	297	enpresse-28	251
ENFAGROW PREMIUM LIPIL	297	ENSACOVE	62
ENFAGROW PREMIUM OLDER TODDLER	297	enskyce	251
ENFAGROW PREMIUM TODDLER	297	ENSPRYNG	273
ENFAGROW PREMIUM TODDLER GENTL	297	ENSURE	183,300
ENFAMIL 24	297	ENSURE ACTIVE	183
ENFAMIL A.R. INFANT	297	ENSURE ACTIVE HEART HEALTH	183
ENFAMIL AR LIPIL	297	ENSURE ACTIVE HIGH PROTEIN	183
ENFAMIL AR SPIT-UP	298	ENSURE ACTIVE LIGHT	183
ENFAMIL DHA & ARA SUPPLEMENT	298	ENSURE BONE HEALTH REVIGOR	183
ENFAMIL ENFACARE	298	ENSURE CLEAR	183
ENFAMIL ENSPIRE GENTLEASE	298	ENSURE CLINICAL ST REVIGOR	184
ENFAMIL ENSPIRE OPTIMUM	298	ENSURE COMPACT	184
ENFAMIL ENSPIRE/IRON	298	ENSURE COMPLETE	184

ENSURE COMPLETE SHAKE.....	184	epinephrine (anaphylaxis).....	349
ENSURE ENLIVE.....	184	epitol.....	41
ENSURE HARVEST 1.2 CAL.....	184	eplerenone.....	150
ENSURE HEALTHY MOM.....	184	EPOGEN.....	122,123
ENSURE HIGH CALCIUM.....	184	EPRONTIA.....	35
ENSURE HIGH PROTEIN.....	184,214,300	eq aspirin adult low dose.....	128
ENSURE IMMUNE HEALTH.....	184	eq aspirin low dose.....	2,128
ENSURE MAX PROTEIN.....	184	EQ BLOOD GLUCOSE TEST.....	301
ENSURE MUSCLE HEALTH REVIGOR.....	184	eq clearlax.....	222
ENSURE NUTRA SHAKE HI-CAL.....	184	eq magnesium citrate.....	222
ENSURE NUTRITION SHAKE.....	184	eq nicotine.....	15
ENSURE ORIG THERAPEUTIC NUTRI.....	184	eq nicotine polacrilex.....	15,16
ENSURE ORIGINAL.....	185,300	eq nicotine step 3.....	16
ENSURE ORIGINAL/FIBER.....	185	EQ NUTRITIONAL SHAKE.....	186
ENSURE PLANT-BASED PROTEIN.....	185	EQ NUTRITIONAL SHAKE PLUS.....	186
ENSURE PLUS.....	185	EQ WEIGHT LOSS SHAKE.....	186
ENSURE PLUS HIGH PROTEIN.....	185	eql aspirin low dose.....	128
ENSURE PLUS HN.....	185	eql clearlax.....	222
ENSURE PLUS WITH FIBER.....	185	eql ethyl alcohol (rubbing).....	301
ENSURE PRE-SURGERY.....	185	eql gentle laxative.....	222
ENSURE PUDDING.....	214	eql hydrogen peroxide.....	301
ENSURE SURGERY.....	185	eql isopropyl rubbing alcohol.....	301
ENSURE SURGICAL NUTRITION.....	185	eql magnesium citrate.....	223
ENSURE/FIBER.....	185	EQL PRENATAL FORMULA.....	186
entacapone.....	90	EQUATE.....	186
ENTADFI.....	240	EQUATE PLUS.....	186
entecavir.....	98	ergocalciferol.....	286
ENTERADE.....	185	ERGOLOID MESYLATES.....	42
ENTERADE IBS-D.....	185	ERGOTAMINE-CAFFEINE.....	53
ENTERAL FEEDING PISTON SYRINGE.....	301	ERIVEDGE.....	66
ENTYVIO PEN.....	273	ERLEADA.....	56,57
ENU COMPLETE NUTRITION SHAKE.....	185	erlotinib hcl.....	66
ENU NUTRITIONAL SHAKE.....	185	errin.....	259
enulose.....	222	ERY.....	178
ENVARUS XR.....	281	ery-tab.....	32
EO28 SPLASH.....	186	ERYTHROCIN STEARATE.....	32
EPCLUSA.....	98,99	erythromycin.....	32,178,343
EPIDIOLEX.....	35	ERYTHROMYCIN.....	178,343
epinastine hcl.....	343	ERYTHROMYCIN BASE.....	32
EPINEPHRINE.....	349	erythromycin base.....	32
epinephrine.....	349	ERZOFRI.....	94

escitalopram oxalate	45	falmina	252
esgic	164	famciclovir	103
eslicarbazepine acetate	41	famotidine	230
esomeprazole magnesium	230	FANTASY LUBRICATED	301
ESSENTIAL AMINO ACID MIX	186	FANTASY LUBRICATED/SPERMICIDE	301
estarylla	251	FARXIGA	156
estazolam	361	FASENRA PEN	359
estradiol	251	FC2 FEMALE CONDOM	301
estradiol valerate	251,252	febuxostat	52
estradiol-norethindrone acet	252	feirza 1.5/30	252
eszopiclone	361,362	feirza 1/20	252
ethacrynic acid	149	felbamate	35
ethambutol hcl	55	felodipine er	141
ethosuximide	38	FEMCAP	301
ethyl alcohol (rubbing)	301	FEMLYV	252
ethynodiol diac-eth estradiol	252	fenofibrate	150,151
etodolac	2	fenofibrate micronized	151
etodolac er	2	fenofibric acid	151
etonogestrel-ethinyl estradiol	252	fentanyl	4,5
ETOPOSIDE	62	fentanyl citrate	9
etravirine	100,101	FENTANYL CITRATE	9
EUCRISA	174	fesoterodine fumarate er	239
euthyrox	262	FIBER FLOW	186
EVAMIST	252	FIBERSOURCE HN	186
everolimus	66,67	fidaxomicin	33
EVERSENSE 365 SENSOR/HOLDER	301	FIFTY50 GLUCOSE TEST 2.0	301
EVERSENSE E3 SENSOR/HOLDER	301	FILSPARI	241
EVERSENSE SENSOR/HOLDER	301	FILSUVEZ	301
EVEXITHROID	262	FILTER 0.2 MICRON/25MM	302
EVOLUTION AUTOCODE	301	FILTER/MILLEX-GP/50MM/CLEAR	302
EVRYSDI	232	finasteride	240
exemestane	61	fingolimod hcl	168
EXPEDITE	186	FINTEPLA	35
EXTAVIA	168	finzala	252
ezetimibe	154	FIRDAPSE	164
EZETIMIBE-ROSUVASTATIN	154	FIRST-LANSOPRAZOLE	230
ezetimibe-simvastatin	154	FIRST-MOUTHWASH BLM	302
F		FITFOOD LEAN	214
FABHALTA	123	FITFOOD LEAN COLLAGEN	215
FABRAZYME	232	FITFOOD LEAN COMPLETE	186
		FITFOOD LEAN WHEY	215

flac.....	345	fluvoxamine maleate.....	46
flavoxate hcl.....	239	fluvoxamine maleate er.....	46
flecainide acetate.....	137	folate.....	215
fleet stimulant.....	223	folic acid.....	215
FLEXICHAMBER ADULT MASK/SMALL.....	302	FOLIVANE-OB.....	187
FLEXICHAMBER CHILD MASK/LARGE.....	302	fondaparinux sodium.....	119
FLEXICHAMBER CHILD MASK/SMALL.....	302	FORA 6 CONNECT.....	302
FLORAFOL PEDIATRIC.....	186	FORA 6 CONNECT/GTEL TEST.....	302
FLORIVA.....	186,187	FORA BLOOD GLUCOSE TEST.....	302
FLORIVA PLUS.....	187	FORA D15G BLOOD GLUCOSE TEST.....	302
FLOTREX.....	187	FORA D20 BLOOD GLUCOSE TEST.....	302
fluconazole.....	51	FORA D40/G31 BLOOD GLUCOSE.....	302
flucytosine.....	51	FORA G20 BLOOD GLUCOSE TEST.....	302
fludrocortisone acetate.....	244	FORA G30/PREM V10 GLUCOSE TEST.....	302
FLUID ADMINISTRATION SET.....	302	FORA GD20 TEST.....	302
flunisolide.....	359	FORA GD50 BLOOD GLUCOSE TEST.....	302
fluocinolone acetonide.....	174,345	FORA GTEL BLOOD GLUCOSE TEST.....	302
fluocinolone acetonide body.....	174	FORA GTEL BLOOD KETONE TEST.....	303
fluocinolone acetonide scalp.....	174	FORA TN'G ADVANCE PRO.....	303
fluocinonide.....	174	FORA TN'G/TN'G VOICE.....	303
fluocinonide emulsified base.....	174	FORA V10 BLOOD GLUCOSE TEST.....	303
fluorometholone.....	344	FORA V12 BLOOD GLUCOSE TEST.....	303
FLUOROURACIL.....	176	FORA V20 BLOOD GLUCOSE TEST.....	303
fluorouracil.....	176	FORA V30A BLOOD GLUCOSE TEST.....	303
fluoxetine hcl.....	45,46	FORACARE GD40 TEST.....	303
FLUOXETINE HCL.....	46	FORACARE PREMIUM V10 TEST.....	303
FLUOXETINE HCL (PMDD).....	45	FORACARE TEST N GO TEST.....	303
fluphenazine decanoate.....	92	formoterol fumarate.....	349
fluphenazine hcl.....	92	FORTA DRINK.....	303
FLUPHENAZINE HCL.....	92	FORTA SHAKE.....	303
FLURANDRENOLIDE.....	174	FORTINI INFANT FORMULA.....	303
FLURAZEPAM HCL.....	362	FORTISCARE G1 TEST STRIP.....	303
FLURBIPROFEN.....	2,3	FORTISCARE TEST.....	303
flurbiprofen.....	2	fosamprenavir calcium.....	102
FLURBIPROFEN SODIUM.....	344	fosfomycin tromethamine.....	28
fluticasone propionate.....	174,359	fosinopril sodium.....	135
FLUTICASONE PROPIONATE.....	174	fosinopril sodium-hctz.....	146
FLUTICASONE PROPIONATE DISKUS.....	346	FOTIVDA.....	67
FLUTICASONE PROPIONATE HFA.....	346,347	fraiche 5000 dental.....	170
fluticasone-salmeterol.....	359	FREESTYLE INSULINX TEST.....	304
FLUTICASONE-SALMETEROL.....	359,361	FREESTYLE LIBRE 14 DAY READER.....	304

FREESTYLE LIBRE 14 DAY SENSOR.....	304	G-PREPROTEIN.....	187
FREESTYLE LIBRE 2 PLUS SENSOR.....	304	GA.....	305
FREESTYLE LIBRE 2 READER.....	304	GA EXPRESS15.....	187
FREESTYLE LIBRE 2 SENSOR.....	304	GA GEL.....	187
FREESTYLE LIBRE 3 PLUS SENSOR.....	304	GA-1 ANAMIX EARLY YEARS.....	305
FREESTYLE LIBRE 3 READER.....	304	gabapentin.....	38
FREESTYLE LIBRE 3 SENSOR.....	304	gabapentin (once-daily).....	164
FREESTYLE LIBRE READER.....	304	GALAFOLD.....	232
FREESTYLE LITE.....	304	galantamine hydrobromide.....	42,43
FREESTYLE LITE TEST.....	305	GALANTAMINE HYDROBROMIDE.....	42,43
FREESTYLE PRECISION NEO TEST.....	305	galantamine hydrobromide er.....	43
FREESTYLE TEST.....	305	galbriela.....	252
freskaro magnesium citrate.....	223	gallifrey.....	259
frovatriptan succinate.....	53	GAMMAGARD.....	270
FRUITIVITS.....	187	GAMMAGARD S/D LESS IGA.....	270
FRUZAQLA.....	60	GAMUNEX-C.....	270,271
ft aspirin.....	128	GANIRELIX ACETATE.....	266
ft aspirin low dose.....	2,128	ganirelix acetate.....	266
ft clearlax.....	223	gatifloxacin.....	343
ft ethyl rubbing alcohol.....	305	gavilax.....	223
ft folic acid.....	215	GAVILYTE-C.....	228
FT GLUCOSE.....	113	gavilyte-g.....	228
ft hydrogen peroxide.....	305	gavilyte-n with flavor pack.....	223
ft isopropyl rubbing alcohol.....	305	GAVRETO.....	67
ft laxative.....	223	GE100 BLOOD GLUCOSE TEST.....	305
ft magnesium citrate.....	223	gefitinib.....	67
ft milk of magnesia.....	223	GELATEIN MCT.....	187
ft naloxone hcl.....	13	GELMIX INFANT THICKENER.....	305
ft nicotine.....	16,17	gemfibrozil.....	151
ft nicotine mini.....	17	gemmily.....	252
FT PRENATAL.....	187	GEMTESA.....	239
full spectrum b/vitamin c.....	215	generlac.....	223
furosemide.....	149	gengraf.....	281
FUROSEMIDE.....	149	gentamicin sulfate.....	27,28,343
FUZEON.....	102	gentle laxative.....	223
fyavolv.....	252	gentlelax.....	223
fyremadel.....	266	GENULTIMATE TEST.....	305
		GENVOYA.....	100
		GERBER EXTENSIVE HA.....	305
		GERBER GOOD START A2-IRON.....	305
		GERBER GOOD START A2-TODDLER.....	305
G			
g tussin ac.....	360		
g-levocarnitine s/f.....	215		

GERBER GOOD START GENTLE.....	305,306	GLUCERNA 1.0 CAL.....	187
GERBER GOOD START GENTLE 2.....	306	GLUCERNA 1.0 CAL/CARBSTEADY.....	187
GERBER GOOD START GENTLEPRO.....	306	GLUCERNA 1.0 CAL/FIBER.....	187
GERBER GOOD START GENTLEPRO 2.....	306	GLUCERNA 1.2 CAL.....	187
GERBER GOOD START GENTLEPRO/FE.....	306	GLUCERNA 1.5 CAL.....	187
GERBER GOOD START GROW 3.....	306	GLUCERNA 1.5 CAL/CARBSTEADY.....	188
GERBER GOOD START NOURISH.....	306	GLUCERNA ADVANCE SHAKE.....	188
GERBER GOOD START PREMATURE.....	306	GLUCERNA CARBSTEADY.....	188
GERBER GOOD START PROTECT/IRON.....	306	GLUCERNA HUNGER SMART SHAKE.....	188
GERBER GOOD START SOOTHE.....	306	GLUCERNA OS.....	188
GERBER GOOD START SOOTHE 1.....	306	GLUCERNA SELECT.....	188
GERBER GOOD START SOOTHE 2.....	306	GLUCERNA SHAKE.....	188
GERBER GOOD START SOOTHEPRO.....	307	GLUCERNA SNACK SHAKE.....	188
GERBER GOOD START SOOTHEPRO/FE.....	307	GLUCERNA WEIGHT LOSS SHAKE.....	188
GERBER GOOD START SOY.....	307	GLUCO PERFECT 3 TEST.....	308
GERBER GOOD START SOY/IRON.....	307	gluco shot.....	113
GERBER GOOD START SUPREME/IRON.....	307	GLUCO TO GO.....	113
GERBER GRADUATES GENTLE/IRON.....	307	gluco to go 15.....	113
GERBER GRADUATES PROTECT/IRON.....	307	GLUCOCARD 01 SENSOR PLUS.....	308
GERBER GRADUATES SOOTHE.....	307	GLUCOCARD EXPRESSION TEST.....	308
GERBER GRADUATES SOY/IRON.....	307	GLUCOCARD SHINE TEST.....	308
GERBER NATURA STAGE 1.....	307	GLUCOCARD VITAL TEST.....	308
GERBER NATURA STAGE 2.....	308	GLUCOCARD X-SENSOR.....	308
GERBER NATURA STAGE 3.....	308	GLUCOCOM TEST.....	308
GHT TEST.....	308	GLUCONAVII BLOOD GLUCOSE TEST.....	308
GI PROTECT.....	215	glucose.....	113,114
GILOTRIF.....	67,68	GLUCOSE.....	114
GIMOTI.....	49	GLUCOSE INSTANT ENERGY.....	114
glatiramer acetate.....	168	GLUCOSE METER TEST.....	308
glatopa.....	168	GLUCOSE NURSETTE.....	114
GLEOSTINE.....	56	GLUTARADE AMINO ACID BLEND.....	188
glimepiride.....	107	GLUTARADE ESSENTIAL GA-1.....	188
glipizide.....	107	GLUTARADE JUNIOR GA-1.....	188
GLIPIZIDE.....	107,108	GLUTAREX-1.....	308
glipizide er.....	107	GLUTAREX-2.....	308
glipizide xl.....	108	GLUTASOLVE.....	215
glipizide-metformin hcl.....	108	GLUTOL.....	308
GLUCAGEN HYPOKIT.....	113	glutose 15.....	114
glucagon emergency.....	113	glutose 45.....	114
GLUCAGON EMERGENCY.....	113	glutose 5.....	114
GLUCERNA.....	187	glyburide.....	108

GLYBURIDE MICRONIZED.....	108	GOJJI BLOOD TEST STRIP/LANCETS.....	309
glyburide-metformin.....	108	GOMEKLI.....	68
GLYCATE.....	227	GONAL-F.....	246
GLYCINE.....	215,216	GONAL-F RFF.....	246
glycine.....	216,241	GONAL-F RFF REDIJECT.....	246,247
glycine urologic.....	241	GOOD START.....	309
GLYCINE500.....	216	GOOD START 2 ESSENTIALS SOY/FE.....	309
glycolax.....	223	GOOD START 2 ESSENTIALS/IRON.....	309
glycopyrrolate.....	227	GOOD START 2 SUPREME/IRON.....	309
GLYCOPYRROLATE.....	227	GOOD START ESSENTIALS SOY/IRON.....	310
GLYCOSADE.....	188	GOOD START ESSENTIALS/IRON.....	310
glydo.....	12	GOOD START GENTLE PLUS.....	310
glymax.....	216	GOOD START NATURAL CULTURES.....	310
GLYTROL PREBIO1.....	188	GOOD START SOY PLUS 2.....	310
GLYXAMBI.....	108	GOOD START SUPREME/IRON.....	310
gnp adult aspirin low strength.....	128	GOOD START/FE.....	310
gnp aspirin.....	2,128	goodsense aspirin.....	129
gnp aspirin low dose.....	128	goodsense aspirin low dose.....	2,129
gnp clearlax.....	223	goodsense bisacodyl laxative.....	224
GNP EASY TOUCH GLUCOSE TEST.....	309	GOODSENSE BLOOD GLUCOSE.....	310
gnp folic acid.....	216	goodsense clearlax.....	224
gnp gentle laxative.....	223	GOODSENSE GLUCOSE.....	114
GNP GLUCOSE.....	114	GOODSENSE ISOPROPYL ALCOHOL.....	311
gnp hydrogen peroxide.....	309	goodsense magnesium citrate.....	224
GNP ISOPROPYL ALC/WINTERGREEN.....	176	goodsense milk of magnesia.....	224
gnp magnesium citrate.....	223	goodsense nicotine.....	19
gnp milk of magnesia.....	224	goodsense nicotine polacrilex.....	19
gnp naloxone hcl.....	13	GOODSENSE NUTRISURE ORIGINAL.....	189
gnp nicotine.....	17,18	GOODSENSE NUTRISURE PLUS.....	189
gnp nicotine mini.....	18	GRALISE.....	164,165
gnp nicotine polacrilex.....	18	granisetron hcl.....	50
GNP PRENATAL.....	188	GRASTEK.....	273
GNP PRENATAL/FOLIC ACID.....	189	gripe water.....	216
GNP QUICK DISSOLVE GLUCOSE.....	114	griseofulvin microsize.....	51
gnp rubbing alcohol.....	309	griseofulvin ultramicrosize.....	51
GNP TRUE METRIX GLUCOSE STRIPS.....	309	guaifenesin-codeine.....	360
GNP TRUETRACK SMART SYSTEM.....	309	guanfacine hcl.....	132
GNP TRUETRACK TEST STRIPS.....	309	guanfacine hcl er.....	160
gnp womens gentle laxative.....	224	GUARDIAN 4 GLUCOSE SENSOR.....	311
GOCOVRI.....	90	GUARDIAN REAL-TIME CHARGER.....	311
GOJJI BLOOD GLUCOSE TEST.....	309	GUARDIAN REAL-TIME REPLACE PED.....	311

GUARDIAN REAL-TIME TEST PLUG	311
GUARDIAN SENSOR (3)	311
GUARDIAN SENSOR 3	311
GVOKE HYPOPEN 1-PACK	114
GVOKE HYPOPEN 2-PACK	114
GVOKE KIT	114
GVOKE PFS	114

H

h-e-b aspirin	129	hemmorex-hc	174
habitrol	19	HEPARIN NA (PORK) LOCK FLSH PF	119
HADLIMA	281	heparin na (pork) lock flsh pf	119
HADLIMA PUSHTOUCH	281	heparin sod (pork) lock flush	119
HAEGARDA	269	heparin sodium (porcine)	119
HAELAN 951 FERMENTED SOY	189	heparin sodium (porcine) pf	119
HAELAN HTPI FERMENTED SOY	189	her style	259
hailey 1.5/30	252	HETLIOZ LQ	362
hailey 24 fe	252	HI-CAL	189
hailey fe 1.5/30	252	HIGH-PROTEIN NUTRITIONAL SHAKE	189
hailey fe 1/20	252	HIZENTRA	271
HALDOL DECANOATE	92	hm aspirin ec low dose	129
halobetasol propionate	174	hm clearlax	224
haloette	252	hm folic acid	216
haloperidol	92	HM ISOPROPYL ALCOHOL	311
haloperidol decanoate	92	hm laxative	224
haloperidol lactate	92	hm magnesium citrate	224
HARVONI	99	hm milk of magnesia	224
HCU ANAMIX EARLY YEARS	311	hm nicotine	19
HCU ANAMIX NEXT	311	hm nicotine polacrilex	20
HCU COOLER	189	HM NUTRISURE	189
HCU COOLER15	189	HM NUTRISURE PLUS	189
HCU GEL	189	HOM 2	311
HCU LOPHLEX LQ	189	HOMINEX-1	312
HCU MAXAMUM	311	HOMINEX-2	312
HCY 1	311	HUMALOG	116
HCY 2	311	HUMALOG JUNIOR KWIKPEN	116
HEALTH SOURCE	311	HUMALOG KWIKPEN	116
HEALTHY ACCENTS NUTRA FIT	189	HUMALOG MIX 50/50 KWIKPEN	116
HEALTHY ACCENTS NUTRA FIT PLUS	189	HUMALOG MIX 75/25	116
heather	259	HUMALOG MIX 75/25 KWIKPEN	116
HEMLIBRA	124,125	HUMALOG TEMPO PEN	116
		HUMIRA	282
		HUMIRA (2 PEN)	281,282
		HUMIRA (2 SYRINGE)	282
		HUMIRA-CD/UC/HS STARTER	282
		HUMIRA-PED>=40KG UC STARTER	282
		HUMIRA-PS/UV/ADOL HS STARTER	282
		HUMIRA-PSORIASIS/UEVIT STARTER	282
		HUMULIN 70/30	116
		HUMULIN 70/30 KWIKPEN	117

HUMULIN N.....	117	HYMPAVZI.....	125
HUMULIN N KWIKPEN.....	117	hyoscyamine sulfate.....	227,228
HUMULIN R.....	117	hyoscyamine sulfate er.....	228
HUMULIN R U-500 (CONCENTRATED).....	117	hyoscyamine sulfate sl.....	228
HUMULIN R U-500 KWIKPEN.....	117	hyosyne.....	228
HURRICAIN DISPENSING CAP.....	312		
HW EMBRACE PRO GLUCOSE TEST.....	312	I-VALEX-1.....	312
HW EMBRACE TALK GLUCOSE TEST.....	312	I-VALEX-2.....	312
HY-VEE GLUCOSE.....	115	I5.....	190
HYCANTIN.....	62	ibandronate sodium.....	286
hydralazine hcl.....	156	IBRANCE.....	68
hydrochlorothiazide.....	150	IBTROZI.....	69
HYDROCOD POLI-CHLORPHE POLI ER.....	360	ibu.....	2,3
hydrocodone bit-homatrop mbr.....	360	ibuprofen.....	3
HYDROCODONE BITARTRATE ER.....	5	icatibant acetate.....	269
hydrocodone bitartrate er.....	5	iclevia.....	252
hydrocodone-acetaminophen.....	9	ICLUSIG.....	69
HYDROCODONE-ACETAMINOPHEN.....	9	icosapent ethyl.....	154
HYDROCODONE-IBUPROFEN.....	10	IDHIFA.....	69
hydrocodone-ibuprofen.....	10	IGG 2000 CWP.....	216
hydrocortisone.....	175,285	IGG PURE.....	216
HYDROCORTISONE.....	175,285	IGLUCOSE TEST STRIPS.....	312
HYDROCORTISONE (PERIANAL).....	175	IHEALTH BLOOD GLUCOSE TEST STR.....	312
hydrocortisone (perianal).....	175	ILEVRO.....	344
hydrocortisone acetate.....	175	imatinib mesylate.....	69
HYDROCORTISONE BUTYRATE.....	175	IMBRUVICA.....	69,70
hydrocortisone butyrate.....	175	IMCIVREE.....	228
hydrocortisone valerate.....	175	imipramine hcl.....	48
hydrocortisone-acetic acid.....	345	imiquimod.....	176
HYDROGEN PEROXIDE.....	312,326,335	IMITREX STATDOSE REFILL.....	53
hydrogen peroxide.....	312	IMKELDI.....	70
hydromet.....	360	IMMULIFE.....	312
hydromorphone hcl.....	10	IMPACT.....	190
HYDROMORPHONE HCL.....	10	IMPACT ADVANCED RECOVERY.....	190
hydromorphone hcl er.....	5	IMPACT PEPTIDE 1.5.....	190
hydroxychloroquine sulfate.....	88,89	IMPAVIDO.....	89
hydroxyurea.....	60	IN TOUCH BLOOD GLUCOSE TEST.....	312
hydroxyzine hcl.....	104	INBRIJA.....	91
HYDROXYZINE PAMOATE.....	104	incassia.....	259
hydroxyzine pamoate.....	104	INCRELEX.....	247
HYFTOR.....	176		

INCRUSE ELLIPTA.....	348	ISOMIL ADVANCE SOY FORMULA-FE.....	313
indapamide.....	150	ISOMIL DF.....	313
indomethacin.....	3	ISOMIL SF/IRON.....	313
indomethacin er.....	3	ISOMIL SOY FORMULA/IRON.....	313
INFINITY BLOOD GLUCOSE TEST.....	312	ISOMIL SOY/IRON.....	313
INFINITY VOICE.....	312	ISOMIL/IRON.....	313
INGREZZA.....	165	isoniazid.....	55
INLYTA.....	70	ISOPROPANOL.....	313
INNOVACIN.....	190	isopropyl alcohol.....	176,313
INQOVI.....	60	ISOPROPYL ALCOHOL.....	313,326,335
INREBIC.....	70	isopropyl alcohol, rubbing.....	313
INSTA-GLUCOSE.....	115	isosorb dinitrate-hydralazine.....	146
INSTACLEAN.....	176	isosorbide dinitrate.....	156
INSULIN GLARGINE.....	117	ISOSORBIDE MONONITRATE.....	156,157
INSULIN GLARGINE MAX SOLOSTAR.....	117	isosorbide mononitrate.....	156,157
INSULIN GLARGINE SOLOSTAR.....	117	isosorbide mononitrate er.....	157
INSULIN GLARGINE-YFGN.....	117	ISOSOURCE 1.5 CAL.....	190
INSULIN LISPRO.....	117	ISOSOURCE HN.....	190
INSULIN LISPRO (1 UNIT DIAL).....	117	isotretinoin.....	171,172
INSULIN LISPRO JUNIOR KWIKPEN.....	117	isradipine.....	141
INSULIN LISPRO PROT & LISPRO.....	117	ISTURISA.....	247
INSULIN SYRINGE-NEEDLE U-100.....	312,313	ITOVEBI.....	70
INTELENCE.....	101	itraconazole.....	51
INTROLITE.....	190	IV3000 1-HAND.....	313
introvale.....	252	IV3000 FRAME DELIVERY.....	314
INVEGA HAFYERA.....	94	IVA ANAMIX EARLY YEARS.....	314
INVEGA SUSTENNA.....	94	IVA ANAMIX NEXT.....	314
INVEGA TRINZA.....	94	IVA MAXAMUM.....	314
IODINE STRONG.....	190	ivabradine hcl.....	146
ipratropium bromide.....	348	ivermectin.....	88
ipratropium-albuterol.....	360	IWILFIN.....	60
IQIRVO.....	313		
irbesartan.....	133		
irbesartan-hydrochlorothiazide.....	146		
ISENTRESS.....	100	jaimiess.....	252
ISENTRESS HD.....	100	JAKAFI.....	71
isibloom.....	252	jantoven.....	119,120
ISOLEUCINE.....	216,315	jasmiel.....	252
ISOLEUCINE 1000.....	216	javygtor.....	232,233
ISOLEUCINE1000.....	216	JAYPIRCA.....	71
ISOMIL 2.....	313	jaythari.....	244
		jencycla.....	259

J

JENTADUETO	108
JENTADUETO XR	109
JEVITY 1 CAL	190
JEVITY 1 CAL/FIBER	190
JEVITY 1.2 CAL	190
JEVITY 1.2 CAL/FIBER	190
JEVITY 1.5 CAL/FIBER	190
jinteli	253
JOENJA	233
jolessa	253
JOURNAVX	1
joyeaux	253
JUICE PLUS FIBRE	190
juleber	253
JULUCA	100
junel 1.5/30	253
junel 1/20	253
junel fe 1.5/30	253
junel fe 1/20	253
junel fe 24	253
just right 5000	170
JUVEN	191,314
JUVEN NUTRIVIGOR	191
JUVEN REVIGOR	191
JUXTAPID	154,155
JYLAMVO	283

K

K-PAX PROTEIN BLEND IMMUNE	314
K-PHOS	241
K-PHOS NO 2	241
kaitlib fe	253
KALE/QUINOA/BERRIES	314
KALE/QUINOA/BERRIES PLUS	314
KALE/QUINOA/BERRIES PLUS PEDIA	314
kalliga	253
KALYDECO	350,351
KAPSPARGO SPRINKLE	139
kariva	253
KATE FARMS GLUCOSE SUPPORT 1.2	191
KATE FARMS KIDS NUTRITION	191
KATE FARMS PED PEPTIDE 1.0	191
KATE FARMS PED PEPTIDE 1.5	191
KATE FARMS PED STANDARD 1.2	191
KATE FARMS PEPTIDE 1.0	191
KATE FARMS PEPTIDE 1.5	191
KATE FARMS RENAL SUPPORT 1.8	191
KATE FARMS STANDARD 1.0	191
KATE FARMS STANDARD 1.4	191
kelnor 1/35	253
kelnor 1/50	253
KENDALL TRANSPARENT FILM DRESS	314
KERENDIA	155,156
KESIMPTA	168
KETO	191
KETOCAL 2.5:1 LQ MULTI FIBER	191
KETOCAL 3:1	314
KETOCAL 4:1	192,314
KETOCAL 4:1 LQ MULTI FIBER	192
KETOCAL 4:1 LQ MULTI-FIBER	192
ketoconazole	51
KETOGEN	314
KETONEX-1	314
KETONEX-2	314
KETOPROFEN	3
ketorolac tromethamine	3,344
KFLO	192
KIDS PLANT PROTEIN SHAKE	192
KIDS PROTEIN ORGANIC SHAKE	192
KIMONO MICRO THIN	314
KIMONO MICRO THIN PLUS	315
KIMONO SENSATION	315
KIMONO SENSATION PLUS	315
KINDERSPROUT PLANT PROTEIN	192
kionex	211
KISQALI (200 MG DOSE)	71
KISQALI (400 MG DOSE)	71
KISQALI (600 MG DOSE)	71
KISQALI FEMARA (200 MG DOSE)	72
KISQALI FEMARA (400 MG DOSE)	72
KISQALI FEMARA (600 MG DOSE)	72
KITABIS PAK	351

klayesta	51	lactated ringers	315
KLISYRI (250 MG)	177	lactulose	224
KLISYRI (350 MG)	177	lactulose encephalopathy	224
klor-con	192	LAGEVRIO	104
KLOR-CON	192	lamivudine	98,101
KLOR-CON 10	192	lamivudine-zidovudine	101
klor-con 10	192	lamotrigine	35
klor-con m10	192	lamotrigine er	35,36
klor-con m15	192	lamotrigine starter kit-blue	36
klor-con m20	192	lamotrigine starter kit-green	36
KLOXXADO	13	lamotrigine starter kit-orange	36
kls aspirin low dose	129	LAMPIT	89
kls laxaclear	224	LANAFLEX	192
kls quit2	20	LANCETS	287
kls quit4	20	LANREOTIDE ACETATE	266
kobee	216	lanreotide acetate	266
KOSELUGO	72	lansoprazole	230
kourzeq	170	LANTUS	117
kp aspirin	129	LANTUS SOLOSTAR	117
kp folic acid	216	lapatinib ditosylate	72
KP PRENATAL MULTIVITAMINS	192	larin 1.5/30	253
KRAZATI	72	larin 1/20	253
KRINTAFEL	89	larin 24 fe	253
kristalose	224	larin fe 1.5/30	253
KROGER BLOOD GLUCOSE TEST	315	larin fe 1/20	253
KROGER GLUCOSE	115	latanoprost	345
KROGER HEALTHPRO GLUCOSE TEST	315	layolis fe	253
KROGER PREMIUM GLUCOSE TEST	315	LAZCLUZE	72,73
KT TAPE CGM PATCH	315	LEADER GLUCOSE	115
kurvelo	253	LEADER QUICK DISSOLVE GLUCOSE	115
KYLEENA	259	LEDIPASVIR-SOFOSBUVIR	99
L		leena	253
L-ARGININE	315	leflunomide	283
l-glutamine	233	lenalidomide	57,58
L-ISOLEUCINE	315	LENVIMA (10 MG DAILY DOSE)	73
L-LEUCINE	315	LENVIMA (12 MG DAILY DOSE)	73
L-TYROSINE	315	LENVIMA (14 MG DAILY DOSE)	73
L-VALINE	315	LENVIMA (18 MG DAILY DOSE)	73
labetalol hcl	139	LENVIMA (20 MG DAILY DOSE)	73
lacosamide	41	LENVIMA (24 MG DAILY DOSE)	73
		LENVIMA (4 MG DAILY DOSE)	73

LENVIMA (8 MG DAILY DOSE)	73	lidocaine hcl urethral/mucosal	12
LEQEMBI IQLIK	165	lidocaine viscous hcl	12
lessina	253	lidocaine-hydrocort (perianal)	177
letrozole	61	lidocaine-hydrocortisone ace	12,177
LEUCINE	216,217,315	lidocaine-prilocaine	12
LEUCINE100	217	lidocan	12
leucovorin calcium	60	lidocort	177
LEUKERAN	56	lidopin	12
LEUKINE	123	LIL MIXINS-EGG	315
leuprolide acetate	267	LIL MIXINS-PEANUT	315
levabuterol hcl	349,350	LILETTA (52 MG)	259
LEVALBUTEROL TARTRATE	350	linezolid	28
levetiracetam	36	liomny	263,264
levetiracetam er	36	liothyronine sodium	264
levo-t	262,263	LIPISTART	316
LEVOBUNOLOL HCL	344	LIQREV	354
levocarnitine	233	LIQUACEL	192
LEVOCARNITINE (DIETARY)	217	LIQUACEL PUMP + GO	192
levocarnitine (dietary)	217	LIQUID COLLAGEN	217
levocarnitine sf	233	LIQUID HOPE	192
levocetirizine dihydrochloride	347	LIQUID HOPE PEPTIDE	193
levofloxacin	33	LIQUID HOPE PEPTIDE BERRY	193
LEVOFLOXACIN	343	LIQUID HOPE PEPTIDE HP	193
levonest	253	lisdexamphetamine dimesylate	159
levonorg-eth estrad triphasic	253	lisinopril	135
levonorgest-eth est & eth est	253	lisinopril-hydrochlorothiazide	146,147
levonorgest-eth estrad 91-day	254	LITETOUCH MASK LARGE	316
levonorgest-eth estradiol-iron	254	LITETOUCH MASK MEDIUM	316
levonorgestrel	259	LITETOUCH MASK SMALL	316
levonorgestrel-ethinyl estrad	254	lithium	106
levora 0.15/30 (28)	254	LITHIUM CARBONATE	106,107
levothyroxine sodium	263	lithium carbonate	106,107
levoxyl	263	lithium carbonate er	107
LIBERTY NEXT GENERATION TEST	315	LITTLE REMEDIES GRIPE WATER	316
LIBERTY TEST	315	LIVDELZI	316
LIBERVANT	38,39	LIVMARLI	228,229
lidocaine	12	LMD	316
LIDOCAINE HCL	12	LO LOESTRIN FE	254
lidocaine hcl	12	lo-zumandimine	254
lidocaine hcl (pf)	12	LODOCO	147
LIDOCAINE HCL URETHRAL/MUCOSAL	12	loestrin fe 1.5/30	254

loestrin fe 1/20	254
lojaimiess	254
LOKELMA	212
LONGS GLUCOSE	115
LONSURF	61
loperamide hcl	227
LOPHLEX	193
LOPHLEX LQ 20	193
lopinavir-ritonavir	102,103
lorazepam	106
lorazepam intensol	106
LORBRENA	73,74
LOREEV XR	106
loryna	254
losartan potassium	133,134
losartan potassium-hctz	147
LOTEMAX	344
LOTEMAX SM	344
loteprednol etabonate	344
lovastatin	151
low-ogestrel	254
loxapine succinate	93
LPS CRITICAL CARE SUGAR FREE	193
LPS SUGAR FREE	193
lubiprostone	225
LUER TIP CAP TRAY	316
LUMAKRAS	74
LUMIGAN	345
LUPKYNIS	283
lurasidone hcl	94,95
LURBIPR	3
LURBIRO	3
lutera	254
LUTRISH CHOCOLATE SHAKE	193
LUTRISH VANILLA SHAKE	193
lyleq	259
lyllana	254
LYNPARZA	74
LYSODREN	61
LYTGOBI (12 MG DAILY DOSE)	74
LYTGOBI (16 MG DAILY DOSE)	74

LYTGOBI (20 MG DAILY DOSE)	74
LYVISPAH	97,98
lyza	259

M

M-NATAL PLUS	193
MAFENIDE ACETATE	178
mafenide acetate	178
magnesium citrate	225
malathion	178
MALTOCARB	316
MANNXTRA	316
maraviroc	102
marlissa	254
MASK VORTEX/CHILD/FROG	316
MASK VORTEX/TODDLER/LADYBUG	316
MASONATAL	193
MATULANE	56
maxi-tuss ac	360
MAXPRO-18G	193
MAYZENT	168
MAYZENT STARTER PACK	168
mb caps	28
MCT PRO-CAL	193
MCTPROCAL	193
me/naphos/mb/hyo1	28
meclizine hcl	49
medroxyprogesterone acetate	259,260
mefloquine hcl	89
megestrol acetate	260
MEGESTROL ACETATE	260
MEIJER BLOOD GLUCOSE TEST	316
MEIJER ESSENTIAL GLUCOSE TEST	316
MEIJER GLUCOSE	115
MEIJER TRUETEST TEST	316
MEIJER TRUETRACK TEST	316
MEKINIST	74,75
MEKTOVI	75
meleya	260
meloxicam	3
memantine hcl	43

memantine hcl er	43	Methylphenidate HCl 10 MG TAB (generic of	
MENOPUR	247	RITALIN)	160
meperidine hcl	10	Methylphenidate HCl 10 MG/5ML SOLUTION (generic	
MEPERIDINE HCL	10	of METHYLIN)	160
mercaptopurine	59	Methylphenidate HCl 2.5 MG CHEW TAB (generic of	
merzee	254	METHYLIN)	161
mesalamine	284	Methylphenidate HCl 20 MG TAB (generic of	
mesalamine er	284	RITALIN)	161
mesna	88	Methylphenidate HCl 5 MG CHEW TAB (generic of	
MESNEX	88	METHYLIN)	161
metaxalone	361	Methylphenidate HCl 5 MG TAB (generic of	
metformin hcl	109	RITALIN)	161
metformin hcl 850 mg tab	109	Methylphenidate HCl 5 MG/5ML SOLUTION (generic	
metformin hcl er	109	of METHYLIN)	161
METFORMIN HCL ER 500 MG TAB ER 24H		METHYLPHENIDATE HCL ER	162
(GENERIC OF GLUCOPHAGE XR)	109	Methylphenidate HCl ER (CD) 10 MG CAP ER	
METFORMIN HCL ER 750 MG TAB ER 24H		(generic of METADATE CD)	161
(GENERIC OF GLUCOPHAGE XR)	109	Methylphenidate HCl ER (CD) 20 MG CAP ER	
methadone hcl	5	(generic of METADATE CD)	161
METHADONE HCL	5,6	Methylphenidate HCl ER (CD) 30 MG CAP ER	
methazolamide	344	(generic of METADATE CD)	161
methenamine hippurate	28	Methylphenidate HCl ER (CD) 40 MG CAP ER	
methenamine mandelate	28	(generic of METADATE CD)	161
methergine	317	Methylphenidate HCl ER (CD) 50 MG CAP ER	
methimazole	268	(generic of METADATE CD)	161
METHIONAID	317	Methylphenidate HCl ER (CD) 60 MG CAP ER	
METHIONINE	217	(generic of METADATE CD)	161
METHIONINE100	217	methylphenidate hcl er (la)	161
METHITEST	248	Methylphenidate HCl ER (LA) 10 MG CAP ER 24H	
methocarbamol	361	(generic of RITALIN LA)	161
methotrexate sodium	283	Methylphenidate HCl ER (LA) 20 MG CAP ER 24H	
METHOTREXATE SODIUM	283	(generic of RITALIN LA)	161
METHOTREXATE SODIUM (PF)	283	Methylphenidate HCl ER (LA) 30 MG CAP ER 24H	
methotrexate sodium (pf)	283	(generic of RITALIN LA)	161
METHOXSALEN RAPID	177	Methylphenidate HCl ER (LA) 40 MG CAP ER 24H	
methscopolamine bromide	228	(generic of RITALIN LA)	161
methyl dopa	133	Methylphenidate HCl ER (LA) 60 MG CAP ER 24H	
METHYLDOPA	133	(generic of RITALIN LA)	161
methylergonovine maleate	317	methylphenidate hcl er (osm)	162
Methylphenidate HCl 10 MG CHEW TAB (generic of		Methylphenidate HCl ER 10 MG TAB ER (generic of	
METHYLIN)	160	METADATE ER)	162

Methylphenidate HCl ER 20 MG TAB ER (generic of METADATE ER)	162	minocycline hcl	34
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	161,162	minoxidil	156
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	162	minzoya	255
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	162	MIPLYFFA	233
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	162	mirabegron er	239
methylprednisolone	244	MIRENA (52 MG)	260
METHYLPREDNISOLONE ACETATE	244,245	mirtazapine	44
methylprednisolone acetate	244,245	misoprostol	230
methyltestosterone	248	MIUDELLA INTRAUTERINE COPPER	317
metoclopramide hcl	49	mm aspirin	129
metolazone	150	MM BLULINK GLUCOSE TEST	317
metoprolol succinate er	139	mm clearlax	225
metoprolol tartrate	139	MM EASY TOUCH GLUCOSE	317
metoprolol-hydrochlorothiazide	147	MMA/PA ANAMIX EARLY YEARS	317
metronidazole	28	MMA/PA ANAMIX NEXT	317
metronidazole vaginal gel 0.75%	28	MMA/PA COOLER15	193
mexiletine hcl	137	MMA/PA EXPRESS 15	193
mibelas 24 fe	254	MMA/PA GEL	194
MICRODOT TEST	317	MMA/PA MAXAMUM	317
microgestin 1.5/30	254	MNEXSPIKE	284
microgestin 1/20	254	modafinil	363
microgestin 24 fe	255	MODD1 SUPPLY KIT	317
microgestin fe 1.5/30	255	MODULEN	317
microgestin fe 1/20	255	moexipril hcl	135
midazolam hcl	166	MOLINDONE HCL	93
midodrine hcl	133	mometasone furoate	175,360
mifepristone	245,267	mondoxyne nl	34
MIGLITOL	109	mono-lynyah	255
miglustat	233	MONOGEN	317
mili	255	MONOJECT ENTERAL SYRINGE/12ML	317
milk of magnesia	225	MONOJECT ENTERAL SYRINGE/1ML	318
MILK OF MAGNESIA CONCENTRATE	225	MONOJECT ENTERAL SYRINGE/35ML	318
milophene	261	MONOJECT ENTERAL SYRINGE/3ML	318
mimvey	255	MONOJECT ENTERAL SYRINGE/60ML	318
MINI TRANSFER PIN	317	MONOJECT ENTERAL SYRINGE/6ML	318
MINIMED INSTINCT GLUC SENSOR	317	MONOJECT LIFESHIELD CANNULA	318
		MONOJECT SAFETY SYR TIP CAPS	318
		MONOJECT SMARTIP SYR/CANNULA	318
		MONOJECT SYRINGE TIP CAPS	318
		MONOJECT TIP CAPS	318
		MONOJECT VIAL ACCESS CANNULA	318

montelukast sodium	348
MORPHINE SULFATE	10
morphine sulfate	10
MORPHINE SULFATE (CONCENTRATE)	10
morphine sulfate (concentrate)	10
MORPHINE SULFATE ER	6
morphine sulfate er	6
MORPHINE SULFATE ER BEADS	6
MOTPOLY XR	36
MOUNJARO	109,110
MOVANTIK	225
moxifloxacin hcl	33,343
MOXIFLOXACIN HCL (2X DAY)	343
MSUD 2	318
MSUD AID	318
MSUD ANALOG	318
MSUD ANAMIX EARLY YEARS	318
MSUD COOLER	194
MSUD EXPRESS 15 PLUS	194
MSUD EXPRESS 20 PLUS	194
MSUD GEL	194
MSUD LOPHLEX LQ	194
MSUD MAXAMAID	318
MSUD MAXAMUM	318
MULPLETA	123
MULTAQ	137
MULTI-VIT-FLOR	194
MULTI-VITAMIN/FLUORIDE	194
MULTIVITAMIN W/FLUORIDE	194
MULTIVITAMIN/FLUORIDE	194,195
mupirocin	179
my choice	260
my way	260
MYALEPT	233
mycophenolate mofetil	283
mycophenolate sodium	283
mycophenolic acid	283
MYFEMBREE	247
MYGLUCOHEALTH TEST	318
MYLERAN	56
MYTESI	227

N

na sulfate-k sulfate-mg sulf	225
nabumetone	3
nadolol	139
NALOXONE HCL	13,14
naloxone hcl	13
naltrexone hcl	13
naproxen	3
naproxen sodium	3
naratriptan hcl	53,54
NARCAN	14
NATAZIA	255
nateglinide	110
NATESTO	248
NATURAL WHEY	217
NAYZILAM	12
nebivolol hcl	139,140
nebusal	360
necon 0.5/35 (28)	255
NEFAZODONE HCL	46
NEFFY	350
neo-polycin	341
neo-polycin hc	341
NEO-VITAL RX	195
NEOCATE INFANT DHA/ARA	318
NEOCATE JUNIOR	318
NEOCATE JUNIOR PREBIOTICS	319
NEOCATE NUTRA	319
NEOCATE SPLASH	195
NEOCATE SYNEO INFANT	319
NEOCATE SYNEO JUNIOR	319
NEOKE ALCAR	217
NEOKE BCAA4	319
neomycin sulfate	28
neomycin-bacitracin zn-polymyx	342
NEOMYCIN-POLYMYXIN B GU	28
neomycin-polymyxin-dexameth	342
NEOMYCIN-POLYMYXIN-GRAMICIDIN	342
NEOMYCIN-POLYMYXIN-HC	342
neomycin-polymyxin-hc	345

NEOSURE ADVANCE	319	nifedipine er osmotic release	141
NEPRO	195	nikki	255
NEPRO/CARBSTEADY	195	nilotinib hcl	75
NERIA 29G INFUSION SET 10MM	319	nilutamide	57
NERIA 29G INFUSION SET 6MM	319	nimodipine	141
NERIA 29G INFUSION SET 8MM	319	NIMODIPINE	141
NERLYNX	75	NINLARO	75
NESTLE NAN PRO 1-IRON	319	nitazoxanide	89
NESTLE NAN PRO-TODDLER	319	nitisinone	233,234
neuac	172	NITRO-TIME	157
NEULASTA	123	nitrofurantoin macrocrystal	28,29
NEULASTA ONPRO	123	nitrofurantoin monohyd macro	29
NEUTEK 2TEK TEST	319	nitroglycerin	157
nevirapine	101	NITYR	234
NEVIRAPINE	101	NIVA THYROID	264
nevirapine er	101	nizatidine	230
new day	260	NIZATIDINE	230
NEW ZEALAND WHEY PROTEIN	217	nora-be	260
NEXCARE TEGADERM 2-3/8"X2-3/4"	319	norelgestromin-eth estradiol	255
NEXCARE TEGADERM 4"X4-3/4"	319	norethin ace-eth estrad-fe	255
NEXLETOL	147	norethin-eth estradiol-fe	255
NEXLIZET	155	norethindron-ethinyl estrad-fe	255
NEXPLANON	260	norethindrone	260
NEXTSTELLIS	255	norethindrone acet-ethinyl est	255
niacin er (antihyperlipidemic)	155	norethindrone acetate	260
NICODERM CQ	20,21	norethindrone-eth estradiol	255
NICORETTE	21	norgestim-eth estrad triphasic	255
NICORETTE MINI	21	norgestimate-eth estradiol	255
NICORETTE STARTER KIT	22	norlyroc	260
nicotine	22	nortrel 0.5/35 (28)	256
NICOTINE	22,23,24,25,26	nortrel 1/35 (21)	256
nicotine mini	22	nortrel 1/35 (28)	256
nicotine polacrilex	23	nortrel 7/7/7	256
nicotine polacrilex mini	23	nortriptyline hcl	48,49
nicotine step 1	23	NOURISH	195
nicotine step 2	23	NOURISH PEPTIDE BERRY MEDLEY	195
nicotine step 3	23	NOURISH PEPTIDE FORMULA	195
NICOTROL	24	NOVA MAX GLUCOSE TEST	319
NICOTROL NS	24	NOVA MAX PLUS KETONE TEST	319
nifedipine	141	NOVAREL	247
nifedipine er	141	NOVASOURCE RENAL	195

NP THYROID.....	264	nylia 7/7/7.....	256
NUBEQA.....	57	nymyo.....	256
NUCALA.....	360	nystatin.....	51
NUCYNTA.....	11	NYSTATIN.....	51
NUCYNTA ER.....	6,7	nystatin-triamcinolone.....	177
NUEDEXTA.....	166	nystop.....	51
NUPLAZID.....	95		
NURTEC.....	53	O	
NUTRA/PRO CHOCOLATE.....	217	OA 1.....	320
NUTRA/PRO STRAWBERRY.....	217	OA 2.....	320
NUTRA/PRO VANILLA.....	217	OCALIVA.....	229
NUTRA/SHAKE.....	195	ocella.....	256
NUTRAMINE.....	195	OCTREOTIDE ACETATE.....	267
NUTRAMINE AMINO BITES.....	195	octreotide acetate.....	267
NUTRASENTIALS.....	195	ODACTRA.....	273
NUTREN 1.0.....	195	ODEFSEY.....	101
NUTREN 1.0/FIBER.....	195	ODOMZO.....	76
NUTREN 1.5.....	196	OFEV.....	357
NUTREN 2.0.....	196	OFLOXACIN.....	33
NUTREN JR.....	196	ofloxacin.....	343,345
NUTREN JR FIBER.....	196	OGSIVEO.....	76
NUTREN JUNIOR 1.0.....	196	OHTUVAYRE.....	352
NUTREN JUNIOR/FIBER.....	196	OJEMDA.....	76
NUTREN PULMONARY.....	196	OJJAARA.....	61
NUTRICIA PREOP.....	196	olanzapine.....	95
NUTRIFOCUS.....	196	olmesartan medoxomil.....	134
NUTRIHEP 1.5 CAL.....	196	olmesartan medoxomil-hctz.....	147
NUTRITIONAL DRINK.....	196	olmesartan-amlodipine-hctz.....	147
NUTRITIONAL DRINK MIX.....	319	olopatadine hcl.....	343,347
NUTRITIONAL DRINK PLUS.....	196	OLPRUVA (2 GM DOSE).....	234
NUTRITIONAL DRINK SHAKE MIX.....	320	OLPRUVA (3 GM DOSE).....	234
NUTRITIONAL SHAKE.....	196	OLPRUVA (4 GM DOSE).....	234
NUTRITIONAL SHAKE COMPLETE.....	196	OLPRUVA (5 GM DOSE).....	234
NUTRITIONAL SHAKE HIGH PROTEIN.....	196	OLPRUVA (6 GM DOSE).....	234
NUTRITIONAL SHAKE PLUS.....	197	OLPRUVA (6.67 GM DOSE).....	234
NUTRITIONAL SHAKE PLUS PROTEIN.....	197	omega-3-acid ethyl esters.....	155
NUTRITIONAL SUPPLEMENT.....	197	omeprazole.....	230,231
NUTRITIONAL SUPPLEMENT PLUS.....	197	OMEPRAZOLE+SYRSPEND SF ALKA.....	231
NUZYRA.....	34	Omnipod 5 DexG7G6 Pods Gen 5 MISC.....	320
nyamyc.....	51	OMNIPOD 5 G6 PODS (GEN 5).....	320
nylia 1/35.....	256	OMNIPOD 5 G7 PODS (GEN 5).....	320

OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	320	ORENITRAM MONTH 3.....	354
OMNIPOD CLASSIC PODS (GEN 3).....	320	ORGANIC MIX-INS STAGE1/STAGE 2.....	197
OMNIPOD DASH PODS (GEN 4).....	320	ORGANIC NUTRITION SHAKE.....	197
OMNITROPE.....	229,247	ORGANIC PEDIA SMART.....	321
ON CALL EXPRESS BLOOD GLUCOSE.....	320	ORGOVYX.....	267
ONAPGO.....	90	ORIAHNN.....	267
ondansetron.....	50	ORLISSA.....	267
ondansetron hcl.....	50	ORKAMBI.....	351
ONE DROP TEST.....	320	ORLADEYO.....	269
ONE-WAY VALVED EXPIRATORY.....	320	ORLISTAT.....	229,230
ONE-WAY VALVED INSPIRATORY.....	320	ormalvi.....	235
onelix magnesium citrate.....	225	orphenadrine citrate er.....	361
ONETOUCH ULTRA.....	320	orquidea.....	260
ONETOUCH ULTRA BLUE TEST.....	320	ORSERDU.....	57
ONETOUCH ULTRA TEST.....	321	OS 2.....	321
ONETOUCH VERIO.....	321	OSAPLEX MK-7.....	197
ONUREG.....	59	oscimin.....	228
opcicon one-step.....	260	oseltamivir phosphate.....	103
OPFOLDA.....	235	OSMOLEX ER.....	90
OPILL.....	260	OSMOLITE.....	197
opium.....	229	OSMOLITE 1 CAL.....	197
OPSITE IV 3000.....	321	OSMOLITE 1.2 CAL.....	197
OPSYNVI.....	354	OSMOLITE 1.5 CAL.....	198
OPTICLEANSE GHI.....	197,321	OSMOLITE HN.....	198
OPTICLEANSE PLUS.....	197	OTEZLA.....	177,274
OPTIMENTAL.....	197	OTEZLA XR.....	177
OPTIMETABOLIX.....	197	OTEZLA/OTEZLA XR INITIATION PK.....	274
OPTIMETABOLIX 2:1.....	197	OVAL TAPE.....	321
option 2.....	260	OVASITOL.....	217
OPTIONS GYNOL II CONTRACEPTIVE.....	241	oxaprozin.....	3
OPTIUMEZ TEST.....	321	oxazepam.....	106
OPVEE.....	321	oxcarbazepine.....	41,42
ORALAIR.....	273	OXEPA.....	198
ORALAIR ADULT STARTER PACK.....	273	OXEPA 1.5.....	198
oralone.....	170	OXERVATE.....	342
ORAPRED ODT.....	245	OXYBUTYNIN CHLORIDE.....	239,240
ORENCIA.....	273,274	oxybutynin chloride.....	239
ORENCIA CLICKJECT.....	274	oxybutynin chloride er.....	240
ORENITRAM.....	354	oxycodone hcl.....	11
ORENITRAM MONTH 1.....	354	OXYCODONE HCL ER.....	7
ORENITRAM MONTH 2.....	354	oxycodone-acetaminophen.....	11

OXYCODONE-ACETAMINOPHEN	11
oxymorphone hcl	11
OXYMORPHONE HCL ER	7
OZEMPIC (0.25 OR 0.5 MG/DOSE)	110
OZEMPIC (1 MG/DOSE)	110
OZEMPIC (2 MG/DOSE)	110
OZOBAX	98
OZOBAX DS	98

P

pacerone	137	pb-hyoscy-atropine-scopolamine	228
PALFORZIA (12 MG DAILY DOSE)	274	PEDIASmart PEA PROTEIN	321
PALFORZIA (120 MG DAILY DOSE)	274	PEDIASURE	198
PALFORZIA (160 MG DAILY DOSE)	274	PEDIASURE 1.0 CAL/FIBER	198
PALFORZIA (20 MG DAILY DOSE)	274	PEDIASURE 1.5 CAL	198
PALFORZIA (200 MG DAILY DOSE)	274	PEDIASURE 1.5 CAL/FIBER	198
PALFORZIA (240 MG DAILY DOSE)	275	PEDIASURE ENTERAL 1.0 CAL	198
PALFORZIA (3 MG DAILY DOSE)	275	PEDIASURE ENTERAL 1.0CAL/FIBER	198
PALFORZIA (300 MG MAINTENANCE)	275	PEDIASURE GROW & GAIN	198,321
PALFORZIA (300 MG TITRATION)	275	PEDIASURE GROW & GAIN ORGANIC	198
PALFORZIA (40 MG DAILY DOSE)	275	PEDIASURE GROW & GAIN/FIBER	198
PALFORZIA (6 MG DAILY DOSE)	275	PEDIASURE HARVEST 1.0 CAL	198
PALFORZIA (80 MG DAILY DOSE)	275	PEDIASURE NUTRIPALS	198
PALFORZIA INITIAL DOSE 4-17YRS	275	PEDIASURE PEDIATRIC	199
PALFORZIA INITIAL ESCALATION	275	PEDIASURE PEPTIDE 1.0 CAL	199
paliperidone er	95	PEDIASURE PEPTIDE 1.5 CAL	199
PALYNZIQ	235	PEDIASURE REDUCED CALORIE	199
PANDA MASK LARGE	321	PEDIASURE SHAKE MIX	322
PANDA MASK MEDIUM	321	PEDIASURE SHAKE/FIBER	199
PANDA MASK SMALL	321	PEDIASURE SIDEKICKS	199,322
pantoprazole sodium	231	PEDIASURE SIDEKICKS CLEAR	199
PARAGARD INTRAUTERINE COPPER	321	PEDIASURE SIDEKICKS SHAKE	199
PARI VORTEX ADULT MASK	321	PEDIASURE/FIBER	199
PARI VORTEX PEDIATRIC MASK	321	PEDIATRIC DRINK	199
paricalcitol	286	PEDIATRIC MEDIUM MASK	322
paroxetine hcl	46	PEDIATRIC MOUTHPIECE	322
paroxetine hcl er	46	PEDIATRIC PANDA MASK	322
PAXLOVID	104	PEDIATRIC SMALL MASK	322
PAXLOVID (150/100)	104	peg 3350	225
PAXLOVID (300/100)	104	peg 3350-kcl-na bicarb-nacl	225
pazopanib hcl	76	peg-3350/electrolytes	229
		peg-3350/electrolytes/ascorbat	225
		peg-kcl-nacl-nasulf-na asc-c	225
		PEG-PREP	225
		PEGASYS	279
		PEMAZYRE	76
		PEN NEEDLES	322
		penicillamine	210
		PENICILLIN V POTASSIUM	31,32
		penicillin v potassium	32
		PENMENVY	284

pentamidine isethionate	89	PHEBURANE	235
pentazocine-naloxone hcl	11	phenazo	241
pentoxifylline er	147	phenazopyridine hcl	241
PEPTAMEN	199	phendimetrazine tartrate	166
PEPTAMEN 1 CAL/PREBIO1	199	PHENDIMETRAZINE TARTRATE ER	166
PEPTAMEN 1.5 CAL	199	PHENELZINE SULFATE	44
PEPTAMEN 1.5 CAL/PREBIO1	199	PHENEX-1	323
PEPTAMEN AF	199	PHENEX-2	323
PEPTAMEN INTENSE VHP	200	phenobarbital	39
PEPTAMEN JUNIOR 1 CAL	200	phenoxybenzamine hcl	133
PEPTAMEN JUNIOR 1 CAL/PREBIO1	200	phentermine hcl	166
PEPTAMEN JUNIOR 1.5	200	phentermine-topiramate er	166
PEPTAMEN JUNIOR 1.5 CAL	200	phentermine-topiramate erxdnu	166
PEPTAMEN JUNIOR FIBER	200	PHENYL-FREE 1	323
PEPTAMEN JUNIOR HP	200	PHENYL-FREE 2	323
PEPTAMEN JUNIOR PHGG 1.2	200	PHENYL-FREE 2HP	323
PEPTAMEN JUNIOR/PREBIO1	200	PHENYLADE	200
PEPTAMEN/PREBIO1	200	PHENYLADE AMINO ACID BLEND	200
PEPTICATE	322	PHENYLADE DRINK MIX	323
perampanel	36,37	PHENYLADE ESSENTIAL DRINK MIX	201,323
PERATIVE	200	PHENYLADE ESSENTIAL MIX/FIBER	201,323
PERATIVE 1.3 CAL	200	PHENYLADE GMP	201,323
PERIFLEX ADVANCE	322	PHENYLADE GMP MIX DHA/FIBER	323
PERIFLEX INFANT	322	PHENYLADE GMP MIX-IN	201,323
PERIFLEX JUNIOR	322	PHENYLADE GMP READY	201
PERIFLEX LQ PKU	200	PHENYLADE GMP ULTRA	201
PERINDOPRIL ERBUMINE	136	PHENYLADE MTE	201
perindopril erbumine	136	PHENYLADE MTE AMINO ACID BLEND	201
periogard	170	PHENYLADE PHEBLOC	201
permethrin	178	PHENYLADE RTD PKU 10	201
perphenazine	49	PHENYLADE40 DRINK MIX	201
PERPHENAZINE-AMITRIPTYLINE	44	PHENYLADE60 DRINK MIX	201,323
PERSERIS	95	phenylephrine hcl	342
PFD	322	PHENYLEPHRINE HCL	342
PFD 2	322	phenytoin	42
PHARMACIST CHOICE AUTOCODE	322	phenytoin infatabs	42
PHARMACIST CHOICE NO CODING	322	phenytoin sodium extended	42
PHASEAL PROTECTOR 14	323	PHEXXI	241
PHASEAL PROTECTOR 21	323	philith	256
PHASEAL PROTECTOR 28	323	phillips milk of magnesia	225
PHASEAL PROTECTOR 50	323	PHLEXY-10	201

phytonadione	125	plerixafor	123
PIFELTRO	101	PNV 27-CA/FE/FA	203
pilocarpine hcl	170,344	PNV-DHA	203
pimecrolimus	175	PNV-DHA+DOCUSATE	203
PIMOZIDE	93	PNV-OMEGA	203
pimtrea	256	PNV-SELECT	203
pindolol	140	POCKETCHEM EZ TEST	324
pioglitazone hcl	110	PODOFILOX	177
pioglitazone hcl-glimepiride	110	POLY-VI-FLOR	203
pioglitazone hcl-metformin hcl	110,111	POLYCAL	324
PIP BLOOD GLUCOSE TEST STRIP	323	polycin	342
PIQRAY (200 MG DAILY DOSE)	77	polyethylene glycol 3350	225
PIQRAY (250 MG DAILY DOSE)	77	polymyxin b-trimethoprim	343
PIQRAY (300 MG DAILY DOSE)	77	POLYSKIN II DRESSING 2"X2.75"	324
pirfenidone	357	POMALYST	58
piroxicam	3	PORTAGEN	324
PIVOT 1.5 CAL	201	portia-28	256
PKU 2	324	potassium chloride	203
PKU 3	324	potassium chloride crys er	203
PKU AIR20 GOLD	202	potassium chloride er	203
PKU AIR20 GREEN	202	POTASSIUM CHLORIDE ER	203
PKU AIR20 YELLOW	202	potassium citrate er	203
PKU COOLER 10	202	PPA/MMA EXPRESS	203
PKU COOLER 15	202	pramipexole dihydrochloride	90
PKU COOLER 20	202	prasugrel hcl	129
PKU EASY SHAKE & GO	324	pravastatin sodium	152
PKU EXPLORE10	202	praziquantel	88
PKU EXPLORE5	202	prazosin hcl	133
PKU GEL	202	PRE PROTEIN	217
PKU LOPHLEX LQ 20	202	PRECISION XTRA BLOOD GLUCOSE	324
PKU MAXAMUM	202	PRECISION XTRA KETONE	324
PKU PERIFLEX EARLY YEARS	324	PRECISION XTRA-GLUCOSE/KETONE	324
PKU PERIFLEX JUNIOR PLUS	324	prednisolone	245
PKU SPHERE 15	202	prednisolone acetate	344
PKU SPHERE 20	202	prednisolone sodium phosphate	245
PKU SPHERE NEXT 15	202	PREDNISOLONE SODIUM PHOSPHATE	245,344
PKU START	324	prednisone	245
PKU TRIO	324	PREDNISONE	245
PLAN B ONE-STEP	260	PREDNISONE INTENSOL	245
PLEGRIDY	168,169	PREFERRED PLUS GLUCOSE	115
PLEGRIDY STARTER PACK	169	pregabalin	167

PREGESTIMIL.....	324	pro-stat sugar free.....	218
PREGNITUDE.....	218	pro-stat/fiber.....	218
PREGNYL.....	247	probenecid.....	52
PREMARIN.....	256	PROCEL.....	218
PREMIUM BLOOD GLUCOSE TEST.....	324	PROCEL 100.....	218
PREMIUM INFANT FORMULA/IRON.....	325	procentra.....	159
PREMPHASE.....	256	prochlorperazine.....	49
PREMPRO.....	256	prochlorperazine maleate.....	49
PRENAISSANCE.....	203	PROCRT.....	123
PRENAISSANCE PLUS.....	203	procto-med hc.....	175
PRENATABS FA.....	203	proctosol hc.....	175
PRENATABS RX.....	203	proctozone-hc.....	175
PRENATAL.....	204	PROCYSBI.....	235
PRENATAL (W/IRON & FA).....	204	PRODIGY NO CODING BLOOD GLUC.....	325
PRENATAL 19.....	204	progesterone.....	261
PRENATAL COMPLETE.....	204	PROLIA.....	286
PRENATAL FORTE.....	204	promethazine hcl.....	49,347
PRENATAL MULTI +DHA.....	204	PROMETHAZINE VC.....	360
PRENATAL ONE DAILY.....	204	PROMETHAZINE VC/CODEINE.....	360
PRENATAL VITAMIN AND MINERAL.....	204	promethazine-codeine.....	360
PRENATAL VITAMINS.....	204	promethazine-dm.....	360
PRENATAL-U.....	204	PROMETHAZINE-PHENYLEPHRINE.....	360
PRENATAL/IRON.....	204	promethegan.....	50
PREPROTEIN.....	204	PROMETHEGAN.....	50
PREPROTEIN 20.....	204	PROMOD.....	204,325
prevalite.....	155	PROMOTE.....	204
PREZISTA.....	103	PROMOTE 1.0.....	204
PRIMAQUINE PHOSPHATE.....	89	PROMOTE 1.0 WITH FIBER.....	204
primaquine phosphate.....	89	PROMOTE/FIBER.....	204
PRIMIDONE.....	39	propafenone hcl.....	137
primidone.....	39	propafenone hcl er.....	137
PRIVIGEN.....	271	proparacaine hcl.....	342
PRO VOICE V8/V9 GLUCOSE.....	325	PROPIMEX-1.....	325
PRO-PHREE.....	325	PROPIMEX-2.....	325
pro-stat.....	218	propranolol hcl.....	140
pro-stat 101.....	218	PROPRANOLOL HCL.....	140
pro-stat 64.....	218	propranolol hcl er.....	140
pro-stat awc.....	218	propylthiouracil.....	268
pro-stat max.....	218	PROSOURCE.....	205,218,325
pro-stat profile.....	218	PROSOURCE NO CARB.....	205
pro-stat rc.....	218	PROSOURCE PLUS.....	205

PROSOURCE PROTEIN	205,218,219
PROSOURCE TF	205
PROSOURCE TF20 ENFIT COMPATIBL	219
PROSOURCE XTRACAL	205
PROSOURCE ZAC	205
PROSURE	205
PROSYNMINIC	219
PROTALITY	205
PROTEIN	219,220,221
PROTEIN FORTIFIER	325
PROTEINEX	219
PROTEINEX P100	219
PROTEINEX P18	219
PROTEINEX-18	219
protriptyline hcl	49
PROVIMIN	325
PROXEED PLUS	219
PRURADIK	178
pseudoeph-bromphen-dm	360
PTS PANELSEGLU TEST	325
PULMOCARE	205
PULMOCARE 1.5	205
pulmosal	360
PURAMINO DHA/ARA	325
PURAMINO JR	325
PURATHICK	325
PURE BLISS ORG/A2 MILK/IRON	325
PURE BLISS ORGANIC/IRON	326
PURE L-CITRULLINE	219
PURECARB	326
PUSH 20+ ADVANCED	205
px aspirin	129
px enteric aspirin	129
px folic acid	219
PX GLUCOSE	115
px laxative	226
px milk of magnesia	226
PX PRENATAL MULTIVITAMINS	205
px stop smoking aid	24
PX VANILLA PLUS	205
pyqui	245

pyrazinamide	55
pyridostigmine bromide	55
pyridostigmine bromide er	55
PYRIDOXINE HCL	219
pyrimethamine	89
PYRUKYND	235,236
PYRUKYND TAPER PACK	123

Q

qc aspirin low dose	3,130
qc childrens aspirin	130
qc folic acid	219
qc magnesium citrate	226
qc milk of magnesia	226
qc natura-lax	226
qc nicotine transdermal system	24
QC PRENATAL	205
QELBREE	162
QINLOCK	61
QLOSI	344
QNASL	347
QNASL CHILDRENS	347
quetiapine fumarate	95,96
QUETIAPINE FUMARATE	95,96
quetiapine fumarate er	96
QUFLORA PEDIATRIC	205,206
QUICK TOUCH BLOOD GLUCOSE TEST	326
QUICKTEK TEST	326
quinapril hcl	136
quinapril-hydrochlorothiazide	147
QUINAPRIL-HYDROCHLOROTHIAZIDE	148
quinidine gluconate er	137
QUINIDINE SULFATE	137
quinine sulfate	89
QUINTET AC BLOOD GLUCOSE TEST	326
QUINTET BLOOD GLUCOSE TEST	326
QULIPTA	53
QVAR REDIHALER	347

R

ra aspirin adult low dose	130
---------------------------	-----

ra aspirin adult low strength	130	REBIF REBIDOSE	169
ra aspirin childrens	130	REBIF REBIDOSE TITRATION PACK	169
ra aspirin ec	130	REBIF TITRATION PACK	169
ra aspirin ec adult low st	130	reclipsen	256
ra balanced b-100	220	RECORLEV	267
ra ethyl rubbing alcohol	326	RECTIV	157
ra folic acid	220	REFUAH PLUS BLOOD GLUCOSE TEST	326
RA GLUCOSE	115	REGRANEX	177
ra hydrogen peroxide	326	REGULAR NUTRITIONAL SHAKE	206
ra isopropyl rubbing alcohol	326	RELION BLOOD GLUCOSE TEST	326
ra laxative	226	RELION CONFIRM/MICRO TEST	326
ra magnesium citrate	226	relion glucose	115
ra milk of magnesia	226	RELION GLUCOSE	115
ra mini nicotine	24,25	RELION GLUCOSE SHOT	115
ra nicotine	25	RELION GLUCOSE TEST STRIPS	326
ra nicotine gum	25	RELION PREMIER TEST	327
ra nicotine polacrilex	25,26	RELION PRIME TEST	327
RA PRENATAL	206	RELION TRUE METRIX TEST STRIPS	327
RA PRENATAL FORMULA	206	RELION ULTIMA TEST	327
RA TRUEPLUS GLUCOSE	115	RELNATE DHA	206
rabeprazole sodium	231	RELTONE	229
RADICAVA ORS	157	rena-vite	220
RADICAVA ORS STARTER KIT	157	RENALCAL	206
RAGWITEK	275	RENAMENT	220
raloxifene hcl	286	RENASTART	327
ramelteon	362	RENASTEP	206
ramipril	136	RENTHYROID	264
ranolazine er	148	repaglinide	111
rasagiline mesylate	91	REPATHA	155
RAYOS	245	REPATHA PUSHTRONEX SYSTEM	155
RCF	326	REPATHA SURECLICK	155
RCF LOW-IRON	326	REPLETE	206
RE/NEPH	206	REPLETE FIBER	206
RE/NEPH LP/HC	206	REPLETE FIBER 1 CAL	207
RE/NEPH REDUCED SUGAR	206	RESOURCE 2.0	207
RE:IMMUNE	229	RESOURCE THICKENUP	327
react	261	RESOURCE THICKENUP CLEAR	327
REAL FOOD BLENDS	206	RESTORE FUSION RENAL SUPPORT	327
REAL FOOD BLENDS MINI	206	RESTORE RENAL SUPPORT	327
REASON	206	RESURGEX	207
REBIF	169	RESURGEX PLUS	207

RESURGEX SELECT	207	rosuvastatin calcium	152
RETACRIT	123,124	rosuvastatin calcium 10 mg tab	152
RETEVMO	77	rosuvastatin calcium 5 mg tab	152
REVCOVI	236	rosyrah	256
REVLIMID	58,59	ROSZET	155
REVUFORJ	77,78	roweepra	37
REXALL BLOOD GLUCOSE TEST	327	ROZLYTREK	78
REXTOVY	14	RUBRACA	78,79
REYATAZ	103	RUCONEST	269
REZDIFFRA	264	rufinamide	42
REZLIDHIA	78	RUKOBIA	102
REZUROCK	275	RYBELSUS	111
RHOPRESSA	345	RYDAPT	79
RIBAVIRIN	99	RYKINDO	96
rifabutin	55	RYPLAZIM	236
rifampin	56		
RIGHTEST GS100 BLOOD GLUCOSE	327	S	
RIGHTEST GS300 BLOOD GLUCOSE	327	S.O.S. 20	207
RIGHTEST GS550 BLOOD GLUCOSE	327	S.O.S. 25	207
RIGHTEST GT333 BLOOD GLUCOSE	327	sacubitril-valsartan	148
RIGHTEST GT333 GLUCOSE TEST	327	sajazir	269
riluzole	166	SALICYLIC ACID	177
RIMANTADINE HCL	103	salicylic acid wart remover	177
RINGERS IRRIGATION	328	salsalate	4
RINVOQ	276	SANTYL	177
RINVOQ LQ	276	sapropterin dihydrochloride	236
risedronate sodium	286	saxagliptin hcl	111
risperidone	96	saxagliptin-metformin er	111
risperidone microspheres er	96	sb childrens aspirin	130
ritonavir	103	SB COMPLETE NUTRITION	207
rivaroxaban	120	SB COMPLETE NUTRITION PLUS	207
rivastigmine	43	sb low dose asa ec	130
rivastigmine tartrate	43	sb magnesium citrate	226
rivelsa	256	sb milk of magnesia	226
RIVFLOZA	236	sb polyethylene glycol 3350	226
rizatriptan benzoate	54	SCANDICAL	328
ROCKLATAN	342	SCANDISHAKE	328
roflumilast	352	SCEMBLIX	79
ROMVIMZA	78	scopolamine	50
ropinirole hcl	90,91	SE-NATAL 19	207
ropinirole hcl er	91	SELARSDI	276

selegiline hcl	91	SIMILAC EXPERT CARE ALIMENTUM	330
selenium sulfide	175,177	SIMILAC EXPERT CARE DIARRHEA	330
SELZENTRY	102	SIMILAC EXPERT CARE NEOSURE/FE	330
SERACAL	207,328	SIMILAC FOR SPIT-UP	330
SEREVENT DISKUS	350	SIMILAC FOR SPIT-UP/OPTIGRO	330
SEROSTIM	247,248	SIMILAC FOR SUPPLEMENTATION	330
sertraline hcl	47	SIMILAC GO & GROW EARLY SHIELD	330
setlakin	256	SIMILAC GO & GROW HMO	330
sevelamer carbonate	211	SIMILAC GO & GROW NON-GMO	331
sf	170	SIMILAC GO & GROW OPTIGRO	331
sf 5000 plus	170	SIMILAC GO & GROW TODDLER	331
sharobel	261	SIMILAC HUMAN MILK FORTIFIER	331
SIDESTREAM PEDIATRIC FACE MASK	328	SIMILAC LACTOSE FREE	331
SIGNIFOR	267,268	SIMILAC LACTOSE FREE ADVANCE	331
SIKLOS	236	SIMILAC LOW-IRON	331
sildenafil citrate	241,354	SIMILAC NATURAL CARE	331
SILICONE MASK/INFANT	328	SIMILAC NEOSURE	331
SILICONE MASK/PEDIATRIC	328	SIMILAC NEOSURE ADVANCE/IRON	331
silodosin	240	SIMILAC NEOSURE OPTIGRO	331,332
silver sulfadiazine	177	SIMILAC ORGANIC/A2 MILK/IRON	332
SIMILAC	328	SIMILAC ORGANIC/IRON	332
SIMILAC 2 ADVANCE	328	SIMILAC PM	332
SIMILAC 2-IRON	328	SIMILAC PRO-ADVANCE OPTIGRO	332
SIMILAC 360 TOT CARE SENS 5HMO	328	SIMILAC PRO-ADVANCE WITH IRON	332
SIMILAC 360 TOTAL CARE	328	SIMILAC PRO-SENSITIVE	332
SIMILAC 360 TOTAL CARE 5 HMO	328	SIMILAC PRO-SENSITIVE OPTIGRO	332
SIMILAC 360 TOTAL CARE SENS	329	SIMILAC PRO-SENSITIVE/IRON	332
SIMILAC ADVANCE COMPLETE	329	SIMILAC PRO-TOTAL COMFORT	332
SIMILAC ADVANCE EARLY SHIELD	329	SIMILAC PURE BLISS	333
SIMILAC ADVANCE KOSHER	329	SIMILAC PURE BLISS/IRON	333
SIMILAC ADVANCE LAMEHADRIIN	329	SIMILAC SENSITIVE	333
SIMILAC ADVANCE NON-GMO	329	SIMILAC SENSITIVE EARLY SHIELD	333
SIMILAC ADVANCE ON-THE-GO	329	SIMILAC SENSITIVE FUSSINESS	333
SIMILAC ADVANCE OPTIGRO/IRON	329	SIMILAC SENSITIVE NON-GMO	333
SIMILAC ADVANCE ORGANIC	329	SIMILAC SENSITIVE OPTIGRO	333
SIMILAC ADVANCE-IRON	329	SIMILAC SENSITIVE OPTIGRO/IRON	333
SIMILAC ADVANCE/IRON	330	SIMILAC SENSITIVE SPIT-UP	333
SIMILAC ALIMENTUM ADVANCE-IRON	330	SIMILAC SOY ISOMIL	333,334
SIMILAC ALIMENTUM IMMUNESUPP	330	SIMILAC SPECIAL CARE	334
SIMILAC ALIMENTUM TODDLER	330	SIMILAC SPECIAL CARE PREMATURE	334
SIMILAC ALIMENTUM-IRON	330	SIMILAC SPECIAL CARE/IRON	334

SIMILAC SPECIAL CARE/LOW IRON	334	SM GLUCOSE	115
SIMILAC SPIT-UP OPTIGRO/IRON	334	sm hydrogen peroxide	335
SIMILAC TOTAL CMFRT OPTIGRO/FE	334	SM ISOPROPYL ALCOHOL	335
SIMILAC TOTAL COMFORT	334	sm magnesium citrate	226
SIMILAC/IRON	334	sm milk of magnesia	226
SIMLANDI (1 PEN)	283	sm nicotine	26
SIMLANDI (1 SYRINGE)	283	sm nicotine polacrilex	26,27
SIMLANDI (2 PEN)	283	SM NUTRI-DRINK	207
SIMLANDI (2 SYRINGE)	284	SM NUTRI-DRINK +	207
simliya	256	SM PRENATAL VITAMINS	207
simpesse	257	SMART SENSE GLUCOSE	115
SIMPLERA SENSOR	334	SMART SENSE PREMIUM TEST	335
SIMPLERA SYNC SENSOR	334	SMART SENSE VALUE TEST	335
SIMPLERA SYSTEM	335	SMARTEST BLOOD GLUCOSE TEST	335
SIMPLYTHICK	335	smooth lax	226
SIMPLYTHICK EASY MIX	335	SOD ANAMIX EARLY YEARS	335
SIMPLYTHICK EASYMIX LEVEL 1	335	SOD FLUORIDE-POTASSIUM NITRATE	170
SIMPLYTHICK EASYMIX LEVEL 2	335	sodium bicarbonate	335
SIMPLYTHICK EASYMIX LEVEL 3	335	sodium chloride	241,360,361
simvastatin	153	sodium fluoride	170,207,208
simvastatin 10 mg tab	153	SODIUM FLUORIDE	208
simvastatin 20 mg tab	153	SODIUM FLUORIDE 5000 ENAMEL	170
simvastatin 40 mg tab	153	sodium fluoride 5000 plus	170
simvastatin tab 5 mg	153	sodium fluoride 5000 ppm	170
simvastatin tab 80 mg	153	SODIUM FLUORIDE 5000 SENSITIVE	170
sirolimus	284	SODIUM OXYBATE	363
SIVEXTRO	29	sodium phenylbutyrate	236,237
SKYCLARYS	236	sodium polystyrene sulfonate	212
SKYLA	261	SOFOSBUVIR-VELPATASVIR	99
SKYRIZI	276	SOHONOS	237
SKYRIZI PEN	276	SOL CARB	335
SLYND	261	solifenacin succinate	240
sm alcohol	335	SOLIQUA	111
sm aspirin adult low strength	131	SOLTAMOX	59
sm aspirin ec low strength	131	SOLUS V2 TEST	335
sm aspirin low dose	131	SOLUVITA ACD WITH FLUORIDE	220
sm childrens aspirin	131	SOLUVITA WITH FLUORIDE	208
sm clearlax	226	SOMAVERT	268
sm ethyl alcohol (rubbing)	335	sorafenib tosylate	79
sm folic acid	220	sotalol hcl	137
sm gentle laxative	226	sotalol hcl (af)	137

tarina fe 1/20 eq	257	TEPMETKO	82
TARON-C DHA	208	terazosin hcl	133
TARPEYO	246	terbinafine hcl	51
TASIGNA	82	terbutaline sulfate	350
tasimelteon	362	terconazole	52
tavaborole	51	teriflunomide	169
TAVALISSE	131	testosterone	248
TAVNEOS	277	TESTOSTERONE	248
taysofy	257	testosterone cypionate	248
tazarotene	172	TESTOSTERONE ENANTHATE	248,249
taztia xt	143	tetrabenazine	166
TAZVERIK	82	TETRACAINE HCL	342
TEGADERM + PAD 2"X2-3/4"	336	tetracaine hcl	342
TEGADERM + PAD 2-3/8"X4"	336	tetracycline hcl	34
TEGADERM + PAD 3-1/2"X10"	336	TGT BLOOD GLUCOSE TEST	337
TEGADERM + PAD 3-1/2"X13-3/4"	336	TGT GLUCOSE	115
TEGADERM + PAD 3-1/2"X4"	336	THALOMID	59
TEGADERM + PAD 3-1/2"X4-1/8"	336	theophylline	352
TEGADERM + PAD 3-1/2"X6"	336	THEOPHYLLINE ER	352
TEGADERM + PAD 3-1/2"X8"	336	theophylline er	352
TEGADERM ABSORBENT DRESSING	336	thick & easy	337
TEGADERM FILM 2-3/8"X2-3/4"	336	thick now	337
TEGADERM FILM 4"X10"	336	thick-it	337
TEGADERM FILM 4"X4-3/4"	336	THICK-IT	337
TEGADERM FILM 6"X8"	336	THICK-IT #2	337
TEGADERM FILM 8"X12"	336	THICK-IT THICKENED CRANBERRY	208
TEGADERM HP 2-1/8"X2-1/2"	336	THICKENUP CLEAR	337
TEGADERM HP 2-3/8"X2-3/4"	336	thioridazine hcl	93
TEGADERM HP 4"X4-1/2"	336	thiothixene	93
TEGADERM HP 4"X4-3/4"	336	thrive	27
TEGADERM HP 4-1/2"X4-3/4"	336	THYROID	265
TEGADERM HP 5-1/2"X6-1/2"	336	tiadylt er	143
TEGADERM I.V. 3-1/2"X4-1/4"	337	tiagabine hcl	39
TEGADERM I.V. ADVANCED	337	TIBSOVO	82
TEGSEDI	238	ticagrelor	132
telmisartan	134	tilia fe	257
telmisartan-hctz	148	timolol maleate	140,344
temazepam	362	tinidazole	29
temozolomide	56	tiopronin	242
TEMPO SMART BUTTON	337	tiotropium bromide	348
tenofovir disoproxil fumarate	101	tis-u-sol	337

TIVICAY	100	TREMFYA PEN	277
TIVICAY PD	100	TREMFYA-CD/UC INDUCTION	277
tizanidine hcl	98	tretinoin	88,172
tobramycin	343,351	tri-estarylla	257
tobramycin sulfate	28	tri-legest fe	257
TOBRAMYCIN SULFATE	28	tri-lynyah	257
tobramycin-dexamethasone	342	tri-lo-estarylla	257
TOLAK	177	tri-lo-marzia	257
tolcapone	90	tri-lo-mili	257
TOLEREX	208	tri-lo-sprintec	257
tolterodine tartrate	240	TRI-LUMA	177
tolterodine tartrate er	240	tri-mili	257
tolvaptan	210,211	tri-nymyo	257
topiramate	37	tri-sprintec	257
topiramate er	37,38	TRI-VI-FLOR	220
toremifene citrate	59	TRI-VI-FLORO	220
torpenz	82,83	TRI-VITE/FLUORIDE	220
torsemide	149	tri-vylibra	257
TOUJEO MAX SOLOSTAR	117	tri-vylibra lo	257
TOUJEO SOLOSTAR	117	triamcinolone acetonide	170,175,176
TRADJENTA	111	triamterene-hctz	148
tramadol hcl	11	triazolam	362
TRAMADOL HCL (ER BIPHASIC)	7,8	tridacaine ii	12
TraMADol HCl ER 100 MG TAB ER 24H (generic of		tridacaine iii	12
RYZOLT)	8	triderm	176
TraMADol HCl ER 200 MG TAB ER 24H (generic of		trientine hcl	211
RYZOLT)	8	trifluoperazine hcl	93
TraMADol HCl ER 300 MG TAB ER 24H (generic of		TRIFLURIDINE	343
RYZOLT)	8	TRIHEXYPHENIDYL HCL	89
tramadol-acetaminophen	11	trihexyphenidyl hcl	89
trandolapril	136	TRIJARDY XR	111,112
TRANDOLAPRIL-VERAPAMIL HCL ER	148	TRIKAFTA	351,352
tranexamic acid	125	trimethobenzamide hcl	50
TRANSFER PIN	337	TRIMETHOPRIM	29
TRANSPARENT FILM DRESSING	337	trimethoprim	29
tranylcypromine sulfate	44	trimipramine maleate	49
travoprost (bak free)	345	TRINATAL RX 1	208
trazodone hcl	47	TRINATE	208
TRELEGY ELLIPTA	361	TRIUMEQ	101
TREMFYA	277	TRIUMEQ PD	101
TREMFYA ONE-PRESS	277	trivora (28)	257

urneva	29
uro-458	29
uro-mp	29
uro-sp	29
UROGESIC-BLUE	29
URSODIOL	229,230
ursodiol	230
USTEKINUMAB-AEKN	277
UTI-STAT	221
UTYMAX	209
UZEDY	96,97

V

valacyclovir hcl	103
VALCHLOR	177
valganciclovir hcl	98
VALINE	221,315
VALINE 1000	221
VALINE1000	221
valproic acid	38
valsartan	134
valsartan-hydrochlorothiazide	148,149
VALTOCO 10 MG DOSE	39
VALTOCO 15 MG DOSE	39
VALTOCO 20 MG DOSE	39
VALTOCO 5 MG DOSE	39
valtya 1/35	258
valtya 1/50	258
VALUE PLUS GLUCOSE	116
value plus glucose	116
vanadom	361
VANCOMYCIN HCL	29
vancomycin hcl	29
VANDAZOLE	29
VANFLYTA	83
VANRAFIA	242
vardenafil hcl	242
varenicline tartrate	27
varenicline tartrate (starter)	27
varenicline tartrate(continue)	27
VCF VAGINAL CONTRACEPTIVE	242

VEGAPRO	221
VELIVET	258
VELTASSA	212
VENCLEXTA	84
VENCLEXTA STARTING PACK	84
venlafaxine hcl	47
venlafaxine hcl er	47
VENTAVIS	357
VENTOLIN HFA	350
venxxiva	242
verapamil hcl	143
VERAPAMIL HCL ER	143,144
verapamil hcl er	143
VERASENS BLOOD GLUCOSE TEST	339
VERELAN	144
VERKAZIA	342
VERQUVO	149
VERZENIO	84
VESICARE LS	240
vestura	258
vienna	258
vigabatrin	39,40
vigadrone	40
VIGAFYDE	40
vigpoder	40
VIJOICE	84,85
vilamit mb	29
vilazodone hcl	47
vilevev mb	29
VINATE ONE	209
viorele	258
VIRACEPT	103
VIREAD	101,102
VITAL 1.0 CAL	209
VITAL 1.5 CAL	209
VITAL AF 1.2 CAL	209
VITAL AF 1.2 CAL ADV FORMULA	209
VITAL HIGH PROTEIN	209
VITAL HN	209
VITAL HP 1.0 CAL	209
VITAL JR	209

VITAL PEPTIDE 1.5 CAL	209
vitamin d (ergocalciferol)	287
VITAMINS ACD-FLUORIDE	221
VITRAKVI	85
VIVA DHA	209
VIVAGUARD INO TEST STRIPS	339
VIVITROL	13
VIVJOA	52
VIVONEX PEDIATRIC	209,339
VIVONEX PEDIATRIC RTF	209
VIVONEX PLUS	210
VIVONEX RTF	210
VIVONEX T.E.N.	210
VIZIMPRO	85
VOGELXO	248
VOGELXO PUMP	248
volnea	258
VONJO	88
VORANIGO	85
voriconazole	52
VOWST	339
VOXZOGO	238
VOYDEYA	277,278
VUITY	345
VYALEV	91
vyfemla	258
VYKAT XR	116
VYLEESI	167
vylibra	258
VYNDAMAX	238
VYNDAQEL	238
VYVGART HYTRULO	55

W

WAINUA	339
WALGREENS GLUCOSE	116
warfarin sodium	120
water for irrigation, sterile	339
WATER ORAL	339
WELIREG	61
WELLNESS PROTEIN SHAKE	221

wera	258
WESCAP-C DHA	210
WESCAP-PN DHA	210
WESNATAL DHA COMPLETE	210
WESNATE DHA	210
WESTAB PLUS	210
WHEY PROTEIN	221
WHEY PROTEIN CONCENTRATE	221
WIDE-SEAL DIAPHRAGM 60	339
WIDE-SEAL DIAPHRAGM 65	339
WIDE-SEAL DIAPHRAGM 70	339
WIDE-SEAL DIAPHRAGM 75	339
WIDE-SEAL DIAPHRAGM 80	340
WIDE-SEAL DIAPHRAGM 85	340
WIDE-SEAL DIAPHRAGM 90	340
WIDE-SEAL DIAPHRAGM 95	340
WINLEVI	172
WINREVAIR	357
wixela inhub	361
WND 1	340
WND 2	340
wymzya fe	258

X

XALKORI	85,86
xarah fe	258
XARELTO	120,121
XARELTO STARTER PACK	121
XATMEP	284
XDEMVY	342
XELJANZ	278
XELJANZ XR	278
xelria fe	258
XENICAL	230
XENLETA	103
XERMELO	227
XHANCE	347
XIFAXAN	29,30
XIGDUO XR	112
XIIDRA	343
XLEU ANALOG	340

XLEU MAXAMAID	340
XLYS XTRP ANALOG	340
XLYS-XTRP MAXAMAID	340
XLYS-XTRP MAXAMUM	340
XMET ANALOG	340
XMET MAXAMAID	340
XMET XCYS MAXAMAID	340
XMTVI ANALOG	340
XMTVI MAXAMAID	340
XOFLUZA (40 MG DOSE)	103
XOFLUZA (80 MG DOSE)	103
XOLAIR	278,279
XOLREMDI	238
XOSPATA	86
XPHE MAXAMAID	341
XPHE MAXAMUM	210
XPHE-XTYR ANALOG	341
XPHE-XTYR MAXAMAID	341
XPOVIO (100 MG ONCE WEEKLY)	86
XPOVIO (40 MG ONCE WEEKLY)	86
XPOVIO (40 MG TWICE WEEKLY)	86
XPOVIO (60 MG ONCE WEEKLY)	86
XPOVIO (60 MG TWICE WEEKLY)	86
XPOVIO (80 MG ONCE WEEKLY)	87
XPOVIO (80 MG TWICE WEEKLY)	87
XPTM ANALOG	341
XTAMPZA ER	8
XTANDI	57
XTRACAL PLUS	210
XULANE	258
XULTOPHY	112
XURIDEN	238
XYMOBOIX	210
XYOSTED	249
XYREM	363
XYWAV	363

Y

yargesa	238
YESINTEK	279
YEZTUGO	102

yl folic acid	221
YONSA	57
YORVIPATH	265,266
yuvaferm	258

Z

zafemy	258
ZAFEMY	258
zafirlukast	348
zaleplon	362
ZARXIO	124
zebutal	167
ZEJULA	87
ZELBORAF	87
zelvysia	238,239
zenatane	172
ZENPEP	239
zenzedi	159
ZEPOSIA	169
ZEPOSIA 7-DAY STARTER PACK	169
ZEPOSIA STARTER KIT	169
zidovudine	102
ZILBRYSQ	55
ZIMHI	14
zionodil	12
ziprasidone hcl	97
ZIRGAN	343
ZOKINVY	239
ZOLINZA	61
zolmitriptan	54
ZOLPIDEM TARTRATE	362
zolpidem tartrate	362
zolpidem tartrate er	362
zomig	54
zonisamide	42
zovia 1/35 (28)	258
ZTALMY	40
ZUBSOLV	13
zumandimine	258
ZURNAI	341
ZURZUVAE	44

ZYDELIG.....	87
ZYKADIA.....	87
ZYPREXA RELPREVV.....	97

Formulary 3:

Date of Change	Type of Change	Drug	New Tier / Coverage
1/1/26	Removed from Formulary	Adzenys XR-ODT 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg tablets	Non-Formulary
		Astagraf XL 0.5mg, 1mg, 5mg capsules	Non-Formulary
		Baclofen 5mg/mL solution	Non-Formulary
		Bimatoprost 0.03 % solution	Non-Formulary
		Brenzavvy 20mg tablets	Non-Formulary
		Cobenfy 100-20mg, 125-30mg, 50-20mg capsule	Non-Formulary
		Cobenfy Starter pack	Non-Formulary
		Complera 200-25-300mg tablets	Non-Formulary
		Cotempla XR-ODT 8.6mg, 17.3mg, 25.9mg tablets	Non-Formulary
		Covaryx 0.625-1.25mg, 1.25-2.5mg tablets	Non-Formulary
		Diacomit 250mg, 500mg capsule	Non-Formulary
		Diacomit 250mg, 500mg pack	Non-Formulary
		Dyanavel XR 2.5mg/mL suspension	Non-Formulary
		Embecta Syringe	Non-Formulary
		Enstilar 0.005-0.064 % foam	Non-Formulary
		Entresto 6-6mg, 15-16mg sprinkle capsule	Non-Formulary
		Entresto 24-26mg, 49-51mg, 97-103mg tablets	Non-Formulary
		Escitalopram Oxalate 10mg/10mL solution	Non-Formulary
		Estratest F.S. 1.25-2.5mg tablets	Non-Formulary
		Estratest H.S. 0.625-1.25mg tablets	Non-Formulary
		Finasteride 1mg tablets	Non-Formulary
		Follistim AQ 300unit/0.36mL, 600unit/0.72mL, 900unit/1.08mL solution	Non-Formulary

		Formoterol Fumarate 20mcg/2mL nebulizer	Non-Formulary
		Fulphila 6mg/0.6mL prefilled syringe	Non-Formulary
		Fylnetra 6mg/0.6mL prefilled syringe	Non-Formulary
		Gattex 5mg kit	Non-Formulary
		Genotropin 5mg, 12mg cart	Non-Formulary
		Genotropin MiniQuick 0.2mg, 0.4mg, 0.6mg, 0.8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg prefilled syringe	Non-Formulary
		Granix 300mcg/0.5mL, 300mcg/mL, 480mcg/0.8mL, 480mcg/1.6mL solution	Non-Formulary
		Horizant 300mg, 600mg tablet	Non-Formulary
		Humatrope 6mg, 12mg, 24mg cart	Non-Formulary
		Insulin Degludec 100unit/mL, 200unit/mL solution	Non-Formulary
		Jardiance 10mg, 25mg tablets	Non-Formulary
		Jynarque 15mg, 30mg tablets	Non-Formulary
		Jynarque tablet pack	Non-Formulary
		Latisse 0.03 % solution	Non-Formulary
		Linzess 72mcg, 145mcg, 290mcg capsule	Non-Formulary
		Liraglutide 18mg/3mL solution	Non-Formulary
		Litfulo 50mg capsule	Non-Formulary
		Livtencity 200mg tablets	Non-Formulary
		Lumryz 4.5g, 6g, 7.5g, 9g pack	Non-Formulary
		Lumryz starter pack	Non-Formulary
		Lybalvi 5-10mg, 10-10mg, 15-10mg, 20-10mg tablets	Non-Formulary
		Lyumjev 100 unit/mL, 200 unit/mL solution	Non-Formulary
		Mavyret 100-40mg tablets	Non-Formulary
		Mavyret 50-20mg pack	Non-Formulary

	Mirvaso 0.33 % GEL	Non-Formulary
	Myrbetriq 25mg, 50mg tablets	Non-Formulary
	Myrbetriq 8mg/mL granules for oral suspension	Non-Formulary
	Neupogen 300mcg/0.5mL, 300mcg/mL, 480mcg/0.8mL, 480mcg/1.6mL suspension	Non-Formulary
	Ngenla 24mg/1.2mL, 60mg/1.2mL solution	Non-Formulary
	Nivestym 300mcg/0.5mL, 300mcg/mL, 480mcg/0.8mL, 480mcg/1.6mL suspension	Non-Formulary
	Norditropin FlexPro 10mg/1.5mL, 15mg/1.5mL, 30mg/3mL, 5mg/1.5mL Solution	Non-Formulary
	Nutropin AQ NuSpin 10mg/2mL, 20mg/2mL, 5mg/2mL	Non-Formulary
	Nyvepria 6mg/0.6mL suspension	Non-Formulary
	Olopatadine HCl 0.2 % solution	Non-Formulary
	Olumiant 1mg, 2mg, 4mg tablets	Non-Formulary
	Opsumit 10mg tablets	Non-Formulary
	Opzelura 1.5 % cream	Non-Formulary
	Ovidrel 250mcg/0.5mL suspension	Non-Formulary
	oxycodone-Acetaminophen 10-300mg/5mL solution	Non-Formulary
	Penicillamine 250mg tablets	Non-Formulary
	Pentasa 250mg, 500mg controlled release capsule	Non-Formulary
	Phenylalanine 50mg pack	Non-Formulary
	Pirfenidone 267mg, 801mg tablets	Non-Formulary
	Pliaglis 7-7 % cream	Non-Formulary
	Benzoyl Peroxide Wash 7 % liquid	Non-Formulary

		Prevymis 240mg, 480mg tablets	Non-Formulary
		ProAir RespiClick 108 (90 Base)mcg/act	Non-Formulary
		Proglycem 50mg/mL SUSP	Non-Formulary
		Promacta 12.5mg tablets	Non-Formulary
		Propecia 1mg tablets	Non-Formulary
		Prucalopride Succinate 1mg, 2mg tablets	Non-Formulary
		Pulmozyme 2.5mg/2.5mL solution	Non-Formulary
		Qbrelis 1mg/mL solution	Non-Formulary
		Qsymia 11.25-69mg, 15-92mg, 3.75-23mg, 7.5-46mg capsule	Non-Formulary
		QuilliChew ER 20mg, 30mg, 40mg tablet	Non-Formulary
		Quillivant XR 25mg/5mL suspension	Non-Formulary
		Ravicti 1.1g/mL liquid	Non-Formulary
		Releuko 300mcg/0.5mL, 480mcg/0.8mL, 480mcg/1.6mL suspension	Non-Formulary
		Renova 0.02 % cream	Non-Formulary
		Rhofade 1 % cream	Non-Formulary
		Risedronate Sodium 30mg tablets	Non-Formulary
		Saxenda 18mg/3mL solution	Non-Formulary
		Skytrofa 11mg, 13.3mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg cartridge	Non-Formulary
		Sogroya 10mg/1.5mL, 5mg/1.5mL, 15mg/1.5mL solution	Non-Formulary
		Sovaldi 150mg, 200mg pack	Non-Formulary
		Sovaldi 200mg, 400mg tablets	Non-Formulary
		Stimufend 6mg/0.6mL suspension	Non-Formulary

		Synjardy 12.5-1000mg, 12.5-500mg, 5-1000mg, 5-500mg tablets	Non-Formulary
		Synjardy XR 10-1000mg, 12.5-1000mg, 25-1000mg, 5-1000mg TB24	Non-Formulary
		Synjardy XR 12.5-1000mg TB24	Non-Formulary
		Teriparatide 560mcg/2.24mL solution	Non-Formulary
		Tramadol HCl 25mg tablets	Non-Formulary
		Tresiba 100 unit/mL, 200 unit/mL solution	Non-Formulary
		Trientine HCl 500mg capsule	Non-Formulary
		Ustekinumab 45mg/0.5mL solution	Non-Formulary
		Ustekinumab 45mg/0.5mL, 90mg/mL suspension	Non-Formulary
		Vascepa 0.5g, 1g capsule	Non-Formulary
		Veregen 15 % ointment	Non-Formulary
		Victoza 18mg/3mL solution	Non-Formulary
		Vosevi 400-100-100mg tablets	Non-Formulary
		Wegovy 0.25mg/0.5mL, 0.5mg/0.5mL, 1mg/0.5mL, 1.7mg/0.75mL, 2.4mg/0.75mL solution	Non-Formulary
		Wynzora 0.005-0.064 % cream	Non-Formulary
		Zenzedi 30mg tablets	Non-Formulary
		Zepbound 2.5mg/0.5mL, 5mg/0.5mL, 7.5mg/0.5mL, 10mg/0.5mL, 12.5mg/0.5mL, 15mg/0.5mL solution	Non-Formulary
		Ziextenzo 6mg/0.6mL suspension	Non-Formulary
		Zileuton ER 600mg tablet	Non-Formulary
		Zomacton 5mg, 10mg solution	Non-Formulary
		Zoryve 0.15 % cream	Non-Formulary

	Prior Authorization Added	Tolvaptan 15mg, 30mg tablets	T3 PA
	Tier Increase	Accutane 10mg, 20mg, 40mg capsule	T3
		Adapalene 0.1 % cream	T3
		Alendronate Sodium 70mg/75mL solution	T3
		Amiodarone HCl 100mg, 400mg tablets	T3
		amLODIPine-Valsartan-HCTZ 10-160-12.5mg, 10-160-25mg, 10-320-25, 5-160-12.5mg, 5-160-25mg tablets	T3
		Amnesteem 10mg, 20mg, 40mg capsule	T3
		Amoxicill-Clarithromycin-Lansoprazole pack	T3
		Aprepitant 40mg, 80mg, 125mg capsule	T3
		Aprepitant 80 & 125mg capsule	T3
		BAC (Butalbital-Acetaminophen-Caffeine) 50-325-40mg tablets	T3
		Baclofen 25mg/5mL suspension	T3 PA
		Nutritional Support Products	T3 PA
		Brimonidine Tartrate-Timolol 0.2-0.5 % solution	T3
		Budesonide 2mg Foam	T2 PA
		Budesonide 2mg/act Foam	T2 PA
		Butalbital-APAP-Caffeine 50-325-40mg capsule	T3
		Butalbital-APAP-Caffeine 50-325-40mg tablets	T3
		Carbidopa-Levodopa 10-100mg, 25-100mg, 25-250mg dispersible tablet	T3

		Carbidopa-Levodopa-Entacapone 12.5-50-200mg tablets	T3
		Cetrorelix Acetate 0.25mg kit	T3 PA
		Cimetidine 400mg tablets	T3
		Cimetidine HCl 300mg/5mL solution	T3
		Claravis 10mg, 20mg, 40mg capsule	T3
		Clindacin 1 % foam	T3
		Clomipramine 25mg, 50mg, 75mg capsule	T3 PA
		Clonazepam 0.125mg, 0.5mg, 1mg, 2mg dispersible tablet	T3
		Clorazepate Dipotassium 3.75mg, 7.5mg, 15mg tablets	T3
		Dabigatran Etexilate Mesylate 75mg, 110mg, 150mg capsule	T3
		Dantrolene Sodium 25mg, 50mg, 100mg capsule	T3
		Desipramine HCl 10mg, 25mg, 50mg, 75mg, 100mg, 150mg tablets	T3
		Desonide 0.05 % lotion	T3
		Dextroamphetamine Sulfate 15mg, 20mg tablets	T3
		Dextroamphetamine Sulfate 5mg/5mL solution	T3
		Dichlorphenamide 50mg tablets	T3 PA
		Diclofenac Sodium 3 % gel	T3 PA
		Dorzolamide HCl-Timolol PF 2-0.5 % solution	T3
		Doxycycline Hyclate 100mg enteric coated tablet	T3
		Doxycycline Monohydrate 75mg capsule	T3
		Droxidopa 100mg, 200mg, 300mg capsule	T3 PA

		EC-Naproxen 375mg enteric coated tablet	T3
		Fesoterodine Fumarate ER 4mg, 8mg tablet	T3
		Flavoxate HCl 100mg tablets	T3
		Fluoxetine 10mg, 20mg, 60mg tablets	T3
		Fluoxetine 90mg delayed release capsule	T3
		Flurazepam HCl 15mg, 30mg capsule	T3
		Flurbiprofen 100mg tablets	T3
		Fluticasone Propionate 0.05 % lotion	T3
		Frovatriptan Succinate 2.5mg tablets	T3
		Fyremadel 250mcg/0.5mL suspension	T3 PA
		Gabapentin (Once-Daily) 300mg, 600mg tablets	T3 PA
		Ganirelix Acetate 250mcg/0.5mL suspension	T3 PA
		Glucose 5 40% gel	T3
		Glycopyrrolate 1.5mg tablets	T3 PA
		ISOtretinoin 10mg, 20mg, 40mg capsule	T3
		ISOtretinoin 25mg, 35mg capsule	T3 PA
		Isradipine 2.5mg, 5mg capsule	T3
		Itraconazole 100mg capsule	T2
		Lactulose 10g pack	T3 PA
		L-Glutamine 5g pack	T3 PA
		Lurbipr 100mg tablets	T3
		Mesalamine 800mg enteric coated tablet	T3
		Methitest 10mg tablets	T3
		Methyltestosterone 10mg capsule	T3

	Mirtazapine 15mg, 30mg, 45mg dispersable tablet	T3
	Moxifloxacin 0.5 % solution	T3
	Naproxen 375mg enteric coated tablets	T3
	Naproxen Sodium 275mg, 550mg tablets	T3
	Naratriptan HCl 1mg tablets	T3
	Nefazodone 50mg, 100mg, 150mg, 200mg, 250mg tablets	T3
	Niacin ER 500mg, 750mg, 1000mg tablet	T3
	Nimodipine 60mg/20mL solution	T3
	Nitisinone 2mg, 5mg, 10mg, 20mg capsule	T2 PA
	Nitisinone 2mg, 5mg, 20mg capsule	T2 PA
	Olanzapine 5mg, 10mg, 15mg, 20mg dispersible tablet	T3
	Ondansetron 4mg, 8mg dispersible tablet	T2
	Ormalvi 50mg tablets	T3 PA
	Osmolite 1.5 Cal liquid	T3 PA
	Oxaprozin 600mg tablets	T3
	Oxazepam 10mg, 15mg, 30mg capsule	T3
	Pacerone 100mg, 400mg tablets	T3
	Pacerone 400mg tablets	T3
	Paliperidone ER 1.5mg, 3mg, 6mg, 9mg tablet	T3
	Phendimetrazine Tartrate 35mg tablets	T3
	Phendimetrazine Tartrate ER 105mg capsule	T3
	Pioglitazone HCl-Glimepiride 30-2mg tablets	T3

		Pioglitazone HCl-metformin HCl 15-500mg, 15-850mg tablets	T3
		Propafenone HCl ER 225mg, 325mg, 425mg capsule	T3
		Protriptyline HCl 5mg, 10mg tablets	T3
		Quinine Sulfate 324mg capsule	T3 PA
		Ribavirin 200mg capsule	T3 PA
		Ribavirin 200mg tablets	T3 PA
		Risedronate Sodium 5mg tablets	T3
		Saxagliptin HCl 2.5mg, 5mg tablets	T3
		Saxagliptin-Metformin ER 2.5-1000mg, 5-1000mg, 5-500mg tablet	T3
		Scopolamine Patch	T3
		Sevelamer Carbonate 0.8g, 2.4g pack	T3
		Silodosin 4mg, 8mg capsule	T3
		Sumatriptan Succinate 4mg/0.5mL solution	T3
		Sumatriptan Succinate 6mg/0.5mL solution	T2
		Sumatriptan Succinate Refill 6mg/0.5mL cartridge	T2
		Syndros 5mg/mL solution	T3 PA
		Tasimelteon 20mg capsule	T3 PA
		Tavaborole 5% solution	T3
		Temazepam 22.5mg capsule	T3
		Temazepam 7.5mg capsule	T3
		Testosterone 10mg/ACT (2%), 12.5mg/ACT (1%) gel	T3
		Testosterone 20.25mg/1.25g (1.62%), 40.5mg/2.5g (1.62%), 25mg/2.5g (1%), 50mg/5g (1%) gel	T3
		Testosterone 30mg/ACT solution	T3

		Tetracaine HCl 0.5 % solution	T3
		Tetracycline HCl 250mg, 500mg capsule	T3
		Timolol Maleate 0.25 % solution	T3
		Topiramate 15mg, 25mg sprinkle capsule	T2
		Topiramate ER 25mg, 50mg, 100mg, 150mg, 200mg capsule	T2
		Tramadol ER 100mg, 200mg, 300mg tablet	T3
		Trandolapril 1mg, 2mg, 4mg tablets	T3
		Trandolapril-Verapamil HCl ER 1-240mg, 2-180mg, 2-240mg, 4-240mg tablet	T3
		Tranlycypromine Sulfate 10mg tablets	T3
		Trimethobenzamide HCl 300mg capsule	T3
		Trospium Chloride ER 60mg capsule	T3
		Ursodiol 200mg, 400mg capsule	T3 PA
		Vancomycin HCl 25mg/mL solution	T3
		Vardenafil HCl 2.5mg, 5mg, 10mg, 20mg tablets	T3
		Verapamil HCl ER 360mg capsule	T3
		Vivonex RTF liquid	T3 PA
		Voriconazole 200mg tablets	T3
		Voriconazole 40mg/mL suspension	T3
		Voriconazole 50mg tablets	T3
		Zejula 100mg, 200mg, 300mg tablets	T3 PA
		Zenatane 10mg, 20mg, 40mg capsule	T3

		Zolpidem Tartrate 1.75mg, 3.5mg sublingual	T3
	Add Quantity Limits	Veltassa 8.4mg, 16.8mg, 25.2mg packet	T2 QL
		Zafirlukast 10mg, 20mg	T2 QL